



**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 Base Plan	Plan 2 Base Plan With Total Home Care Option
18-30	28.90	47.20
31	29.30	47.70
32	30.10	49.30
33	30.60	50.20
34	32.00	51.90
35	32.30	52.70
36	33.60	54.40
37	34.40	55.30
38	35.50	57.50
39	37.00	59.10
40	37.60	60.10
41	38.50	61.50
42	39.50	63.30
43	40.80	65.50
44	41.70	67.20
45	44.20	69.80
46	44.80	71.60
47	45.70	73.90
48	46.90	76.70
49	48.00	79.50
50	49.00	81.60
51	51.00	85.00
52	52.40	88.60
53	53.50	90.90
54	54.80	94.00
55	56.50	95.80
56	59.00	100.20
57	61.40	104.70
58	63.90	109.00
59	65.90	113.30



**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**

	<b>Plan 1</b>	<b>Plan 2</b>
<b>Insurance</b>		<b>Base Plan With</b>
<b>Age</b>	<b>Base Plan</b>	<b>Total Home Care</b>
		<b>Option</b>
60	69.10	118.40
61	73.30	125.30
62	78.90	133.40
63	83.20	140.50
64	89.10	149.40
65	98.10	161.70
66	105.70	170.70
67	114.80	182.80
68	123.70	193.60
69	134.00	206.50
70	143.40	218.40
71	157.20	235.20
72	169.60	250.70
73	183.50	267.90
74	197.90	285.70
75	234.20	333.20
76	253.00	355.30
77	271.70	376.50
78	293.50	401.40
79	315.10	427.00
80	340.20	455.60



**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>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	38.60	63.90
31	39.40	65.10
32	40.40	67.10
33	42.30	69.10
34	42.60	70.00
35	44.20	72.50
36	44.80	73.60
37	46.60	75.90
38	47.60	78.00
39	48.70	79.80
40	50.60	81.90
41	51.50	84.40
42	53.60	87.20
43	55.30	89.70
44	56.30	91.40
45	58.60	95.00
46	60.30	98.40
47	61.00	101.10
48	62.70	104.60
49	64.30	108.40
50	65.50	111.50
51	67.80	116.70
52	70.00	120.80
53	71.60	125.30
54	73.70	129.20
55	75.60	132.30
56	78.60	138.30
57	81.60	144.50
58	84.80	151.00
59	88.20	157.60



**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>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
60	91.10	164.10
61	97.50	175.40
62	104.00	187.00
63	109.80	196.70
64	116.90	209.30
65	128.60	227.80
66	138.10	241.80
67	150.70	260.20
68	161.90	275.90
69	174.20	294.00
70	187.10	312.90
71	203.90	337.00
72	221.00	360.90
73	238.80	387.60
74	258.10	414.10
75	303.50	483.20
76	328.40	517.10
77	352.90	550.90
78	380.10	586.90
79	408.00	626.50
80	440.40	670.60



**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>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>		

*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	53.20	91.50
31	54.00	93.30
32	56.20	96.30
33	57.10	97.70
34	58.40	100.10
35	59.90	102.60
36	61.10	104.40
37	63.40	107.60
38	64.90	110.20
39	66.60	112.70
40	68.10	115.90
41	70.70	119.70
42	72.40	122.70
43	74.30	126.10
44	77.00	130.40
45	79.80	134.80
46	81.10	138.30
47	82.20	142.40
48	85.00	148.90
49	86.60	153.20
50	89.10	159.50
51	91.20	165.10
52	93.30	171.00
53	96.40	178.10
54	98.30	183.90
55	101.00	187.60
56	104.10	195.70
57	108.20	205.30
58	112.50	215.30
59	116.20	224.40



**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>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>		

*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	120.10	234.80
61	127.80	250.70
62	135.50	267.40
63	143.30	283.60
64	151.10	300.70
65	166.00	328.30
66	179.50	350.90
67	194.30	375.80
68	209.10	399.80
69	225.00	427.00
70	241.80	454.90
71	262.50	489.10
72	284.10	523.10
73	305.60	560.70
74	329.50	598.00
75	386.90	695.70
76	418.80	746.20
77	449.70	793.80
78	482.80	845.40
79	518.00	902.10
80	558.40	964.50