

RATE SHEET A



LONG TERM CARE

*Rate Sheet - A
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:

$$\begin{array}{rclclcl} \text{_____} & \times & \text{_____} & \div & \$1,000 & = & \text{_____} \\ \text{Monthly Rate for plan chosen} & & \text{Facility Monthly Benefit Amount} & & & & \text{Monthly Premium} \end{array}$$

$$\begin{array}{rclclcl} \text{_____} & \times & 12 & \div & 24 & = & \text{_____} \\ \text{Monthly Premium} & & & & \text{BI-Weekly Paycycle} & & \text{Your BI-Weekly Premium} \end{array}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 |
|---------------|-----------|--|
| | Base Plan | Base Plan With Compound Inflation Option |
| 18-30 | 2.90 | 8.80 |
| 31 | 2.90 | 8.90 |
| 32 | 2.90 | 9.10 |
| 33 | 3.00 | 9.30 |
| 34 | 3.10 | 9.60 |
| 35 | 3.20 | 9.90 |
| 36 | 3.30 | 10.10 |
| 37 | 3.40 | 10.30 |
| 38 | 3.60 | 10.70 |
| 39 | 3.70 | 11.10 |
| 40 | 3.80 | 11.30 |
| 41 | 4.00 | 11.70 |
| 42 | 4.20 | 12.10 |
| 43 | 4.40 | 12.40 |
| 44 | 4.60 | 12.80 |
| 45 | 4.90 | 13.30 |
| 46 | 5.10 | 13.60 |
| 47 | 5.30 | 13.90 |
| 48 | 5.50 | 14.30 |
| 49 | 5.80 | 14.80 |
| 50 | 6.00 | 15.10 |
| 51 | 6.40 | 15.70 |
| 52 | 6.80 | 16.10 |
| 53 | 7.10 | 16.60 |
| 54 | 7.50 | 17.10 |
| 55 | 8.00 | 17.80 |
| 56 | 8.40 | 18.50 |
| 57 | 9.00 | 19.40 |
| 58 | 9.60 | 20.20 |
| 59 | 10.20 | 21.00 |

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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 | 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:

| | | | | | | |
|------------------------------|---|---------------------------------|---|--------------------|---|------------------------|
| | X | | ÷ | \$1,000 | = | |
| Monthly Rate for plan chosen | | Facility Monthly Benefit Amount | | | | Monthly Premium |
| | | | | | | |
| | X | 12 | ÷ | 24 | = | |
| Monthly Premium | | | | BI-Weekly Paycycle | | Your BI-Weekly Premium |

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 |
|------------------|-----------|--|
| | Base Plan | Base Plan With Compound Inflation Option |
| | 60 | 11.00 |
| 61 | 11.90 | 23.50 |
| 62 | 13.10 | 25.30 |
| 63 | 14.20 | 26.80 |
| 64 | 15.50 | 28.90 |
| 65 | 17.60 | 31.90 |
| 66 | 19.40 | 34.40 |
| 67 | 21.60 | 37.50 |
| 68 | 23.80 | 40.30 |
| 69 | 26.30 | 43.80 |
| 70 | 29.10 | 47.00 |
| 71 | 32.20 | 51.40 |
| 72 | 35.70 | 55.80 |
| 73 | 39.50 | 60.50 |
| 74 | 43.60 | 65.40 |
| 75 | 52.50 | 77.30 |
| 76 | 57.60 | 83.70 |
| 77 | 63.10 | 90.00 |
| 78 | 69.10 | 97.30 |
| 79 | 75.80 | 104.50 |
| 80 | 83.10 | 113.00 |

RATE SHEET B



LONG TERM CARE

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:

| | | | | | | |
|------------------------------|---|---------------------------------|---|--------------------|---|------------------------|
| | X | | ÷ | \$1,000 | = | |
| Monthly Rate for plan chosen | | Facility Monthly Benefit Amount | | | | Monthly Premium |
| | X | 12 | ÷ | 24 | = | |
| Monthly Premium | | | | BI-Weekly Paycycle | | Your BI-Weekly Premium |

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 |
|---------------|-----------|--|
| | Base Plan | Base Plan With Compound Inflation Option |
| 18-30 | 3.80 | 11.60 |
| 31 | 3.90 | 12.00 |
| 32 | 4.00 | 12.20 |
| 33 | 4.10 | 12.60 |
| 34 | 4.20 | 12.90 |
| 35 | 4.30 | 13.30 |
| 36 | 4.40 | 13.60 |
| 37 | 4.60 | 13.90 |
| 38 | 4.80 | 14.40 |
| 39 | 5.00 | 14.80 |
| 40 | 5.20 | 15.20 |
| 41 | 5.40 | 15.50 |
| 42 | 5.70 | 16.10 |
| 43 | 5.90 | 16.60 |
| 44 | 6.20 | 17.20 |
| 45 | 6.60 | 17.70 |
| 46 | 6.90 | 18.20 |
| 47 | 7.10 | 18.60 |
| 48 | 7.50 | 19.20 |
| 49 | 7.70 | 19.70 |
| 50 | 8.10 | 20.10 |
| 51 | 8.50 | 20.70 |
| 52 | 9.00 | 21.40 |
| 53 | 9.50 | 22.10 |
| 54 | 10.00 | 22.80 |
| 55 | 10.60 | 23.60 |
| 56 | 11.20 | 24.40 |
| 57 | 12.00 | 25.50 |
| 58 | 12.70 | 26.60 |
| 59 | 13.60 | 27.70 |

