ບກໍບໍ່ກໍ	RATE SHEET For Connecticut Residents The Catholic Diocese Of Cleveland			
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$3,000 \$1,500 2 Years 50% \$72,000 90 Days Professional		<u>Options</u> Inflation Protection	Compound Uncapped
This rate sl			000 of coverage/ 2 al Home Care	Years Duration
Select age,	rate for plan chosen	and transfer pr	emium cost to your Benef	ït Election Form.
		PLAN A		
		Monthly		
		Plan 1	Plan 2	T 7• / T
	r		Base Plan V	
		Base Plan	Compound I	
	Age 18-30	12.90	Option 149.10	
	31	13.80 13.80	151.80	
			15/ 50	
	32	13.80	154.50	
	33	13.80	156.90	
	33 34 35	13.80 14.40 14.70	156.90 159.60 162.00	
	33 34 35 36	$ 13.80 \\ 14.40 \\ 14.70 \\ 15.60 $	156.90 159.60 162.00 164.70	
	33 34 35 36 37 38	$ 13.80 \\ 14.40 \\ 14.70 \\ 15.60 $	156.90 159.60 162.00 164.70 167.40 170.40	
	33 34 35 36 37 38 39	$13.80 \\ 14.40 \\ 14.70 \\ 15.60 \\ 15.60 \\ 16.80 \\ 17.70 $	156.90 159.60 162.00 164.70 167.40 170.40 173.10	
	33 34 35 36 37 38 39 40	$13.80 \\ 14.40 \\ 14.70 \\ 15.60 \\ 15.60 \\ 16.80 \\ 17.70 \\ 18.00 $	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80	
	33 34 35 36 37 38 39 40 41 42	$13.80 \\ 14.40 \\ 14.70 \\ 15.60 \\ 15.60 \\ 16.80 \\ 17.70 \\ 18.00 \\ 19.20 \\ 19.80$	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80 177.90 180.60	
	33 34 35 36 37 38 39 40 41 42 43	$13.80 \\ 14.40 \\ 14.70 \\ 15.60 \\ 15.60 \\ 16.80 \\ 17.70 \\ 18.00 \\ 19.20 \\ 19.80$	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80 177.90 180.60 183.60	
	33 34 35 36 37 38 39 40 41 42 43 44	$13.80 \\ 14.40 \\ 14.70 \\ 15.60 \\ 15.60 \\ 16.80 \\ 17.70 \\ 18.00 \\ 19.20 \\ 19.80 \\ 20.70 \\ 21.90 $	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80 177.90 180.60 183.60 186.30	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46	$13.80 \\ 14.40 \\ 14.70 \\ 15.60 \\ 15.60 \\ 16.80 \\ 17.70 \\ 18.00 \\ 19.20 \\ 19.80 \\ 20.70 \\ 21.90 \\ 22.80 \\ 24.00$	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80 177.90 180.60 183.60 183.60 186.30 189.00 191.10	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	$13.80 \\ 14.40 \\ 14.70 \\ 15.60 \\ 15.60 \\ 16.80 \\ 17.70 \\ 18.00 \\ 19.20 \\ 19.80 \\ 20.70 \\ 21.90 \\ 22.80 \\ 24.00 \\ 25.20 $	156.90 159.60 162.00 164.70 167.40 173.10 175.80 177.90 180.60 183.60 183.60 186.30 189.00 191.10 192.90	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	13.80 14.40 14.70 15.60 15.60 16.80 17.70 18.00 19.20 19.80 20.70 21.90 22.80 24.00 25.20 26.40	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80 177.90 180.60 183.60 183.60 186.30 