



RATE SHEET
BROWARD COMMUNITY COLLEGE

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	2 Years	Home Benefit	50%
Lifetime Maximum	\$24,000	Inflation Protection	Simple Capped
Elimination Period	90 Days	Home Care Level	Total

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	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
18-30	1.30	2.50	4.30	7.50
31	1.30	2.50	4.30	7.60
32	1.60	2.90	4.60	8.20
33	1.60	2.90	4.70	8.40
34	1.80	3.40	5.20	9.30
35	1.80	3.40	5.40	9.50
36	1.90	3.50	5.50	9.70
37	2.20	4.00	6.00	10.50
38	2.20	4.00	6.30	11.10
39	2.30	4.30	6.50	11.60
40	2.60	4.80	7.00	12.40
41	2.80	5.10	7.40	13.00
42	3.00	5.70	8.00	14.30
43	3.10	5.90	8.40	14.90
44	3.40	6.20	9.00	15.60
45	3.60	6.70	9.50	16.50
46	3.80	6.90	9.70	16.90
47	4.20	7.90	10.60	18.60
48	4.50	8.60	11.30	19.80
49	5.00	9.10	12.10	20.80
50	5.20	9.60	12.80	22.00
51	5.50	10.50	13.60	23.50
52	6.30	11.60	14.80	25.30
53	6.70	12.30	15.80	26.60
54	7.40	13.70	17.10	28.70
55	8.00	14.60	18.10	30.40
56	9.00	16.30	20.00	33.30
57	10.10	18.10	21.90	35.90
58	11.10	19.90	23.70	38.80
59	12.50	22.20	25.70	41.90



RATE SHEET
BROWARD COMMUNITY COLLEGE

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	2 Years	Home Benefit	50%
Lifetime Maximum	\$24,000	Inflation Protection	Simple Capped
Elimination Period	90 Days	Home Care Level	Total

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	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
60	13.90	24.50	28.00	45.10
61	16.00	27.80	30.70	49.10
62	17.70	30.60	33.20	52.80
63	19.90	34.20	36.20	57.20
64	22.60	38.30	39.30	61.70
65	26.90	45.10	44.40	69.30
66	30.00	49.20	47.70	73.80
67	33.40	54.50	51.70	79.40
68	37.60	60.20	56.20	85.10
69	41.80	66.00	60.50	90.90
70	46.60	72.50	65.70	97.60
71	52.40	80.00	71.70	105.00
72	57.90	87.40	77.50	112.30
73	62.40	93.20	81.90	117.70
74	66.30	96.90	85.60	120.80
75	69.70	101.10	88.80	124.40
76	73.40	104.30	92.00	126.90
77	77.10	107.80	95.10	129.20
78	80.60	111.30	98.10	131.90
79	84.20	115.40	101.20	135.00
80	87.00	117.50	103.10	136.00
81	95.90	127.60	112.10	146.10
82	106.00	138.80	122.20	157.00
83	117.20	152.30	133.40	170.30
84	128.50	164.60	144.70	182.40



RATE SHEET
BROWARD COMMUNITY COLLEGE

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	4 Years	Home Benefit	50%
Lifetime Maximum	\$48,000	Inflation Protection	Simple Capped
Elimination Period	90 Days	Home Care Level	Total

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	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
18-30	2.10	3.80	5.70	10.00
31	2.10	3.80	5.70	10.10
32	2.20	4.10	6.10	10.70
33	2.50	4.60	6.50	11.50
34	2.50	4.70	6.70	11.70
35	2.70	4.90	7.00	12.40
36	2.90	5.50	7.40	13.20
37	3.00	5.70	7.90	14.00
38	3.30	6.00	8.30	14.50
39	3.50	6.40	8.80	15.50
40	3.60	6.70	9.10	16.20
41	4.00	7.30	9.90	17.30
42	4.20	7.90	10.50	18.60
43	4.40	8.40	10.90	19.50
44	5.00	9.10	11.90	20.80
45	5.10	9.40	12.40	21.60
46	5.30	10.20	12.90	23.00
47	6.10	11.30	14.20	24.80
48	6.40	11.80	15.00	25.90
49	6.90	12.90	16.00	27.70
50	7.50	13.90	17.20	29.70
51	8.20	15.20	18.40	31.60
52	8.80	16.30	19.70	33.70
53	9.80	18.00	21.30	36.20
54	10.70	19.60	22.90	38.70
55	11.60	21.00	24.60	41.20
56	12.90	23.20	26.90	44.60
57	14.20	25.70	29.30	48.50
58	16.10	29.00	32.20	53.20
59	18.00	31.80	35.20	57.50



