



**RATE SHEET**  
*The University Of Hartford*

<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>90 Days</b>		
Home Care Level	<b>Professional</b>		
Non Forfeiture	<b>Shortened Benefit Period</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>Plan 1</b>	<b>Plan 2</b>	
<b>Insurance</b>		<b>Base Plan With</b>	
<b>Age</b>	<b>Base Plan</b>	<b>Compound Inflation</b>	<b>Option</b>
18-30	8.50		28.30
31	8.50		28.40
32	8.50		28.70
33	8.80		29.90
34	9.20		31.00
35	9.30		31.70
36	9.70		32.50
37	10.10		33.30
38	10.70		34.50
39	11.00		35.20
40	11.10		35.50
41	12.10		37.60
42	12.30		38.00
43	12.50		39.10
44	13.50		40.30
45	13.90		41.40
46	14.30		42.40
47	15.00		43.30
48	15.70		43.90
49	16.00		45.00
50	17.10		46.40
51	18.10		47.80
52	19.00		49.30
53	19.60		49.70
54	20.30		51.40
55	22.00		53.30
56	22.90		55.00
57	24.30		57.70
58	26.00		59.50
59	27.30		61.70



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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 Non Forfeiture	<b>\$1,000</b> <b>\$1,000</b> <b>3 Years</b> <b>100%</b> <b>\$36,000</b> <b>90 Days</b> <b>Professional</b> <b>Shortened Benefit Period</b>	<u>Options</u> Inflation Protection	<b>Compound Uncapped</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	29.20	64.50
61	31.40	68.70
62	34.20	72.80
63	36.90	77.00
64	40.30	82.30
65	45.20	90.60
66	49.50	97.40
67	54.40	104.90
68	60.00	113.00
69	66.40	122.80
70	73.00	131.30
71	80.30	142.40
72	88.80	154.80
73	97.40	165.50
74	107.20	178.90
75	127.60	209.20
76	139.70	226.30
77	151.70	241.20
78	165.80	259.90
79	181.80	279.60
80	199.00	301.70



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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 Non Forfeiture	<b>\$1,000</b> <b>\$1,000</b> <b>6 Years</b> <b>100%</b> <b>\$72,000</b> <b>90 Days</b> <b>Professional</b> <b>Shortened Benefit Period</b>	<u>Options</u> Inflation Protection	<b>Compound Uncapped</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
18-30	11.50	37.80
31	11.70	38.80
32	11.80	39.40
33	12.00	40.40
34	12.50	41.50
35	13.10	43.20
36	13.20	43.90
37	13.60	44.90
38	14.30	46.00
39	14.80	47.30
40	15.20	48.60
41	15.60	49.40
42	16.50	51.00
43	17.00	52.10
44	18.10	54.20
45	19.00	55.90
46	19.60	56.50
47	20.70	58.00
48	21.60	59.20
49	21.80	60.30
50	22.70	61.30
51	24.20	63.80
52	25.40	65.70
53	26.30	66.60
54	27.80	68.90
55	29.30	70.70
56	30.60	73.10
57	32.60	75.90
58	34.50	79.00
59	36.90	82.10



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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 Non Forfeiture	<b>\$1,000</b> <b>\$1,000</b> <b>6 Years</b> <b>100%</b> <b>\$72,000</b> <b>90 Days</b> <b>Professional</b> <b>Shortened Benefit Period</b>	<u>Options</u> Inflation Protection	<b>Compound Uncapped</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	38.90	85.30
61	42.00	90.30
62	45.30	95.90
63	49.70	102.10
64	53.70	108.60
65	59.60	119.00
66	65.30	127.10
67	72.10	138.10
68	79.40	148.70
69	87.70	160.40
70	96.10	171.50
71	105.70	185.80
72	116.40	201.20
73	127.50	215.20
74	140.00	232.50
75	166.40	271.00
76	182.30	293.10
77	197.80	312.20
78	216.10	336.50
79	236.50	361.50
80	258.90	390.00



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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 Non Forfeiture	<b>\$1,000</b> <b>\$1,000</b> <b>Unlimited</b> <b>100%</b> <b>Unlimited</b> <b>90 Days</b> <b>Professional</b> <b>Shortened Benefit Period</b>	<u>Options</u> Inflation Protection	<b>Compound Uncapped</b>
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**Monthly Rates**

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	16.50	52.30
31	16.50	53.30
32	16.70	54.70
33	16.80	55.20
34	17.10	56.50
35	17.70	58.20
36	18.60	59.80
37	18.90	61.30
38	19.80	62.90
39	20.40	64.30
40	21.10	65.90
41	22.10	68.00
42	22.70	69.10
43	23.80	71.20
44	24.80	73.40
45	26.10	75.10
46	26.90	76.90
47	28.10	78.30
48	29.50	80.40
49	30.40	81.70
50	31.80	83.80
51	32.90	85.80
52	35.10	88.50
53	36.10	89.70
54	37.80	92.20
55	39.40	94.00
56	41.60	97.10
57	44.40	101.30
58	46.70	104.40
59	49.40	108.90



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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>90 Days</b>		
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**Monthly Rates**

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	52.30	112.20
61	56.60	119.20
62	60.50	125.70
63	65.50	133.20
64	70.10	139.80
65	78.30	153.70
66	85.60	165.10
67	94.40	178.40
68	103.80	191.30
69	114.00	206.60
70	125.60	222.10
71	137.50	239.20
72	151.00	258.00
73	164.20	275.30
74	180.40	297.30
75	214.00	346.10
76	234.40	374.80
77	253.80	398.40
78	276.80	428.40
79	302.50	459.50
80	330.40	495.30