



**RATE SHEET**  
*Alliant Insurance Services*

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>100%</b>	Inflation Protection	
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

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

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	6.20	10.60	99.50	158.80
31	6.20	10.60	100.60	160.20
32	6.20	10.70	101.60	161.50
33	6.30	10.80	102.60	162.80
34	6.40	11.20	103.70	164.10
35	6.70	11.40	104.70	165.50
36	6.90	11.80	106.30	167.70
37	7.00	12.20	107.80	169.70
38	7.40	12.70	109.40	171.80
39	7.80	13.30	110.80	173.80
40	8.00	13.60	112.40	175.90
41	8.30	14.10	113.90	178.00
42	8.80	15.00	115.50	180.00
43	9.00	15.30	117.00	182.10
44	9.50	16.20	118.50	184.10
45	10.00	16.90	120.00	186.20
46	10.40	17.80	120.20	187.80
47	10.80	18.50	120.40	189.50
48	11.20	19.60	120.50	191.00
49	11.60	20.60	120.70	192.70
50	12.20	21.70	120.90	194.30
51	12.90	23.10	121.20	196.00
52	13.40	24.30	121.40	197.70
53	14.20	25.80	121.50	199.20
54	14.70	27.00	121.60	200.90
55	15.50	28.50	121.80	202.50
56	16.30	30.20	126.60	209.80
57	17.50	32.30	131.40	217.30
58	18.40	34.10	136.10	224.70
59	19.50	36.40	141.20	232.60



**RATE SHEET**  
*Alliant Insurance Services*

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	<b>\$1,000</b> <b>\$1,000</b> <b>3 Years</b> <b>100%</b> <b>\$36,000</b> <b>90 Days</b> <b>Home and Community- Based Care</b>	<u>Options</u> Home Care Level  Inflation Protection	<b>Home, Community-Based and Immediate Family Member Care Compound Uncapped</b>
--	---	---	---

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

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	20.90	38.60	146.10	240.20
61	22.40	41.20	151.30	248.20
62	24.40	44.60	156.40	256.20
63	26.20	47.70	161.40	264.00
64	28.50	51.40	166.70	272.30
65	31.90	56.30	171.40	279.50
66	35.10	60.70	184.00	294.90
67	38.80	65.70	200.20	316.20
68	42.50	70.70	214.50	333.60
69	47.00	76.40	232.50	355.70
70	51.70	82.60	249.10	376.80
71	57.20	89.50	271.60	403.90
72	63.20	97.10	294.40	431.90
73	69.90	105.60	318.40	462.10
74	76.60	114.30	343.30	492.80
75	92.30	135.30	405.30	573.70
76	100.80	145.80	438.50	612.50
77	110.20	157.10	469.50	648.40
78	120.70	169.80	507.10	691.00
79	131.80	183.00	544.40	734.70
80	144.30	197.50	587.50	783.90



**RATE SHEET**  
*Alliant Insurance Services*

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care</b>
Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>100%</b>	Inflation Protection	<b>Compound Uncapped</b>
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

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

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	8.10	14.30	132.50	214.00
31	8.20	14.40	134.20	216.50
32	8.30	14.60	136.10	219.10
33	8.60	14.90	137.80	221.60
34	8.80	15.40	139.60	224.10
35	9.10	15.70	141.30	226.60
36	9.30	16.20	143.10	229.30
37	9.70	16.70	145.10	232.20
38	10.10	17.40	147.10	235.00
39	10.50	18.00	149.00	237.90
40	10.80	18.80	150.90	240.50
41	11.20	19.50	152.70	243.20
42	11.70	20.30	154.70	246.10
43	12.30	21.30	156.60	248.90
44	13.00	22.30	158.60	251.80
45	13.70	23.40	160.50	254.40
46	14.20	24.60	160.70	256.90
47	14.80	25.90	161.00	259.40
48	15.40	27.20	161.10	261.70
49	15.80	28.40	161.40	264.10
50	16.60	30.20	161.70	266.60
51	17.20	31.60	162.00	269.10
52	18.20	33.60	162.20	271.60
53	19.00	35.50	162.40	273.90
54	20.00	37.50	162.70	276.40
55	21.10	39.80	162.90	278.80
56	22.20	42.20	168.80	289.80
57	23.40	44.90	174.90	300.90
58	24.80	47.70	181.10	312.40
59	26.30	50.90	187.30	324.10



