



**RATE SHEET**  
**VERONA AREA SCHOOL DISTRICT**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium (A)}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	4.00	5.40	7.10	9.50
31	4.20	5.70	7.50	10.00
32	4.30	5.80	7.50	10.20
33	4.60	6.10	8.10	10.80
34	4.90	6.50	8.60	11.40
35	5.00	6.70	8.80	11.70
36	5.30	7.20	9.50	12.70
37	5.60	7.40	10.00	13.20
38	5.90	7.80	10.70	14.00
39	6.30	8.40	11.40	14.80
40	6.70	8.90	11.70	15.50
41	6.90	9.20	12.30	16.20
42	7.40	9.80	13.20	17.30
43	7.80	10.40	13.90	18.30
44	8.30	11.00	14.80	19.20
45	8.90	11.70	15.70	20.50
46	9.50	12.50	16.80	21.80
47	10.10	13.30	17.80	23.00
48	10.80	14.20	19.00	24.60
49	11.50	15.00	19.90	25.80
50	12.30	16.00	21.30	27.40
51	13.20	17.10	22.70	29.10
52	14.20	18.40	24.50	31.30
53	15.20	19.60	26.00	33.00
54	16.40	21.10	27.90	35.40
55	17.50	22.50	29.70	37.40
56	19.30	24.60	32.40	40.60
57	21.10	26.90	35.50	44.20
58	22.90	29.10	38.10	47.40
59	25.10	31.70	41.40	51.20



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$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{X} \div \$1,000 = \text{Your Premium (A)}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Base Plan	Option	Option	Option
60	27.50	34.40	45.00	55.10
61	30.20	37.50	49.30	59.90
62	33.10	40.90	53.60	64.90
63	36.30	44.50	58.10	69.80
64	39.90	48.50	63.30	75.40
65	45.40	54.60	71.80	84.50
66	49.30	58.80	77.10	90.10
67	53.80	63.50	83.20	96.50
68	59.00	69.10	90.00	103.50
69	64.30	74.80	97.40	111.30
70	70.30	81.10	104.70	118.80
71	80.30	91.60	118.30	132.90
72	90.30	102.40	131.70	147.00
73	100.30	112.90	144.60	160.50
74	110.50	123.70	156.60	173.00
75	120.50	134.40	169.50	186.40
76	131.80	146.10	182.20	199.50
77	144.40	159.20	196.90	214.60
78	158.50	173.90	213.70	231.90
79	173.40	189.30	232.00	250.50
80	189.60	206.00	250.50	269.30
81	207.40	224.30	270.50	289.70
82	226.70	244.00	291.40	310.80
83	248.50	266.50	317.50	337.40
84	270.50	289.00	340.50	360.90



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Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{X} \div \$1,000 = \text{Your Premium (A)}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	5.80	8.30	10.50	15.00
31	6.20	8.80	11.10	15.70
32	6.40	9.20	11.40	16.30
33	6.80	9.60	12.10	17.00
34	7.10	10.10	12.70	17.90
35	7.40	10.60	13.40	18.90
36	7.90	11.20	14.10	19.90
37	8.10	11.70	14.60	20.70
38	8.60	12.30	15.60	22.00
39	9.20	13.10	16.50	23.30
40	9.60	13.70	17.20	24.30
41	10.30	14.60	18.50	26.00
42	10.90	15.50	19.60	27.40
43	11.70	16.40	20.90	29.00
44	12.30	17.30	22.10	30.80
45	13.10	18.40	23.40	32.50
46	14.00	19.70	25.00	34.70
47	14.90	20.90	26.40	36.60
48	16.10	22.40	28.60	39.30
49	17.10	23.80	30.30	41.60
50	18.20	25.40	32.00	44.00
51	19.60	27.30	34.40	47.20
52	21.20	29.40	37.00	50.40
53	22.90	31.60	39.70	53.80
54	24.50	33.80	42.40	57.40
55	26.30	36.00	45.20	60.90
56	28.90	39.50	49.30	66.30
57	31.70	43.20	53.90	72.10
58	34.80	47.20	58.90	78.40
59	38.10	51.50	63.80	84.70



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*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

\_\_\_\_\_ X \_\_\_\_\_ ÷ \$1,000 =  
 \_\_\_\_\_ (A)

Rate for Plan Chosen                      Facility Monthly Benefit Amount                      Your Premium

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Base Plan	Option	Option	Option
60	41.80	56.30	69.60	91.90
61	46.00	61.60	76.30	100.00
62	50.80	67.60	83.40	108.70
63	56.10	74.10	91.10	118.20
64	61.90	81.30	99.40	128.10
65	70.60	91.70	113.00	144.20
66	77.40	100.00	122.40	155.30
67	85.00	109.00	132.80	167.30
68	93.20	118.70	143.70	180.20
69	102.20	129.30	155.60	193.90
70	111.60	140.40	167.70	208.00
71	127.80	159.40	189.60	233.30
72	144.00	178.40	211.40	258.60
73	160.00	197.30	231.80	282.10
74	176.20	216.20	251.10	304.80
75	192.30	235.20	271.90	328.40
76	210.60	256.50	292.80	352.80
77	231.10	280.20	317.40	381.20
78	253.70	306.40	343.40	410.90
79	277.80	334.10	373.70	445.20
80	303.40	363.40	402.90	478.50
81	330.70	394.60	432.60	512.10
82	360.70	428.80	465.80	549.50
83	393.80	466.40	504.90	593.40
84	426.70	503.60	539.60	632.60