



**RATE SHEET
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	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	5.30	17.50
31	5.30	18.00
32	5.30	18.40
33	5.40	18.60
34	5.40	18.90
35	5.80	19.80
36	5.90	20.30
37	6.00	20.60
38	6.30	21.10
39	6.50	22.10
40	6.60	22.40
41	6.80	22.70
42	7.50	23.80
43	8.10	24.70
44	8.20	25.60
45	8.60	26.50
46	8.90	26.90
47	9.30	27.60
48	9.90	28.40
49	10.10	29.10
50	10.50	30.00
51	11.30	31.10
52	12.00	32.20
53	12.90	33.40
54	13.30	33.90
55	14.30	35.80
56	14.70	36.40
57	16.10	38.20
58	17.20	40.30
59	18.20	41.80



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Calculate your Premium:

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Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	19.50	43.90
61	21.20	46.90
62	23.20	50.10
63	25.10	53.30
64	27.80	57.80
65	31.30	63.50
66	34.40	68.20
67	38.20	74.20
68	42.10	80.20
69	46.90	87.20
70	51.80	93.60
71	57.20	102.20
72	63.40	111.00
73	70.10	119.90
74	77.30	130.10
75	93.10	153.70
76	102.40	166.60
77	111.90	178.70
78	122.30	192.90
79	134.70	208.00
80	147.70	224.80



**RATE SHEET
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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	\$1,000 \$750 6 Years 75% \$72,000 60 Days Professional	<u>Options</u> Inflation Protection	Compound Uncapped
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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	6.80	23.50
31	6.90	23.80
32	7.10	24.20
33	7.20	24.70
34	7.30	25.60
35	7.50	26.10
36	7.90	26.90
37	8.40	27.80
38	8.60	28.70
39	8.70	29.10
40	9.20	30.20
41	9.60	31.00
42	10.10	32.30
43	10.70	33.30
44	11.00	34.10
45	11.70	35.30
46	12.20	36.50
47	12.50	36.90
48	13.50	38.30
49	13.80	39.50
50	14.50	40.00
51	15.40	41.50
52	15.90	42.40
53	17.00	43.70
54	17.80	45.30
55	18.90	46.90
56	19.90	48.70
57	21.20	50.80
58	22.70	52.70
59	24.00	55.00



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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:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	25.70	57.20
61	28.30	61.80
62	30.50	65.80
63	33.20	69.50
64	36.30	74.90
65	40.80	82.40
66	45.00	88.80
67	49.90	96.60
68	55.10	104.00
69	61.10	112.90
70	67.00	120.90
71	74.30	131.80
72	82.20	143.10
73	90.50	154.40
74	100.10	167.50
75	120.10	196.70
76	131.80	213.70
77	144.30	229.70
78	158.00	247.50
79	173.30	266.60
80	189.60	287.30



**RATE SHEET
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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	\$1,000 \$750 Unlimited 75% Unlimited 60 Days Professional	<u>Options</u> Inflation Protection	Compound Uncapped
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Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	9.60	31.40
31	9.60	32.30
32	9.80	33.40
33	10.00	34.20
34	10.20	34.60
35	10.40	35.20
36	10.60	36.10
37	11.40	37.50
38	11.90	38.50
39	12.10	39.50
40	12.60	40.90
41	13.10	41.90
42	13.70	43.00
43	14.30	44.40
44	15.10	45.50
45	15.60	46.90
46	16.60	48.40
47	17.30	49.40
48	18.10	51.10
49	18.60	52.00
50	19.70	53.40
51	20.50	54.70
52	21.90	56.80
53	22.90	58.50
54	24.00	59.90
55	24.90	61.30
56	26.50	63.50
57	28.10	66.40
58	30.20	69.00
59	31.90	72.10



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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	\$1,000 \$750 Unlimited 75% Unlimited 60 Days Professional	<u>Options</u> Inflation Protection	Compound Uncapped
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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

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	34.00	74.80
61	36.70	79.50
62	39.90	84.80
63	43.30	89.60
64	47.10	95.70
65	52.80	105.40
66	58.50	114.00
67	64.50	123.30
68	71.10	132.70
69	78.20	143.20
70	86.10	154.20
71	95.30	167.70
72	104.90	181.30
73	115.20	195.10
74	127.10	211.10
75	152.10	248.30
76	166.70	268.40
77	182.70	288.60
78	199.30	310.60
79	217.90	333.30
80	238.20	359.50