



**RATE SHEET
"REEP" FOR BENEFITS**

<u>BASE PLAN</u>		<u>OPTIONS</u>	
Nursing Facility Monthly Benefit	\$1,000	Home Care Level	FAMILY HOME CARE
Home Monthly Benefit	\$500	Inflation Protection	SIMPLE CAPPED
Nursing Facility Benefit Duration	3 YEARS		
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	90 DAYS		
Home Care Level	HOME CARE		

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

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH FAMILY HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLAT OPTION	BASE PLAN WITH FAMILY HOME CARE SIMPLE INFLAT OPTION
	BASE PLAN	OPTION	OPTION	OPTION
18-30	2.40	3.70	3.40	5.10
31	2.40	3.70	3.40	5.10
32	2.40	3.70	3.50	5.30
33	2.50	3.80	3.60	5.40
34	2.60	3.90	3.80	5.80
35	2.70	4.00	3.90	5.90
36	2.70	4.10	4.10	6.20
37	2.80	4.30	4.20	6.40
38	3.00	4.50	4.60	6.70
39	3.20	4.70	4.80	7.10
40	3.30	4.80	4.90	7.30
41	3.40	5.00	5.20	7.70
42	3.60	5.30	5.50	8.10
43	3.70	5.50	5.80	8.40
44	3.90	5.70	6.10	8.90
45	4.10	6.00	6.40	9.30
46	4.30	6.30	6.70	9.80
47	4.50	6.60	7.00	10.30
48	4.70	7.10	7.50	11.00
49	4.90	7.40	7.80	11.60
50	5.20	7.80	8.30	12.30
51	5.50	8.40	8.70	13.00
52	5.80	8.90	9.20	13.80
53	6.20	9.40	9.80	14.60
54	6.50	9.90	10.30	15.40
55	6.90	10.60	10.90	16.10
56	7.30	11.20	11.50	17.00
57	7.90	12.00	12.30	18.20
58	8.40	12.80	13.20	19.40
59	9.00	13.80	14.10	20.80

Rates shown are Monthly (12 times per year) however, your payroll deduction will vary by district.
Minimum monthly benefit amount is \$3,000.



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Monthly Rates

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	BASE PLAN	BASE PLAN WITH FAMILY HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLAT OPTION	BASE PLAN WITH FAMILY HOME CARE SIMPLE INFLAT OPTION
	BASE PLAN	OPTION	OPTION	OPTION
60	9.80	14.70	15.10	22.10
61	10.60	15.90	16.30	23.70
62	11.70	17.40	17.90	25.70
63	12.70	18.80	19.30	27.60
64	14.00	20.40	21.10	29.80
65	15.90	22.80	23.90	33.20
66	17.60	24.80	26.10	35.80
67	19.60	27.10	28.80	38.90
68	21.70	29.50	31.40	41.90
69	24.00	32.30	34.70	45.50
70	26.60	35.20	37.90	49.10
71	29.50	38.60	41.60	53.40
72	32.70	42.20	45.80	58.10
73	36.30	46.30	50.10	62.80
74	40.10	50.60	54.90	68.20
75	48.30	60.40	65.30	80.50
76	53.00	65.60	71.20	86.90
77	58.10	71.30	77.00	93.20
78	63.80	77.60	83.80	100.70
79	70.00	84.30	90.60	107.90
80	76.80	91.80	98.80	116.70
81	84.60	100.10	108.00	126.40
82	93.80	110.20	117.80	137.10
83	103.70	121.10	129.20	149.60
84	114.20	132.60	140.10	161.50

Rates shown are Monthly (12 times per year) however, your payroll deduction will vary by district.
Minimum monthly benefit amount is \$3,000.



**RATE SHEET
"REEP" FOR BENEFITS**

<u>BASE PLAN</u> Nursing Facility Monthly Benefit Home Monthly Benefit Nursing Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 6 YEARS 50% \$72,000 90 DAYS HOME CARE	<u>OPTIONS</u> Home Care Level Inflation Protection	FAMILY HOME CARE SIMPLE CAPPED
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH FAMILY HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLAT OPTION	BASE PLAN WITH FAMILY HOME CARE SIMPLE INFLAT OPTION
	BASE PLAN	OPTION	OPTION	OPTION
18-30	3.20	4.90	4.50	6.80
31	3.30	5.00	4.60	7.00
32	3.30	5.10	4.80	7.30
33	3.40	5.20	5.00	7.50
34	3.50	5.30	5.10	7.70
35	3.60	5.50	5.30	8.00
36	3.70	5.70	5.60	8.40
37	3.90	5.90	5.80	8.70
38	4.00	6.10	6.10	9.10
39	4.20	6.30	6.40	9.50
40	4.40	6.60	6.70	10.00
41	4.50	6.80	7.00	10.40
42	4.80	7.20	7.30	10.90
43	5.00	7.50	7.70	11.50
44	5.20	7.80	8.10	12.10
45	5.50	8.20	8.70	12.80
46	5.80	8.70	9.00	13.40
47	6.00	9.10	9.50	14.20
48	6.40	9.70	10.00	15.00
49	6.60	10.10	10.40	15.80
50	6.90	10.70	11.00	16.60
51	7.30	11.30	11.50	17.60
52	7.70	12.10	12.20	18.60
53	8.20	12.80	13.00	19.90
54	8.60	13.60	13.60	20.90
55	9.20	14.50	14.40	21.90
56	9.80	15.40	15.20	23.30
57	10.40	16.50	16.20	24.90
58	11.20	17.60	17.30	26.50
59	11.90	18.90	18.50	28.20

