



**RATE SHEET  
BENEMAX INC.**

<i>Base Plan</i>			
Facility Monthly Benefit	<b>\$1,000</b>		
Home Monthly Benefit	<b>\$500</b>		
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>Total</b>		
Inflation Protection	<b>Simple Uncapped</b>		

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

**Calculate your Premium:**

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

**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	13.50	60	52.60
31	13.90	61	56.40
32	14.10	62	61.10
33	14.80	63	65.60
34	15.30	64	70.60
35	15.70	65	78.20
36	16.10	66	84.70
37	16.90	67	91.40
38	17.80	68	98.60
39	18.40	69	106.40
40	19.20	70	114.80
41	20.20	71	124.70
42	20.80	72	135.80
43	21.80	73	147.20
44	22.90	74	159.80
45	23.90	75	188.50
46	25.00	76	202.50
47	26.20	77	218.80
48	27.80	78	234.80
49	29.00	79	253.30
50	30.40	80	272.30
51	32.20		
52	34.10		
53	35.80		
54	37.30		
55	39.30		
56	41.40		
57	44.10		
58	46.50		
59	49.50		



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

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

**Calculate your Premium:**

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

**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	18.10	60	71.30
31	18.40	61	77.00
32	19.30	62	83.10
33	20.00	63	89.90
34	20.60	64	96.50
35	21.60	65	107.10
36	22.00	66	116.20
37	23.00	67	125.40
38	24.20	68	135.60
39	24.80	69	145.80
40	25.80	70	157.60
41	26.90	71	171.70
42	28.40	72	186.50
43	29.40	73	202.40
44	31.20	74	219.50
45	32.30	75	258.80
46	33.90	76	278.40
47	35.60	77	300.60
48	37.60	78	323.30
49	39.30	79	348.90
50	41.30	80	374.60
51	43.60		
52	45.90		
53	48.50		
54	50.70		
55	53.20		
56	56.40		
57	59.90		
58	63.20		
59	67.30		



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<i>Base Plan</i>			
Facility Monthly Benefit	<b>\$1,000</b>		
Home Monthly Benefit	<b>\$500</b>		
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>Total</b>		
Inflation Protection	<b>Simple Uncapped</b>		

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

**Calculate your Premium:**

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

**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	25.80	60	98.60
31	26.30	61	106.40
32	27.60	62	115.10
33	28.20	63	124.10
34	28.80	64	133.30
35	30.10	65	147.80
36	30.80	66	160.80
37	32.50	67	173.10
38	33.40	68	187.30
39	34.60	69	201.30
40	36.30	70	217.60
41	37.80	71	237.00
42	39.50	72	256.30
43	40.80	73	277.50
44	43.00	74	299.40
45	44.90	75	352.30
46	46.90	76	378.90
47	49.30	77	409.10
48	52.00	78	439.10
49	54.40	79	473.40
50	57.30	80	507.20
51	60.40		
52	63.60		
53	67.20		
54	70.50		
55	73.20		
56	77.90		
57	82.80		
58	87.30		
59	92.90		