



RATE SHEET
NORDEA BANK ABP NEW YORK BRANCH

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$500		
Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Total		

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:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2 \text{ (Based on Funded Amount)}} \times \text{Employer Paid Amount} = \text{EMPLOYEE'S COST (B)}$$

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

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	4.00	10.30
31	4.10	10.50
32	4.10	11.00
33	4.20	11.10
34	4.30	11.40
35	4.50	11.60
36	4.70	12.00
37	4.80	12.30
38	4.90	12.60
39	5.00	12.70
40	5.40	13.10
41	5.50	13.60
42	5.70	14.00
43	5.90	14.40
44	6.20	14.80
45	6.50	15.60
46	6.90	16.10
47	7.20	16.90
48	7.50	17.70
49	8.10	18.60
50	8.90	20.60
51	9.70	21.40
52	10.30	22.30
53	10.90	23.10
54	11.60	24.30
55	12.50	25.50
56	13.50	26.80
57	14.40	28.40
58	15.50	30.30
59	16.70	32.60



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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:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{\text{(Based on Funded Amount)}} \times 2 = \text{Employer Paid Amount (B)}$$

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

Monthly Rates

	Plan 1	Plan 2
Insurance	Base Plan	Base Plan With Compound Inflation Option
Age	Base Plan	Option
60	20.00	38.70
61	21.60	41.00
62	23.60	43.30
63	25.50	46.00
64	27.80	48.80
65	30.30	51.90
66	32.90	55.00
67	35.80	58.30
68	39.10	63.10
69	42.80	68.40
70	46.80	74.40
71	54.40	85.50
72	59.70	91.10
73	65.20	97.50
74	71.00	104.50
75	77.50	111.20
76	84.40	119.20
77	91.90	127.50
78	100.00	137.00
79	108.70	146.20
80	118.30	157.00



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Total		

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

Calculate your Premium:

	X		÷	\$1,000	=		(A)
Rate for Plan Chosen		Facility Monthly Benefit Amount				Your Premium	
For Employees Only:							
	X	2			=		(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)				Employer Paid Amount	
A MINUS B							EMPLOYEE'S COST

Monthly Rates

	Plan 1	Plan 2 Base Plan With Compound Inflation
Insurance Age	Base Plan	Option
18-30	5.60	14.80
31	5.70	15.20
32	5.90	15.40
33	6.00	15.90
34	6.10	16.20
35	6.40	16.40
36	6.60	16.80
37	6.70	17.20
38	7.00	17.70
39	7.10	18.00
40	7.40	18.50
41	7.70	19.00
42	8.00	19.60
43	8.20	20.30
44	8.60	20.80
45	9.00	21.70
46	9.50	22.50
47	10.10	23.60
48	10.50	24.70
49	11.20	25.80
50	12.40	28.60
51	13.20	29.70
52	14.10	30.90
53	15.00	32.00
54	16.00	33.40
55	17.30	35.00
56	18.70	37.20
57	19.80	39.20
58	21.40	41.80
59	23.00	44.70



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Total		

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For Employees Only:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	27.50	53.10
61	29.80	56.10
62	32.20	59.20
63	34.90	62.70
64	37.90	66.30
65	41.30	70.60
66	44.90	74.50
67	48.90	79.10
68	53.30	85.50
69	58.30	92.80
70	63.90	100.60
71	74.20	115.60
72	81.20	123.40
73	88.60	131.70
74	96.50	140.80
75	105.00	149.90
76	114.50	160.40
77	124.70	171.60
78	135.50	184.30
79	147.30	196.70
80	160.20	211.20



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$500		
Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Total		

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

Calculate your Premium:

	X		÷	\$1,000	=		(A)
Rate for Plan Chosen		Facility Monthly Benefit Amount				Your Premium	
For Employees Only:							
	X	2			=		(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)				Employer Paid Amount	
A MINUS B							EMPLOYEE'S COST

Monthly Rates

	Plan 1	Plan 2 Base Plan With Compound Inflation
Insurance Age	Base Plan	Option
18-30	7.80	20.90
31	8.00	21.40
32	8.10	22.00
33	8.30	22.10
34	8.50	22.70
35	8.60	23.10
36	9.00	23.70
37	9.10	24.10
38	9.50	24.70
39	9.60	25.00
40	10.10	25.90
41	10.40	26.50
42	10.80	27.20
43	11.20	28.20
44	11.60	28.80
45	12.20	29.70
46	12.80	31.00
47	13.50	32.30
48	14.10	33.40
49	15.00	35.20
50	16.70	38.70
51	17.70	40.10
52	18.90	41.60
53	20.00	43.20
54	21.50	45.10
55	23.00	47.20
56	24.80	50.00
57	26.30	52.50
58	28.30	55.90
59	30.40	59.50



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$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2 \text{ (Based on Funded Amount)}} \times 2 = \text{Employer Paid Amount (B)}$$

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Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	36.20	70.10
61	39.00	73.80
62	42.20	77.70
63	45.60	82.40
64	49.40	86.90
65	53.80	92.40
66	58.20	97.70
67	63.40	104.10
68	69.00	112.40
69	75.50	121.30
70	82.60	131.20
71	95.70	150.20
72	104.60	159.70
73	113.90	170.30
74	123.80	181.80
75	134.20	192.60
76	146.20	206.50
77	158.90	220.30
78	172.50	236.30
79	187.10	251.90
80	203.00	269.30