Rates shown are Monthly (12 times per year) however, your payroll deduction will vary by district.
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<u>BASE PLAN</u> Nursing Facility Monthly Benefit Home Monthly Benefit Nursing Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 6 YEARS 50% \$72,000 90 DAYS HOME CARE	<u>OPTIONS</u> Home Care Level Inflation Protection	FAMILY HOME CARE SIMPLE CAPPED
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Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH FAMILY HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLAT OPTION	BASE PLAN WITH FAMILY HOME CARE SIMPLE INFLAT OPTION
	BASE PLAN	OPTION	OPTION	OPTION
60	12.80	20.10	19.70	30.00
61	14.00	21.90	21.40	32.50
62	15.30	23.90	23.30	35.10
63	16.70	25.90	25.20	37.80
64	18.30	28.20	27.50	41.00
65	20.70	31.40	30.90	45.40
66	22.90	34.40	33.80	49.10
67	25.40	37.50	37.30	53.60
68	28.00	40.90	40.70	57.70
69	31.00	44.60	44.60	62.60
70	34.20	48.80	48.70	67.60
71	38.00	53.50	53.40	73.60
72	42.10	58.60	58.70	80.00
73	46.40	64.20	64.00	86.50
74	51.30	70.20	70.20	94.00
75	61.70	83.80	83.20	110.80
76	67.70	91.10	90.70	119.70
77	74.30	99.10	98.00	128.60
78	81.40	107.80	106.70	139.00
79	89.20	117.30	115.20	149.20
80	97.70	127.50	125.30	161.00
81	107.40	139.10	136.60	174.30
82	118.80	153.00	148.90	189.30
83	131.00	168.00	162.90	206.20
84	144.00	184.00	176.40	222.70

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<u>BASE PLAN</u>		<u>OPTIONS</u>	
Nursing Facility Monthly Benefit	\$1,000	Home Care Level	FAMILY HOME CARE
Home Monthly Benefit	\$500	Inflation Protection	SIMPLE CAPPED
Nursing Facility Benefit Duration	UNLIMITED		
Home Benefit	50%		
Lifetime Maximum	UNLIMITED		
Elimination Period	90 DAYS		
Home Care Level	HOME CARE		

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Monthly Rates

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH FAMILY HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLAT OPTION	BASE PLAN WITH FAMILY HOME CARE SIMPLE INFLAT OPTION
	BASE PLAN	OPTION	OPTION	OPTION
18-30	4.40	7.00	6.20	9.70
31	4.40	7.00	6.30	10.00
32	4.60	7.30	6.60	10.40
33	4.70	7.40	6.70	10.60
34	4.80	7.50	6.90	10.90
35	4.90	7.80	7.20	11.40
36	5.10	8.00	7.60	11.80
37	5.30	8.30	7.90	12.40
38	5.40	8.50	8.20	12.80
39	5.70	8.90	8.60	13.40
40	5.90	9.20	9.00	14.00
41	6.20	9.60	9.50	14.60
42	6.40	10.00	9.80	15.30
43	6.70	10.50	10.50	16.10
44	7.00	11.00	10.90	16.90
45	7.40	11.50	11.50	17.80
46	7.80	12.10	12.10	18.70
47	8.10	12.80	12.80	19.80
48	8.50	13.50	13.40	21.00
49	8.90	14.20	14.00	22.10
50	9.40	15.10	14.70	23.30
51	9.80	16.00	15.50	24.70
52	10.30	16.90	16.30	26.10
53	10.90	18.00	17.10	27.70
54	11.50	19.10	18.10	29.30
55	12.00	20.10	18.80	30.40
56	12.80	21.50	19.90	32.30
57	13.70	23.00	21.20	34.60
58	14.60	24.60	22.60	36.70
59	15.60	26.40	24.00	39.20

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	BASE PLAN	OPTION	OPTION	OPTION
60	16.70	28.20	25.50	41.70
61	18.10	30.70	27.60	45.10
62	19.70	33.40	29.90	48.80
63	21.50	36.30	32.30	52.60
64	23.40	39.40	34.90	56.70
65	26.40	44.00	39.30	63.00
66	29.20	48.10	43.00	68.20
67	32.30	52.40	47.30	74.30
68	35.70	57.20	51.50	79.90
69	39.40	62.40	56.50	86.60
70	43.50	68.10	61.60	93.60
71	48.20	74.60	67.50	101.80
72	53.10	81.40	73.90	110.30
73	58.50	88.80	80.30	118.80
74	64.40	96.80	87.70	128.60
75	77.30	115.20	103.80	151.20
76	84.80	125.30	113.20	163.40
77	92.90	136.20	122.30	175.50
78	101.60	147.90	132.70	189.20
79	111.10	160.50	143.20	203.00
80	121.50	174.20	155.40	218.60
81	133.20	189.40	169.10	236.00
82	147.00	207.70	117.80	137.10
83	161.70	121.10	129.20	149.60
84	177.10	132.60	140.10	161.50

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