RATE SHEET

University Of New Mexico Div of HR

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

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	4.90	7.40	6.50	10.20
31	4.90	7.40	6.50	10.30
32	4.90	7.60	6.60	10.60
33	5.00	7.70	6.70	10.70
34	5.00	7.80	7.80	11.80
35	5.30	8.10	8.10	12.10
36	5.30	8.20	8.30	12.40
37	5.40	8.40	8.40	12.80
38	5.80	8.90	9.30	13.90
39	6.40	9.50	9.90	14.70
40	6.70	10.00	10.20	15.10
41	6.80	10.20	10.50	15.70
42	7.20	10.80	11.00	16.40
43	7.30	11.00	11.50	17.00
44	7.60	11.50	12.00	17.70
45	8.10	12.00	12.50	18.40
46	8.20	12.40	13.10	19.50
47	8.70	13.00	13.70	20.40
48	9.20	14.10	14.70	22.00
49	9.70	14.80	15.50	23.30
50	10.20	15.60	16.40	24.50
51	10.80	16.60	17.10	25.70
52	11.30	17.60	18.10	27.30
53	11.90	18.50	18.80	28.60
54	12.70	19.70	20.00	30.50
55	13.50	20.70	21.40	31.90
56	14.20	22.00	22.60	33.80
57	15.40	23.80	24.10	36.20
58	16.50	25.40	25.80	38.40
59	17.80	27.30	27.90	41.20

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Home Monthly Benefit	**$500**	Inflation Protection	**Simple Capped**
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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	19.10	29.10	29.50	43.50
61	20.90	31.50	32.40	47.10
62	23.00	34.30	35.10	50.70
63	24.90	36.90	37.90	54.30
64	27.40	40.20	41.40	58.80
65	31.40	45.20	47.30	65.70
66	34.50	48.60	51.30	70.40
67	38.40	53.40	56.50	76.70
68	42.30	57.90	61.40	82.10
69	46.60	63.10	67.70	89.20
70	52.10	69.20	74.10	96.30
71	57.30	75.20	80.70	103.90
72	63.50	82.20	88.90	113.00
73	69.60	89.30	96.20	121.10
74	77.20	97.80	105.70	131.60
75	92.10	115.30	124.70	153.80
76	101.30	125.70	136.40	166.60
77	110.20	135.40	146.00	177.00
78	120.70	147.10	159.10	191.20
79	132.40	159.90	171.50	204.70
80	145.60	174.10	187.20	221.50
81	159.30	188.60	203.20	238.10
82	176.20	207.10	221.10	257.70
83	195.10	228.20	243.10	281.90
84	212.70	247.20	261.00	301.00

RATE SHEET

University Of New Mexico Div of HR

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

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	6.10	9.80	8.90	14.00
31	6.60	10.30	9.40	14.60
32	6.70	10.50	9.80	15.10
33	7.00	10.70	10.50	15.80
34	7.10	10.90	10.60	16.00
35	7.30	11.30	10.90	16.70
36	7.60	11.60	11.40	17.20
37	7.70	11.80	11.60	17.50
38	8.00	12.30	11.90	18.30
39	8.30	12.70	12.80	19.40
40	8.50	13.10	13.20	20.00
41	8.80	13.50	13.60	20.70
42	9.30	14.30	14.30	21.80
43	9.90	15.10	15.10	23.00
44	10.40	15.90	15.80	24.00
45	11.00	16.50	17.10	25.40
46	11.40	17.40	17.60	26.60
47	11.80	18.20	18.70	28.30
48	12.30	19.00	19.30	29.40
49	12.60	19.80	20.10	31.10
50	13.30	21.00	21.10	32.70
51	14.30	22.50	22.70	34.90
52	15.10	23.80	23.90	37.00
53	15.90	25.20	25.30	39.20
54	16.80	26.70	26.70	41.40
55	17.70	28.20	27.70	42.80
56	19.00	30.30	29.50	45.70
57	20.40	32.50	31.50	49.00
58	21.70	34.80	34.00	52.40
59	23.40	37.30	36.30	55.80

