



**RATE SHEET**  
**Madison Metropolitan School District**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Non Forfeiture	<b>Shortened Benefit Period Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,000</b>	Inflation Protection	
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

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

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	4.70	5.60	13.80	16.70
31	4.70	5.60	13.90	16.80
32	4.70	5.60	14.00	17.00
33	4.80	5.80	14.60	17.60
34	5.00	6.00	15.10	18.20
35	5.10	6.10	15.50	18.70
36	5.30	6.40	15.90	19.20
37	5.50	6.70	16.20	19.60
38	5.80	7.10	16.80	20.40
39	6.00	7.20	17.30	20.80
40	6.10	7.30	17.50	21.00
41	6.60	7.90	18.40	22.00
42	6.80	8.10	18.80	22.40
43	6.90	8.30	19.40	23.10
44	7.40	8.90	20.10	23.90
45	7.80	9.20	20.60	24.40
46	8.00	9.50	21.20	25.10
47	8.40	9.90	21.70	25.60
48	8.80	10.30	22.10	25.80
49	9.00	10.50	22.60	26.40
50	9.60	11.30	23.40	27.40
51	10.20	11.90	24.10	28.20
52	10.70	12.50	24.70	28.90
53	11.20	13.00	25.30	29.30
54	11.50	13.30	26.10	30.20
55	12.40	14.40	27.10	31.40
56	13.00	15.00	28.00	32.40
57	13.80	16.10	29.30	34.00
58	14.70	17.10	30.30	35.20
59	15.50	17.90	31.30	36.30



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

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture	Base Plan With Compound Inflation	Base Plan With Non Forfeiture Compound Inflation
	Option	Option	Option	Option
60	16.50	19.20	32.80	38.10
61	17.80	20.60	34.90	40.50
62	19.50	22.40	37.20	42.80
63	21.00	24.20	39.40	45.30
64	23.00	26.50	42.20	48.50
65	25.80	29.70	46.40	53.40
66	28.60	32.60	50.30	57.30
67	31.50	36.00	54.40	62.00
68	34.60	39.40	58.50	66.70
69	38.30	43.70	63.50	72.30
70	42.20	48.10	67.80	77.30
71	46.80	52.90	74.30	83.90
72	51.80	58.50	80.70	91.20
73	57.20	64.10	87.10	97.50
74	63.00	70.50	94.10	105.40
75	75.70	84.00	111.00	123.30
76	82.80	91.90	120.20	133.40
77	90.80	99.90	129.20	142.10
78	99.20	109.20	139.20	153.20
79	108.80	119.70	149.70	164.70
80	119.10	131.00	161.60	177.80



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Facility Monthly Benefit	<b>\$1,000</b>	Non Forfeiture	<b>Shortened Benefit Period Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,000</b>	Inflation Protection	
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</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	Plan 3	Plan 4
		Base Plan With Non Forfeiture	Base Plan With Compound Inflation	Base Plan With Non Forfeiture Compound Inflation
	Base Plan	Option	Option	Option
18-30	6.30	7.60	18.40	22.30
31	6.30	7.70	18.90	22.80
32	6.40	7.80	19.20	23.20
33	6.50	7.90	19.60	23.80
34	6.80	8.20	20.30	24.60
35	7.10	8.60	21.10	25.50
36	7.20	8.70	21.40	25.90
37	7.40	9.00	21.90	26.50
38	7.80	9.40	22.50	27.20
39	8.10	9.70	23.20	27.80
40	8.40	10.10	23.80	28.50
41	8.50	10.30	24.30	29.10
42	9.10	10.90	25.20	30.00
43	9.40	11.20	25.70	30.60
44	10.10	12.00	26.90	32.00
45	10.70	12.60	28.00	33.00
46	10.90	12.90	28.20	33.20
47	11.50	13.60	28.90	34.10
48	12.10	14.20	29.90	34.90
49	12.30	14.40	30.40	35.50
50	12.80	14.90	31.00	36.20
51	13.60	15.90	32.00	37.40
52	14.30	16.70	33.00	38.60
53	14.90	17.30	33.80	39.30
54	15.80	18.40	35.10	40.70
55	16.70	19.30	36.00	41.80
56	17.40	20.10	37.10	43.00
57	18.40	21.40	38.50	44.60
58	19.60	22.70	40.10	46.50
59	20.90	24.30	41.70	48.40



