



**RATE SHEET  
PACE UNIVERSITY**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</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 Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Option	Option	Option	Option
18-30	5.80	7.00	58.40	66.70
31	5.90	7.10	59.00	67.40
32	6.20	7.50	59.80	68.30
33	6.30	7.60	59.90	68.40
34	6.50	7.80	60.60	69.10
35	6.60	8.00	60.80	69.30
36	6.90	8.30	62.00	70.50
37	7.10	8.50	62.70	71.20
38	7.30	8.80	63.90	72.40
39	7.60	9.10	64.60	73.00
40	7.90	9.40	65.80	74.30
41	8.20	9.80	67.10	75.60
42	8.50	10.10	67.70	76.10
43	8.90	10.50	69.10	77.60
44	9.30	11.00	69.70	78.10
45	9.80	11.60	71.00	79.40
46	10.30	12.20	72.90	81.30
47	10.90	12.80	75.50	84.00
48	11.50	13.50	77.30	85.70
49	12.20	14.30	80.00	88.50
50	13.70	16.00	81.90	90.40
51	14.70	17.10	84.60	93.20
52	15.80	18.30	87.20	95.80
53	16.80	19.40	89.20	97.80
54	18.00	20.70	92.00	100.70
55	19.50	22.40	94.70	103.40
56	20.90	23.90	101.20	110.20
57	22.50	25.70	107.00	116.30
58	24.20	27.50	113.70	123.30
59	26.30	29.80	120.60	130.60



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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	31.50	35.60	127.50	137.80
61	34.30	38.60	134.40	145.10
62	37.40	42.00	141.60	152.70
63	40.70	45.50	148.70	160.10
64	44.40	49.50	156.10	167.90
65	48.60	54.00	163.50	175.70
66	53.00	58.70	173.10	185.80
67	57.70	63.70	184.20	197.50
68	63.30	69.60	199.80	213.70
69	69.50	76.20	217.00	231.70
70	76.40	83.50	236.10	251.50
71	88.80	97.00	271.40	288.90
72	97.70	106.40	290.00	308.30
73	107.10	116.30	310.60	329.80
74	117.10	126.70	333.60	353.40
75	128.10	138.20	356.00	376.50
76	140.20	150.70	382.30	403.30
77	153.10	164.00	409.60	431.10
78	167.00	178.40	441.30	463.50
79	182.20	194.00	471.90	494.70
80	198.90	211.20	508.00	531.30



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Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</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	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	8.10	10.00	80.90	95.10
31	8.20	10.10	81.80	96.10
32	8.40	10.40	82.70	97.20
33	8.70	10.80	82.90	97.30
34	8.90	11.00	83.80	98.40
35	9.00	11.10	83.80	98.30
36	9.40	11.60	85.40	100.00
37	9.60	11.80	86.10	100.70
38	9.90	12.20	87.60	102.40
39	10.30	12.70	88.30	103.10
40	10.60	13.10	89.90	104.80
41	11.10	13.60	91.40	106.50
42	11.50	14.10	92.10	107.20
43	12.10	14.90	93.70	108.90
44	12.50	15.30	94.40	109.60
45	13.10	16.00	96.10	111.40
46	13.90	16.90	98.40	113.70
47	14.70	17.90	101.80	117.30
48	15.40	18.70	104.20	119.70
49	16.40	19.90	107.60	123.30
50	18.40	22.10	110.00	125.70
51	19.60	23.50	113.40	129.30
52	21.00	25.20	116.90	133.00
53	22.40	26.80	119.40	135.50
54	24.00	28.60	123.00	139.30
55	26.00	30.90	126.50	142.90
56	27.90	33.10	134.80	152.10
57	29.90	35.40	142.10	160.00
58	32.30	38.20	150.60	169.40
59	34.80	41.10	159.20	178.80



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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	41.70	49.00	168.10	188.50
61	45.30	53.10	176.90	198.20
62	49.20	57.50	186.00	208.20
63	53.50	62.40	195.00	218.10
64	58.30	67.80	204.40	228.40
65	63.60	73.80	213.70	238.60
66	69.30	80.10	225.80	251.80
67	75.70	87.20	240.30	267.60
68	82.80	95.10	260.30	289.20
69	90.80	104.10	282.70	313.80
70	99.80	114.10	307.30	340.60
71	115.90	132.30	353.20	391.50
72	127.30	145.00	376.90	417.40
73	139.30	158.20	402.90	445.50
74	152.20	172.40	431.90	476.70
75	166.00	187.50	460.00	507.30
76	181.60	204.40	493.70	543.00
77	198.30	222.50	529.00	580.80
78	216.20	241.90	569.40	624.00
79	235.70	263.00	608.40	665.90
80	257.00	286.10	654.40	715.00



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

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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	10.60	13.80	107.30	134.10
31	10.90	14.20	108.50	135.50
32	11.20	14.60	109.60	136.80
33	11.30	14.70	109.60	136.80
34	11.60	15.10	110.70	138.10
35	11.90	15.50	110.70	138.10
36	12.30	16.00	112.60	140.30
37	12.50	16.30	113.20	140.90
38	12.90	16.80	115.00	142.90
39	13.30	17.30	115.60	143.50
40	13.80	17.90	117.40	145.60
41	14.30	18.50	119.20	147.60
42	14.80	19.20	119.90	148.30
43	15.50	20.00	121.70	150.30
44	16.10	20.80	122.40	151.00
45	16.80	21.70	124.20	153.10
46	17.60	22.70	126.90	156.00
47	18.70	24.00	130.90	160.40
48	19.70	25.30	133.70	163.40
49	20.90	26.70	137.70	167.90
50	23.30	29.70	140.40	170.80
51	24.80	31.50	144.60	175.50
52	26.60	33.70	148.70	180.10
53	28.20	35.70	151.50	183.10
54	30.30	38.30	155.70	187.80
55	32.60	41.10	160.00	192.60
56	35.10	44.10	169.80	204.00
57	37.40	46.90	178.30	213.90
58	40.30	50.50	188.40	225.70
59	43.40	54.20	198.60	237.50



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	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	60	51.90	64.60	209.10
61	56.10	69.70	219.50	261.90
62	60.80	75.30	230.20	274.30
63	65.90	81.50	241.00	286.90
64	71.60	88.20	251.90	299.60
65	78.10	96.00	263.00	312.50
66	84.90	104.00	278.10	330.60
67	92.70	113.20	296.20	352.10
68	101.30	123.30	320.60	380.30
69	111.00	134.70	347.10	410.50
70	121.80	147.50	376.50	444.00
71	141.30	170.80	431.60	508.20
72	154.90	186.70	459.70	540.50
73	169.30	203.50	490.60	576.00
74	184.50	221.00	525.10	614.90
75	200.70	239.50	557.70	651.90
76	219.40	260.90	598.80	698.80
77	239.30	283.70	640.30	745.50
78	260.60	308.00	688.40	799.80
79	283.50	334.00	734.70	852.40
80	308.40	362.30	788.10	911.80