



RATE SHEET
For Connecticut Residents
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:

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

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	1.70	4.10	5.40	12.00
31	1.70	4.10	5.60	12.20
32	2.00	4.80	6.00	13.30
33	2.00	4.80	6.20	13.70
34	2.30	5.50	6.70	15.00
35	2.30	5.50	6.90	15.30
36	2.60	5.70	7.30	15.70
37	2.90	6.50	7.70	17.10
38	2.90	6.50	8.10	17.70
39	3.00	6.90	8.50	18.60
40	3.30	7.80	9.00	19.90
41	3.60	8.20	9.60	20.90
42	3.90	9.10	10.40	22.80
43	4.20	9.50	11.00	23.90
44	4.30	10.00	11.50	25.00
45	4.60	10.60	12.10	26.40
46	4.90	11.20	12.70	27.40
47	5.50	12.60	13.80	29.80
48	5.90	13.80	14.70	31.60
49	6.20	14.30	15.60	33.10
50	6.80	15.50	16.70	35.30
51	7.30	17.00	17.80	37.70
52	8.20	18.50	19.30	40.50
53	8.70	20.10	20.50	43.20
54	9.60	21.90	22.10	45.80
55	10.40	23.70	23.60	48.90
56	11.60	26.00	25.70	53.10
57	13.00	28.70	28.20	57.20
58	14.40	32.10	30.70	62.20
59	16.20	35.50	33.40	67.10



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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	18.20	39.50	36.40	72.40
61	20.60	44.20	39.70	78.30
62	22.90	49.20	42.80	84.60
63	25.90	55.00	47.00	91.90
64	29.30	61.30	51.00	98.90
65	34.80	72.20	57.40	110.80
66	38.80	78.90	61.70	118.10
67	43.40	87.30	67.10	127.00
68	48.50	95.80	72.40	135.60
69	54.20	105.80	78.50	145.60
70	60.50	115.80	85.40	156.00
71	70.60	133.40	96.70	175.10
72	81.20	151.60	108.60	194.90
73	91.90	169.10	120.40	213.60
74	102.00	184.20	131.70	229.70
75	112.60	201.80	143.60	248.50
76	124.80	219.00	156.50	266.60
77	138.30	239.10	170.80	286.80
78	153.60	262.00	187.00	310.60
79	169.90	287.60	204.10	336.50
80	187.80	313.10	222.60	362.50
81	207.30	340.20	242.30	389.40
82	228.90	370.30	263.80	418.60
83	253.10	406.40	288.10	454.30
84	277.60	439.00	312.60	486.50



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<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:

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

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	2.70	6.20	7.30	16.10
31	2.70	6.20	7.50	16.30
32	2.90	6.60	7.90	17.20
33	3.20	7.50	8.30	18.60
34	3.20	7.50	8.60	19.00
35	3.50	7.90	9.10	20.00
36	3.70	8.80	9.60	21.30
37	4.00	9.20	10.20	22.40
38	4.20	9.60	10.70	23.50
39	4.50	10.20	11.30	24.80
40	4.70	10.80	11.90	26.10
41	5.00	11.70	12.60	27.70
42	5.50	12.70	13.60	29.70
43	5.80	13.40	14.30	31.40
44	6.30	14.60	15.30	33.30
45	6.70	15.10	16.10	34.70
46	7.10	16.50	16.90	37.00
47	8.00	18.20	18.40	39.80
48	8.40	19.40	19.50	42.00
49	9.00	20.60	20.80	44.50
50	9.70	22.30	22.10	47.40
51	10.70	24.40	24.00	50.70
52	11.50	26.20	25.60	54.10
53	12.60	28.60	27.50	57.80
54	13.70	31.10	29.50	61.80
55	14.90	33.50	31.80	65.70
56	16.50	37.00	34.70	71.50
57	18.60	41.30	38.00	77.80
58	20.80	46.30	41.70	85.20
59	23.20	51.00	45.50	92.10



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<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

