

Base Plan		Ont	tions	
Facility Monthly Ben	ofit \$1,000		me Care Level	Home Community Pered
,		Пог	inc Care Level	Home, Community-Based
Home Monthly Benef				and Immediate Family
Facility Benefit Durat	tion 4 Years			Member Care
Home Benefit	50%	Infl	ation Protection	Simple Capped
Lifetime Maximum	\$48,000	11111		Simple Suppeu
		* 10		
Elimination Period	180 DA			
Home Care Level	Home a	nd Community-		
	Based C	=		
		te sheet shows the cost pe	r \$1 000 of coverage	σρ
Calculate your Prem		e silect silons the cost pe		<u> </u>
Calculate your Frem	um.			
	X		÷ \$1,000	= (A)
Your Rate for pla		Facility Monthly Benefit Amou		Your Premium
_		acting Monthly Beliefft Afflou	1111	Tour Treimain
FOR EMPLOYEES ON	LY:			
				=(B)
		Rate for Funded Base Plan 1		Employer paid amount
	(4 Ye	ear Duration \$1,000 Benefit Amou		
			A MINUS B	=
				EMPLOYEE'S COST
		Monthly Rate	25	
	Plan 1	Plan 2	Plan 3	Plan 4
	1 1411 1	1 1an 2	1 Ian 3	
				Base Plan With
		Base Plan With		Home, Comm-Based
		Home, Comm-Based	Base Plan Wit	h and Immediate Family
		and Immediate Family		Member Care
_			-	
Insurance		Member Care	Inflation	Simple Inflation
Age	Base Plan	Option	Option	Option
18-30	3.00	4.60	6.40	9.70
31	3.00	4.60	6.60	10.10
32	3.10	4.70	7.00	10.50
33	3.10	4.80	7.10	10.80
34 35	3.30	5.00	7.40	11.10
35	3.30	5.00	7.50	11.40
36 37	3.50 3.70	5.20 5.50	8.10 8.40	12.00 12.50
38	3.70	5.60	8.60	12.90
39	3.90	5.80	9.10	13.50
40	4.10	6.10	9.70	14.30
41	4.30	6.30	10.20	15.10
42	4.40	6.60	10.70	15.70
43	4.60	6.80 7.30	11.00	16.30
44	4.90	7.30	11.90	17.40
45	5.10	7.50	12.50	18.20
46 47	5.30	7.90 8.30	12.90 13.60	19.10 20.10
48	5.50 5.80	8.80	14.30	20.10
49	6.20	9.40	15.20	22.70
50	6.50	9.90	16.10	24.00
51	6.80	10.40	16.90	25.30
52	7.30	11.10	17.80	26.80
53	7.70	11.80	19.00	28.50
		10 50	19.90	30.00
54	8.10	12.50		
54 55	8.10 8.60	13.20	20.80	31.20
54 55 56	8.10 8.60 9.20	13.20 14.20	20.80 22.30	31.20 33.30
54 55 56 57	8.10 8.60 9.20 9.80	13.20 14.20 15.10	20.80 22.30 23.50	31.20 33.30 35.30
54 55 56	8.10 8.60 9.20	13.20 14.20	20.80 22.30	31.20 33.30



Base Plan			<u>Options</u>	
Facility Monthly Bene	fit \$1,000		Home Care Level	Home, Community-Based
=			Tionic Care Level	
Home Monthly Benefi				and Immediate Family
Facility Benefit Durati	on 4 Years			Member Care
Home Benefit	50%		Inflation Protection	Simple Capped
Lifetime Maximum	\$48,000			1 11
Elimination Period	180 DAY	2		
Home Care Level		l Community-		
	Based Car		41.000.0	
		ate sheet shows the cos	st per \$1,000 of coverage	
Calculate your Premii	um:			
<u></u>	X		÷ \$1,000	
Your Rate for plan	chosen Fac	ility Monthly Benefit A	Amount	Your Premium
FOR EMPLOYEES ONL	V :			
I OR EMILOTEES ONE				= (B)
	Rat	e for Funded Base Plan	_ . 1	Employer paid amount
		Duration \$1,000 Benefit		Employer paid amount
	(1 Tear	Bulation \$1,000 Benefit	A MINUS B	=
			TI WIII (CS D	EMPLOYEE'S COST
		Monthly	Rates	LIMI EGILE 5 COSI
	Plan 1	Plan 2	Plan 3	Plan 4
	1 Ian 1	I Iaii 2	1 Ian 3	
				Base Plan With
