



RATE SHEET
Johns Hopkins Bayview Medical Center, Inc.

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Non Forfeiture	Shortened Benefit Period Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Total		

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 Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	7.60	12.00	24.40	38.30
31	7.60	12.00	24.60	38.60
32	7.70	12.10	25.10	39.40
33	7.90	12.30	25.50	40.00
34	8.00	12.60	26.00	40.90
35	8.30	13.00	27.50	43.20
36	8.50	13.40	28.10	44.10
37	8.80	13.90	28.70	45.10
38	9.30	14.60	29.40	46.10
39	9.60	14.90	30.50	47.20
40	10.10	15.40	31.10	47.60
41	10.40	15.80	31.70	48.30
42	11.10	16.60	32.90	49.40
43	11.50	17.10	34.10	50.80
44	12.00	17.60	35.60	52.30
45	12.50	18.30	36.50	53.30
46	13.00	18.80	37.40	53.80
47	13.80	19.80	38.80	55.50
48	14.80	21.10	40.10	56.90
49	15.60	21.90	41.70	58.40
50	16.20	22.50	42.60	59.20
51	17.50	24.20	45.00	62.00
52	18.30	25.00	46.40	63.60
53	19.70	26.60	48.20	65.10
54	20.60	27.60	50.00	67.00
55	22.20	29.80	51.80	69.40
56	23.60	31.10	54.10	71.40
57	25.60	33.50	56.90	74.60
58	26.90	35.30	59.30	77.70



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<u>Base Plan</u> Facility Monthly Benefit \$1,000 Home Monthly Benefit \$500 Facility Benefit Duration 3 Years Home Benefit 50% Lifetime Maximum \$36,000 Elimination Period 90 Days Home Care Level Total	<u>Options</u> Non Forfeiture Inflation Protection	Shortened Benefit Period Compound Uncapped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
59	29.00	37.70	62.30	81.00
60	31.30	40.40	65.60	84.70
61	33.50	42.90	69.80	89.30
62	37.00	47.00	75.00	95.20
63	39.80	50.20	79.10	99.70
64	43.50	54.40	85.00	106.30
65	48.60	59.80	93.30	114.70
66	52.70	64.30	99.20	121.10
67	57.80	70.50	107.40	131.00
68	63.00	76.20	114.50	138.60
69	68.90	82.70	123.20	147.90
70	75.50	89.90	131.60	156.70
71	82.60	97.50	142.30	167.90
72	90.60	105.90	153.70	179.80
73	99.30	115.20	164.80	191.20
74	108.80	125.10	177.90	204.60
75	130.00	146.90	208.90	236.00
76	141.30	158.20	224.40	251.30
77	153.50	170.40	239.50	265.90
78	167.10	185.50	257.10	285.40
79	182.10	200.30	275.20	302.70
80	198.10	217.90	295.70	325.20



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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	\$1,000 \$500 6 Years 50% \$72,000 90 Days Total	<u>Options</u> Non Forfeiture Inflation Protection	Shortened Benefit Period Compound Uncapped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	10.20	16.00	32.60	51.20
31	10.30	16.20	33.50	52.60
32	10.50	16.50	34.20	53.70
33	10.70	16.90	35.10	55.10
34	10.90	17.10	35.80	56.20
35	11.30	17.80	36.90	58.00
36	11.80	18.50	37.70	59.20
37	12.20	19.10	38.80	60.90
38	12.50	19.70	39.90	62.70
39	13.00	20.10	41.00	63.50
40	13.60	20.80	42.30	64.70
41	14.00	21.30	43.30	65.80
42	14.80	22.20	44.90	67.30
43	15.40	23.00	45.70	68.00
44	16.40	24.10	47.70	70.20
45	17.00	24.80	48.70	71.10
46	18.00	25.90	50.90	73.30
47	18.90	27.10	52.20	74.60
48	19.80	28.10	54.00	76.70
49	21.20	29.70	56.40	79.00
50	22.10	30.80	57.80	80.30
51	23.60	32.50	60.30	83.20
52	25.00	34.20	62.60	85.70
53	26.90	36.30	65.10	87.90
54	28.40	38.00	67.60	90.60
55	30.10	40.30	70.00	93.80
56	32.10	42.40	72.90	96.20
57	34.60	45.30	76.30	100.00
58	37.00	48.40	80.40	105.30