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Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Simple Inflation	Base Plan With Total Home Care	Base Plan With Simple Inflation Total Home Care
	Base Plan	Option	Option	Option
60	26.10	56.70	49.50	99.10
61	29.10	63.00	53.90	107.60
62	32.90	70.30	59.10	116.70
63	37.10	78.60	64.70	127.10
64	41.70	87.20	70.60	137.20
65	49.30	102.60	79.60	154.70
66	55.00	112.00	86.10	165.10
67	61.60	123.90	94.00	178.20
68	69.10	136.40	102.10	191.10
69	76.70	149.70	110.60	205.30
70	85.50	163.80	120.80	220.90
71	100.10	189.10	137.70	249.00
72	114.70	213.80	154.80	276.80
73	129.40	238.20	171.90	304.20
74	144.00	259.60	188.90	328.40
75	158.50	283.80	205.90	355.10
76	175.60	307.90	225.10	381.90
77	194.60	336.50	246.40	412.50
78	215.90	367.90	270.30	447.10
79	238.80	404.30	296.10	486.50
80	263.70	439.70	324.00	525.40
81	290.80	477.70	353.70	566.50
82	320.40	518.00	386.40	609.30
83	353.80	567.80	423.20	662.80
84	387.70	612.90	460.90	712.30



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<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:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
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18-30	3.60	8.40	10.30	22.80
31	3.90	8.80	10.80	23.80
32	4.00	9.30	11.20	24.80
33	4.30	9.80	11.80	26.00
34	4.60	10.40	12.50	27.40
35	4.90	11.30	13.00	29.00
36	5.20	11.80	13.80	30.60
37	5.30	12.30	14.50	31.90
38	5.60	13.00	15.20	33.90
39	6.20	14.20	16.30	35.90
40	6.50	14.60	17.10	37.50
41	6.90	16.10	18.10	40.20
42	7.50	17.20	19.30	42.60
43	7.90	18.30	20.50	45.00
44	8.50	19.40	21.70	47.70
45	9.10	20.90	23.10	50.60
46	9.80	22.50	24.50	53.70
47	10.40	23.90	26.00	56.70
48	11.40	26.50	28.10	61.20
49	12.20	28.10	29.80	64.70
50	13.10	29.80	31.90	68.60
51	14.20	32.40	34.30	73.70
52	15.60	35.30	37.00	78.90
53	17.00	38.40	39.90	84.30
54	18.40	41.50	42.90	90.20
55	19.90	44.60	45.80	96.00
56	22.10	49.40	50.30	104.80
57	24.60	54.80	55.10	114.30
58	27.30	60.40	60.30	124.40
59	30.40	66.90	65.90	134.90



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<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
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Calculate your Premium:

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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Simple Inflation	Base Plan With Total Home Care	Base Plan With Simple Inflation Total Home Care
	Base Plan	Option	Option	Option
60	33.90	73.70	71.80	145.90
61	38.10	82.20	78.90	159.50
62	42.90	91.50	86.40	172.70
63	48.20	101.60	95.10	188.70
64	54.30	112.90	104.10	204.20
65	63.50	131.90	117.40	229.90
66	71.00	144.90	127.60	247.00
67	79.20	159.50	139.40	266.70
68	88.40	174.80	151.60	286.50
69	98.40	192.00	164.80	307.60
70	109.10	209.10	179.60	330.80
71	127.50	240.70	204.90	372.60
72	145.70	271.60	229.90	414.10
73	163.60	301.10	254.80	453.10
74	181.80	328.00	279.90	490.30
75	200.20	358.40	305.20	529.40
76	221.30	388.00	333.50	569.60
77	244.80	423.50	365.10	616.50
78	271.10	461.80	400.20	665.80
79	299.30	506.60	437.10	722.80
80	329.60	549.40	476.60	778.10
81	362.00	594.50	518.40	834.40
82	398.00	644.00	564.50	897.00
83	437.60	702.60	615.30	970.30
84	477.20	754.50	665.50	1035.80