**RATE SHEET**  
*Alliant Insurance Services*

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	<b>\$1,000</b> <b>\$1,000</b> <b>6 Years</b> <b>100%</b> <b>\$72,000</b> <b>90 Days</b> <b>Home and Community- Based Care</b>	<u>Options</u> Home Care Level  Inflation Protection	<b>Home, Community-Based and Immediate Family Member Care Compound Uncapped</b>
--	---	---	---

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

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	27.80	54.00	193.50	335.60
61	30.00	58.40	200.10	347.50
62	32.60	63.10	206.60	359.50
63	35.10	67.90	213.00	371.60
64	38.00	73.30	219.70	383.80
65	42.30	80.70	225.50	394.60
66	46.70	87.50	242.70	420.10
67	51.50	94.70	263.40	450.10
68	56.40	102.30	282.70	477.10
69	62.10	110.80	304.70	509.20
70	68.40	120.30	326.50	541.30
71	75.70	130.90	356.00	582.80
72	83.40	142.20	385.60	624.00
73	91.80	154.80	415.90	669.00
74	101.20	168.30	449.60	715.80
75	121.10	199.70	528.90	835.40
76	132.50	215.80	571.40	893.60
77	144.90	233.30	613.70	950.70
78	158.40	252.50	661.10	1014.10
79	173.10	273.20	709.50	1082.20
80	189.30	295.40	765.40	1157.40



**RATE SHEET**  
*Alliant Insurance Services*

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>100%</b>	Inflation Protection	
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

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

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	13.70	24.70	185.20	308.80
31	13.70	24.80	186.90	311.60
32	14.20	25.50	188.50	314.20
33	14.50	26.00	190.30	317.20
34	14.70	26.50	191.90	319.90
35	15.00	27.10	193.60	322.60
36	15.50	27.80	196.10	326.40
37	16.20	29.10	198.60	330.30
38	16.70	29.90	201.20	334.20
39	17.20	30.90	203.70	338.00
40	18.00	32.20	206.10	341.80
41	19.00	33.70	208.60	345.50
42	19.60	34.90	211.10	349.40
43	20.50	36.50	213.70	353.30
44	21.40	38.20	216.20	357.20
45	22.50	40.20	218.60	361.00
46	23.50	42.20	218.60	364.50
47	24.20	44.20	218.40	367.90
48	25.50	47.00	218.50	371.60
49	26.30	49.20	218.40	375.00
50	27.50	52.20	218.30	378.60
51	28.60	54.90	218.30	382.10
52	30.10	58.20	218.10	385.50
53	31.60	61.80	218.20	389.20
54	32.90	65.20	218.00	392.60
55	34.20	68.60	218.00	396.10
56	36.20	73.20	225.00	412.50
57	38.20	78.00	232.30	429.40
58	40.20	83.10	239.80	446.60
59	42.50	88.60	247.40	464.10



**RATE SHEET**  
*Alliant Insurance Services*

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	<b>\$1,000</b> <b>\$1,000</b> <b>Unlimited</b> <b>100%</b> <b>Unlimited</b> <b>90 Days</b> <b>Home and Community- Based Care</b>	<u>Options</u> Home Care Level  Inflation Protection	<b>Home, Community-Based and Immediate Family Member Care Compound Uncapped</b>
--	--	---	---

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

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	45.00	94.40	254.80	481.40
61	48.40	102.10	262.80	499.50
62	52.10	110.40	270.50	517.30
63	56.20	119.40	278.50	535.40
64	60.30	128.80	286.50	553.90
65	67.20	142.30	293.40	570.20
66	74.00	154.40	317.60	609.70
67	81.20	167.20	342.30	652.30
68	89.40	181.40	367.20	692.10
69	98.30	196.50	395.90	740.20
70	108.00	213.10	425.90	789.30
71	119.00	231.80	462.30	848.60
72	130.90	251.60	499.40	907.60
73	143.40	273.10	537.50	972.20
74	157.40	295.80	579.20	1036.90
75	188.20	350.20	680.00	1207.10
76	206.00	378.80	735.20	1293.50
77	224.90	409.70	789.00	1376.40
78	245.30	443.10	847.50	1466.10
79	267.70	478.80	908.10	1563.30
80	292.00	517.00	978.30	1670.80