		Base Plan Wit	h	Home, Comm-Based
		Home, Comm-Ba	sed Base Plan Wit	h and Immediate Family
		and Immediate Fa	mily Simple	Member Care
Insurance		Member Care	-	Simple Inflation
Age	Base Plan	Option	Option	Option
60	12.00	18.50	28.80	42.80
61	13.10	20.00	31.30	46.20
62	14.40	21.80	34.30	50.10
63	15.70	23.60	37.00	54.00
64	17.30	25.70	40.20	58.10
65	19.60	28.70	45.60	64.70
66	21.70	31.20	50.00	69.90
67 68	24.10 26.60	34.10	55.20 60.10	76.10 81.80
69	29.50	37.20 40.70	60.10 66.10	88.90
70	32.60	44.30	72.20	96.00
71	36.30	48.70	79.30	104.40
72	40.10	53.20	87.20	113.50
73	44.30	58.20	94.90	122.50
74	49.00	63.70	104.40	133.20
75 76	59.00	76.00	124.00	157.20
76 77	64.80 71.00	82.70 89.80	135.20 146.20	169.80 182.30
78	78.10	97.90	159.40	197.10
78 79	85.40	106.40	171.90	211.30
80	93.90	115.80	187.40	228.40
81	103.10	126.10	204.60	247.20
	114.30	138.90	223.30	268.30
83	126.20	152 60	244.70	292.70
	139.00	152.60 167.30	265.20	316.20



D D1			0 4:					
Base Plan		· ·	<u>Options</u>					
Facility Monthly Bene	efit \$1,000		Home Care Level	Home, Community-Based				
Home Monthly Benef	it \$500			and Immediate Family				
Facility Benefit Durat	ion 6 Years		Member Care					
Home Benefit	50%		Inflation Protection	Simple Capped				
Lifetime Maximum	\$72,000							
Elimination Period	180 DA	YS						
Home Care Level		nd Community-						
Home Care Level	Based C	•						
This rate sheet shows the cost per \$1,000 of coverage								
Calculata vous Duami		ie sneet snows the cost	per \$1,000 oj coveru	.gc				
Calculate your Premi	um:							
	X		÷ \$1,000	= (A)				
Your Rate for plan		Facility Monthly Benefit Ar		Your Premium				
FOR EMPLOYEES ON		womey 1110110111 20110110 1 11		100111111111111111111111111111111111111				
FOR EMPLOYEES ON	LY:			= (B)				
	R	Rate for Funded Base Plan	1	Employer paid amount				
		ear Duration \$1,000 Benefit A		Employer para amount				
	`	. ,	A MINUS B	=				
				EMPLOYEE'S COST				
		Monthly H	Rates					
	Plan 1	Plan 2	Plan 3	Plan 4				
				Base Plan With				
		Base Plan With	1	Home, Comm-Based				
		Home, Comm-Bas		· · · · · · · · · · · · · · · · · · ·				
		and Immediate Fan		Member Care				
Insurance		Member Care	Inflation					
	D DI			Simple Inflation				
Age 18-30	Base Plan 3.50	<u>Option</u> 5.30	Option 7.40	Option 11.40				
31	3.50	5.40	7.40	11.70				
32	3.60	5.50	8.00	12.20				
33	3.70	5.60	8.40	12.60				
34 35	3.80 3.90	5.80 5.90	8.60 8.90	12.90 13.50				
36	4.00	6.10	9.30	14.00				
37	4.20	6.30	9.70	14.60				
38	4.40	6.60	10.20	15.40				
39 40	4.50 4.70	6.80 7.10	10.70 11.20	16.00 16.70				
41	4.90	7.40	11.60	17.30				
42	5.10	7.70	12.40	18.40				
43 44	5.40 5.70	8.10 8.50	13.00 13.60	19.30 20.20				
45	6.00	8.90	14.50	20.20				
46	6.30	9.40	15.20	22.50				
47	6.60	9.90	16.00	23.80				
48 49	6.90 7.10	10.40 10.90	16.80 17.50	25.10 26.50				
50	7.50	11.60	18.40	27.80				
51	7.80	12.20	19.30	29.50				
52 53	8.30	13.00	20.40	31.20				
53 54	8.80 9.30	13.80 14.60	21.80 22.90	33.40 35.00				
