



RATE SHEET

Reep for Benefits

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

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 Family Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Family Home Care Simple Inflation Option
18-30	4.50	6.70	9.60	14.50
31	4.50	6.70	9.70	14.60
32	4.50	6.80	9.80	14.90
33	4.60	6.90	10.10	15.10
34	4.70	7.10	10.80	16.20
35	4.90	7.30	11.20	16.60
36	5.00	7.50	11.60	17.30
37	5.20	7.80	12.00	17.90
38	5.50	8.10	12.90	19.00
39	5.70	8.50	13.50	19.80
40	6.00	8.80	13.70	20.30
41	6.10	9.10	14.70	21.60
42	6.50	9.60	15.40	22.60
43	6.70	9.90	16.20	23.70
44	7.10	10.40	17.20	25.10
45	7.50	11.00	18.10	26.20
46	7.70	11.50	18.90	27.70
47	8.10	12.00	20.00	29.20
48	8.50	12.80	21.10	31.00
49	8.90	13.40	22.00	32.70
50	9.40	14.10	23.20	34.40
51	10.00	15.20	24.60	36.60
52	10.50	16.00	26.10	38.80
53	11.20	17.10	27.30	40.90
54	11.70	17.90	28.90	43.30
55	12.50	19.00	30.50	45.20
56	13.20	20.20	32.30	47.90
57	14.30	21.80	34.40	51.00
58	15.20	23.10	37.00	54.50
59	16.30	24.80	39.50	58.10



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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Family Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Family Home Care Simple Inflation Option
60	17.70	26.60	42.30	61.80
61	19.20	28.70	45.90	66.50
62	21.10	31.30	50.30	72.20
63	23.00	33.90	54.20	77.40
64	25.30	36.90	59.00	83.50
65	28.70	41.10	67.10	93.00
66	31.80	44.70	73.30	100.30
67	35.30	48.90	80.80	109.10
68	39.00	53.20	88.10	117.40
69	43.20	58.10	97.20	127.50
70	47.90	63.40	106.30	137.80
71	53.20	69.50	116.70	149.60
72	58.90	76.00	128.30	162.80
73	65.40	83.50	140.30	176.00
74	72.10	91.10	154.00	191.30
75	87.00	108.80	183.00	225.50
76	95.50	118.20	199.60	243.60
77	104.70	128.50	215.80	261.40
78	114.90	139.70	234.90	282.10
79	125.90	151.80	253.80	302.50
80	138.30	165.20	276.80	327.00
81	152.40	180.30	302.60	354.30
82	168.90	198.40	330.10	384.20
83	186.70	218.10	362.10	419.30
84	205.60	238.80	392.60	452.50



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

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 Family Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Family Home Care Simple Inflation Option
18-30	5.80	8.90	12.50	19.10
31	5.90	9.00	12.80	19.50
32	6.00	9.20	13.50	20.50
33	6.20	9.40	14.10	21.10
34	6.40	9.70	14.30	21.60
35	6.50	9.90	14.90	22.50
36	6.80	10.30	15.60	23.50
37	7.00	10.60	16.30	24.40
38	7.30	11.10	17.10	25.80
39	7.60	11.40	18.00	26.80
40	7.90	11.90	18.80	28.00
41	8.20	12.30	19.40	29.00
42	8.60	12.90	20.70	30.80
43	9.00	13.60	21.70	32.40
44	9.50	14.20	22.70	33.70
45	10.10	15.00	24.20	35.60
46	10.50	15.70	25.40	37.70
47	11.00	16.60	26.70	39.80
48	11.50	17.50	28.20	42.10
49	11.90	18.20	29.20	44.30
50	12.60	19.40	30.70	46.60
51	13.10	20.40	32.40	49.40
52	14.00	21.80	34.20	52.20
53	14.80	23.10	36.50	55.90
54	15.60	24.50	38.30	58.70
55	16.60	26.10	40.30	61.40
56	17.60	27.70	42.60	65.20
57	18.80	29.60	45.40	69.70
58	20.10	31.70	48.70	74.30
59	21.50	34.00	51.90	79.20



