



RATE SHEET
For Connecticut Residents
University Of West Florida

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Simple Capped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	60 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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
	Base Plan	Option	Option	Option
18-30	5.30	8.20	9.20	14.10
31	5.30	8.20	9.20	14.20
32	5.30	8.30	9.40	14.50
33	5.60	8.50	9.70	14.90
34	5.70	8.70	10.50	16.00
35	5.90	9.00	10.70	16.20
36	6.00	9.20	11.20	16.90
37	6.20	9.40	11.60	17.70
38	6.50	9.90	12.40	18.60
39	6.90	10.40	12.90	19.30
40	7.20	10.80	13.30	20.00
41	7.50	11.20	14.30	21.40
42	7.70	11.70	14.90	22.20
43	8.10	12.20	15.70	23.30
44	8.50	12.80	16.50	24.50
45	9.10	13.50	17.50	25.70
46	9.40	14.10	18.30	27.20
47	9.90	14.80	19.30	28.70
48	10.40	15.80	20.40	30.40
49	10.80	16.60	21.40	32.20
50	11.40	17.50	22.60	34.00
51	12.20	18.70	23.70	36.00
52	12.90	20.00	25.40	38.30
53	13.70	21.20	26.80	40.50
54	14.30	22.20	28.30	42.80
55	15.50	23.80	30.00	45.00
56	16.40	25.30	31.60	47.40
57	17.60	27.10	33.90	50.80
58	18.80	28.90	36.50	54.30
59	20.20	31.10	39.10	57.90



RATE SHEET
For Connecticut Residents
University Of West Florida

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 3 Years 50% \$36,000 60 Days Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Capped
--	--	---	----------------------------

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 Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
60	21.80	33.30	41.90	61.70
61	23.80	36.00	45.50	66.40
62	26.30	39.30	49.90	72.00
63	28.70	42.60	53.90	77.40
64	31.60	46.30	58.80	83.60
65	35.90	51.80	66.90	93.10
66	39.80	56.30	73.10	100.50
67	44.40	61.70	80.70	109.30
68	49.00	67.10	88.30	117.80
69	54.40	73.40	97.30	127.90
70	60.30	80.20	106.50	138.30
71	67.00	87.80	116.80	150.10
72	74.30	96.20	128.50	163.50
73	82.50	105.60	140.70	176.90
74	91.10	115.40	154.60	192.40
75	110.00	137.80	183.60	226.60
76	120.60	149.70	200.50	245.00
77	132.40	162.80	216.80	262.90
78	145.30	177.00	236.10	283.90
79	159.50	192.50	255.20	304.50
80	175.30	209.60	278.50	329.40
81	193.20	228.70	304.40	356.70
82	214.30	251.90	332.40	387.10
83	236.60	276.70	364.30	422.30
84	260.80	303.20	395.30	456.00



RATE SHEET
For Connecticut Residents
University Of West Florida

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 6 Years 50% \$72,000 60 Days Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Capped
--	--	---	--------------------------------------

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 Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	6.80	10.80	12.00	18.70
31	7.10	11.10	12.20	19.10
32	7.20	11.30	12.80	19.90
33	7.50	11.60	13.60	20.70
34	7.60	11.80	13.80	21.30
35	8.00	12.20	14.40	22.20
36	8.10	12.50	15.10	23.10
37	8.50	13.00	15.60	23.90
38	8.80	13.60	16.40	25.10
39	9.20	14.00	17.40	26.30
40	9.50	14.60	18.00	27.40
41	9.80	15.10	18.90	28.60
42	10.40	16.00	19.90	30.10
43	10.90	16.60	21.00	31.70
44	11.40	17.30	22.00	33.20
45	12.10	18.30	23.40	35.00
46	12.70	19.30	24.70	37.10
47	13.20	20.30	25.60	38.90
48	14.10	21.70	27.20	41.30
49	14.40	22.60	28.40	43.70
50	15.30	24.10	29.90	46.00
51	16.10	25.40	31.60	48.80
52	17.00	26.90	33.40	51.70
53	18.00	28.60	35.70	55.30
54	19.20	30.50	37.40	58.10
55	20.40	32.50	39.40	60.80
56	21.70	34.60	41.80	64.60
57	23.10	36.90	44.60	69.20
58	24.80	39.60	47.70	73.70
59	26.60	42.50	50.90	78.60