55	9.90	15.60	24.10	36.70				
56	10.50	16.50	25.50	39.00				
57 58	11.20 12.00	17.70 18.90	27.10 29.10	41.60 44.40				
59	12.00	20.30	31.00	47.30				



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Base Plan Escilita Monthly Donosit	61 000	<u>Options</u>			Hama Cammunity Dagad
Facility Monthly Benefit	\$1,000			Home, Community-Based	
Home Monthly Benefit	\$500				and Immediate Family
Facility Benefit Duration				Member Care	
Home Benefit	50%		Inflatio	on Protection	Simple Capped
Lifetime Maximum	\$72,000				
Elimination Period	180 DAYS				
Home Care Level	Home and Co	mmunity-			
	Based Care			1.000	
		et shows the co	st per \$.	1,000 of coverag	ge
Calculate your Premium	:				
	X			÷ \$1,000	= (A)
Your Rate for plan cho		Monthly Benefit	 Δ mount	÷ \$1,000	Your Premium (A)
*	•	Tyronumy Delicitt A	MINOUIII		1 out 1 telinulli
FOR EMPLOYEES ONLY:					= (B)
	Rate for	· Funded Base Plar	_ 1 1		Employer paid amount
		tion \$1,000 Benefit			Employer paid amount
	`			A MINUS B	=
					EMPLOYEE'S COST
		Monthly	Rates		
P:	lan 1	Plan 2		Plan 3	Plan 4
					Base Plan With
		Base Plan Wit	th		Home, Comm-Based
	Ho	ome, Comm-Ba	ased	Base Plan Wit	h and Immediate Family
	and	Immediate Fa	mily	Simple	Member Care
Insurance		Member Car	e	Inflation	Simple Inflation
Age Ba	ase Plan	Option		Option	Option
60 1	3.70	21.70		33.00	50.20
	5.10 6.50	23.60 25.70		35.80 38.90	54.30 58.80
63 1	8.00	27.90		42.10	63.20
64 1	9.70	30.30		45.90	68.50
	2.20 4.70	33.80 37.00		51.80 56.50	76.20 82.20
	7.30	40.40		62.50	82.20 89.70
68 3	0.10	44.00		68.10	96.60
69 3 70 3	3.30 6.80	48.00 52.50		74.70 81 50	104.70 113.10
	0.90	57.60		81.50 89.50	123.10
72 4	5.30	63.00		98.30	134.00
73 5 74 5	0.00 5.20	69.00		107.20 117.50	144.80
	6.30	75.50 90.10		139.20	157.20 185.40
76 7	2.80	98.00		151.70	200.20
	9.80	106.50		164.00	215.20
	7.50 5.90	115.90 126.10		178.60 192.60	232.50 249.50
80 10	5.10	137.10		209.60	269.40
	5.50	149.60		228.60	291.70
	7.70 0.90	164.50 180.70		249.20 272.60	316.60 344.90
	4.80	197.80		295.00	372.50



D D1			0 4:		
Base Plan			<u>Options</u>		
Facility Monthly Ben	nefit \$1,000		Home Care Level	Home, Community-Based	
Home Monthly Bene	fit \$500			and Immediate Family	
Facility Benefit Dura	tion Unlimite	ed	Member Care		
Home Benefit	50%		Inflation Protection	Simple Capped	
Lifetime Maximum	Unlimite	ed			
Elimination Period	180 DA				
Home Care Level		nd Community-			
Home Care Level	Based C				
		te sheet shows the cost	nay \$1 000 of agrand	100	
C-11-4 D.		e sneet shows the cost	per \$1,000 oj coveru	ge	
Calculate your Prem	num:				
	X		÷ \$1,000	= (A)	
Your Rate for pla		acility Monthly Benefit An		Your Premium (A)	
÷		actiffy Monthly Beliefft An	nount	Tour Treinfulli	
FOR EMPLOYEES ON	NLY:			(D)	
	ם	ate for Funded Base Plan 1		=(B) Employer paid amount	
		ate for Funded Base Plan 1 ar Duration \$1,000 Benefit Ar		Employer paid amount	
	(4 10	ar Duration \$1,000 Denem Ar	A MINUS B	=	
			TI MINOS B	EMPLOYEE'S COST	
		Monthly R	ates		
