



**RATE SHEET  
FAIRLEIGH DICKINSON UNIVERSITY**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Accelerated Payment	<b>YES</b>
Home Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Facility Benefit Duration	<b>3 Years</b>		
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:**

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

**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	7.20	10.90	75.00	115.90
31	7.20	10.90	75.90	117.30
32	7.20	10.90	76.80	119.20
33	7.40	11.30	77.40	120.20
34	7.50	11.50	78.20	121.60
35	7.80	12.40	79.10	128.70
36	8.00	12.80	80.20	130.50
37	8.20	13.00	81.50	132.60
38	8.70	13.80	82.60	134.40
39	9.10	14.60	83.80	137.00
40	9.40	15.10	84.90	138.80
41	9.90	15.90	86.00	141.00
42	10.10	16.40	87.30	143.60
43	10.60	17.20	88.40	145.40
44	11.10	18.00	89.60	148.00
45	11.90	21.10	90.70	164.20
46	12.20	21.80	91.00	165.60
47	12.70	22.90	91.30	167.50
48	13.30	24.30	91.60	169.80
49	13.70	25.20	91.80	172.10
50	14.50	26.90	92.10	174.40
51	15.30	28.10	92.50	173.00
52	16.10	29.10	92.70	171.10
53	16.90	30.30	93.00	169.40
54	17.60	31.00	93.30	167.60
55	18.80	32.70	93.60	165.90
56	19.70	33.90	97.40	170.60
57	21.00	35.70	101.40	175.40
58	22.10	37.00	105.40	179.00
59	23.60	38.90	109.50	183.50



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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	<b>\$1,000</b> <b>\$1,000</b> <b>3 Years</b> <b>100%</b> <b>\$36,000</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 With Accelerated	Base Plan With Compound Inflation	Base Plan With Accelerated Compound Inflation
	Base Plan	Option	Option	Option
60	25.20	41.00	113.50	187.50
61	27.10	43.70	117.70	191.80
62	29.70	47.20	121.90	195.70
63	32.10	50.30	126.10	199.30
64	34.90	53.90	130.40	202.90
65	39.20	56.50	134.20	194.10
66	43.20	61.00	144.40	204.90
67	48.00	67.00	157.10	220.20
68	52.60	72.20	168.80	232.20
69	58.20	78.80	182.90	248.40
70	64.20	82.10	196.10	251.30
71	71.00	90.20	214.00	272.30
72	78.60	98.50	232.20	291.50
73	86.90	107.40	251.10	310.60
74	95.50	117.30	271.00	333.10
75	115.10	130.30	320.00	362.50
76	125.80	141.20	346.50	389.00
77	137.70	154.60	371.40	417.20
78	150.70	167.90	401.40	447.30
79	165.10	182.40	430.80	476.20
80	180.80	189.20	465.60	487.30



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<u>Base Plan</u> Facility Monthly Benefit <b>\$1,000</b> Home Monthly Benefit <b>\$1,000</b> Facility Benefit Duration <b>6 Years</b> Home Benefit <b>100%</b> Lifetime Maximum <b>\$72,000</b> Elimination Period <b>90 Days</b> Home Care Level <b>Professional</b>	<u>Options</u> Accelerated Payment <b>YES</b> Inflation Protection <b>Compound Uncapped</b>
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*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

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

**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	9.30	14.00	99.60	153.50
31	9.50	14.40	101.00	155.70
32	9.80	14.80	102.30	158.40
33	10.00	15.20	103.70	160.60
34	10.30	15.60	105.10	162.80
35	10.80	17.10	106.40	172.50
36	10.90	17.30	107.90	175.00
37	11.40	18.10	109.40	177.40
38	11.70	18.70	110.80	179.60
39	12.20	19.50	112.20	182.70
40	12.70	20.30	113.80	185.40
41	13.10	21.00	115.30	188.30
42	13.80	22.30	116.80	191.50
43	14.50	23.30	118.20	193.70
44	15.10	24.40	119.70	196.90
45	16.10	28.40	121.10	218.40
46	16.70	29.70	121.40	220.00
47	17.30	31.00	121.90	222.60
48	18.30	33.10	122.10	225.40
49	18.70	34.10	122.50	228.50
50	19.70	36.30	122.90	231.70
51	20.50	37.50	123.20	229.60
52	21.50	38.80	123.50	226.80
53	22.60	40.30	123.90	224.60
54	23.90	41.90	124.20	222.00
55	25.20	43.70	124.60	219.70
56	26.60	45.50	129.50	225.60
57	28.00	47.40	134.40	231.30
58	29.70	49.40	139.50	235.60
59	31.70	52.00	144.60	240.90