189.00 191.10 192.90 195.00	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	13.80 14.40 14.70 15.60 15.60 16.80 17.70 18.00 19.20 19.80 20.70 21.90 24.00 25.20 26.40 28.20 29.70	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80 177.90 180.60 183.60 183.60 186.30 189.00 191.10 192.90 195.00 197.10 198.90	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51	13.80 14.40 14.70 15.60 15.60 16.80 17.70 18.00 19.20 19.80 20.70 21.90 24.00 25.20 26.40 28.20 29.70 31.50	156.90 159.60 162.00 164.70 167.40 173.10 175.80 177.90 180.60 183.60 183.60 186.30 189.00 191.10 192.90 195.00 197.10 198.90 201.00	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	13.80 14.40 14.70 15.60 15.60 16.80 17.70 18.00 19.20 19.80 20.70 21.90 22.80 24.00 25.20 26.40 28.20 29.70 31.50 32.70	$\begin{array}{c} 156.90\\ 159.60\\ 162.00\\ 164.70\\ 167.40\\ 170.40\\ 173.10\\ 175.80\\ 177.90\\ 180.60\\ 183.60\\ 183.60\\ 186.30\\ 189.00\\ 191.10\\ 192.90\\ 195.00\\ 197.10\\ 198.90\\ 201.00\\ 203.10\end{array}$	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54	13.80 14.40 14.70 15.60 15.60 16.80 17.70 18.00 19.20 19.80 20.70 21.90 24.00 25.20 26.40 28.20 29.70 31.50 32.70 34.50 36.60	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80 177.90 180.60 183.60 183.60 189.00 191.10 192.90 195.00 197.10 198.90 201.00 203.10 205.20 207.00	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 51 52 53 54 55	13.80 14.40 14.70 15.60 15.60 16.80 17.70 18.00 19.20 19.80 20.70 21.90 22.80 24.00 25.20 26.40 28.20 29.70 31.50 32.70 34.50 36.60 39.60	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80 177.90 180.60 183.60 186.30 189.00 191.10 192.90 195.00 197.10 198.90 201.00 203.10 205.20 207.00 209.10	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 51 52 53 54 55 56	13.80 14.40 14.70 15.60 15.60 16.80 17.70 18.00 19.20 19.80 20.70 21.90 22.80 24.00 25.20 26.40 28.20 29.70 31.50 32.70 34.50 36.60 39.60 41.70	$\begin{array}{c} 156.90\\ 159.60\\ 162.00\\ 164.70\\ 167.40\\ 170.40\\ 173.10\\ 175.80\\ 177.90\\ 180.60\\ 183.60\\ 183.60\\ 186.30\\ 189.00\\ 191.10\\ 192.90\\ 195.00\\ 197.10\\ 198.90\\ 201.00\\ 203.10\\ 203.10\\ 205.20\\ 207.00\\ 209.10\\ 220.20\end{array}$	
	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 51 52 53 54 55	13.80 14.40 14.70 15.60 15.60 16.80 17.70 18.00 19.20 19.80 20.70 21.90 22.80 24.00 25.20 26.40 28.20 29.70 31.50 32.70 34.50 36.60 39.60	156.90 159.60 162.00 164.70 167.40 170.40 173.10 175.80 177.90 180.60 183.60 186.30 189.00 191.10 192.90 195.00 197.10 198.90 201.00 203.10 205.20 207.00 209.10	

