



**RATE SHEET
OBERLIN COLLEGE**

<u>BASE PLAN</u>		<u>OPTIONS</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	COMPOUND
Home Monthly Benefit	\$500		
Facility Benefit Duration	3 YEARS		
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	90 DAY		
Home Care Level	TOTAL		

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

Calculate your Premium:

$$\frac{\text{Monthly Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Monthly Premium}$$

Monthly Rates

	PLAN 1	PLAN 2 BASE PLAN WITH COMPOUND INFLAT OPTION
AGE	BASE PLAN	OPTION
18-30	3.40	9.70
31	3.40	9.80
32	3.40	10.00
33	3.50	10.30
34	3.60	10.50
35	3.70	10.80
36	3.80	11.10
37	3.90	11.40
38	4.10	11.70
39	4.30	12.10
40	4.40	12.40
41	4.60	12.80
42	4.90	13.20
43	5.00	13.60
44	5.30	14.00
45	5.60	14.40
46	5.80	14.90
47	6.10	15.40
48	6.50	16.00
49	6.90	16.60
50	7.20	17.10
51	7.80	17.80
52	8.20	18.50
53	8.70	19.20
54	9.20	19.80
55	9.80	20.60
56	10.40	21.50
57	11.20	22.60
58	12.00	23.60
59	12.80	24.70



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Facility Monthly Benefit	\$1,000	Inflation Protection	COMPOUND
Home Monthly Benefit	\$500		
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Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	90 DAY		
Home Care Level	TOTAL		

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

Calculate your Premium:

$$\frac{\text{Monthly Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Monthly Premium}$$

Monthly Rates

	PLAN 1	PLAN 2
	BASE PLAN	BASE PLAN WITH COMPOUND INFLAT OPTION
AGE	BASE PLAN	OPTION
60	13.80	25.90
61	14.90	27.60
62	16.30	29.60
63	17.60	31.40
64	19.20	33.60
65	21.40	36.90
66	23.30	39.40
67	25.50	42.50
68	27.80	45.30
69	30.40	48.70
70	33.10	51.90
71	36.30	56.20
72	39.80	60.50
73	43.60	65.10
74	47.70	70.00
75	56.90	82.10
76	61.90	88.30
77	67.30	94.30
78	73.20	101.20
79	79.60	108.10
80	86.70	116.20
81	94.60	125.30
82	104.10	136.20
83	114.40	147.70
84	125.30	159.50



**RATE SHEET
OBERLIN COLLEGE**

BASE PLAN

Facility Monthly Benefit \$1,000
Home Monthly Benefit \$500
Facility Benefit Duration 6 YEARS
Home Benefit 50%
Lifetime Maximum \$72,000
Elimination Period 90 DAY
Home Care Level TOTAL

OPTIONS

Inflation Protection

COMPOUND

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

Calculate your Premium:

$$\frac{\text{Monthly Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Monthly Premium}$$

Monthly Rates

	PLAN 1	PLAN 2
		BASE PLAN WITH COMPOUND INFLAT
AGE	BASE PLAN	OPTION
18-30	4.50	12.90
31	4.60	13.30
32	4.70	13.60
33	4.80	14.00
34	4.90	14.30
35	5.00	14.70
36	5.20	15.00
37	5.40	15.40
38	5.60	15.90
39	5.80	16.30
40	6.00	16.70
41	6.30	17.20
42	6.60	17.80
43	6.90	18.30
44	7.20	18.90
45	7.60	19.50
46	8.00	20.20
47	8.40	20.80
48	8.90	21.60
49	9.30	22.30
50	9.90	23.00
51	10.50	24.00
52	11.20	24.90
53	11.90	25.90
54	12.60	26.90
55	13.40	27.80
56	14.30	29.00
57	15.30	30.40
58	16.40	31.90
59	17.60	33.40



**RATE SHEET
OBERLIN COLLEGE**

<u>BASE PLAN</u>		<u>OPTIONS</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	COMPOUND
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 YEARS		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 DAY		
Home Care Level	TOTAL		

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

Calculate your Premium:

$$\frac{\text{Monthly Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Monthly Premium}$$

Monthly Rates

	PLAN 1	PLAN 2
	BASE PLAN	BASE PLAN WITH COMPOUND INFLAT OPTION
AGE	BASE PLAN	OPTION
60	18.80	35.00
61	20.50	37.50
62	22.30	40.20
63	24.30	42.70
64	26.40	45.70
65	29.50	50.20
66	32.20	53.80
67	35.20	58.00
68	38.40	61.90
69	41.90	66.40
70	45.80	71.00
71	50.30	76.90
72	55.10	82.80
73	60.30	89.10
74	66.00	95.90
75	78.80	112.40
76	85.70	121.00
77	93.30	129.30
78	101.50	138.70
79	110.40	148.50
80	120.10	159.60
81	131.00	171.90
82	144.20	186.80
83	158.30	202.60
84	173.30	218.90



**RATE SHEET
OBERLIN COLLEGE**

<u>BASE PLAN</u>		<u>OPTIONS</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	COMPOUND
Home Monthly Benefit	\$500		
Facility Benefit Duration	UNLIMITED		
Home Benefit	50%		
Lifetime Maximum	UNLIMITED		
Elimination Period	90 DAY		
Home Care Level	TOTAL		

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

Calculate your Premium:

$$\frac{\text{Monthly Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Monthly Premium}$$

Monthly Rates

	PLAN 1	PLAN 2
	BASE PLAN	BASE PLAN WITH COMPOUND INFLAT OPTION
AGE	BASE PLAN	OPTION
18-30	6.40	18.10
31	6.50	18.50
32	6.60	18.90
33	6.70	19.40
34	6.90	19.70
35	7.10	20.20
36	7.30	20.70
37	7.60	21.30
38	7.80	21.80
39	8.10	22.40
40	8.50	23.10
41	8.80	23.70
42	9.20	24.40
43	9.60	25.10
44	10.00	25.90
45	10.60	26.70
46	11.10	27.60
47	11.70	28.50
48	12.40	29.70
49	13.10	30.60
50	13.90	31.70
51	14.70	33.00
52	15.60	34.20
53	16.60	35.70
54	17.60	37.00
55	18.60	37.90
56	19.90	39.60
57	21.30	41.70
58	22.90	43.70
59	24.50	45.80



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OBERLIN COLLEGE**

<u>BASE PLAN</u>		<u>OPTIONS</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	COMPOUND
Home Monthly Benefit	\$500		
Facility Benefit Duration	UNLIMITED		
Home Benefit	50%		
Lifetime Maximum	UNLIMITED		
Elimination Period	90 DAY		
Home Care Level	TOTAL		

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Monthly Rates

	PLAN 1	PLAN 2
	BASE PLAN	BASE PLAN WITH COMPOUND INFLAT OPTION
AGE	BASE PLAN	OPTION
60	26.30	48.00
61	28.60	51.40
62	31.10	55.10
63	33.90	58.60
64	36.80	62.60
65	41.20	68.80
66	45.00	73.80
67	49.10	79.50
68	53.60	84.80
69	58.50	91.10
70	63.80	97.40
71	69.90	105.30
72	76.30	113.30
73	83.30	121.60
74	90.80	130.40
75	108.10	152.40
76	117.60	164.10
77	127.80	175.30
78	138.80	187.80
79	150.70	200.70
80	163.60	215.40
81	177.90	231.60
82	195.10	250.90
83	213.50	271.10
84	232.60	291.70