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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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**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	Base Plan With Accelerated Compound Inflation
	Base Plan	Option	Option	Option
60	33.50	54.30	149.70	245.90
61	36.40	58.30	155.10	251.60
62	39.40	62.20	160.30	256.10
63	42.90	66.70	165.70	260.60
64	46.50	71.30	171.10	264.70
65	51.80	74.20	175.90	253.20
66	57.20	80.40	189.40	267.50
67	63.20	87.80	205.80	287.10
68	69.60	95.00	221.00	302.70
69	76.60	103.30	238.30	322.20
70	84.30	107.40	255.70	326.40
71	93.40	118.00	278.90	353.40
72	103.00	128.60	302.20	378.10
73	113.50	139.70	326.10	402.00
74	125.30	153.20	352.60	431.90
75	150.00	169.30	415.00	468.90
76	164.40	183.90	448.70	502.50
77	179.90	201.30	482.00	539.90
78	196.70	218.50	519.60	577.70
79	215.00	237.10	557.90	615.60
80	235.30	245.70	602.20	629.10



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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	<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
18-30	13.30	20.10	138.70	212.30
31	13.30	20.10	139.90	214.20
32	13.80	20.90	141.30	217.10
33	14.10	21.20	142.50	219.10
34	14.30	21.60	143.90	221.20
35	14.60	23.00	145.10	233.40
36	15.10	23.80	147.00	236.40
37	15.80	24.90	148.80	239.40
38	16.30	25.70	150.80	242.70
39	16.80	26.60	152.70	246.50
40	17.60	27.80	154.50	249.50
41	18.50	29.50	156.40	253.30
42	19.20	30.50	158.20	257.20
43	20.00	31.90	160.20	260.40
44	20.90	33.40	162.00	264.30
45	22.00	38.50	163.90	293.00
46	23.00	40.50	164.00	294.60
47	23.70	42.10	164.30	297.30
48	25.00	44.70	164.40	300.60
49	25.80	46.80	164.50	304.00
50	27.10	49.50	164.80	307.70
51	28.20	51.00	164.90	304.20
52	29.70	52.90	165.00	300.10
53	31.10	54.80	165.10	296.60
54	32.50	56.40	165.40	292.70
55	33.90	58.10	165.50	289.10
56	35.90	60.80	171.30	295.70
57	38.00	63.50	177.30	302.30
58	40.10	65.80	183.40	306.80
59	42.40	68.80	189.60	313.00



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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	Base Plan With Accelerated Compound Inflation
	Base Plan	Option	Option	Option
60	45.00	72.10	195.70	318.50
61	48.60	77.00	202.00	324.60
62	52.40	81.90	208.30	329.80
63	56.70	87.30	214.80	334.80
64	61.00	92.60	221.40	339.60
65	68.20	96.80	227.10	324.50
66	75.10	104.70	246.00	344.90
67	82.60	113.80	265.10	367.30
68	91.00	123.30	284.90	387.80
69	100.10	134.00	307.20	412.90
70	110.10	139.30	330.80	419.80
71	121.50	152.60	359.20	452.50
72	133.80	166.00	388.30	483.30
73	146.80	179.70	418.30	513.30
74	161.10	196.10	450.90	549.90
75	192.90	216.90	529.60	596.40
76	211.20	235.50	572.70	639.30
77	230.80	257.40	615.00	686.70
78	251.90	279.00	661.00	732.90
79	275.00	302.50	708.70	780.00
80	300.20	312.80	764.00	796.60