



**RATE SHEET**  
**JOHNS HOPKINS HEALTH SYSTEM CORPORATION/**  
**THE JOHNS HOPKINS HOSPITAL**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Non Forfeiture	<b>Shortened Benefit Period Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Total</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 Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	7.60	12.00	24.40	38.30
31	7.60	12.00	24.60	38.60
32	7.70	12.10	25.10	39.40
33	7.90	12.30	25.50	40.00
34	8.00	12.60	26.00	40.90
35	8.30	13.00	27.50	43.20
36	8.50	13.40	28.10	44.10
37	8.80	13.90	28.70	45.10
38	9.30	14.60	29.40	46.10
39	9.60	14.90	30.50	47.20
40	10.10	15.40	31.10	47.60
41	10.40	15.80	31.70	48.30
42	11.10	16.60	32.90	49.40
43	11.50	17.10	34.10	50.80
44	12.00	17.60	35.60	52.30
45	12.50	18.30	36.50	53.30
46	13.00	18.80	37.40	53.80
47	13.80	19.80	38.80	55.50
48	14.80	21.10	40.10	56.90
49	15.60	21.90	41.70	58.40
50	16.20	22.50	42.60	59.20
51	17.50	24.20	45.00	62.00
52	18.30	25.00	46.40	63.60
53	19.70	26.60	48.20	65.10
54	20.60	27.60	50.00	67.00
55	22.20	29.80	51.80	69.40
56	23.60	31.10	54.10	71.40
57	25.60	33.50	56.90	74.60
58	26.90	35.30	59.30	77.70



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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>\$500</b> <b>3 Years</b> <b>50%</b> <b>\$36,000</b> <b>90 Days</b> <b>Total</b>	<u>Options</u> Non Forfeiture Inflation Protection	<b>Shortened Benefit Period</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 Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
59	29.00	37.70	62.30	81.00
60	31.30	40.40	65.60	84.70
61	33.50	42.90	69.80	89.30
62	37.00	47.00	75.00	95.20
63	39.80	50.20	79.10	99.70
64	43.50	54.40	85.00	106.30
65	48.60	59.80	93.30	114.70
66	52.70	64.30	99.20	121.10
67	57.80	70.50	107.40	131.00
68	63.00	76.20	114.50	138.60
69	68.90	82.70	123.20	147.90
70	75.50	89.90	131.60	156.70
71	82.60	97.50	142.30	167.90
72	90.60	105.90	153.70	179.80
73	99.30	115.20	164.80	191.20
74	108.80	125.10	177.90	204.60
75	130.00	146.90	208.90	236.00
76	141.30	158.20	224.40	251.30
77	153.50	170.40	239.50	265.90
78	167.10	185.50	257.10	285.40
79	182.10	200.30	275.20	302.70
80	198.10	217.90	295.70	325.20



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Non Forfeiture	<b>Shortened Benefit Period Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Total</b>		

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

**Calculate your Premium:**

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	10.20	16.00	32.60	51.20
31	10.30	16.20	33.50	52.60
32	10.50	16.50	34.20	53.70
33	10.70	16.90	35.10	55.10
34	10.90	17.10	35.80	56.20
35	11.30	17.80	36.90	58.00
36	11.80	18.50	37.70	59.20
37	12.20	19.10	38.80	60.90
38	12.50	19.70	39.90	62.70
39	13.00	20.10	41.00	63.50
40	13.60	20.80	42.30	64.70
41	14.00	21.30	43.30	65.80
42	14.80	22.20	44.90	67.30
43	15.40	23.00	45.70	68.00
44	16.40	24.10	47.70	70.20
45	17.00	24.80	48.70	71.10
46	18.00	25.90	50.90	73.30
47	18.90	27.10	52.20	74.60
48	19.80	28.10	54.00	76.70
49	21.20	29.70	56.40	79.00
50	22.10	30.80	57.80	80.30
51	23.60	32.50	60.30	83.20
52	25.00	34.20	62.60	85.70
53	26.90	36.30	65.10	87.90
54	28.40	38.00	67.60	90.60
55	30.10	40.30	70.00	93.80
56	32.10	42.40	72.90	96.20
57	34.60	45.30	76.30	100.00
58	37.00	48.40	80.40	105.30



