



**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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (2 Year Duration)}}{3.5 \text{ (Based on Funded Amount)}} \times \text{Facility Monthly Benefit Amount} = \text{Employer Paid Amount (B)}$$

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Option	Option	Option	Option
18-30	2.30	3.70	4.30	6.60
31	2.60	3.90	4.60	7.00
32	2.60	3.90	4.60	7.00
33	2.60	4.00	5.00	7.40
34	2.70	4.10	5.10	7.70
35	2.80	4.20	5.30	7.90
36	3.00	4.40	5.60	8.30
37	3.00	4.50	5.60	8.50
38	3.10	4.60	6.00	8.90
39	3.30	4.80	6.20	9.20
40	3.30	5.00	6.60	9.80
41	3.60	5.30	7.10	10.40
42	3.70	5.60	7.40	10.80
43	3.90	5.80	7.70	11.30
44	4.10	6.00	8.10	11.80
45	4.30	6.30	8.60	12.50
46	4.50	6.60	8.90	13.10
47	4.70	7.00	9.50	13.90
48	5.00	7.40	10.10	14.80
49	5.20	7.90	10.60	15.70
50	5.60	8.40	11.40	16.60
51	5.80	8.80	11.80	17.40
52	6.20	9.40	12.60	18.60
53	6.40	9.90	13.10	19.50
54	6.90	10.50	13.90	20.80
55	7.40	11.20	14.70	21.70
56	7.80	11.90	15.60	23.00
57	8.40	12.70	16.80	24.60
58	9.10	13.70	18.20	26.40
59	9.70	14.60	19.30	28.00



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Home Benefit	50%		
Lifetime Maximum	\$24,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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For Employees Only:

$$\frac{\text{Rate for Plan 1 (2 Year Duration)}}{\text{(Based on Funded Amount)}} \times 3.5 = \text{Employer Paid Amount (B)}$$

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Option	Option	Option	Option
60	10.50	15.60	20.80	29.80
61	11.50	16.80	22.60	32.10
62	12.60	18.40	24.50	34.60
63	14.00	20.10	27.00	37.70
64	15.30	21.70	29.40	40.60
65	17.50	24.30	33.30	45.10
66	19.40	26.50	36.60	48.70
67	21.60	29.00	40.40	53.00
68	23.90	31.60	44.20	57.20
69	26.40	34.50	48.60	62.10
70	29.30	37.70	53.20	67.00
71	32.50	41.30	58.30	72.80
72	36.10	45.30	64.40	79.30
73	40.10	49.70	70.40	86.00
74	44.40	54.50	77.40	93.50
75	53.50	65.00	92.10	110.30
76	58.80	70.70	100.40	119.10
77	64.70	76.90	108.80	128.00
78	70.90	83.60	118.60	138.20
79	77.80	90.90	128.10	148.30
80	85.40	98.80	139.60	160.00



**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	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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

Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (2 Year Duration)}}{\text{(Based on Funded Amount)}} \times 3.5 = \text{Employer Paid Amount (B)}$$

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Base Plan	Option	Option	Option
18-30	4.20	6.60	7.60	11.80
31	4.40	6.80	7.70	12.10
32	4.40	7.00	8.10	12.60
33	4.60	7.10	8.60	13.10
34	4.70	7.30	8.70	13.50
35	4.90	7.60	9.10	14.00
36	5.00	7.70	9.60	14.60
37	5.20	8.00	9.90	15.10
38	5.40	8.40	10.40	15.90
39	5.70	8.70	11.00	16.60
40	5.80	9.00	11.40	17.30
41	6.00	9.30	12.00	18.10
42	6.40	9.90	12.60	19.00
43	6.70	10.20	13.30	20.10
44	7.00	10.70	13.90	21.00
45	7.40	11.20	14.80	22.10
46	7.80	11.90	15.60	23.50
47	8.10	12.50	16.20	24.60
48	8.70	13.30	17.20	26.10
49	8.90	13.90	18.00	27.60
50	9.40	14.70	18.90	29.10
51	9.90	15.70	20.00	30.90
52	10.50	16.60	21.10	32.70
53	11.20	17.70	22.60	35.00
54	11.80	18.80	23.70	36.80
55	12.50	19.90	24.90	38.50
56	13.30	21.20	26.40	40.90
57	14.30	22.80	28.20	43.70
58	15.30	24.40	30.20	46.60
59	16.40	26.10	32.20	49.70



**RATE SHEET
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<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 6 Years 50% \$72,000 90 Days Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Capped
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Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (2 Year Duration)}}{\text{(Based on Funded Amount)}} \times 3.5 = \text{Employer Paid Amount (B)}$$

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

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
60	17.50	28.00	34.50	53.00
61	19.20	30.40	37.50	57.30
62	21.00	33.10	40.90	62.10
63	23.10	36.10	44.20	66.90
64	25.30	39.30	48.30	72.50
65	28.70	43.90	54.50	80.70
66	31.80	48.00	59.60	87.00
67	35.30	52.50	66.00	95.10
68	39.00	57.20	71.80	102.40
69	43.10	62.40	78.90	111.10
70	47.60	68.20	86.20	120.20
71	52.90	74.80	94.70	130.90
72	58.60	81.90	104.00	142.30
73	64.70	89.70	113.50	153.80
74	71.50	98.20	124.40	167.20
75	86.00	117.20	147.40	196.90
76	94.50	127.50	160.90	213.00
77	103.70	138.80	173.90	228.80
78	113.60	151.00	189.40	247.30
79	124.50	164.30	204.40	265.40
80	136.60	178.70	222.50	286.70