



**RATE SHEET**  
THE NEMOURS FOUNDATION AND AFFILIATES

Base Plan

Facility Monthly Benefit	<b>\$1,000</b>
Home Monthly Benefit	<b>\$500</b>
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	Base Plan
	18-30	6.90
	31	7.60
	32	7.80
	33	8.10
	34	8.30
	35	8.70
	36	9.50
	37	9.80
	38	10.20
	39	10.80
	40	11.60
	41	12.20
	42	12.80
	43	13.50
	44	14.40
	45	15.30
	46	16.20
	47	17.30
	48	18.60
	49	19.60
	50	21.00
	51	22.30
	52	24.10
	53	25.60
	54	27.60
	55	29.50
	56	32.00
	57	35.10
	58	37.80
	59	41.30



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Home Care Level	<b>Total</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**

<b>Insurance</b>	
<b>Age</b>	<b>Base Plan</b>
60	44.60
61	48.80
62	53.10
63	57.90
64	63.10
65	70.80
66	76.60
67	82.70
68	89.80
69	97.40
70	105.30
71	119.20
72	133.00
73	146.80
74	160.60
75	174.70
76	189.60
77	206.80
78	225.90
79	245.90
80	267.60
81	291.50
82	316.90
83	346.10
84	375.30



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<i>Base Plan</i>			
Facility Monthly Benefit	<b>\$1,000</b>		
Home Monthly Benefit	<b>\$500</b>		
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:**

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

**Monthly Rates**

Insurance	Base Plan
Age	
18-30	8.70
31	8.90
32	9.30
33	9.60
34	9.80
35	10.20
36	11.10
37	11.70
38	12.10
39	13.10
40	13.60
41	14.50
42	15.40
43	16.30
44	17.10
45	18.40
46	19.20
47	20.70
48	22.00
49	23.40
50	25.20
51	27.10
52	28.80
53	30.90
54	33.50
55	35.60
56	38.90
57	42.60
58	46.20
59	50.50



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Home Monthly Benefit	<b>\$500</b>		
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:**

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

**Monthly Rates**

<b>Insurance</b>	
<b>Age</b>	<b>Base Plan</b>
60	55.30
61	60.30
62	66.10
63	72.00
64	79.20
65	89.20
66	96.80
67	105.30
68	114.60
69	125.10
70	135.90
71	154.60
72	173.40
73	192.10
74	210.70
75	229.50
76	250.90
77	274.10
78	300.50
79	328.90
80	359.70
81	392.10
82	427.60
83	467.80
84	508.10