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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	<b>\$1,000</b> <b>\$500</b> <b>6 Years</b> <b>50%</b> <b>\$72,000</b> <b>90 Days</b> <b>Total</b>	<u>Options</u> Non Forfeiture Inflation Protection	<b>Shortened Benefit Period</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 Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
59	39.50	51.40	83.90	109.00
60	42.30	54.60	88.10	113.70
61	46.30	59.30	94.50	121.00
62	50.30	63.90	101.10	128.40
63	54.70	68.90	107.30	135.20
64	59.60	74.50	115.30	144.20
65	66.80	82.10	126.60	155.70
66	72.90	88.90	135.70	165.50
67	79.70	97.30	146.30	178.50
68	87.20	105.50	156.30	189.10
69	95.00	114.00	167.40	200.90
70	103.90	123.70	179.30	213.40
71	114.30	134.90	194.80	229.90
72	124.80	146.00	209.30	244.90
73	136.80	158.70	225.10	261.10
74	150.00	172.50	242.80	279.20
75	178.90	202.20	284.40	321.30
76	194.80	218.20	306.10	342.80
77	212.00	235.30	327.50	363.50
78	231.00	256.40	351.50	390.20
79	251.20	276.30	376.50	414.10
80	273.30	300.60	404.50	445.00



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Non Forfeiture	<b>Shortened Benefit Period Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Total</b>		

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	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	14.40	22.60	45.00	70.70
31	14.50	22.80	46.40	72.90
32	14.90	23.40	47.50	74.50
33	15.10	23.70	48.40	76.10
34	15.30	24.00	49.10	77.00
35	16.00	25.20	51.00	80.10
36	16.30	25.60	51.80	81.40
37	16.90	26.50	53.30	83.60
38	17.20	27.00	54.60	85.60
39	18.30	28.40	56.20	87.10
40	19.10	29.30	58.20	89.10
41	19.80	30.10	59.50	90.50
42	20.50	30.80	61.20	91.80
43	21.50	32.10	63.10	94.10
44	22.40	33.00	64.60	95.00
45	23.50	34.30	66.70	97.40
46	25.00	36.00	69.40	100.00
47	26.20	37.40	71.60	102.40
48	27.90	39.60	74.30	105.60
49	29.30	41.00	76.70	107.40
50	31.20	43.40	79.60	110.60
51	33.10	45.60	82.90	114.30
52	35.00	47.90	85.80	117.50
53	37.40	50.40	89.60	120.90
54	39.50	52.90	92.40	123.80
55	41.70	55.90	95.00	127.30
56	44.70	59.00	99.40	131.20
57	48.00	62.90	105.10	137.70
58	51.30	67.20	109.60	143.50



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Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>		
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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
59	55.20	71.70	115.30	149.90
60	58.80	75.90	120.40	155.30
61	64.30	82.30	129.00	165.10
62	70.10	89.10	138.50	175.80
63	76.30	96.10	147.00	185.20
64	83.00	103.70	157.10	196.40
65	92.80	114.10	173.10	212.90
66	101.10	123.40	185.10	225.80
67	110.80	135.10	199.90	243.80
68	121.00	146.40	213.40	258.20
69	131.70	158.10	229.20	275.10
70	144.00	171.40	245.50	292.10
71	157.90	186.30	265.30	313.10
72	172.60	201.90	285.60	334.10
73	188.40	218.50	306.70	355.70
74	205.40	236.20	328.50	377.80
75	244.50	276.30	384.20	434.20
76	266.10	298.00	413.70	463.30
77	289.20	321.10	442.30	490.90
78	314.70	349.30	474.20	526.30
79	341.40	375.50	506.20	556.80
80	370.70	407.70	543.60	597.90