



University Of New Mexico

BASE PLAN:		OPTIONS:	
FACILITY MONTHLY BENEFIT	\$1000	HOME CARE LEVEL	TOTAL
HOME MONTHLY BENEFIT	\$500	INFLATION PROTECTION	SIMPLE CAPPED
FACILITY BEN DURATION	3 YEARS		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	\$36,000		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	PROFESSIONAL		
NON FORFEITURE	SHORTENED BENEFIT PERIOD		

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 SIMPLE INFLATION TOTAL HOME CARE OPTION
18-30	2.70	3.60	4.20	5.70
31	2.70	3.60	4.20	5.70
32	2.70	3.70	4.20	5.90
33	2.80	3.80	4.30	6.00
34	2.90	4.30	4.40	6.60
35	3.00	4.40	4.50	6.70
36	3.00	4.60	4.60	7.00
37	3.10	4.70	4.80	7.20
38	3.30	5.20	5.10	7.80
39	3.60	5.50	5.40	8.20
40	3.80	5.70	5.60	8.50
41	3.90	6.00	5.80	8.90
42	4.00	6.30	6.10	9.30
43	4.20	6.50	6.30	9.60
44	4.30	6.80	6.50	10.00
45	4.50	7.10	6.70	10.40
46	4.60	7.40	7.00	11.00
47	4.90	7.70	7.40	11.50
48	5.20	8.30	7.90	12.40
49	5.50	8.80	8.40	13.20
50	5.70	9.20	8.80	13.80
51	6.10	9.70	9.40	14.60
52	6.40	10.20	9.90	15.40
53	6.80	10.70	10.40	16.20
54	7.10	11.30	11.10	17.20
55	7.70	12.10	11.80	18.10
56	8.10	12.80	12.50	19.20
57	8.70	13.60	13.40	20.40



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FACILITY BEN DURATION	3 YEARS		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	\$36,000		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	PROFESSIONAL		
NON FORFEITURE	SHORTENED BENEFIT PERIOD		

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 SIMPLE INFLATION TOTAL HOME CARE OPTION
58	9.30	14.60	14.30	21.70
59	10.10	15.70	15.40	23.30
60	10.90	16.80	16.50	24.70
61	11.70	18.30	17.80	26.60
62	13.00	19.90	19.40	28.70
63	14.10	21.50	20.90	30.70
64	15.60	23.50	22.80	33.30
65	17.80	26.70	25.50	37.20
66	19.50	29.00	27.50	39.70
67	21.70	32.00	30.10	43.30
68	23.90	34.70	32.80	46.40
69	26.40	38.40	35.70	50.50
70	29.40	41.90	39.10	54.50
71	32.40	45.70	42.50	58.80
72	35.90	50.30	46.50	64.00
73	39.40	54.40	50.50	68.50
74	43.70	59.80	55.30	74.50
75	52.10	70.50	65.30	87.00
76	57.30	77.10	71.10	94.20
77	62.30	82.50	76.50	100.00
78	68.20	89.80	83.20	108.10
79	74.90	96.90	90.40	115.70
80	82.30	105.80	98.50	125.20
81	90.00	114.90	106.60	134.60
82	99.70	125.10	117.20	145.80
83	110.30	137.50	129.00	159.40
84	120.30	147.60	139.90	170.40



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FACILITY MONTHLY BENEFIT	\$1000	HOME CARE LEVEL	TOTAL
HOME MONTHLY BENEFIT	\$500	INFLATION PROTECTION	SIMPLE CAPPED
FACILITY BEN DURATION	6 YEARS		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	\$72,000		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	PROFESSIONAL		
NON FORFEITURE	SHORTENED BENEFIT PERIOD		

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 SIMPLE INFLATION TOTAL HOME CARE OPTION
18-30	3.50	5.00	5.60	7.90
31	3.70	5.20	5.80	8.10
32	3.70	5.40	5.90	8.50
33	3.90	5.80	6.10	8.90
34	4.00	5.90	6.20	9.00
35	4.10	6.20	6.40	9.40
36	4.20	6.40	6.50	9.70
37	4.40	6.60	6.70	10.00
38	4.50	6.90	7.00	10.50
39	4.60	7.10	7.10	10.80
40	4.80	7.40	7.40	11.30
41	5.00	7.70	7.70	11.80
42	5.30	8.10	8.10	12.30
43	5.50	8.50	8.50	13.00
44	5.90	9.00	8.90	13.60
45	6.20	9.70	9.30	14.40
46	6.40	10.10	9.80	15.10
47	6.70	10.60	10.30	16.00
48	7.00	10.90	10.70	16.60
49	7.10	11.40	11.20	17.60
50	7.60	12.00	11.90	18.50
51	8.10	12.80	12.70	19.70
52	8.50	13.50	13.40	20.80
53	9.00	14.30	14.20	22.10
54	9.50	15.10	15.10	23.40
55	10.00	15.70	16.00	24.30
56	10.70	16.70	17.10	25.90
57	11.50	17.90	18.40	27.80



