



**RATE SHEET**  
**THE RESEARCH CORPORATION**  
**OF THE UNIVERSITY OF HAWAII**

<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:**

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

**For Employees Only:**

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

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
18-30	2.10	3.20	11.70	16.40
31	2.10	3.20	11.80	16.60
32	2.10	3.30	12.20	17.10
33	2.20	3.40	12.50	17.40
34	2.30	3.50	12.80	17.80
35	2.40	3.60	13.20	18.30
36	2.40	3.60	13.50	18.80
37	2.50	3.80	13.70	19.10
38	2.60	4.00	14.50	20.00
39	2.70	4.10	14.80	20.30
40	2.80	4.20	15.10	20.90
41	3.00	4.50	15.50	21.40
42	3.10	4.70	16.50	22.50
43	3.30	4.90	16.80	23.10
44	3.40	5.10	17.30	23.80
45	3.60	5.30	17.60	24.20
46	3.70	5.60	18.30	25.20
47	3.90	5.90	18.80	26.00
48	4.10	6.30	19.50	27.20
49	4.30	6.60	19.80	27.80
50	4.60	7.00	20.70	28.90
51	4.80	7.40	21.20	29.80
52	5.20	7.90	22.10	31.30
53	5.40	8.40	22.80	32.40
54	5.70	8.90	23.80	33.70
55	6.10	9.40	24.60	34.70
56	6.50	10.10	25.70	36.30
57	7.00	10.80	27.20	38.20
58	7.50	11.50	28.40	39.80
59	8.10	12.40	29.60	41.70



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<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:**

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

**For Employees Only:**

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

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	8.70	13.30	31.20	43.80
61	9.50	14.30	33.50	46.60
62	10.50	15.70	36.00	50.00
63	11.40	16.90	38.50	53.20
64	12.50	18.40	41.40	56.70
65	14.30	20.60	46.00	62.20
66	15.80	22.40	49.50	66.20
67	17.60	24.50	54.40	71.80
68	19.50	26.70	58.60	76.30
69	21.60	29.10	63.60	82.00
70	24.00	31.90	68.60	87.60
71	26.70	34.90	75.10	95.00
72	29.60	38.20	81.50	102.00
73	32.80	42.00	88.40	109.90
74	36.20	45.90	95.80	118.00
75	43.70	54.80	113.20	138.40
76	47.90	59.50	122.80	148.90
77	52.70	64.80	132.30	159.00
78	57.80	70.40	143.20	170.70
79	63.50	76.60	153.90	182.40
80	69.80	83.40	166.70	196.20



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<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>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:**

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

**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**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
18-30	2.80	4.30	15.60	22.10
31	2.80	4.40	16.00	22.60
32	2.90	4.50	16.30	23.10
33	2.90	4.60	16.70	23.60
34	3.00	4.70	17.10	24.10
35	3.20	4.90	17.50	24.60
36	3.30	5.00	18.20	25.50
37	3.40	5.20	18.60	26.00
38	3.50	5.40	19.20	26.90
39	3.60	5.60	19.50	27.40
40	3.80	5.80	20.00	28.10
41	3.90	6.00	20.70	29.00
42	4.10	6.40	21.50	30.10
43	4.30	6.60	21.90	30.60
44	4.50	6.90	22.90	31.90
45	4.80	7.30	23.60	32.90
46	5.00	7.70	24.40	34.00
47	5.20	8.10	24.90	35.10
48	5.60	8.60	25.50	36.20
49	5.70	9.00	26.40	37.60
50	6.10	9.60	27.20	38.90
51	6.40	10.10	28.10	40.50
52	6.80	10.80	29.00	41.90
53	7.20	11.40	30.10	43.70
54	7.60	12.10	31.30	45.50
55	8.10	12.90	32.50	46.90
56	8.70	13.80	33.60	48.70
57	9.20	14.70	35.30	51.40
58	9.90	15.80	36.90	53.80
59	10.60	16.90	38.80	56.50



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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	<b>\$1,000</b> <b>\$500</b> <b>6 Years</b> <b>50%</b> <b>\$72,000</b> <b>90 Days</b> <b>Professional</b>	<u>Options</u> Home Care Level Inflation Protection	<b>Total Compound Uncapped</b>
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*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

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

**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**

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	11.30	18.10	40.50	59.10
61	12.40	19.70	43.50	63.30
62	13.60	21.50	46.50	67.70
63	14.90	23.30	49.70	72.00
64	16.30	25.40	53.30	76.90
65	18.50	28.40	59.40	84.80
66	20.60	31.00	64.20	90.80
67	22.80	33.90	69.70	97.80
68	25.20	37.00	75.20	104.30
69	27.90	40.40	81.20	111.90
70	30.80	44.10	87.60	119.70
71	34.20	48.40	95.90	129.90
72	37.90	52.90	103.70	139.40
73	41.80	58.00	112.20	150.20
74	46.20	63.40	121.90	161.90
75	55.60	75.80	143.60	189.60
76	61.10	82.50	155.90	204.30
77	67.00	89.80	167.50	218.00
78	73.40	97.60	181.10	234.00
79	80.50	106.20	194.50	250.40
80	88.30	115.60	210.30	269.10



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<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>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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	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	3.80	6.20	20.70	30.40
31	3.80	6.20	21.20	31.30
32	4.00	6.40	21.70	31.90
33	4.00	6.50	22.10	32.50
34	4.10	6.60	22.50	33.00
35	4.20	6.80	23.30	34.20
36	4.40	7.00	23.80	34.80
37	4.60	7.30	24.60	36.00
38	4.70	7.50	25.20	36.70
39	4.90	7.80	26.00	37.80
40	5.00	8.10	26.70	38.80
41	5.40	8.50	27.80	40.20
42	5.50	8.80	28.40	41.30
43	5.80	9.20	29.00	42.20
44	6.10	9.70	30.30	44.00
45	6.40	10.20	30.80	44.80
46	6.70	10.70	32.00	46.60
47	7.00	11.30	32.90	48.40
48	7.40	11.90	33.70	49.90
49	7.70	12.60	34.70	51.70
50	8.10	13.40	35.50	53.40
51	8.50	14.10	36.60	55.40
52	9.00	15.00	38.10	57.80
53	9.60	16.00	39.10	60.00
54	10.00	16.90	40.30	62.20
55	10.50	17.90	42.00	64.10
56	11.30	19.20	43.40	66.80
57	12.00	20.50	45.60	70.40
58	12.80	22.00	47.60	73.70
59	13.70	23.60	49.60	77.30



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Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>		
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		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	14.70	25.30	51.50	80.80
61	16.10	27.50	55.50	87.00
62	17.50	30.00	59.20	93.00
63	19.10	32.60	63.30	99.10
64	20.70	35.40	67.40	105.70
65	23.50	39.60	74.60	116.00
66	26.00	43.20	80.70	124.50
67	28.80	47.20	87.60	134.10
68	31.90	51.60	94.30	143.00
69	35.20	56.20	102.10	153.80
70	38.90	61.40	109.90	164.40
71	43.10	67.20	119.60	177.40
72	47.50	73.40	130.00	191.20
73	52.40	80.10	140.00	205.20
74	57.70	87.40	151.60	220.20
75	69.30	103.90	178.10	257.00
76	76.10	113.10	193.00	276.90
77	83.40	122.90	207.80	295.90
78	91.30	133.60	224.20	317.00
79	99.80	145.00	240.30	338.60
80	109.20	157.40	259.50	363.40