RATE SHEET B



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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:

$$\begin{array}{rclclcl} \text{_____} & \times & \text{_____} & \div & \$1,000 & = & \text{_____} \\ \text{Monthly Rate for plan chosen} & & \text{Facility Monthly Benefit Amount} & & & & \text{Monthly Premium} \end{array}$$

$$\begin{array}{rclclcl} \text{_____} & \times & 12 & \div & 24 & = & \text{_____} \\ \text{Monthly Premium} & & & & \text{BI-Weekly Paycycle} & & \text{Your BI-Weekly Premium} \end{array}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 |
|---------------|-----------|--|
| | Base Plan | Base Plan With Compound Inflation Option |
| 60 | 14.50 | 28.90 |
| 61 | 15.80 | 30.90 |
| 62 | 17.20 | 33.10 |
| 63 | 18.70 | 35.10 |
| 64 | 20.40 | 37.60 |
| 65 | 23.00 | 41.50 |
| 66 | 25.40 | 44.80 |
| 67 | 28.10 | 48.70 |
| 68 | 31.00 | 52.40 |
| 69 | 34.20 | 56.50 |
| 70 | 37.80 | 60.80 |
| 71 | 41.90 | 66.30 |
| 72 | 46.30 | 72.00 |
| 73 | 51.10 | 77.70 |
| 74 | 56.40 | 84.20 |
| 75 | 67.70 | 99.20 |
| 76 | 74.20 | 107.40 |
| 77 | 81.30 | 115.40 |
| 78 | 89.00 | 124.50 |
| 79 | 97.50 | 133.80 |
| 80 | 106.70 | 144.60 |

RATE SHEET C



LONG TERM CARE

*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:

$$\begin{array}{rclclcl}
 \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & \div & \$1,000 & = & \underline{\hspace{2cm}} \\
 \text{Monthly Rate for plan chosen} & & \text{Facility Monthly Benefit Amount} & & & & \text{Monthly Premium} \\
 \\
 \underline{\hspace{2cm}} & \times & 12 & \div & 24 & = & \underline{\hspace{2cm}} \\
 \text{Monthly Premium} & & & & \text{BI-Weekly Paycycle} & & \text{Your BI-Weekly Premium}
 \end{array}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 |
|---------------|-----------|--|
| | Base Plan | Base Plan With Compound Inflation Option |
| 18-30 | 5.40 | 15.90 |
| 31 | 5.40 | 16.20 |
| 32 | 5.50 | 16.70 |
| 33 | 5.60 | 17.10 |
| 34 | 5.70 | 17.40 |
| 35 | 5.90 | 17.80 |
| 36 | 6.10 | 18.30 |
| 37 | 6.40 | 18.80 |
| 38 | 6.50 | 19.30 |
| 39 | 6.80 | 19.90 |
| 40 | 7.10 | 20.40 |
| 41 | 7.50 | 21.10 |
| 42 | 7.70 | 21.60 |
| 43 | 8.10 | 22.30 |
| 44 | 8.50 | 23.00 |
| 45 | 8.90 | 23.70 |
| 46 | 9.30 | 24.30 |
| 47 | 9.70 | 24.80 |
| 48 | 10.20 | 25.60 |
| 49 | 10.50 | 26.10 |
| 50 | 11.10 | 26.90 |
| 51 | 11.60 | 27.70 |
| 52 | 12.20 | 28.40 |
| 53 | 12.90 | 29.40 |
| 54 | 13.50 | 30.20 |
| 55 | 14.10 | 30.90 |
| 56 | 15.00 | 32.00 |
| 57 | 15.90 | 33.40 |
| 58 | 16.90 | 34.70 |
| 59 | 18.00 | 36.20 |

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 | | |

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

Calculate your Premium:

$$\begin{array}{rclclcl}
 \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & \div & \$1,000 & = & \underline{\hspace{2cm}} \\
 \text{Monthly Rate for plan chosen} & & \text{Facility Monthly Benefit Amount} & & & & \text{Monthly Premium} \\
 \\
 \underline{\hspace{2cm}} & \times & 12 & \div & 24 & = & \underline{\hspace{2cm}} \\
 \text{Monthly Premium} & & & & \text{BI-Weekly Paycycle} & & \text{Your BI-Weekly Premium}
 \end{array}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 |
|------------------|-----------|--|
| | Base Plan | Base Plan With Compound Inflation Option |
| | 60 | 19.20 |
| 61 | 20.80 | 40.00 |
| 62 | 22.50 | 42.70 |
| 63 | 24.50 | 45.20 |
| 64 | 26.50 | 48.10 |
| 65 | 29.70 | 52.90 |
| 66 | 32.90 | 57.30 |
| 67 | 36.20 | 62.00 |
| 68 | 40.00 | 66.70 |
| 69 | 44.00 | 72.00 |
| 70 | 48.50 | 77.50 |
| 71 | 53.70 | 84.30 |
| 72 | 59.10 | 91.30 |
| 73 | 65.00 | 98.30 |
| 74 | 71.50 | 106.20 |
| 75 | 85.70 | 124.80 |
| 76 | 94.00 | 135.20 |
| 77 | 102.90 | 145.20 |
| 78 | 112.30 | 156.40 |
| 79 | 122.80 | 167.70 |
| 80 | 134.20 | 180.90 |