



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	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: To calculate your premium, please refer to the rates and use the calculation below, or refer to the rate calculator at <https://w3.unum.com/enroll/fairleighdickinsonu>.

$$\frac{\text{Monthly Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times 12 \times \text{Months} \div \$1,000 = \$ \text{Annual Premium}$$

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	8.80	13.40	112.50	173.80
31	8.80	13.40	113.90	176.00
32	8.80	13.40	115.20	178.70
33	9.10	13.90	116.10	180.30
34	9.50	14.40	117.30	182.20
35	9.80	15.60	118.60	193.00
36	9.90	15.70	120.30	195.70
37	10.20	16.30	122.10	198.70
38	10.60	16.90	123.90	201.60
39	11.20	18.00	125.70	205.40
40	11.60	18.50	127.20	208.00
41	12.20	19.60	129.10	211.60
42	12.60	20.40	131.00	215.50
43	13.20	21.40	132.50	218.00
44	13.90	22.50	134.50	222.20
45	14.60	25.90	136.10	246.30
46	15.00	26.80	136.50	248.40
47	15.70	28.20	137.00	251.20
48	16.50	30.00	137.30	254.60
49	17.10	31.50	137.70	258.10
50	17.90	33.10	138.10	261.50
51	19.00	34.90	138.80	259.70
52	20.00	36.20	139.20	256.90
53	20.90	37.40	139.30	253.90
54	21.70	38.40	139.90	251.30
55	23.10	40.30	140.40	248.80
56	24.30	41.90	146.10	256.00
57	26.00	44.30	152.10	263.20
58	27.60	46.10	158.00	268.30
59	29.30	48.30	164.20	275.10



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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 3 Years 100% \$36,000 90 Days Professional	<u>Options</u> Accelerated Payment Inflation Protection	YES Compound Uncapped
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$$\frac{\text{Monthly Rate for Plan Chosen}}{\text{Months}} \times 12 \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \$ \text{Annual Premium}$$

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	31.30	50.90	170.30	281.30
61	33.60	54.10	176.50	287.70
62	37.00	58.70	182.90	293.60
63	39.80	62.20	189.10	298.90
64	43.30	66.70	195.60	304.20
65	48.80	70.20	201.40	291.20
66	53.40	75.50	216.60	307.40
67	59.40	82.90	235.70	330.40
68	65.30	89.60	253.20	348.30
69	72.10	97.70	274.30	372.50
70	79.50	101.70	294.10	376.90
71	87.90	111.70	320.80	408.20
72	97.30	121.90	348.30	437.30
73	107.60	132.90	376.70	466.00
74	118.30	145.30	406.50	499.70
75	142.40	161.20	480.10	543.70
76	155.90	174.90	519.60	583.50
77	170.30	191.20	557.10	625.80
78	186.60	207.90	602.00	670.90
79	204.40	225.90	646.10	714.30
80	223.90	234.20	698.40	730.90



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Accelerated	YES Compound Uncapped
Home Monthly Benefit	\$1,000	Payment	
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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{\text{(Based on Funded Amount)}} \times 2 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Calculate your Premium: To calculate your premium, please refer to the rates and use the calculation below, or refer to the rate calculator at <https://w3.unum.com/enroll/fairleighdickinsonu>.

$$\frac{\text{Monthly Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times 12 \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Annual Premium}$$

18-30	11.50	17.30	149.50	230.40
31	11.80	17.80	151.50	233.60
32	12.10	18.30	153.50	237.60
33	12.40	18.90	155.50	240.80
34	12.70	19.30	157.60	244.10
35	13.30	21.20	159.70	258.90
36	13.60	21.50	161.90	262.50
37	14.00	22.20	164.10	266.20
38	14.60	23.30	166.10	269.40
39	15.20	24.30	168.30	274.10
40	15.70	25.00	170.70	278.00
41	16.20	25.90	172.90	282.40
42	17.10	27.60	175.20	287.30
43	18.00	28.90	177.20	290.60
44	18.70	30.20	179.60	295.40
45	19.80	34.90	181.80	327.70
46	20.70	36.80	182.10	330.10
47	21.40	38.40	182.80	333.90
48	22.70	41.10	183.30	338.40
49	23.10	42.30	183.90	343.00
50	24.30	44.80	184.30	347.50
51	25.50	46.60	184.90	344.40
52	26.70	48.10	185.20	340.20
53	28.20	50.20	185.80	336.80
54	29.50	51.80	186.30	332.90
55	31.10	53.90	186.80	329.40
56	32.80	56.20	194.20	338.50
57	34.90	59.00	201.50	346.90
58	36.90	61.30	209.20	353.40
59	39.30	64.30	216.80	361.30