RATE SHEET
BROWARD COMMUNITY COLLEGE

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	4 Years	Home Benefit	50%
Lifetime Maximum	\$48,000	Inflation Protection	Simple Capped
Elimination Period	90 Days	Home Care Level	Total

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	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
60	20.10	35.40	38.20	61.90
61	22.50	39.50	41.70	67.30
62	25.40	44.00	45.50	73.00
63	28.70	49.10	50.10	79.50
64	32.40	54.80	54.70	86.10
65	38.00	64.00	61.40	96.50
66	42.60	70.20	66.80	103.40
67	47.60	77.60	72.70	111.60
68	53.20	85.10	78.80	119.50
69	59.10	93.40	85.30	128.30
70	66.00	102.30	93.20	138.10
71	74.30	113.60	102.20	149.60
72	81.70	123.40	110.30	159.70
73	88.00	131.10	117.00	167.40
74	93.30	136.30	122.50	172.50
75	98.30	142.50	127.70	178.40
76	103.20	146.50	132.30	181.70
77	108.40	151.50	137.20	185.70
78	113.10	156.10	141.60	189.70
79	118.40	162.10	146.80	195.00
80	122.10	164.80	150.00	197.00
81	134.60	179.10	163.80	212.40
82	148.30	194.30	178.90	228.50
83	163.80	212.90	195.90	248.50
84	179.50	229.80	213.40	267.00



RATE SHEET
BROWARD COMMUNITY COLLEGE

<u>Base Plan</u> Facility Monthly Benefit Facility Benefit Duration Lifetime Maximum Elimination Period	\$1,000 Unlimited Unlimited 90 Days	<u>Options</u> Home Monthly Benefit Home Benefit Inflation Protection Home Care Level	\$500 50% Simple Capped Total
---	--	---	--

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	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
18-30	2.80	5.30	7.90	14.20
31	2.90	5.50	8.30	14.80
32	3.10	5.70	8.60	15.40
33	3.40	6.20	9.20	16.40
34	3.50	6.50	9.60	17.00
35	3.80	7.00	10.20	18.10
36	4.00	7.40	10.60	19.10
37	4.10	7.70	11.20	19.90
38	4.20	8.10	11.70	21.20
39	4.80	8.90	12.70	22.40
40	4.90	9.10	13.20	23.50
41	5.20	10.00	13.90	25.00
42	5.80	10.80	15.00	26.70
43	6.20	11.30	15.80	27.90
44	6.60	12.40	16.90	30.00
45	7.00	13.00	17.80	31.50
46	7.50	13.90	18.80	33.30
47	8.00	14.90	20.10	35.40
48	8.80	16.40	21.70	38.10
49	9.50	17.50	23.10	40.40
50	10.20	18.80	24.80	43.10
51	10.90	20.40	26.40	46.20
52	11.90	21.80	28.50	49.10
53	13.10	23.90	30.80	52.70
54	14.30	26.00	33.20	56.60
55	15.40	27.90	35.40	60.10
56	17.20	31.10	39.00	65.80
57	18.90	34.00	42.40	71.10
58	21.20	37.90	46.60	77.90
59	23.60	41.80	51.10	84.40



RATE SHEET
BROWARD COMMUNITY COLLEGE

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	Unlimited	Home Benefit	50%
Lifetime Maximum	Unlimited	Inflation Protection	Simple Capped
Elimination Period	90 Days	Home Care Level	Total

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	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
60	26.30	46.20	55.50	91.30
61	29.40	51.40	61.00	99.70
62	33.20	57.40	66.70	108.20
63	37.10	63.60	73.50	118.00
64	41.80	70.70	80.30	127.70
65	49.00	82.40	90.60	143.60
66	54.80	90.40	98.50	154.30
67	61.20	99.90	107.80	167.00
68	68.20	109.30	117.10	179.20
69	75.90	119.80	127.10	192.10
70	84.20	130.70	138.50	206.80
71	94.50	144.50	152.00	223.80
72	103.90	156.90	164.00	239.20
73	111.40	165.90	173.50	249.60
74	118.00	172.20	181.50	257.40
75	124.10	179.80	189.10	265.70
76	130.10	184.80	196.20	271.30
77	136.20	190.80	203.10	277.80
78	142.00	195.90	209.50	282.30
79	148.30	203.20	216.60	290.10
80	152.60	206.00	220.60	291.70
81	167.60	222.90	240.00	312.80
82	184.20	241.40	261.40	336.30
83	202.60	263.40	284.80	363.80
84	220.90	282.80	308.10	388.30