



**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:

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

For Employees Only:

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

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

Monthly Rates

Age	Base Plan	Age	Base Plan
18-30	8.00	60	31.10
31	8.30	61	33.40
32	8.40	62	36.20
33	8.70	63	38.80
34	9.00	64	42.00
35	9.20	65	46.30
36	9.60	66	50.20
37	10.10	67	54.10
38	10.70	68	58.40
39	11.00	69	63.00
40	11.50	70	68.00
41	12.00	71	73.80
42	12.50	72	80.30
43	13.00	73	87.30
44	13.60	74	94.70
45	14.10	75	111.70
46	14.90	76	120.00
47	15.40	77	129.60
48	16.40	78	139.00
49	17.10	79	150.00
50	18.10	80	161.20
51	19.10		
52	20.10		
53	21.40		
54	22.10		
55	23.40		
56	24.60		
57	26.00		
58	27.60		
59	29.20		



**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:

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

For Employees Only:

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

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

Monthly Rates

Age	Base Plan	Age	Base Plan
18-30	11.00	60	42.30
31	11.10	61	45.50
32	11.50	62	49.30
33	11.80	63	53.50
34	12.20	64	57.30
35	12.80	65	63.50
36	13.10	66	68.80
37	13.50	67	74.20
38	14.40	68	80.40
39	14.80	69	86.50
40	15.40	70	93.40
41	16.00	71	101.80
42	16.90	72	110.40
43	17.30	73	119.90
44	18.50	74	129.80
45	19.20	75	153.20
46	20.10	76	164.90
47	21.10	77	178.00
48	22.40	78	191.30
49	23.10	79	206.60
50	24.40	80	221.80
51	26.00		
52	27.20		
53	28.60		
54	30.10		
55	31.60		
56	33.30		
57	35.30		
58	37.50		
59	39.90		



**RATE SHEET
BENEMAX INC.**

<u>Base Plan</u>			
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:

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

For Employees Only:

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

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

Monthly Rates

Age	Base Plan	Age	Base Plan
18-30	15.60	60	58.50
31	15.80	61	63.20
32	16.20	62	68.30
33	16.70	63	73.60
34	17.10	64	78.90
35	17.70	65	87.30
36	18.40	66	95.00
37	19.10	67	102.40
38	19.70	68	110.80
39	20.60	69	119.20
40	21.40	70	128.80
41	22.40	71	140.50
42	23.30	72	151.60
43	24.40	73	164.30
44	25.30	74	177.40
45	26.60	75	208.60
46	27.70	76	224.50
47	29.20	77	242.30
48	31.10	78	260.00
49	32.30	79	280.50
50	34.00	80	300.60
51	35.90		
52	37.80		
53	39.80		
54	41.80		
55	43.40		
56	46.30		
57	49.00		
58	51.80		
59	55.00		