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$$\underline{\hspace{2cm}} \times 12 \times \underline{\hspace{2cm}} \div \$1,000 = \$\underline{\hspace{2cm}}$$

Monthly Rate for Plan Chosen Months Facility Monthly Benefit Amount Annual 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	41.60	67.30	224.50	368.90
61	45.10	72.10	232.60	377.30
62	48.70	76.90	240.40	384.00
63	52.90	82.30	248.60	390.90
64	57.30	87.90	256.60	397.00
65	64.30	92.10	263.80	379.80
66	70.90	99.70	284.00	401.20
67	78.30	108.80	308.70	430.70
68	86.00	117.40	331.40	453.90
69	94.90	127.80	357.40	483.40
70	104.40	132.80	383.60	489.70
71	115.60	146.10	418.40	530.10
72	127.50	159.20	453.20	567.00
73	140.50	172.90	489.10	602.90
74	155.00	189.50	528.90	647.80
75	185.70	209.50	622.50	703.20
76	203.30	227.40	673.00	753.70
77	222.60	249.10	723.00	809.90
78	243.30	270.30	779.30	866.50
79	266.20	293.50	837.00	923.50
80	291.20	304.10	903.40	943.80



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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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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	16.50	24.80	208.10	318.60
31	16.50	24.80	209.90	321.40
32	17.10	25.80	211.90	325.70
33	17.40	26.30	213.80	328.60
34	17.50	26.40	215.90	331.90
35	18.20	28.70	217.60	350.00
36	18.70	29.50	220.40	354.60
37	19.60	31.00	223.30	359.20
38	20.20	31.80	226.20	364.00
39	20.90	33.20	228.80	369.50
40	21.90	34.60	231.80	374.30
41	22.80	36.20	234.50	379.90
42	23.70	37.80	237.40	386.00
43	24.70	39.40	240.30	390.60
44	26.00	41.50	243.00	396.40
45	27.20	47.70	245.90	439.40
46	28.50	50.10	246.00	441.80
47	29.60	52.60	246.50	446.00
48	30.80	55.20	246.60	450.90
49	31.90	57.80	246.80	456.00
50	33.50	61.30	247.10	461.40
51	35.00	63.30	247.30	456.30
52	36.70	65.30	247.50	450.20
53	38.60	67.90	247.70	444.90
54	40.20	69.80	248.10	438.90
55	42.00	72.00	248.30	433.60
56	44.50	75.40	256.80	443.30
57	47.10	78.80	265.90	453.30
58	49.60	81.40	275.00	460.00
59	52.50	85.20	284.40	469.40



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Monthly Rate for Plan Chosen Months Facility Monthly Benefit Amount Annual 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	55.70	89.20	293.40	477.60
61	60.10	95.20	303.00	486.90
62	65.00	101.60	312.60	494.80
63	70.20	108.10	322.20	502.30
64	75.50	114.60	332.10	509.40
65	84.30	119.60	340.60	486.70
66	93.20	129.80	369.10	517.50
67	102.40	141.00	397.60	550.90
68	112.70	152.70	427.30	581.70
69	123.70	165.60	460.60	619.10
70	136.30	172.40	496.20	629.60
71	150.50	188.90	538.70	678.60
72	165.50	205.50	582.40	725.00
73	181.60	222.30	627.40	769.90
74	199.50	242.90	676.40	824.90
75	238.90	268.60	794.30	894.50
76	261.30	291.30	859.20	959.00
77	285.80	318.70	922.60	1030.10
78	311.70	345.20	991.60	1099.40
79	340.20	374.20	1063.10	1170.20
80	371.50	387.10	1145.80	1194.80