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BASE PLAN:		OPTIONS:	
FACILITY MONTHLY BENEFIT	\$1000	HOME CARE LEVEL	TOTAL
HOME MONTHLY BENEFIT	\$500	INFLATION PROTECTION	SIMPLE CAPPED
FACILITY BEN DURATION	6 YEARS		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	\$72,000		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	PROFESSIONAL		
NON FORFEITURE	SHORTENED BENEFIT PERIOD		

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 SIMPLE INFLATION TOTAL HOME CARE OPTION
58	12.30	19.20	19.70	29.70
59	13.20	20.50	21.10	31.50
60	14.10	21.90	22.50	33.60
61	15.60	23.90	24.70	36.60
62	16.90	25.60	26.60	39.10
63	18.50	27.90	28.90	42.00
64	20.30	30.40	31.40	45.70
65	23.00	34.40	35.20	50.90
66	25.20	37.20	38.00	54.40
67	28.00	41.20	41.60	59.30
68	30.90	44.90	45.40	64.00
69	34.00	49.10	49.30	69.20
70	37.70	53.70	53.90	74.80
71	41.50	58.60	58.80	81.00
72	45.90	64.20	64.20	87.90
73	50.30	69.50	69.70	94.10
74	55.60	76.30	76.30	102.40
75	66.30	89.40	90.30	119.40
76	72.80	97.60	98.30	129.20
77	79.20	104.60	106.00	137.60
78	86.90	114.00	115.40	148.80
79	95.20	123.00	125.60	159.70
80	104.30	133.80	136.50	172.40
81	113.60	144.80	147.60	185.20
82	125.70	157.70	162.30	200.80
83	138.80	172.60	178.30	218.90
84	151.30	185.30	193.60	234.40



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FACILITY MONTHLY BENEFIT	\$1000	HOME CARE LEVEL	TOTAL
HOME MONTHLY BENEFIT	\$500	INFLATION PROTECTION	SIMPLE CAPPED
FACILITY BEN DURATION	UNLIMITED		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	UNLIMITED		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	PROFESSIONAL		
NON FORFEITURE	SHORTENED BENEFIT PERIOD		

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 SIMPLE INFLATION TOTAL HOME CARE OPTION
18-30	5.00	7.10	8.10	11.30
31	5.00	7.20	8.10	11.60
32	5.20	7.50	8.30	12.00
33	5.20	7.60	8.40	12.20
34	5.30	7.80	8.60	12.50
35	5.40	8.10	8.90	13.00
36	5.60	8.40	9.00	13.40
37	5.90	8.80	9.40	14.00
38	6.00	9.10	9.70	14.60
39	6.30	9.60	10.10	15.10
40	6.70	10.10	10.60	15.90
41	6.90	10.60	11.00	16.80
42	7.10	11.00	11.30	17.40
43	7.50	11.60	11.90	18.30
44	7.70	12.10	12.30	19.00
45	8.00	12.50	12.80	19.70
46	8.40	13.20	13.50	20.80
47	8.90	14.00	14.30	22.20
48	9.30	14.70	15.00	23.40
49	9.60	15.30	15.80	24.60
50	10.30	16.10	16.90	26.10
51	10.80	17.00	17.80	27.60
52	11.20	17.80	18.90	29.10
53	11.90	18.60	20.00	30.60
54	12.50	19.80	21.10	32.50
55	13.10	20.60	22.30	33.80
56	14.10	21.80	23.90	36.00
57	15.00	23.40	25.60	38.60



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HOME MONTHLY BENEFIT	\$500	INFLATION PROTECTION	SIMPLE CAPPED
FACILITY BEN DURATION	UNLIMITED		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	UNLIMITED		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	PROFESSIONAL		
NON FORFEITURE	SHORTENED BENEFIT PERIOD		

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 SIMPLE INFLATION TOTAL HOME CARE OPTION
58	16.00	24.90	27.50	41.00
59	17.10	26.40	29.40	43.70
60	18.40	28.20	31.50	46.70
61	20.00	30.60	34.30	50.50
62	21.60	32.90	37.00	54.10
63	23.60	35.40	40.30	58.40
64	25.60	38.40	43.70	63.00
65	29.20	43.50	49.00	70.30
66	31.90	47.00	53.00	75.30
67	35.30	51.70	57.90	82.00
68	39.00	56.40	63.10	88.40
69	43.20	62.00	69.00	95.80
70	47.50	67.60	75.10	103.40
71	52.30	73.40	81.60	111.60
72	57.80	80.60	89.20	121.00
73	63.00	86.60	96.40	129.00
74	69.40	94.80	105.10	139.80
75	82.70	111.20	124.10	162.90
76	90.80	121.30	134.90	176.00
77	98.60	129.90	145.30	187.30
78	108.00	141.20	158.10	202.30
79	117.90	152.20	171.30	216.80
80	129.20	165.30	186.10	233.60
81	140.30	178.40	200.50	250.00
82	155.00	193.90	219.90	270.50
83	170.50	211.70	240.60	293.70
84	184.90	226.20	259.60	312.80