



**RATE SHEET
HENRY FORD COLLEGE**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Simple Capped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	2 Years		
Home Benefit	50%		
Lifetime Maximum	\$24,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	2.30	3.70	3.40	5.20
31	2.60	3.90	3.70	5.50
32	2.60	3.90	3.70	5.50
33	2.60	4.00	3.90	5.80
34	2.70	4.10	4.10	6.10
35	2.80	4.20	4.20	6.20
36	3.00	4.40	4.40	6.60
37	3.00	4.50	4.40	6.70
38	3.10	4.60	4.70	7.00
39	3.30	4.80	4.80	7.20
40	3.30	5.00	5.20	7.70
41	3.60	5.30	5.60	8.10
42	3.70	5.60	5.80	8.50
43	3.90	5.80	6.00	8.90
44	4.10	6.00	6.40	9.30
45	4.30	6.30	6.80	9.90
46	4.50	6.60	7.00	10.30
47	4.70	7.00	7.50	11.00
48	5.00	7.40	7.90	11.60
49	5.20	7.90	8.30	12.30
50	5.60	8.40	8.90	13.10
51	5.80	8.80	9.20	13.70
52	6.20	9.40	9.90	14.60
53	6.40	9.90	10.30	15.40
54	6.90	10.50	11.00	16.40
55	7.40	11.20	11.60	17.10
56	7.80	11.90	12.30	18.10
57	8.40	12.70	13.20	19.30
58	9.10	13.70	14.30	20.80
59	9.70	14.60	15.20	22.10



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Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
60	10.50	15.60	16.30	23.40
61	11.50	16.80	17.80	25.30
62	12.60	18.40	19.40	27.30
63	14.00	20.10	21.20	29.60
64	15.30	21.70	23.10	31.90
65	17.50	24.30	26.20	35.50
66	19.40	26.50	28.80	38.30
67	21.60	29.00	31.90	41.80
68	23.90	31.60	34.80	45.00
69	26.40	34.50	38.20	48.80
70	29.30	37.70	41.90	52.80
71	32.50	41.30	46.00	57.30
72	36.10	45.30	50.70	62.50
73	40.10	49.70	55.50	67.70
74	44.40	54.50	60.90	73.60
75	53.50	65.00	72.50	86.80
76	58.80	70.70	79.10	93.80
77	64.70	76.90	85.70	100.80
78	70.90	83.60	93.40	108.90
79	77.80	90.90	100.80	116.70
80	85.40	98.80	110.00	126.10



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Facility Monthly Benefit	\$1,000	Home Care Level	Total Simple Capped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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

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	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	4.20	6.60	6.00	9.30
31	4.40	6.80	6.10	9.50
32	4.40	7.00	6.40	10.00
33	4.60	7.10	6.80	10.30
34	4.70	7.30	6.90	10.60
35	4.90	7.60	7.20	11.00
36	5.00	7.70	7.50	11.50
37	5.20	8.00	7.80	11.90
38	5.40	8.40	8.20	12.50
39	5.70	8.70	8.70	13.10
40	5.80	9.00	8.90	13.60
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42	6.40	9.90	9.90	15.00
43	6.70	10.20	10.40	15.80
44	7.00	10.70	10.90	16.50
45	7.40	11.20	11.70	17.40
46	7.80	11.90	12.20	18.40
47	8.10	12.50	12.80	19.40
48	8.70	13.30	13.50	20.60
49	8.90	13.90	14.10	21.70
50	9.40	14.70	14.90	22.90
51	9.90	15.70	15.70	24.30
52	10.50	16.60	16.60	25.70
53	11.20	17.70	17.70	27.50
54	11.80	18.80	18.70	29.00
55	12.50	19.90	19.60	30.30
56	13.30	21.20	20.80	32.20
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61	19.20	30.40	29.50	45.10
62	21.00	33.10	32.20	48.90
63	23.10	36.10	34.80	52.70
64	25.30	39.30	38.00	57.10
65	28.70	43.90	42.90	63.50
66	31.80	48.00	47.00	68.60
67	35.30	52.50	52.00	74.90
68	39.00	57.20	56.60	80.70
69	43.10	62.40	62.10	87.50
70	47.60	68.20	67.80	94.60
71	52.90	74.80	74.50	103.00
72	58.60	81.90	81.90	112.00
73	64.70	89.70	89.30	121.10
74	71.50	98.20	97.90	131.60
75	86.00	117.20	116.10	155.10
76	94.50	127.50	126.70	167.60
77	103.70	138.80	136.90	180.10
78	113.60	151.00	149.10	194.70
79	124.50	164.30	160.90	209.00
80	136.60	178.70	175.20	225.70