



**RATE SHEET**  
*Horizon House*

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>30 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
	Base Plan	Base Plan With Compound Inflation Option
18-30	11.00	32.10
31	11.00	32.60
32	11.00	33.40
33	11.20	34.00
34	12.00	35.50
35	12.10	35.90
36	12.30	37.40
37	13.10	38.20
38	13.40	39.50
39	14.20	41.10
40	14.80	41.80
41	15.30	42.80
42	15.50	43.90
43	16.80	45.40
44	17.00	46.40
45	18.50	49.10
46	19.20	49.80
47	20.10	50.80
48	20.70	52.20
49	21.60	53.40
50	22.20	54.50
51	23.90	56.70
52	25.00	58.20
53	26.10	59.40
54	27.40	60.90
55	28.70	62.80
56	30.40	65.60
57	32.10	68.20
58	34.10	71.00
59	36.40	73.20



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Facility Benefit Duration	<b>3 Years</b>		
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Elimination Period	<b>30 Days</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
	Base Plan	Base Plan With Compound Inflation Option
60	38.70	76.80
61	41.50	81.40
62	45.80	87.60
63	49.80	92.50
64	54.00	98.90
65	60.70	109.00
66	66.50	117.40
67	73.80	127.60
68	81.50	137.40
69	89.90	148.90
70	99.00	159.40
71	110.10	174.70
72	121.00	188.50
73	133.90	203.90
74	147.10	219.80
75	177.60	260.30
76	193.90	281.10
77	212.20	301.90
78	232.40	326.10
79	254.40	350.10
80	278.40	378.00



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Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Compound Uncapped</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>30 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
	Base Plan	Base Plan With Compound Inflation Option
18-30	14.40	42.90
31	14.50	43.80
32	15.20	44.90
33	15.80	47.00
34	15.90	47.30
35	16.60	49.10
36	16.80	49.80
37	17.90	51.80
38	18.20	52.90
39	18.90	54.10
40	20.10	56.20
41	20.60	57.20
42	21.60	59.60
43	22.70	61.40
44	23.10	62.50
45	24.70	65.10
46	25.90	67.00
47	26.60	67.80
48	28.20	69.70
49	29.00	71.40
50	30.20	72.70
51	31.80	75.30
52	33.70	77.80
53	35.10	79.50
54	36.90	81.90
55	39.00	84.00
56	41.10	87.30
57	43.70	90.70
58	46.00	94.20
59	48.80	98.00



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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>30 Days</b>		
Home Care Level	<b>Professional</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
	Base Plan	Base Plan With Compound Inflation Option
60	51.40	101.20
61	56.40	108.40
62	61.00	115.50
63	66.10	122.00
64	71.30	129.90
65	80.30	142.90
66	88.10	153.50
67	97.70	167.40
68	107.40	179.80
69	118.10	193.50
70	129.90	207.90
71	143.70	226.60
72	158.40	245.60
73	175.20	265.30
74	192.70	286.70
75	231.20	337.30
76	253.20	364.90
77	277.30	392.20
78	302.70	422.30
79	331.10	453.30
80	362.40	489.40



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Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>100%</b>		
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>30 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
	Base Plan	Base Plan With Compound Inflation Option
18-30	20.50	59.10
31	20.50	60.00
32	21.30	62.40
33	21.70	63.50
34	22.20	64.90
35	22.90	66.60
36	23.20	67.90
37	24.70	70.40
38	25.30	72.10
39	26.10	74.00
40	27.10	75.70
41	28.50	78.50
42	29.30	80.40
43	30.80	82.60
44	32.30	85.60
45	34.40	88.70
46	35.50	90.10
47	36.60	91.40
48	38.50	94.40
49	39.60	96.20
50	42.20	99.00
51	43.60	101.40
52	45.70	103.70
53	48.20	107.10
54	49.90	109.20
55	52.50	112.20
56	55.40	115.70
57	58.50	120.20
58	62.30	125.00
59	65.40	129.10



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Home Monthly Benefit	<b>\$1,000</b>		
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>100%</b>		
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**Monthly Rates**

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	69.40	133.40
61	75.20	142.00
62	80.60	150.60
63	87.40	159.20
64	93.60	167.90
65	104.90	184.50
66	115.70	199.50
67	127.50	215.90
68	140.70	232.30
69	154.30	250.00
70	169.90	268.70
71	187.30	291.70
72	205.80	315.60
73	225.70	339.60
74	248.10	366.10
75	297.10	429.80
76	325.10	465.30
77	355.70	499.60
78	387.50	536.50
79	423.20	575.50
80	462.10	620.50