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Facility Benefit Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Family Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Family Home Care Simple Inflation Option
60	23.00	36.30	55.20	84.10
61	25.20	39.60	60.00	91.00
62	27.60	43.10	65.20	98.40
63	30.10	46.70	70.40	105.80
64	33.00	50.80	76.90	114.70
65	37.30	56.70	86.70	127.50
66	41.30	61.90	94.70	137.60
67	45.80	67.60	104.60	150.20
68	50.50	73.70	114.00	161.70
69	55.70	80.40	125.10	175.40
70	61.70	87.90	136.50	189.50
71	68.50	96.50	149.80	206.30
72	75.80	105.60	164.50	224.40
73	83.70	115.60	179.50	242.40
74	92.50	126.40	196.70	263.30
75	111.10	150.80	233.10	310.40
76	122.00	164.10	254.10	335.30
77	133.70	178.40	274.70	360.40
78	146.60	194.20	299.10	389.40
79	160.50	211.10	322.50	417.80
80	176.00	229.60	351.00	451.20
81	193.40	250.50	382.80	488.40
82	213.90	275.40	417.30	530.30
83	236.00	302.60	456.50	577.60
84	259.30	331.20	494.10	623.80



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

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Calculate your Premium:

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

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	Base Plan	Base Plan With Family Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Family Home Care Simple Inflation Option
18-30	9.60	15.10	17.40	27.30
31	9.60	15.20	17.70	27.90
32	10.00	15.70	18.60	29.20
33	10.10	15.90	18.90	29.60
34	10.30	16.30	19.50	30.70
35	10.50	16.70	20.30	32.00
36	10.90	17.20	21.30	33.10
37	11.40	17.90	22.30	34.70
38	11.80	18.40	23.10	36.00
39	12.20	19.10	24.30	37.50
40	12.70	19.90	25.30	39.20
41	13.40	20.90	26.50	40.90
42	13.90	21.60	27.70	42.90
43	14.50	22.60	29.20	45.10
44	15.20	23.70	30.60	47.40
45	16.00	24.90	32.30	49.80
46	16.80	26.20	34.10	52.60
47	17.50	27.50	36.00	55.90
48	18.40	29.30	37.50	58.80
49	19.20	30.70	39.20	62.00
50	20.20	32.60	41.00	65.10
51	21.20	34.40	43.30	69.20
52	22.40	36.60	45.70	73.40
53	23.60	38.90	48.00	77.50
54	24.80	41.20	50.60	82.10
55	26.00	43.50	52.70	85.30
56	27.80	46.50	55.90	90.70
57	29.60	49.70	59.60	97.00
58	31.50	53.10	63.20	102.90
59	33.60	56.90	67.20	109.80



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	Base Plan	Base Plan With Family Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Family Home Care Simple Inflation Option
60	36.00	61.00	71.40	116.70
61	39.20	66.30	77.30	126.20
62	42.60	72.10	83.90	136.60
63	46.50	78.50	90.40	147.40
64	50.50	85.10	98.00	159.10
65	57.10	95.00	110.00	176.50
66	63.10	103.80	120.40	191.10
67	69.70	113.20	132.30	208.00
68	77.10	123.60	144.30	224.10
69	85.10	134.80	158.30	242.70
70	93.90	147.10	172.60	262.30
71	104.00	161.00	189.00	285.30
72	114.80	175.90	207.00	309.20
73	126.30	191.90	225.00	333.00
74	139.00	209.10	245.80	360.30
75	166.90	248.80	290.90	423.80
76	183.20	270.60	317.10	457.60
77	200.60	294.00	342.60	491.80
78	219.40	319.40	371.80	530.10
79	240.00	346.80	401.20	568.80
80	262.60	376.40	435.20	612.30
81	287.70	409.10	474.00	661.40
82	317.70	448.60	515.20	715.60
83	349.20	490.60	562.10	776.60
84	382.50	534.60	606.30	835.10