



**RATE SHEET  
FAIRLEIGH DICKINSON UNIVERSITY**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Accelerated	<b>YES</b>
Home Monthly Benefit	<b>\$1,000</b>	Payment	<b>Compound Uncapped</b>
Facility Benefit Duration	<b>3 Years</b>	Inflation Protection	
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Accelerated Option	Base Plan With Compound Inflation Option	Base Plan With Accelerated Compound Inflation Option
18-30	5.80	8.70	38.80	60.00
31	5.80	8.70	39.30	60.80
32	5.80	8.80	40.40	62.60
33	6.00	9.10	41.20	64.00
34	6.20	9.40	42.40	65.80
35	6.40	10.20	43.90	71.40
36	6.50	10.30	45.00	73.10
37	6.70	10.70	45.80	74.60
38	7.00	11.20	47.20	76.70
39	7.40	11.90	49.00	80.10
40	7.60	12.20	49.80	81.40
41	8.00	12.90	51.70	84.70
42	8.20	13.30	53.20	87.50
43	8.70	14.00	54.80	90.20
44	9.10	14.70	56.50	93.50
45	9.60	17.00	58.80	106.50
46	9.90	17.60	59.70	108.80
47	10.30	18.50	61.10	112.00
48	10.80	19.70	62.60	116.00
49	11.20	20.60	64.50	120.80
50	11.70	21.80	65.60	124.20
51	12.50	22.90	68.00	127.00
52	13.10	23.70	70.10	129.30
53	13.70	24.50	71.80	130.50
54	14.20	25.10	73.30	131.50
55	15.10	26.40	76.30	135.30
56	15.90	27.40	79.00	138.30
57	17.10	29.00	82.70	142.70
58	18.00	30.10	85.80	145.30
59	19.10	31.60	88.80	148.40



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Home Monthly Benefit	<b>\$1,000</b>	Payment	<b>Compound Uncapped</b>
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Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$36,000</b>		
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*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Accelerated Option	Base Plan With Compound Inflation Option	Base Plan With Accelerated Compound Inflation Option
60	20.40	33.30	92.70	152.70
61	22.00	35.40	98.50	160.10
62	24.20	38.30	106.10	169.80
63	26.00	40.70	111.70	176.20
64	28.40	43.70	119.70	185.80
65	32.00	46.00	132.00	190.80
66	35.00	49.50	141.70	201.20
67	38.90	54.30	154.40	216.50
68	42.80	58.60	165.70	228.00
69	47.20	63.90	179.60	244.00
70	52.10	66.60	192.70	246.90
71	57.60	73.20	210.30	267.70
72	63.70	79.80	228.10	286.40
73	70.40	87.00	246.60	305.10
74	77.50	95.10	266.40	327.40
75	93.20	105.50	314.60	356.30
76	102.10	114.60	340.60	382.50
77	111.60	125.20	365.00	410.00
78	122.20	136.10	394.20	439.40
79	133.80	147.90	423.40	468.10
80	146.60	153.40	457.50	478.90



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Facility Monthly Benefit	<b>\$1,000</b>	Accelerated	<b>YES</b>
Home Monthly Benefit	<b>\$1,000</b>	Payment	<b>Compound Uncapped</b>
Facility Benefit Duration	<b>6 Years</b>	Inflation Protection	
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*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 Accelerated Option	Base Plan With Compound Inflation Option	Base Plan With Accelerated Compound Inflation Option
18-30	7.50	11.40	51.70	79.70
31	7.70	11.70	53.20	82.10
32	7.90	12.00	54.60	84.50
33	8.10	12.40	56.10	87.00
34	8.30	12.70	57.30	88.70
35	8.80	13.90	59.00	95.70
36	8.90	14.10	60.30	97.70
37	9.20	14.60	61.90	100.50
38	9.60	15.20	64.10	104.00
39	10.00	16.00	65.80	107.20
40	10.30	16.40	67.30	109.60
41	10.60	17.00	68.70	112.30
42	11.20	18.10	71.60	117.50
43	11.70	18.90	73.40	120.40
44	12.30	19.80	76.00	125.20
45	13.00	23.00	78.40	141.30
46	13.60	24.20	80.90	146.60
47	14.00	25.10	81.90	149.40
48	14.80	26.80	84.40	155.60
49	15.10	27.70	86.20	160.70
50	15.90	29.30	88.00	165.60
51	16.70	30.50	90.60	168.60
52	17.50	31.60	93.60	171.70
53	18.40	32.80	96.00	173.80
54	19.40	34.00	98.90	176.40
55	20.40	35.30	101.60	179.10
56	21.50	36.70	105.20	183.10
57	22.80	38.60	109.10	187.40
58	24.20	40.10	113.70	191.70
59	25.70	42.10	118.20	196.20



