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RATE SHEET
SAIF CORPORATION

Base Plan		*Options*	
Facility Monthly Benefit	**$1,000**	Home Care Level	**Total**
Home Monthly Benefit	**$500**	Inflation Protection	**Simple Uncapped**
Facility Benefit Duration	**3 Years**		
Home Benefit	**50%**		
Lifetime Maximum	**$36,000**		
Elimination Period	**90 Days**		
Home Care Level	**Professional**		

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

Calculate your Premium:

_____ X _____ ÷ $1,000 = _____

Rate for Plan Chosen | Facility Monthly Benefit Amount | Your Premium

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Total Home Care Simple Inflation Option
18-30	3.70	5.70	6.20	9.20
31	3.70	5.70	6.40	9.50
32	3.70	5.70	6.40	9.60
33	3.90	5.90	6.90	10.10
34	3.90	6.00	7.10	10.30
35	4.30	6.30	7.40	10.80
36	4.30	6.40	7.60	11.00
37	4.40	6.60	7.80	11.40
38	4.60	6.90	8.50	12.20
39	4.90	7.30	8.90	12.70
40	5.10	7.50	9.10	13.10
41	5.20	7.80	9.60	13.70
42	5.30	8.00	9.70	14.10
43	5.90	8.70	10.60	15.00
44	6.10	9.00	10.90	15.60
45	6.30	9.30	11.50	16.40
46	6.50	9.70	11.80	17.00
47	6.90	10.30	12.30	17.70
48	7.20	10.90	12.90	18.70
49	7.60	11.50	13.50	19.70
50	7.90	12.10	14.20	20.60
51	8.60	13.00	14.90	21.80
52	9.10	13.80	15.80	23.00
53	9.60	14.60	16.50	24.20
54	10.10	15.50	17.40	25.50
55	10.80	16.50	18.40	26.80
56	11.40	17.50	19.40	28.20
57	12.40	18.90	20.70	30.10
58	13.20	20.00	21.80	31.60
59	14.40	21.70	23.30	33.80

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SAIF CORPORATION

Base Plan		*Options*	
Facility Monthly Benefit	**$1,000**	Home Care Level	**Total**
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Rate for Plan Chosen | Facility Monthly Benefit Amount | Your Premium

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Total Home Care Simple Inflation Option
60	15.50	23.30	25.10	36.00
61	16.80	25.10	27.00	38.50
62	18.60	27.50	29.60	41.90
63	20.30	29.80	32.10	45.10
64	22.40	32.40	34.70	48.40
65	25.60	36.30	39.30	53.70
66	28.20	39.30	42.90	57.90
67	31.60	43.30	47.20	62.80
68	34.90	47.10	51.40	67.80
69	38.60	51.50	56.30	73.20
70	42.90	56.40	61.50	78.90
71	47.50	61.60	67.50	85.80
72	52.70	67.50	74.40	93.40
73	58.50	74.20	81.30	101.40
74	64.70	81.30	89.40	110.20
75	78.20	97.10	106.60	130.10
76	85.80	105.40	115.40	139.80
77	94.20	114.80	125.80	151.10
78	103.10	124.60	135.50	161.80
79	113.50	135.90	148.10	175.30
80	124.60	148.00	160.20	188.20
81	137.40	161.50	175.40	204.10
82	152.30	177.80	191.20	221.30
83	168.50	195.80	210.10	242.10
84	185.50	214.30	227.70	261.20

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RATE SHEET
SAIF CORPORATION

Base Plan		*Options*	
Facility Monthly Benefit	**$1,000**	Home Care Level	**Total**
Home Monthly Benefit	**$500**	Inflation Protection	**Simple Uncapped**
Facility Benefit Duration	**6 Years**		
Home Benefit	**50%**		
Lifetime Maximum	**$72,000**		
Elimination Period	**90 Days**		
Home Care Level	**Professional**		

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

Calculate your Premium:

_____ X _____ ÷ $1,000 = _____

Rate for Plan Chosen | Facility Monthly Benefit Amount | Your Premium

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Total Home Care Simple Inflation Option
18-30	4.70	7.40	8.10	12.20
31	5.00	7.70	8.40	12.60
32	5.20	7.90	8.80	13.10
33	5.40	8.10	9.30	13.70
34	5.40	8.30	9.50	14.00
35	5.50	8.50	9.70	14.60
36	5.60	8.60	10.10	15.00
37	6.10	9.10	10.90	15.90
38	6.20	9.50	11.20	16.40
39	6.40	9.70	11.40	16.80
40	6.60	10.00	12.10	17.60
41	6.80	10.40	12.50	18.30
42	7.30	11.00	13.10	19.30
43	7.60	11.60	13.70	20.10
44	8.00	12.10	14.60	21.20
45	8.50	12.70	15.20	22.00
46	9.00	13.60	15.80	23.10
47	9.30	14.00	16.50	24.10
48	9.90	15.00	17.30	25.40
49	10.20	15.80	18.10	26.80
50	10.70	16.60	18.80	28.00
51	11.40	17.70	19.90	29.60
52	11.90	18.60	20.80	31.10
53	12.70	19.90	21.90	33.00
54	13.30	21.00	22.80	34.40
55	14.30	22.50	24.30	36.40
56	15.30	24.00	25.60	38.40
57	16.40	25.80	27.30	41.00
58	17.60	27.70	28.90	43.30
59	18.70	29.40	30.40	45.70

