



**RATE SHEET**  
*For Connecticut Residents*  
*The Catholic Diocese Of Cleveland*

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$3,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,500</b>		
Facility Benefit Duration	<b>2 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>		

*This rate sheet shows the cost per \$3,000 of coverage/ 2 Years Duration  
with Professional Home Care*

Select age, rate for plan chosen and transfer premium cost to your Benefit Election Form.

**PLAN A**

**Monthly Rates**

Insurance	Plan 1	Plan 2
Age	Base Plan	Base Plan With Compound Inflation Option
18-30	12.90	149.10
31	13.80	151.80
32	13.80	154.50
33	13.80	156.90
34	14.40	159.60
35	14.70	162.00
36	15.60	164.70
37	15.60	167.40
38	16.80	170.40
39	17.70	173.10
40	18.00	175.80
41	19.20	177.90
42	19.80	180.60
43	20.70	183.60
44	21.90	186.30
45	22.80	189.00
46	24.00	191.10
47	25.20	192.90
48	26.40	195.00
49	28.20	197.10
50	29.70	198.90
51	31.50	201.00
52	32.70	203.10
53	34.50	205.20
54	36.60	207.00
55	39.60	209.10
56	41.70	220.20
57	44.70	231.90
58	48.60	243.00
59	51.90	255.00



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**PLAN A**

**Monthly Rates**

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	56.40	266.40
61	61.20	278.70
62	67.80	290.70
63	74.70	302.70
64	81.90	315.00
65	93.30	326.40
66	103.80	354.00
67	115.80	384.60
68	127.80	414.60
69	141.30	449.10
70	156.90	484.80
71	174.00	530.40
72	193.50	577.50
73	215.40	626.40
74	238.20	680.10
75	286.80	804.30
76	315.00	873.00
77	346.50	940.80
78	380.10	1018.20
79	416.70	1093.80
80	457.20	1183.50



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Facility Monthly Benefit	<b>\$3,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,500</b>		
Facility Benefit Duration	<b>5 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$180,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*This rate sheet shows the cost per \$3,000 of coverage/ 5 Years Duration  
with Professional Home Care*

Select age, rate for plan chosen and transfer premium cost to your Benefit Election Form.

**PLAN B**

*Monthly Rates*

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	21.60	247.80
31	22.20	251.40
32	22.20	254.40
33	23.40	258.30
34	23.40	261.30
35	24.60	264.90
36	25.50	268.50
37	26.40	272.10
38	27.60	276.00
39	28.80	279.60
40	29.70	283.20
41	30.90	286.80
42	31.80	290.40
43	33.90	294.30
44	35.40	297.90
45	36.90	301.50
46	39.00	304.50
47	41.10	307.20
48	42.90	309.90
49	45.30	312.60
50	47.70	315.60
51	50.10	318.60
52	53.10	321.30
53	56.40	323.70
54	59.70	326.70
55	62.40	329.70
56	67.20	346.20
57	71.70	363.90
58	77.40	381.30
59	83.10	398.70



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$3,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,500</b>		
Facility Benefit Duration	<b>5 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$180,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

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with Professional Home Care*

Select age, rate for plan chosen and transfer premium cost to your Benefit Election Form.

**PLAN B**

*Monthly Rates*

Insurance	Plan 1	Plan 2
Age	Base Plan	Base Plan With Compound Inflation Option
60	89.40	416.40
61	97.80	434.70
62	107.40	452.70
63	117.00	470.70
64	128.10	489.90
65	146.40	506.40
66	162.30	549.90
67	179.40	596.10
68	199.50	642.90
69	219.90	696.00
70	243.60	749.70
71	270.60	818.40
72	299.40	890.70
73	332.10	962.70
74	366.30	1043.40
75	440.40	1231.50
76	484.80	1338.30
77	531.60	1438.80
78	582.90	1556.10
79	639.00	1670.10
80	701.10	1808.10



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$3,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$1,500</b>		
Facility Benefit Duration	<b>5 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$180,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Total</b>		

*This rate sheet shows the cost per \$3,000 of coverage/ 5 Years Duration  
with Total Home Care (Includes Professional Home Care)*

Select age, rate for plan chosen and transfer premium cost to your Benefit Election Form.

**PLAN C**

**Monthly Rates**

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	33.60	349.80
31	34.50	354.30
32	34.50	358.50
33	36.00	363.00
34	36.30	367.20
35	38.10	371.70
36	39.30	376.20
37	40.50	381.00
38	42.00	385.80
39	43.80	390.60
40	45.60	395.10
41	47.10	399.60
42	48.60	404.10
43	51.60	409.20
44	53.70	414.00
45	56.10	418.50
46	59.70	423.90
47	62.70	429.60
48	66.00	434.70
49	70.50	440.40
50	74.10	446.10
51	78.30	451.80
52	83.10	457.20
53	88.80	462.60
54	94.20	468.00
55	99.30	473.70
56	106.80	495.90
57	113.70	519.90
58	122.40	543.30
59	131.10	567.00



**RATE SHEET**  
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<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	<b>\$3,000</b> <b>\$1,500</b> <b>5 Years</b> <b>50%</b> <b>\$180,000</b> <b>90 Days</b> <b>Total</b>	<u>Options</u> Inflation Protection	<b>Compound Uncapped</b>
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 with Total Home Care (Includes Professional Home Care)*

Select age, rate for plan chosen and transfer premium cost to your Benefit Election Form.

**PLAN C**

*Monthly Rates*

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	140.40	591.00
61	152.70	615.60
62	166.80	639.60
63	180.90	664.20
64	196.20	690.30
65	220.20	712.50
66	240.00	763.80
67	261.90	822.00
68	286.80	876.90
69	312.30	941.70
70	341.70	1006.20
71	374.10	1088.10
72	409.80	1174.20
73	449.70	1262.10
74	491.70	1357.20
75	585.90	1590.90
76	638.40	1714.50
77	694.50	1831.20
78	755.40	1965.90
79	821.40	2099.70
80	894.00	2258.70