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Home Benefit	<b>100%</b>		
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*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	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
60	22.10	25.60	43.30	50.30
61	23.90	27.70	46.00	53.40
62	26.00	29.90	49.20	56.50
63	28.40	32.70	52.20	60.00
64	30.70	35.30	55.60	64.00
65	34.20	39.30	61.00	70.20
66	37.70	43.00	65.80	75.00
67	41.80	47.60	71.50	81.50
68	45.90	52.30	76.80	87.60
69	50.60	57.70	82.80	94.40
70	55.50	63.30	88.60	101.00
71	61.50	69.50	96.90	109.40
72	67.80	76.60	105.00	118.60
73	74.80	83.80	113.10	126.70
74	82.30	92.10	122.40	137.10
75	98.70	109.50	143.90	159.80
76	108.10	120.00	155.70	172.90
77	118.30	130.20	167.30	184.00
78	129.40	142.30	180.40	198.40
79	141.60	155.70	193.70	213.10
80	154.90	170.40	209.00	229.90



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Home Monthly Benefit	<b>\$1,000</b>	Inflation Protection	
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>90 Days</b>		
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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	9.00	10.90	25.60	30.90
31	9.00	10.90	26.10	31.50
32	9.10	11.10	26.70	32.20
33	9.20	11.20	27.00	32.70
34	9.40	11.40	27.60	33.40
35	9.60	11.60	28.30	34.20
36	10.10	12.20	29.20	35.30
37	10.30	12.50	29.80	36.00
38	10.70	13.00	30.60	37.10
39	11.20	13.40	31.60	37.90
40	11.60	13.90	32.30	38.80
41	12.20	14.60	33.50	40.20
42	12.60	15.00	34.40	40.90
43	13.20	15.70	35.40	42.10
44	13.70	16.30	36.40	43.30
45	14.60	17.20	37.50	44.20
46	15.10	17.80	38.40	45.30
47	15.70	18.50	39.20	46.20
48	16.60	19.40	40.50	47.40
49	17.10	20.00	41.20	48.20
50	17.90	21.00	42.20	49.40
51	18.50	21.70	43.20	50.60
52	19.70	23.10	44.50	52.10
53	20.50	23.80	45.70	53.00
54	21.40	24.80	46.80	54.30
55	22.30	25.90	47.70	55.40
56	23.60	27.40	49.30	57.20
57	25.10	29.20	51.60	59.80
58	26.50	30.70	53.10	61.50
59	28.00	32.50	55.30	64.10



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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
60	29.60	34.40	57.10	66.30
61	32.10	37.20	60.50	70.20
62	34.70	39.90	64.50	74.20
63	37.40	43.00	68.10	78.40
64	40.20	46.20	71.80	82.60
65	44.70	51.40	78.70	90.50
66	49.40	56.30	85.30	97.20
67	54.40	62.10	92.10	105.00
68	59.90	68.30	98.80	112.70
69	65.90	75.10	106.80	121.70
70	72.50	82.70	114.80	130.90
71	80.10	90.50	124.70	140.90
72	88.00	99.40	134.70	152.20
73	96.60	108.10	145.00	162.40
74	106.10	118.80	156.50	175.30
75	127.00	140.90	183.80	204.10
76	139.00	154.20	198.90	220.80
77	152.00	167.20	213.50	234.90
78	165.70	182.20	229.50	252.40
79	181.10	199.20	246.20	270.90
80	197.70	217.50	265.40	291.90