



RATE SHEET - A
EMORY UNIVERSITY

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	3 Years		
Home Benefit	75%		
Lifetime Maximum	\$36,000		
Elimination Period	60 Days		
Home Care Level	Professional		

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	3.40	10.10
31	3.40	10.20
32	3.40	10.50
33	3.50	10.70
34	3.50	10.90
35	3.70	11.50
36	3.80	11.70
37	3.90	11.90
38	4.10	12.30
39	4.30	12.80
40	4.40	13.00
41	4.60	13.40
42	4.80	13.80
43	5.10	14.30
44	5.30	14.80
45	5.60	15.40
46	5.80	15.60
47	6.10	16.00
48	6.40	16.40
49	6.60	17.00
50	6.90	17.30
51	7.50	18.10
52	7.80	18.60
53	8.30	19.20
54	8.60	19.70
55	9.20	20.50
56	9.60	21.20
57	10.40	22.20
58	11.00	23.20
59	11.80	24.20



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

Monthly Rates

	Plan 1	Plan 2
Insurance		Base Plan With
Age	Base Plan	Compound Inflation
		Option
60	12.70	25.40
61	13.70	27.00
62	15.10	29.10
63	16.30	30.90
64	17.90	33.30
65	20.20	36.70
66	22.30	39.60
67	24.90	43.10
68	27.30	46.40
69	30.20	50.30
70	33.50	54.00
71	37.00	59.00
72	41.10	64.20
73	45.40	69.50
74	50.10	75.20
75	60.40	88.90
76	66.20	96.40
77	72.50	103.40
78	79.40	111.80
79	87.20	120.20
80	95.60	130.00



RATE SHEET - B
EMORY UNIVERSITY

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	6 Years		
Home Benefit	75%		
Lifetime Maximum	\$72,000		
Elimination Period	60 Days		
Home Care Level	Professional		

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

	Plan 1	Plan 2
Insurance		Base Plan With
Age	Base Plan	Compound Inflation
		Option
18-30	4.30	13.40
31	4.40	13.70
32	4.60	14.10
33	4.70	14.50
34	4.80	14.80
35	5.00	15.20
36	5.10	15.50
37	5.40	16.00
38	5.50	16.70
39	5.70	17.00
40	6.00	17.50
41	6.20	17.90
42	6.60	18.70
43	6.80	19.10
44	7.10	19.70
45	7.60	20.30
46	8.00	21.10
47	8.20	21.50
48	8.60	22.00
49	9.00	22.70
50	9.30	23.10
51	9.80	23.90
52	10.30	24.70
53	11.00	25.50
54	11.50	26.10
55	12.20	27.10
56	12.90	28.10
57	13.80	29.30
58	14.70	30.60
59	15.60	32.00



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	6 Years		
Home Benefit	75%		
Lifetime Maximum	\$72,000		
Elimination Period	60 Days		
Home Care Level	Professional		

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	16.60	33.10
61	18.20	35.60
62	19.80	38.00
63	21.50	40.30
64	23.60	43.30
65	26.40	47.70
66	29.20	51.50
67	32.40	56.00
68	35.60	60.10
69	39.40	65.00
70	43.40	69.90
71	48.20	76.40
72	53.20	82.80
73	58.60	89.30
74	64.80	96.80
75	77.80	114.00
76	85.40	123.50
77	93.50	132.80
78	102.40	143.40
79	112.10	154.00
80	122.80	166.30



RATE SHEET - C
EMORY UNIVERSITY

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	Unlimited		
Home Benefit	75%		
Lifetime Maximum	Unlimited		
Elimination Period	60 Days		
Home Care Level	Professional		

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	6.20	18.30
31	6.20	18.60
32	6.40	19.20
33	6.50	19.70
34	6.60	20.00
35	6.80	20.50
36	7.00	21.00
37	7.40	21.70
38	7.50	22.20
39	7.80	22.80
40	8.20	23.60
41	8.50	24.20
42	8.90	24.90
43	9.30	25.70
44	9.70	26.40
45	10.20	27.10
46	10.70	28.00
47	11.10	28.60
48	11.70	29.40
49	12.10	30.10
50	12.80	30.90
51	13.30	31.80
52	14.00	32.70
53	14.80	33.80
54	15.50	34.70
55	16.20	35.50
56	17.20	36.80
57	18.30	38.40
58	19.40	39.90
59	20.60	41.60



RATE SHEET - C
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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	Unlimited		
Home Benefit	75%		
Lifetime Maximum	Unlimited		
Elimination Period	60 Days		
Home Care Level	Professional		

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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	22.00	43.20
61	23.90	46.00
62	25.90	49.10
63	28.10	51.90
64	30.40	55.30
65	34.20	60.90
66	37.80	65.80
67	41.70	71.30
68	46.00	76.70
69	50.60	82.80
70	55.80	89.20
71	61.70	96.90
72	68.00	105.00
73	74.80	113.00
74	82.20	122.00
75	98.50	143.50
76	108.10	155.50
77	118.30	167.10
78	129.30	179.90
79	141.20	192.80
80	154.30	207.90