



RATE SHEET
Forsyth County Board Of Education

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$500		
Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	60 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
	Base Plan	Base Plan With Compound Inflation Option
18-30	4.90	19.40
31	4.90	20.00
32	4.90	20.40
33	5.00	20.90
34	5.10	21.20
35	5.40	22.20
36	5.50	22.60
37	5.60	23.00
38	5.90	23.60
39	6.10	24.90
40	6.30	25.20
41	6.40	25.60
42	7.10	26.70
43	7.50	27.60
44	7.70	28.90
45	8.20	29.80
46	8.40	30.30
47	8.80	31.20
48	9.50	32.20
49	9.70	33.10
50	10.10	34.20
51	10.90	35.40
52	11.60	37.10
53	12.50	38.40
54	12.90	39.10
55	14.00	41.70
56	14.60	42.50
57	16.00	44.70
58	17.20	47.50
59	18.30	49.30



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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
	Base Plan	Base Plan With Compound Inflation Option
60	19.80	52.00
61	21.50	55.70
62	23.70	59.90
63	25.80	63.90
64	28.70	69.50
65	32.60	76.90
66	35.90	83.00
67	40.10	90.20
68	44.20	97.80
69	49.40	106.40
70	54.60	114.20
71	60.60	125.10
72	67.10	135.90
73	74.40	147.20
74	82.30	159.80
75	99.20	189.00
76	109.20	205.00
77	119.60	220.60
78	130.90	238.20
79	144.30	256.80
80	158.40	278.10



RATE SHEET
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<u>Base Plan</u> Facility Monthly Benefit \$1,000 Home Monthly Benefit \$500 Facility Benefit Duration 6 Years Home Benefit 50% Lifetime Maximum \$72,000 Elimination Period 60 Days Home Care Level Professional	<u>Options</u> Inflation Protection 	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
	Base Plan	Base Plan With Compound Inflation Option
18-30	6.20	26.00
31	6.30	26.40
32	6.50	26.80
33	6.70	27.40
34	6.80	28.40
35	7.00	29.10
36	7.40	30.00
37	7.80	31.00
38	8.00	31.90
39	8.20	32.50
40	8.60	33.70
41	9.00	34.40
42	9.40	36.00
43	10.10	37.10
44	10.40	38.20
45	10.90	39.50
46	11.50	40.80
47	11.80	41.40
48	12.70	43.00
49	13.10	44.50
50	13.80	45.30
51	14.80	47.20
52	15.30	48.30
53	16.40	49.90
54	17.30	51.80
55	18.50	54.00
56	19.50	56.20
57	20.90	59.00
58	22.40	61.40
59	23.90	64.30



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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 60 Days Professional	<u>Options</u> Inflation Protection	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
	Base Plan	Base Plan With Compound Inflation Option
60	25.80	67.20
61	28.50	72.70
62	30.80	77.80
63	33.70	82.60
64	37.20	89.40
65	42.10	99.00
66	46.60	106.90
67	51.70	116.20
68	57.10	125.30
69	63.50	136.10
70	69.90	146.20
71	77.70	159.70
72	86.00	173.20
73	94.90	187.20
74	105.00	203.30
75	126.30	239.20
76	138.90	259.90
77	152.00	279.50
78	166.80	301.80
79	183.10	325.30
80	200.60	350.80



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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 \$500 Unlimited 50% Unlimited 60 Days Professional	<u>Options</u> Inflation Protection	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
	Base Plan	Base Plan With Compound Inflation Option
18-30	8.70	34.40
31	8.70	35.40
32	9.00	36.60
33	9.20	37.30
34	9.40	37.70
35	9.50	38.50
36	9.70	39.50
37	10.30	41.00
38	10.90	42.30
39	11.20	43.30
40	11.50	44.80
41	12.00	46.10
42	12.70	47.20
43	13.10	48.60
44	13.90	49.90
45	14.40	51.50
46	15.20	53.30
47	16.00	54.40
48	16.80	56.60
49	17.40	57.70
50	18.40	59.60
51	19.30	61.00
52	20.70	63.50
53	21.70	65.50
54	22.90	67.60
55	23.70	69.40
56	25.50	72.40
57	27.20	76.10
58	29.20	79.20
59	31.10	83.00



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$500		
Facility Benefit Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	60 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
	Base Plan	Base Plan With Compound Inflation Option
60	33.30	86.40
61	36.30	92.30
62	39.70	98.80
63	43.30	104.90
64	47.30	112.40
65	53.50	124.50
66	59.30	135.00
67	65.70	146.20
68	72.40	157.60
69	79.90	170.20
70	88.30	183.60
71	97.90	199.90
72	108.00	216.50
73	118.80	233.20
74	131.20	252.40
75	157.30	297.40
76	172.70	321.90
77	189.50	346.40
78	207.00	373.30
79	226.60	400.90
80	248.00	432.80