RATE SHEET
SAIF CORPORATION

Base Plan		*Options*	
Facility Monthly Benefit	**$1,000**	Home Care Level	**Total**
Home Monthly Benefit	**$500**	Inflation Protection	**Simple Uncapped**
Facility Benefit Duration	**6 Years**		
Home Benefit	**50%**		
Lifetime Maximum	**$72,000**		
Elimination Period	**90 Days**		
Home Care Level	**Professional**		

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

Calculate your Premium:

_____ X _____ ÷ $1,000 = _____

Rate for Plan Chosen | Facility Monthly Benefit Amount | Your Premium

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Total Home Care Simple Inflation Option
60	20.20	31.60	32.40	48.60
61	22.30	34.70	35.50	53.00
62	24.10	37.50	38.10	56.70
63	26.40	40.70	41.60	61.40
64	29.20	44.60	45.10	66.10
65	33.00	49.80	50.60	73.30
66	36.50	54.40	55.60	79.70
67	40.60	59.70	60.90	86.20
68	44.70	64.90	66.00	92.80
69	49.60	70.90	72.00	99.90
70	54.80	77.60	78.70	108.20
71	61.10	85.30	86.40	117.80
72	67.40	93.20	95.00	128.00
73	74.60	102.20	103.50	138.80
74	82.60	112.00	113.80	151.00
75	99.30	133.70	135.00	178.00
76	109.10	145.60	146.20	191.40
77	119.60	158.30	159.00	206.70
78	131.20	172.50	172.30	222.70
79	143.80	187.60	187.30	240.30
80	157.80	204.30	202.50	258.20
81	173.30	222.80	220.80	279.60
82	191.90	245.20	240.60	303.60
83	211.70	269.40	263.30	330.90
84	232.60	294.90	285.10	357.30

RATE SHEET
SAIF CORPORATION

Base Plan		*Options*	
Facility Monthly Benefit	**$1,000**	Home Care Level	**Total**
Home Monthly Benefit	**$500**	Inflation Protection	**Simple Uncapped**
Facility Benefit Duration	**Unlimited**		
Home Benefit	**50%**		
Lifetime Maximum	**Unlimited**		
Elimination Period	**90 Days**		
Home Care Level	**Professional**		

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

Calculate your Premium:

_____ X _____ ÷ $1,000 = _____

Rate for Plan Chosen | Facility Monthly Benefit Amount | Your Premium

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Total Home Care Simple Inflation Option
18-30	6.80	10.80	11.40	17.60
31	6.80	10.90	11.60	18.00
32	6.90	11.00	12.00	18.50
33	7.10	11.30	12.30	19.10
34	7.20	11.40	12.50	19.40
35	7.40	11.80	13.30	20.50
36	7.70	12.30	13.70	21.20
37	8.00	12.70	14.30	21.90
38	8.30	13.00	14.70	22.50
39	8.60	13.60	15.40	23.50
40	8.90	14.10	16.00	24.60
41	9.30	14.70	16.70	25.50
42	9.80	15.40	17.60	26.80
43	10.20	16.00	18.30	27.70
44	10.60	16.70	19.20	29.00
45	11.20	17.60	20.00	30.40
46	11.90	18.60	20.90	31.70
47	12.20	19.50	21.60	33.20
48	13.00	20.80	22.90	35.30
49	13.60	21.90	23.80	36.90
50	14.30	23.30	24.80	38.80
51	14.90	24.60	26.00	40.90
52	15.80	26.10	27.10	43.00
53	16.90	28.00	28.80	45.70
54	17.70	29.50	30.10	47.90
55	18.70	31.30	31.20	49.70
56	19.80	33.20	33.10	52.70
57	21.10	35.60	35.00	56.20
58	22.80	38.50	37.00	59.40
59	24.20	41.10	39.20	63.20

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Base Plan		*Options*	
Facility Monthly Benefit	**$1,000**	Home Care Level	**Total**
Home Monthly Benefit	**$500**	Inflation Protection	**Simple Uncapped**
Facility Benefit Duration	**Unlimited**		
Home Benefit	**50%**		
Lifetime Maximum	**Unlimited**		
Elimination Period	**90 Days**		
Home Care Level	**Professional**		

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

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Rate for Plan Chosen | Facility Monthly Benefit Amount | Your Premium

Monthly Rates

Insurance Age	Plan 1 Base Plan	Plan 2 Base Plan With Total Home Care Option	Plan 3 Base Plan With Simple Inflation Option	Plan 4 Base Plan With Total Home Care Simple Inflation Option
60	25.90	43.90	41.60	66.90
61	28.30	48.00	45.10	72.50
62	31.10	52.40	48.90	78.50
63	33.90	57.00	52.70	84.60
64	36.80	61.80	56.70	90.70
65	41.90	69.30	63.80	100.80
66	46.40	75.80	69.90	109.70
67	51.50	82.80	76.50	118.30
68	56.80	90.50	83.20	128.00
69	62.60	98.50	90.50	137.50
70	69.20	107.70	98.80	148.70
71	76.70	117.90	108.50	162.20
72	84.70	128.80	119.00	175.40
73	93.30	140.60	129.30	189.90
74	102.70	153.30	141.20	204.90
75	123.40	182.50	167.30	241.20
76	135.60	198.70	181.30	259.60
77	148.80	216.30	197.60	280.60
78	162.70	235.00	213.10	301.30
79	177.80	254.90	231.00	324.40
80	194.60	276.80	249.10	347.70
81	213.60	301.30	271.50	375.80
82	236.10	330.60	295.60	407.00
83	259.50	361.60	322.30	441.80
84	284.40	394.10	347.90	475.30