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Facility Monthly Benefit	**$1,000**	Home Care Level	**Total**
Home Monthly Benefit	**$500**	Inflation Protection	**Simple Capped**
Facility Benefit Duration	**6 Years**		
Home Benefit	**50%**		
Lifetime Maximum	**$72,000**		
Elimination Period	**90 Days**		
Home Care Level	**Professional**		
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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	24.90	39.80	38.70	59.50
61	27.60	43.70	42.30	64.70
62	29.80	47.10	45.30	69.10
63	32.60	50.90	49.10	74.20
64	35.70	55.40	53.60	80.50
65	40.70	62.40	60.80	90.00
66	44.40	67.20	65.70	96.10
67	49.50	73.60	72.80	105.00
68	54.60	80.20	79.50	113.10
69	60.20	87.20	87.00	122.40
70	66.60	95.40	95.00	132.40
71	73.30	103.80	103.40	143.00
72	81.40	113.70	113.80	155.60
73	88.90	123.30	122.80	166.50
74	98.50	135.00	134.90	181.10
75	117.10	159.70	158.00	211.10
76	128.70	173.80	172.50	228.30
77	140.00	187.50	185.00	243.40
78	153.60	204.10	201.60	263.10
79	168.20	221.90	217.40	282.30
80	184.40	241.30	236.70	304.90
81	201.00	261.00	256.00	327.50
82	222.30	286.90	278.70	355.00
83	245.50	315.50	305.20	387.10
84	267.40	342.30	327.50	414.30

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University Of New Mexico Div of HR

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

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	8.90	14.20	12.50	19.90
31	8.90	14.40	12.80	20.60
32	9.20	14.80	13.30	21.20
33	9.30	15.00	13.40	21.50
34	9.40	15.10	13.60	21.90
35	9.60	15.70	14.40	23.10
36	9.90	16.00	14.80	23.70
37	10.30	16.60	15.40	24.60
38	10.70	17.30	16.30	25.90
39	11.20	17.90	17.00	26.90
40	11.70	18.60	17.70	28.00
41	12.30	19.50	18.80	29.80
42	12.50	19.90	19.40	30.60
43	13.20	20.90	20.60	32.30
44	13.70	21.80	21.30	33.50
45	14.20	22.70	22.30	35.10
46	14.90	23.90	23.20	36.80
47	15.70	25.30	24.70	39.20
48	16.40	26.50	26.00	41.30
49	17.10	28.00	27.10	43.60
50	18.20	29.90	28.60	46.10
51	19.00	31.60	30.00	48.90
52	19.80	33.30	31.50	51.50
53	21.00	35.30	32.90	54.20
54	22.10	37.40	35.10	57.60
55	23.30	39.50	36.50	59.90
56	24.90	42.50	38.70	63.90
57	26.50	45.30	41.30	68.20
58	28.40	48.70	44.10	72.60
59	30.10	51.80	46.50	77.20

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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	32.50	55.80	50.10	82.70
61	35.40	60.60	54.20	89.40
62	38.30	65.50	58.20	95.80
63	41.70	71.30	62.80	103.30
64	45.30	77.20	67.90	111.40
65	51.50	86.60	76.90	124.40
66	56.50	93.70	83.20	133.20
67	62.60	102.50	91.60	145.20
68	68.90	111.60	99.80	156.20
69	76.40	122.00	109.80	169.60
70	83.90	132.70	119.40	182.80
71	92.50	144.30	129.90	197.40
72	102.20	157.60	142.50	214.00
73	111.40	170.40	153.20	228.10
74	122.80	185.90	167.70	247.30
75	146.30	219.50	196.70	288.20
76	160.60	238.60	214.50	311.20
77	174.40	256.90	229.80	331.30
78	191.00	279.50	249.70	357.70
79	208.60	303.00	269.20	383.60
80	228.50	329.10	292.40	413.10
81	248.30	354.70	315.50	442.10
82	274.00	388.80	342.90	478.20
83	301.50	425.40	374.40	519.40
84	326.90	459.00	399.80	553.10