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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	\$1,000 \$500 6 Years 50% \$72,000 90 Days Total	<u>Options</u> Non Forfeiture Inflation Protection	Shortened Benefit Period Compound Uncapped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
59	39.50	51.40	83.90	109.00
60	42.30	54.60	88.10	113.70
61	46.30	59.30	94.50	121.00
62	50.30	63.90	101.10	128.40
63	54.70	68.90	107.30	135.20
64	59.60	74.50	115.30	144.20
65	66.80	82.10	126.60	155.70
66	72.90	88.90	135.70	165.50
67	79.70	97.30	146.30	178.50
68	87.20	105.50	156.30	189.10
69	95.00	114.00	167.40	200.90
70	103.90	123.70	179.30	213.40
71	114.30	134.90	194.80	229.90
72	124.80	146.00	209.30	244.90
73	136.80	158.70	225.10	261.10
74	150.00	172.50	242.80	279.20
75	178.90	202.20	284.40	321.30
76	194.80	218.20	306.10	342.80
77	212.00	235.30	327.50	363.50
78	231.00	256.40	351.50	390.20
79	251.20	276.30	376.50	414.10
80	273.30	300.60	404.50	445.00



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Facility Monthly Benefit	\$1,000	Non Forfeiture	Shortened Benefit Period Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Total		

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31	14.50	22.80	46.40	72.90
32	14.90	23.40	47.50	74.50
33	15.10	23.70	48.40	76.10
34	15.30	24.00	49.10	77.00
35	16.00	25.20	51.00	80.10
36	16.30	25.60	51.80	81.40
37	16.90	26.50	53.30	83.60
38	17.20	27.00	54.60	85.60
39	18.30	28.40	56.20	87.10
40	19.10	29.30	58.20	89.10
41	19.80	30.10	59.50	90.50
42	20.50	30.80	61.20	91.80
43	21.50	32.10	63.10	94.10
44	22.40	33.00	64.60	95.00
45	23.50	34.30	66.70	97.40
46	25.00	36.00	69.40	100.00
47	26.20	37.40	71.60	102.40
48	27.90	39.60	74.30	105.60
49	29.30	41.00	76.70	107.40
50	31.20	43.40	79.60	110.60
51	33.10	45.60	82.90	114.30
52	35.00	47.90	85.80	117.50
53	37.40	50.40	89.60	120.90
54	39.50	52.90	92.40	123.80
55	41.70	55.90	95.00	127.30
56	44.70	59.00	99.40	131.20
57	48.00	62.90	105.10	137.70
58	51.30	67.20	109.60	143.50



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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	\$1,000 \$500 Unlimited 50% Unlimited 90 Days Total	<u>Options</u> Non Forfeiture Inflation Protection	Shortened Benefit Period Compound Uncapped
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Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
59	55.20	71.70	115.30	149.90
60	58.80	75.90	120.40	155.30
61	64.30	82.30	129.00	165.10
62	70.10	89.10	138.50	175.80
63	76.30	96.10	147.00	185.20
64	83.00	103.70	157.10	196.40
65	92.80	114.10	173.10	212.90
66	101.10	123.40	185.10	225.80
67	110.80	135.10	199.90	243.80
68	121.00	146.40	213.40	258.20
69	131.70	158.10	229.20	275.10
70	144.00	171.40	245.50	292.10
71	157.90	186.30	265.30	313.10
72	172.60	201.90	285.60	334.10
73	188.40	218.50	306.70	355.70
74	205.40	236.20	328.50	377.80
75	244.50	276.30	384.20	434.20
76	266.10	298.00	413.70	463.30
77	289.20	321.10	442.30	490.90
78	314.70	349.30	474.20	526.30
79	341.40	375.50	506.20	556.80
80	370.70	407.70	543.60	597.90