RATE SHEET
For Connecticut Residents
University Of West Florida

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 6 Years 50% \$72,000 60 Days Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Capped
--	--	---	--------------------------------------

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 Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
60	28.50	45.40	54.50	83.70
61	31.30	49.50	59.20	90.60
62	34.20	53.90	64.60	98.20
63	37.50	58.70	69.90	105.70
64	41.20	64.00	76.40	114.70
65	46.50	71.30	86.20	127.50
66	51.60	77.90	94.20	137.60
67	57.30	85.20	104.30	150.40
68	63.40	93.00	113.50	161.90
69	70.00	101.40	124.80	175.70
70	77.40	110.90	136.30	190.00
71	86.00	121.60	149.70	207.00
72	95.20	133.20	164.40	225.00
73	105.20	145.80	179.40	243.20
74	116.40	159.70	196.70	264.30
75	139.80	190.50	233.10	311.40
76	153.70	207.40	254.40	336.70
77	168.50	225.70	274.90	361.60
78	184.80	245.50	299.50	390.90
79	202.40	267.00	323.10	419.60
80	222.00	290.50	351.80	453.20
81	244.10	316.90	383.70	490.80
82	270.20	348.70	418.40	532.80
83	297.90	382.80	457.70	580.40
84	327.50	419.30	495.60	627.00



RATE SHEET
For Connecticut Residents
University Of West Florida

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Simple Capped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	60 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 With Total Home Care	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Base Plan	Option	Option	Option
18-30	9.60	15.50	16.60	26.60
31	9.60	15.60	16.90	27.30
32	10.00	16.10	17.80	28.50
33	10.10	16.30	18.20	29.00
34	10.40	16.70	18.70	30.00
35	10.60	17.10	19.50	31.30
36	10.90	17.60	20.30	32.30
37	11.40	18.30	21.30	33.90
38	11.80	18.90	22.10	35.10
39	12.20	19.60	23.40	36.80
40	12.80	20.40	24.20	38.40
41	13.50	21.40	25.30	39.90
42	13.90	22.20	26.50	42.00
43	14.60	23.20	28.00	44.00
44	15.30	24.30	29.30	46.20
45	16.00	25.50	30.90	48.60
46	16.90	26.90	32.80	51.50
47	17.60	28.30	34.50	54.60
48	18.60	30.20	36.20	57.70
49	19.30	31.70	37.80	60.80
50	20.40	33.70	39.60	64.10
51	21.40	35.60	41.80	68.00
52	22.70	37.80	44.20	72.20
53	24.00	40.30	46.50	76.40
54	25.30	42.60	49.20	81.20
55	26.50	45.00	51.30	84.20
56	28.30	48.20	54.50	89.70
57	30.20	51.60	58.10	96.00
58	32.20	55.30	61.80	101.90
59	34.40	59.30	65.90	109.10



RATE SHEET
For Connecticut Residents
University Of West Florida

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 Unlimited 50% Unlimited 60 Days Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Capped
--	---	---	--------------------------------------

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 Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
60	36.90	63.50	69.90	115.90
61	40.30	69.20	76.00	125.50
62	43.90	75.30	82.70	136.10
63	48.00	82.00	89.30	146.90
64	52.20	89.10	96.70	158.60
65	59.20	99.60	108.90	176.40
66	65.50	108.80	119.40	191.10
67	72.50	118.70	131.20	207.80
68	80.20	129.70	143.10	224.00
69	88.50	141.40	157.10	242.60
70	97.80	154.30	171.30	262.20
71	108.30	169.00	187.80	285.30
72	119.70	184.70	205.70	309.20
73	131.80	201.50	223.70	333.20
74	145.10	219.60	244.60	360.50
75	174.30	261.40	289.50	424.00
76	191.40	284.40	315.80	458.20
77	209.70	309.10	341.30	492.40
78	229.40	335.80	370.60	530.90
79	251.00	364.60	399.90	569.60
80	274.80	395.90	434.10	613.50
81	301.20	430.30	472.90	662.70
82	332.70	472.00	514.30	717.20
83	365.80	516.30	561.10	778.40
84	400.90	562.60	605.40	837.20