



**RATE SHEET
FAIRLEIGH DICKINSON UNIVERSITY**

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	\$1,000	Accelerated	YES
Home Monthly Benefit	\$1,000	Payment	Compound Uncapped
Facility Benefit Duration	3 Years	Inflation Protection	
Home Benefit	100%		
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

	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan With Accelerated	Base Plan With Compound Inflation	Accelerated Compound Inflation	Base Plan With Option
Insurance Age	Base Plan	Option	Option	Option
18-30	5.70	8.60	16.80	26.00
31	5.70	8.60	16.90	26.10
32	5.70	8.60	17.10	26.50
33	5.90	9.00	17.70	27.60
34	6.10	9.30	18.30	28.50
35	6.20	9.90	18.80	30.70
36	6.50	10.30	19.40	31.40
37	6.70	10.70	19.70	32.00
38	7.10	11.40	20.50	33.30
39	7.30	11.70	21.10	34.50
40	7.40	11.90	21.30	34.90
41	8.00	12.90	22.40	36.70
42	8.20	13.30	22.90	37.70
43	8.40	13.60	23.60	38.80
44	9.10	14.70	24.40	40.30
45	9.50	16.90	25.10	45.50
46	9.80	17.40	25.90	47.00
47	10.20	18.30	26.40	48.30
48	10.70	19.50	26.90	49.80
49	10.90	20.10	27.50	51.50
50	11.70	21.80	28.50	54.00
51	12.40	22.70	29.40	54.80
52	13.00	23.50	30.10	55.50
53	13.60	24.40	30.80	56.00
54	14.00	24.70	31.70	56.90
55	15.10	26.40	33.00	58.40
56	15.80	27.20	34.00	59.50
57	16.90	28.70	35.70	61.50
58	17.90	30.00	36.90	62.50
59	18.80	31.10	38.10	63.60



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Home Benefit	100%		
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:

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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan With Accelerated	Base Plan With Compound Inflation	Accelerated Compound Inflation	Base Plan With
	Base Plan	Option	Option	Option
60	20.10	32.80	39.90	65.80
61	21.70	34.90	42.50	69.10
62	23.70	37.70	45.30	72.50
63	25.60	40.10	48.00	75.70
64	28.00	43.30	51.30	79.70
65	31.40	45.20	56.50	81.70
66	34.80	49.20	61.20	86.90
67	38.40	53.60	66.20	92.70
68	42.10	57.80	71.20	97.90
69	46.70	63.20	77.20	104.90
70	51.30	65.60	82.60	105.80
71	57.00	72.30	90.40	115.10
72	63.00	79.00	98.30	123.40
73	69.60	86.00	106.00	131.20
74	76.70	94.10	114.50	140.80
75	92.20	104.30	135.20	153.10
76	100.80	113.20	146.40	164.40
77	110.50	124.10	157.30	176.70
78	120.80	134.60	169.50	188.90
79	132.40	146.30	182.30	201.50
80	145.00	151.70	196.80	205.90



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Accelerated	YES
Home Monthly Benefit	\$1,000	Payment	Compound Uncapped
Facility Benefit Duration	6 Years	Inflation Protection	
Home Benefit	100%		
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 With Accelerated	Base Plan With Compound Inflation	Accelerated Compound Inflation	Base Plan With
	Base Plan	Option	Option	Option
18-30	7.60	11.50	22.50	34.60
31	7.70	11.70	23.00	35.50
32	7.80	11.90	23.40	36.20
33	7.90	12.10	23.90	37.10
34	8.20	12.50	24.70	38.20
35	8.70	13.80	25.60	41.60
36	8.80	13.90	26.10	42.30
37	9.10	14.40	26.70	43.30
38	9.50	15.10	27.40	44.50
39	9.90	15.80	28.20	46.00
40	10.20	16.30	28.90	47.20
41	10.40	16.70	29.60	48.30
42	11.10	17.90	30.70	50.30
43	11.40	18.40	31.30	51.40
44	12.30	19.80	32.80	54.00
45	13.00	23.00	34.10	61.50
46	13.30	23.60	34.30	62.20
47	14.00	25.10	35.20	64.30
48	14.70	26.70	36.40	67.10
49	14.90	27.30	37.00	68.90
50	15.60	28.80	37.70	71.00
51	16.60	30.30	38.90	72.40
52	17.40	31.40	40.20	73.70
53	18.10	32.30	41.20	74.60
54	19.30	33.80	42.70	76.20
55	20.30	35.20	43.90	77.40
56	21.10	36.20	45.20	78.60
57	22.40	37.90	46.80	80.50
58	23.80	39.60	48.80	82.30
59	25.50	41.80	50.80	84.30



