



**RATE SHEET
MISSOULA COUNTY**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{3 \text{ (Based on Funded Amount)}} \times 3 = \text{Employer Paid Amount (B)}$$

A MINUS B =

EMPLOYEE'S COST

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	3.10	4.80	15.00	21.00
31	3.10	4.80	15.30	21.40
32	3.10	4.90	15.50	21.80
33	3.30	5.00	15.90	22.30
34	3.40	5.20	16.50	22.90
35	3.50	5.30	16.90	23.60
36	3.50	5.40	17.30	24.10
37	3.80	5.70	17.80	24.80
38	3.90	5.90	18.50	25.70
39	4.10	6.10	18.90	26.10
40	4.20	6.30	19.20	26.60
41	4.30	6.60	19.80	27.40
42	4.60	7.00	20.60	28.30
43	4.80	7.20	21.20	29.20
44	5.00	7.50	21.70	30.00
45	5.20	7.80	22.40	30.70
46	5.50	8.20	23.00	31.70
47	5.70	8.60	23.70	32.70
48	6.00	9.10	24.30	33.80
49	6.30	9.60	25.10	35.00
50	6.60	10.10	25.50	35.80
51	7.10	10.80	26.70	37.60
52	7.40	11.40	27.60	38.90
53	7.80	12.00	28.20	40.10
54	8.20	12.70	29.20	41.50
55	8.70	13.50	30.40	42.90
56	9.30	14.40	31.70	44.70
57	10.00	15.50	33.40	47.10
58	10.70	16.50	35.00	49.30
59	11.50	17.70	36.40	51.40



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Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{\text{(Based on Funded Amount)}} \times 3 = \text{Employer Paid Amount} \quad \text{(B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Option	Option	Option	Option
60	12.50	19.10	38.80	54.40
61	13.60	20.50	41.30	57.60
62	14.80	22.20	44.20	61.40
63	16.20	24.10	47.00	65.00
64	17.90	26.20	50.80	69.60
65	20.40	29.40	56.60	76.50
66	22.40	31.60	60.70	81.00
67	24.90	34.50	66.10	87.30
68	27.60	37.80	71.40	93.30
69	30.60	41.20	77.60	100.10
70	33.80	44.90	83.30	106.70
71	37.30	48.90	90.60	114.60
72	41.30	53.50	98.40	123.20
73	45.50	58.20	105.70	131.50
74	50.20	63.60	114.60	141.30
75	60.00	75.20	134.10	163.90
76	66.00	81.80	145.90	176.80
77	71.70	88.10	155.40	186.90
78	78.70	95.90	168.20	200.60
79	86.30	104.20	180.80	214.30
80	94.90	113.40	195.80	230.40



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{3 \text{ (Based on Funded Amount)}} \times 3 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	4.20	6.50	19.90	28.20
31	4.30	6.60	20.50	29.10
32	4.30	6.70	20.90	29.70
33	4.40	6.80	21.50	30.30
34	4.50	7.00	21.90	31.00
35	4.70	7.20	22.60	32.00
36	4.90	7.50	23.20	32.70
37	5.00	7.70	23.80	33.50
38	5.30	8.10	24.80	34.70
39	5.40	8.30	25.20	35.30
40	5.60	8.60	25.80	36.00
41	5.80	9.00	26.50	37.20
42	6.10	9.30	27.30	38.20
43	6.30	9.70	28.00	39.10
44	6.70	10.30	29.20	40.70
45	7.00	10.60	29.70	41.50
46	7.30	11.20	30.70	43.00
47	7.70	11.90	31.50	44.30
48	8.00	12.40	32.10	45.50
49	8.40	13.00	33.20	47.10
50	8.70	13.70	33.80	48.40
51	9.20	14.50	35.10	50.50
52	9.90	15.60	36.50	52.70
53	10.40	16.50	37.30	54.20
54	10.90	17.30	38.60	56.10
55	11.60	18.40	40.10	58.00
56	12.30	19.70	41.60	60.40
57	13.30	21.20	43.70	63.60
58	14.20	22.60	45.80	66.60
59	15.20	24.20	47.80	69.70



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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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{3 \text{ (Based on Funded Amount)}} \times 3 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	16.30	26.00	50.10	73.20
61	17.80	28.20	53.80	78.40
62	19.40	30.50	57.40	83.40
63	21.20	33.20	61.00	88.50
64	23.20	36.10	65.60	94.60
65	26.40	40.40	73.00	104.20
66	29.00	43.80	78.10	110.50
67	32.20	47.80	85.10	119.10
68	35.50	52.10	91.50	126.90
69	39.20	56.90	98.80	136.20
70	43.40	62.20	106.50	145.70
71	47.80	67.60	115.20	156.40
72	52.90	74.00	125.40	168.60
73	58.00	80.40	134.30	179.70
74	64.00	87.90	145.70	193.40
75	76.40	104.10	170.50	225.00
76	83.90	113.20	184.60	241.90
77	91.20	122.10	196.80	256.20
78	99.90	132.80	212.60	274.80
79	109.60	144.60	228.60	294.30
80	120.20	157.20	247.30	316.30



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Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{\text{(Based on Funded Amount)}} \times 3 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	5.70	9.20	26.80	39.40
31	5.70	9.30	27.20	40.20
32	5.90	9.50	28.20	41.30
33	5.90	9.60	28.70	42.10
34	6.10	9.80	29.00	42.60
35	6.40	10.30	30.20	44.30
36	6.60	10.50	30.90	45.20
37	6.80	10.90	31.90	46.40
38	7.00	11.20	32.50	47.50
39	7.30	11.70	33.40	48.50
40	7.60	12.10	34.40	50.00
41	7.90	12.60	35.30	51.20
42	8.10	13.00	36.00	52.30
43	8.50	13.60	37.10	53.80
44	8.90	14.20	38.10	55.50
45	9.40	14.90	39.20	56.90
46	9.70	15.60	40.10	58.60
47	10.30	16.50	41.30	60.70
48	10.60	17.20	42.20	62.50
49	11.10	18.20	43.30	64.50
50	11.80	19.40	44.50	66.80
51	12.40	20.60	46.10	69.60
52	13.00	21.70	47.20	72.00
53	13.70	23.00	48.70	74.60
54	14.40	24.30	50.20	77.30
55	15.10	25.60	51.70	79.10
56	16.20	27.50	53.90	82.80
57	17.20	29.50	56.30	87.20
58	18.40	31.60	58.80	91.40
59	19.70	33.80	61.40	95.60



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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	21.10	36.30	64.10	100.30
61	23.00	39.50	68.60	107.50
62	24.80	42.60	72.80	114.10
63	27.20	46.40	77.30	121.30
64	29.60	50.40	82.80	129.70
65	33.40	56.30	91.40	142.40
66	36.80	61.10	98.40	151.70
67	40.70	66.70	106.80	163.50
68	44.90	72.80	114.80	174.10
69	49.60	79.30	124.20	187.00
70	54.80	86.50	133.70	200.10
71	60.30	94.10	144.40	214.40
72	66.50	102.60	156.70	230.60
73	72.60	111.00	167.50	245.40
74	80.00	121.00	181.00	263.10
75	95.20	142.80	211.30	305.00
76	104.40	155.30	228.90	328.20
77	113.60	167.40	244.10	347.50
78	124.10	181.70	263.30	372.20
79	135.90	197.30	282.30	397.80
80	148.60	214.10	304.80	426.70