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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	<b>\$1,000</b> <b>\$1,000</b> <b>6 Years</b> <b>100%</b> <b>\$72,000</b> <b>90 Days</b> <b>Professional</b>	<u>Options</u> Accelerated Payment Inflation Protection	<b>YES</b> <b>Compound Uncapped</b>
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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 Accelerated Option	Base Plan With Compound Inflation Option	Base Plan With Accelerated Compound Inflation Option
60	27.20	44.00	122.80	201.10
61	29.50	47.20	130.70	211.40
62	31.90	50.40	139.50	222.20
63	34.70	53.90	147.40	231.20
64	37.60	57.60	157.30	243.00
65	42.10	60.30	172.80	248.80
66	46.40	65.20	186.00	262.80
67	51.30	71.20	202.40	282.40
68	56.40	76.90	217.20	297.50
69	62.10	83.70	234.30	316.90
70	68.30	87.00	251.20	320.70
71	75.70	95.70	274.10	347.30
72	83.50	104.20	297.00	371.60
73	92.00	113.20	320.30	394.90
74	101.40	124.00	346.70	424.60
75	121.60	137.20	408.00	460.90
76	133.10	148.90	441.00	493.90
77	145.80	163.10	473.70	530.70
78	159.40	177.00	510.90	568.10
79	174.30	192.20	548.30	605.00
80	190.70	199.20	591.90	618.40



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<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	<b>\$1,000</b>	Accelerated	<b>YES</b>
Home Monthly Benefit	<b>\$1,000</b>	Payment	<b>Compound Uncapped</b>
Facility Benefit Duration	<b>Unlimited</b>	Inflation Protection	
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Accelerated Option	Base Plan With Compound Inflation Option	Base Plan With Accelerated Compound Inflation Option
18-30	10.80	16.30	71.70	109.70
31	10.80	16.30	72.90	111.70
32	11.20	16.90	75.30	115.70
33	11.40	17.20	76.80	118.10
34	11.50	17.40	78.00	119.90
35	11.90	18.80	80.30	129.20
36	12.30	19.30	82.20	132.30
37	12.90	20.30	84.90	136.60
38	13.20	20.80	86.60	139.40
39	13.70	21.70	89.30	144.30
40	14.30	22.70	92.00	148.60
41	14.90	23.80	94.60	153.30
42	15.60	24.80	97.20	158.10
43	16.20	25.80	99.90	162.40
44	17.00	27.20	103.10	168.20
45	17.80	31.20	106.20	189.90
46	18.60	32.80	109.00	195.80
47	19.40	34.40	110.90	200.70
48	20.20	36.20	114.20	208.70
49	20.90	37.80	116.20	214.40
50	21.90	40.10	119.00	221.80
51	22.90	41.40	122.30	225.20
52	24.00	42.70	125.40	227.50
53	25.20	44.40	129.40	231.80
54	26.40	45.80	132.50	234.00
55	27.50	47.10	135.00	235.90
56	29.10	49.30	139.80	240.90
57	30.80	51.50	145.50	247.30
58	32.50	53.30	150.30	250.80
59	34.40	55.80	156.30	257.00



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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	<b>\$1,000</b> <b>\$1,000</b> <b>Unlimited</b> <b>100%</b> <b>Unlimited</b> <b>90 Days</b> <b>Professional</b>	<u>Options</u> Accelerated Payment Inflation Protection	<b>YES</b> <b>Compound Uncapped</b>
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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Accelerated Option	Base Plan With Compound Inflation Option	Base Plan With Accelerated Compound Inflation Option
60	36.50	58.40	161.80	262.40
61	39.40	62.30	171.30	274.60
62	42.50	66.40	182.40	288.00
63	46.00	70.80	192.50	299.40
64	49.40	75.00	203.70	312.10
65	55.10	78.20	223.30	319.00
66	61.00	85.00	241.70	338.90
67	67.00	92.30	260.80	361.40
68	73.80	99.90	280.10	381.20
69	81.10	108.50	302.00	405.90
70	89.30	112.90	325.10	412.60
71	98.50	123.70	353.10	444.80
72	108.30	134.50	381.70	475.10
73	118.90	145.60	411.10	504.40
74	130.60	159.00	443.10	540.30
75	156.40	175.90	520.60	586.20
76	171.10	190.70	563.10	628.50
77	187.10	208.60	604.60	675.00
78	204.10	226.00	649.90	720.50
79	222.80	245.00	696.60	766.80
80	243.20	253.40	750.80	782.90