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Accelerated	YES
Home Monthly Benefit	\$1,000	Payment	Compound Uncapped
Facility Benefit Duration	6 Years	Inflation Protection	
Home Benefit	100%		
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 With Accelerated	Base Plan With Compound Inflation	Accelerated Compound Inflation	Base Plan With
	Base Plan	Option	Option	Option
60	26.90	43.50	52.80	86.40
61	29.10	46.50	56.00	90.50
62	31.60	49.90	59.90	95.40
63	34.60	53.80	63.60	99.70
64	37.40	57.30	67.70	104.60
65	41.60	59.50	74.30	106.90
66	45.90	64.50	80.10	113.10
67	50.80	70.60	87.10	121.50
68	55.80	76.20	93.50	128.10
69	61.60	83.00	100.90	136.40
70	67.50	86.00	107.90	137.70
71	74.90	94.70	117.90	149.40
72	82.50	103.00	127.80	159.90
73	91.10	112.10	137.70	169.70
74	100.20	122.50	149.00	182.50
75	120.10	135.50	175.20	197.90
76	131.60	147.30	189.60	212.30
77	144.10	161.20	203.60	228.10
78	157.50	175.00	219.60	244.20
79	172.40	190.00	235.80	260.10
80	188.60	196.90	254.40	265.80



**RATE SHEET
FAIRLEIGH DICKINSON UNIVERSITY**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Accelerated	YES
Home Monthly Benefit	\$1,000	Payment	Compound Uncapped
Facility Benefit Duration	Unlimited	Inflation Protection	
Home Benefit	100%		
Lifetime Maximum	Unlimited		
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 With Accelerated	Base Plan With Compound Inflation	Accelerated Compound Inflation	Base Plan With
	Base Plan	Option	Option	Option
18-30	10.90	16.40	31.10	47.60
31	10.90	16.40	31.70	48.60
32	11.10	16.80	32.40	49.90
33	11.20	16.90	32.90	50.50
34	11.40	17.20	33.60	51.60
35	11.60	18.40	34.40	55.40
36	12.30	19.30	35.50	57.20
37	12.60	19.80	36.30	58.30
38	13.10	20.60	37.30	60.00
39	13.60	21.50	38.40	62.10
40	14.10	22.30	39.30	63.50
41	14.80	23.60	40.80	66.10
42	15.30	24.50	41.80	68.00
43	16.10	25.60	43.10	70.00
44	16.70	26.70	44.30	72.20
45	17.70	31.10	45.60	81.60
46	18.30	32.30	46.80	84.00
47	19.10	33.80	47.70	86.30
48	20.20	36.20	49.30	90.10
49	20.80	37.70	50.20	92.60
50	21.80	40.00	51.40	95.80
51	22.60	40.80	52.60	96.90
52	24.00	42.70	54.20	98.40
53	24.90	43.90	55.60	99.70
54	26.10	45.20	57.00	100.60
55	27.20	46.60	58.10	101.50
56	28.80	48.80	60.00	103.50
57	30.60	51.20	62.80	106.70
58	32.20	52.90	64.60	107.70
59	34.10	55.30	67.30	110.70



**RATE SHEET
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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 \$1,000 Unlimited 100% Unlimited 90 Days Professional	<u>Options</u> Accelerated Payment Inflation Protection	YES 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 With Accelerated	Base Plan With Compound Inflation	Accelerated Compound Inflation	Base Plan With
	Base Plan	Option	Option	Option
60	36.10	57.80	69.60	112.80
61	39.00	61.90	73.70	118.10
62	42.20	65.90	78.60	124.00
63	45.50	70.10	83.00	129.00
64	48.90	74.20	87.40	134.00
65	54.40	77.20	95.80	136.90
66	60.20	83.80	103.80	145.50
67	66.30	91.30	112.20	155.40
68	72.90	98.80	120.30	163.80
69	80.20	107.30	130.00	174.80
70	88.30	111.60	139.80	177.40
71	97.50	122.40	151.80	191.20
72	107.10	133.00	164.00	204.10
73	117.60	143.90	176.60	216.60
74	129.10	157.20	190.50	232.30
75	154.60	173.80	223.80	252.00
76	169.20	188.60	242.20	270.30
77	185.00	206.30	260.00	290.30
78	201.70	223.40	279.40	309.70
79	220.50	242.50	299.80	330.00
80	240.70	250.80	323.10	336.80