



RATE SHEET
Benemax, Inc

Base Plan

Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$500
Facility Benefit Duration	3 Years
Home Benefit	50%
Lifetime Maximum	\$36,000
Elimination Period	90 Days
Home Care Level	Total
Inflation Protection	Simple Uncapped

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

Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2 \text{ (Based on Funded Amount)}} \times = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Age	Base Plan	Age	Base Plan
18-30	20.80	60	81.00
31	21.30	61	86.50
32	21.60	62	93.80
33	22.80	63	100.90
34	23.60	64	108.60
35	24.20	65	120.40
36	24.80	66	130.10
37	26.10	67	140.50
38	27.40	68	151.50
39	28.40	69	163.60
40	29.50	70	176.40
41	31.10	71	191.80
42	32.00	72	208.70
43	33.70	73	226.30
44	35.10	74	245.70
45	36.70	75	289.60
46	38.30	76	311.40
47	40.20	77	336.30
48	42.60	78	360.80
49	44.50	79	389.20
50	46.80	80	418.60
51	49.30		
52	52.30		
53	55.10		
54	57.40		
55	60.40		
56	63.50		
57	67.60		
58	71.40		
59	76.10		



RATE SHEET
Benemax, Inc

<i>Base Plan</i>			
Facility Monthly Benefit	\$1,000		
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Total		
Inflation Protection	Simple Uncapped		

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

Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2 \text{ (Based on Funded Amount)}} \times \text{Facility Monthly Benefit Amount} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Age	Base Plan	Age	Base Plan
18-30	27.90	60	109.50
31	28.40	61	118.30
32	29.70	62	127.70
33	30.80	63	138.30
34	31.60	64	148.30
35	33.20	65	164.50
36	33.90	66	178.60
37	35.40	67	192.70
38	37.10	68	208.40
39	38.30	69	224.10
40	39.70	70	242.60
41	41.30	71	264.00
42	43.60	72	286.80
43	45.30	73	311.00
44	48.00	74	337.30
45	49.70	75	397.70
46	51.90	76	427.90
47	54.50	77	462.10
48	57.60	78	496.80
49	60.40	79	536.30
50	63.60	80	575.90
51	67.00		
52	70.40		
53	74.70		
54	78.10		
55	81.80		
56	86.60		
57	92.10		
58	97.00		
59	103.40		



RATE SHEET
Benemax, Inc

<i>Base Plan</i>			
Facility Monthly Benefit	\$1,000		
Home Monthly Benefit	\$500		
Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Total		
Inflation Protection	Simple Uncapped		

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

Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{\text{(Based on Funded Amount)}} \times \text{X} \quad 2 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Age	Base Plan	Age	Base Plan
18-30	39.70	60	151.60
31	40.40	61	163.60
32	42.30	62	177.00
33	43.40	63	190.80
34	44.20	64	204.80
35	46.30	65	227.10
36	47.40	66	247.00
37	49.80	67	266.10
38	51.30	68	287.80
39	53.40	69	309.40
40	55.80	70	334.40
41	58.10	71	364.10
42	60.60	72	394.00
43	62.60	73	426.50
44	65.90	74	460.40
45	68.90	75	541.60
46	72.10	76	582.40
47	75.50	77	628.90
48	80.00	78	674.90
49	83.50	79	727.80
50	88.00	80	779.80
51	92.80		
52	97.60		
53	103.30		
54	108.50		
55	112.70		
56	119.70		
57	127.20		
58	134.00		
59	142.70		