	Plan 1	Plan 2	Plan 3	Plan 4	
	1 1411 1	1 1411 2	1 1411 0	Base Plan With	
		Base Plan With		Home, Comm-Based	
				· ·	
		Home, Comm-Bas		•	
_		and Immediate Fam	•	Member Care	
Insurance		Member Care	Inflation	Simple Inflation	
Age	Base Plan	Option	Option	Option	
18-30	5.70	9.00	10.40	16.30	
31 32	5.70 5.90	9.10 9.40	10.50 11.10	16.60 17.40	
33	6.00	9.50	11.30	17.70	
34	6.20	9.70	11.70	18.40	
35	6.30	9.90	12.10	19.10	
36	6.50	10.20	12.70	19.70	
37	6.80	10.70	13.30	20.70	
38	7.00	11.00	13.80	21.50	
39 40	7.30 7.60	11.40 11.90	14.50 15.10	22.40 23.40	
41	8.00	12.50	15.10	24.40	
42	8.30	12.90	16.50	25.60	
43	8.70	13.50	17.50	26.90	
44	9.10	14.10	18.30	28.30	
45	9.50	14.80	19.30	29.70	
46	10.00	15.70	20.30	31.40	
47 48	10.40 11.00	16.50 17.50	21.50 22.40	33.40 35.10	
48 49	11.40	18.40	23.40	37.00	
50	12.10	19.50	24.50	38.90	
51	12.60	20.60	25.90	41.30	
52	12.60 13.40	21.90	27.30	43.80	
53	14.10	23.20	28.70	46.30	
54	14.80	24.60	30.20	49.00	
55 56	15.50 16.60	25.90 27.80	31.50 33.40	50.90 54.20	
56 57	17.70	29.70	35.40	54.20 57.90	
58	18.80	31.70	37.80	61.40	
59	20.10	34.00	40.10	65.60	



Base Plan			Option	<u>us</u>	
Facility Monthly Benefit	t \$1,000		Home Care Level		Home, Community-Based
Home Monthly Benefit	\$500				and Immediate Family
Facility Benefit Duration	Unlimited				Member Care
Home Benefit	50%		Inflatio	on Protection	Simple Capped
Lifetime Maximum	Unlimited		IIIIIativ		Simple Capped
Elimination Period	180 DAYS				
Home Care Level		1			
Home Care Level	Home and C	ommunity-			
	Based Care	eet shows the co		1 000 of source	
Calculate vous Promium		eet snows the co	si per s	1,000 oj coveru	ge
Calculate your Premium:					
	X			÷ \$1,000	
Your Rate for plan cho	sen Facilit	y Monthly Benefit A	Amount		Your Premium
FOR EMPLOYEES ONLY:					
	Data f	or Funded Base Plar	_		=(B) Employer paid amount
		or Funded Base Plat ration \$1,000 Benefit			Employer paid amount
	(A MINUS B	=
					EMPLOYEE'S COST
		Monthly	Rates		
PI	an 1	Plan 2		Plan 3	Plan 4
					Base Plan With
		Base Plan Wit			Home, Comm-Based
	Н	lome, Comm-Ba	ased	Base Plan Wit	h and Immediate Family
	an	d Immediate Fa	ımily	Simple	Member Care
Insurance		Member Car	e	Inflation	Simple Inflation
Age Ba	ise Plan	Option		Option	Option
60 2:	1.50	36.40		42.60	69.70
61 23	3.40	39.60		46.20	75.40
	5.40 7.80	43.10 46.80		50.10 54.00	81.60 88.00
	0.10	50.80		58.50	95.00
65 34	4.10	56.70		65.70	105.40
	7.70	62.00		71.90	114.10
	1.60 6.00	67.60 73.80		79.00 86.10	124.20 133.80
	0.80	80.50		94.50	144.90
70 50	6.10	87.80		103.10	156.60
71 62	2.10	96.10		112.90	170.40
	8.60 5.40	105.00 114.60		123.60 134.30	184.60 198.90
74 83	3.00	124.80		146.80	215.10
75 99	9.60	148.60		173.70	253.00
	9.40	161.60		189.30	273.30
	9.80 1.00	175.60		204.60 222.00	293.60 316.60
78 13.	3.30	190.70 207.10		239.60	339.70
80 150	6.80	224.80		259.90	365.60
81 173	1.80	244.30		283.00	394.90
82 189 83 208	9.70 8.50	267.90 293.00		307.70 335.60	427.30 463.70
84 228	8. 4 0	319.20		362.00	463.70