



**RATE SHEET**  
*University Of New Mexico Div of HR*

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		
Non Forfeiture	<b>Shortened Benefit Period</b>		

*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:**

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{\text{(Based on Funded Amount)}} \times 2 = \text{Employer Paid Amount (B)}$$

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
	Base Plan	Option	Option	Option
18-30	3.30	5.10	4.50	7.00
31	3.30	5.10	4.50	7.10
32	3.30	5.20	4.60	7.30
33	3.40	5.30	4.70	7.40
34	3.50	5.40	5.30	8.10
35	3.60	5.50	5.50	8.30
36	3.70	5.60	5.70	8.50
37	3.80	5.70	5.70	8.80
38	4.00	6.10	6.40	9.50
39	4.40	6.60	6.80	10.00
40	4.60	6.80	7.00	10.40
41	4.70	7.00	7.20	10.70
42	4.90	7.40	7.50	11.20
43	5.00	7.60	7.90	11.70
44	5.20	7.90	8.30	12.20
45	5.50	8.20	8.60	12.70
46	5.60	8.50	9.00	13.40
47	6.00	8.90	9.40	14.00
48	6.40	9.70	10.20	15.10
49	6.70	10.20	10.70	16.00
50	7.00	10.70	11.20	16.70
51	7.40	11.40	11.70	17.60
52	7.80	12.10	12.40	18.70
53	8.20	12.70	13.00	19.70
54	8.70	13.50	13.80	21.00
55	9.30	14.30	14.70	22.00
56	9.80	15.10	15.50	23.30
57	10.50	16.30	16.50	24.80
58	11.30	17.40	17.70	26.40
59	12.20	18.70	19.10	28.20



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Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		
Non Forfeiture	<b>Shortened Benefit Period</b>		

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

**Calculate your Premium:**

	X		÷	\$1,000	=		(A)
Rate for Plan Chosen		Facility Monthly Benefit Amount				Your Premium	

**For Employees Only:**

	X	2	=		(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)		Employer Paid Amount	

**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	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Option	Option	Option	Option
60	13.10	20.00	20.30	29.80
61	14.30	21.60	22.20	32.30
62	15.80	23.50	24.10	34.80
63	17.00	25.30	26.00	37.20
64	18.80	27.60	28.40	40.30
65	21.60	31.00	32.40	45.00
66	23.60	33.30	35.20	48.20
67	26.40	36.60	38.80	52.60
68	29.00	39.70	42.10	56.30
69	32.00	43.30	46.40	61.20
70	35.70	47.40	50.80	66.00
71	39.20	51.50	55.30	71.20
72	43.60	56.40	61.00	77.60
73	47.70	61.20	66.00	83.00
74	52.90	67.00	72.40	90.20
75	63.10	79.00	85.50	105.40
76	69.50	86.20	93.50	114.20
77	75.50	92.80	100.10	121.40
78	82.70	100.80	109.00	131.00
79	90.80	109.60	117.60	140.40
80	99.80	119.40	128.30	151.90
81	109.20	129.20	139.30	163.20
82	120.80	142.00	151.60	176.60
83	133.70	156.40	166.70	193.30
84	145.80	169.50	179.00	206.40



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Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		
Non Forfeiture	<b>Shortened Benefit Period</b>		

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

**Calculate your Premium:**

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

**For Employees Only:**

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2 \text{ (Based on Funded Amount)}} \times \text{Employer Paid Amount} = \text{EMPLOYEE'S COST (B)}$$

**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 Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	4.20	6.70	6.10	9.50
31	4.50	7.10	6.40	10.00
32	4.60	7.20	6.70	10.40
33	4.80	7.40	7.10	10.80
34	4.80	7.50	7.20	11.00
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44	7.10	10.90	10.90	16.50
45	7.50	11.30	11.70	17.40
46	7.80	11.90	12.10	18.30
47	8.10	12.50	12.80	19.40
48	8.50	13.00	13.30	20.30
49	8.60	13.60	13.80	21.30
50	9.10	14.40	14.40	22.30
51	9.80	15.40	15.50	23.90
52	10.40	16.30	16.40	25.30
53	10.90	17.20	17.40	26.80
54	11.50	18.30	18.30	28.30
55	12.10	19.30	19.00	29.30
56	13.00	20.80	20.20	31.30
57	14.00	22.30	21.60	33.70
58	14.90	23.80	23.30	35.90
59	16.10	25.60	24.90	38.30



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60	17.10	27.30	26.50	40.80
61	18.90	29.90	29.00	44.30
62	20.40	32.20	31.00	47.30
63	22.40	34.90	33.70	50.90
64	24.50	38.00	36.70	55.20
65	27.90	42.70	41.70	61.80
66	30.50	46.10	45.00	65.90
67	34.00	50.50	50.00	72.00
68	37.40	55.00	54.50	77.50
69	41.30	59.80	59.60	83.90
70	45.60	65.40	65.10	90.80
71	50.30	71.20	70.90	98.00
72	55.70	77.90	78.00	106.70
73	61.00	84.60	84.20	114.10
74	67.50	92.50	92.50	124.10
75	80.30	109.40	108.30	144.70
76	88.30	119.10	118.30	156.60
77	96.00	128.50	126.80	166.80
78	105.30	139.90	138.20	180.30
79	115.30	152.10	149.00	193.50
80	126.40	165.40	162.20	209.00
81	137.70	178.90	175.50	224.50
82	152.40	196.70	191.10	243.40
83	168.30	216.20	209.20	265.40
84	183.30	234.60	224.50	284.10