



**RATE SHEET**  
**Central Kitsap School District**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total</b>
Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>30 Days</b>		
Home Care Level	<b>Professional</b>		
Inflation Protection	<b>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
	Base Plan	Base Plan With Total Home Care Option
18-30	23.70	38.80
31	24.10	39.30
32	24.70	40.50
33	25.20	41.30
34	26.30	42.70
35	26.60	43.40
36	27.60	44.70
37	28.30	45.50
38	29.10	47.20
39	30.30	48.50
40	30.80	49.40
41	31.60	50.50
42	32.50	52.00
43	33.60	53.80
44	34.40	55.40
45	36.30	57.40
46	36.80	58.80
47	37.60	60.80
48	38.60	63.00
49	39.50	65.40
50	40.30	67.00
51	41.90	69.80
52	43.10	72.80
53	43.90	74.70
54	45.10	77.20
55	46.40	78.70
56	48.40	82.30
57	50.50	86.10
58	52.50	89.60
59	54.10	93.10



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Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>30 Days</b>		
Home Care Level	<b>Professional</b>		
Inflation Protection	<b>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
	Base Plan	Base Plan With Total Home Care Option
60	56.70	97.30
61	60.20	102.80
62	64.80	109.60
63	68.50	115.50
64	73.20	122.80
65	80.60	132.80
66	86.80	140.30
67	94.40	150.20
68	101.70	159.20
69	110.10	169.70
70	117.90	179.60
71	129.20	193.30
72	139.40	205.90
73	150.90	220.30
74	162.60	234.80
75	192.40	273.80
76	207.90	292.00
77	223.30	309.40
78	241.20	330.00
79	258.90	351.00
80	279.50	374.30



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total</b>
Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>30 Days</b>		
Home Care Level	<b>Professional</b>		
Inflation Protection	<b>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
	Base Plan	Base Plan With Total Home Care Option
18-30	31.70	52.60
31	32.40	53.60
32	33.20	55.20
33	34.70	56.80
34	35.10	57.60
35	36.30	59.60
36	36.80	60.50
37	38.30	62.40
38	39.20	64.10
39	40.10	65.60
40	41.60	67.40
41	42.30	69.40
42	44.10	71.70
43	45.40	73.70
44	46.30	75.20
45	48.20	78.10
46	49.60	80.90
47	50.30	83.20
48	51.50	86.00
49	52.80	89.10
50	53.90	91.80
51	55.70	95.90
52	57.50	99.20
53	58.80	103.00
54	60.60	106.20
55	62.10	108.70
56	64.60	113.70
57	67.10	118.60
58	69.70	124.10
59	72.50	129.60



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Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>30 Days</b>		
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**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
	Base Plan	Base Plan With Total Home Care Option
60	74.90	134.90
61	80.20	144.10
62	85.50	153.80
63	90.20	161.60
64	96.00	171.90
65	105.70	187.20
66	113.60	198.80
67	123.70	213.70
68	133.00	226.70
69	143.10	241.60
70	153.80	257.20
71	167.50	276.90
72	181.60	296.50
73	196.20	318.40
74	212.00	340.30
75	249.50	397.10
76	269.90	425.00
77	290.00	452.70
78	312.40	482.30
79	335.10	514.70
80	361.90	551.00



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total</b>
Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>30 Days</b>		
Home Care Level	<b>Professional</b>		
Inflation Protection	<b>Compound Uncapped</b>		

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Total Home Care Option
18-30	43.70	75.20
31	44.50	76.80
32	46.20	79.10
33	47.10	80.30
34	47.90	82.20
35	49.30	84.30
36	50.30	85.80
37	52.20	88.60
38	53.30	90.60
39	54.70	92.70
40	56.00	95.20
41	58.00	98.30
42	59.50	100.90
43	61.10	103.60
44	63.40	107.20
45	65.60	110.90
46	66.70	113.60
47	67.60	117.10
48	69.80	122.30
49	71.10	125.90
50	73.10	130.90
51	74.90	135.60
52	76.70	140.50
53	79.20	146.40
54	80.80	151.10
55	83.00	154.20
56	85.60	160.80
57	88.80	168.50
58	92.40	176.90
59	95.50	184.40



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**Monthly Rates**

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Total Home Care Option
60	98.70	193.00
61	105.00	205.90
62	111.40	219.70
63	117.80	233.00
64	124.30	247.20
65	136.40	269.70
66	147.50	288.30
67	159.70	308.80
68	171.70	328.50
69	185.00	350.90
70	198.70	373.80
71	215.70	402.00
72	233.40	429.70
73	251.20	460.80
74	270.70	491.30
75	317.80	571.60
76	344.20	613.20
77	369.40	652.20
78	396.80	694.70
79	425.70	741.40
80	458.90	792.50