ບກໍບໍ່ກໍ	RATE SHEET For Connecticut Residents The Catholic Diocese Of Cleveland			
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$3,000 \$1,500 2 Years 50% \$72,000 90 Days Professional		<u>Options</u> Inflation Protection	Compound Uncapped
	with	Professiona	000 of coverage/ 2 al Home Care	
Select age, r	ate for plan choser	-	emium cost to your Bene	fit Election Form.
		PLAN A		
		<u>Monthly</u> Plan 1	Rates Plan 2	
		1 1411 1	Base Plan	
I	nsurance	Compound Inflation		
	Age	Base Plan	-	
	60	56.40	266.40	
	61 62	61.20 67.80	278.70 290.70	
	63	74.70	302.70	
	64 65	81.90	315.00	
	66	93.30 103.80	326.40 354.00	
	67	115.80	384.60	
	68 69	$127.80 \\ 141.30$	414.60 449.10	
	70	156.90	484.80	
	71 72	174.00	530.40	
	72	$193.50 \\ 215.40$	577.50 626.40	
	74	238.20	680.10	
	75 76	286.80 315.00	804.30 873.00	
	77	346.50	940.80	
	78	380.10	1018.20	
	79 80	416.70 457.20	1093.80 1183.50	

ບຕໍ່ບໍ່ຕໍ	RATE SHEET For Connecticut Residents The Catholic Diocese Of Cleveland			
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$3,000 \$1,500 5 Years 50% \$180,000 90 Days Professional		<u>Options</u> Inflation Protection	Compound Uncapped
	with	h Professiona	000 of coverage/ 5 I Home Care	
Select age, 1	rate for plan chose	en and transfer pr	emium cost to your Benef	it Election Form.
		Monthly		
		Plan 1	Plan 2	
		I luli I	Base Plan V	With
	Insurance		Compound I	
		Base Plan	_	
	Age 18-30	21.60	247.80	
	31	22.20 22.20	251.40	
	32 33	22.20	254.40 258.30	
	34	23.40	261.30	
	35	24.60	264.90	
	36 37	25.50 26.40	268.50 272.10	
	38	27.60	276.00	
	39 40	28.80 29.70	279.60 283.20	
	41	30.90	286.80	
	42	31.80	290.40	
	43 44	33.90 35.40	294.30 297.90	
	45	36.90	301.50	
	46	39.00 41.10	304.50	
	47 48	41.10 42.90	307.20 309.90	
	49	45.30	312.60	
	50 51	47.70 50.10	315.60 318.60	
	52	53.10	321.30	
	53	56.40	323.70	
	54 55	59.70 62.40	326.70 329.70	
	56	67.20	346.20	
	57	71.70	363.90	
	58 59	77.40 83.10	381.30 398.70	
		03.10	590.70	



RATE SHEET For Connecticut Residents The Catholic Diocese Of Cleveland

	1			
Base Plan			<u>Options</u>	
Facility Monthly Benefit	\$3,000		Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,500			
Facility Benefit Duration	5 Years			
-				
Home Benefit	50%			
Lifetime Maximum	\$180,000			
Elimination Period	90 Days			
Home Care Level	Professional			
This rate sh		-	000 of coverage/ 5 Il Home Care	Years Duration
Select age, 1	rate for plan chosen	and transfer pr	emium cost to your Benef	fit Election Form.
		Monthly		
		Plan 1	Plan 2	
			Base Plan	With
1	Insurance	Compound Inflation		
		Daga Dlan	-	
	Age	Base Plan	L	
	60 61	89.40 97.80	416.40 434.70	
	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 73	299.40 332.10	890.70	
	73	366.30	962.70 1043.40	
	74 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	

ບຕໍ່ບໍ່ຕໍ	RATE SHEET For Connecticut Residents The Catholic Diocese Of Cleveland				
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$3,000 \$1,500 5 Years 50% \$180,000 90 Days Total		<u>Options</u> Inflation Protection	Compound Uncapped	
with	Total Home	Care (Include	000 of coverage/ 5 es Professional Hor emium cost to your Benef	me Care)	
Select age, r	ate for plan chos		-	nt Election Form.	
		PLAN Monthly			
		<u>Monthly</u> Plan 1	Rates Plan 2		
		r Iali 1	Base Plan V	With	
Т	nsurance		Compound I		
		Base Plan	-		
	Age 18-30	33.60	349.80	•	
	31	34.50	354.30		
	32 33	34.50 36.00	358.50 363.00		
	34	36.30	367.20		
	35	38.10	371.70		
	36 37	39.30 40.50	376.20 381.00		
	38	42.00	385.80		
	39 40	43.80 45.60	390.60 395.10		
	41	47.10	399.60		
	42	48.60	404.10		
	43 44	51.60 53.70	409.20 414.00		
	45	56.10	418.50		
	46 47	59.70 62.70	423.90 429.60		
	48	66.00	429.60		
	49	70.50	440.40		
	50 51	74.10 78.30	446.10 451.80		
	52	83.10	457.20		
	53	88.80	462.60		
	54 55	94.20 99.30	468.00 473.70		
	56	106.80	495.90		
	57	113.70	519.90		
	58 59	$122.40 \\ 131.10$	543.30 567.00		
		101.10	007.00		



RATE SHEET For Connecticut Residents The Catholic Diocese Of Cleveland

<u>Base Plan</u>			Options		
Facility Monthly Benefit	\$3,000		Inflation Protection	Compound Uncapped	
Home Monthly Benefit	\$1,500				
Facility Benefit Duration	5 Years				
Home Benefit	50%				
Lifetime Maximum	\$180,000				
Elimination Period	90 Days				
Home Care Level	Total				
			000 of coverage/ 5 es Professional Hor		
Select age, 1	rate for plan chosen a	and transfer p	remium cost to your Benef	it Election Form.	
		PLAN	С		
		Monthly	Rates		
		Plan 1	Plan 2		
	Base Plan With				
	Insurance Compound Inflation				
		Base Plar	-		
	60	140.40	591.00		
	61	152.70	615.60		
	62	166.80	639.60		
	63 64	180.90	664.20		
	65	196.20 220.20	690.30 712.50		
	66	240.00	763.80		
	67	261.90	822.00		
	68	286.80	876.90		
	69 70	312.30 341.70	941.70 1006.20		
	70	374.10	1088.10		
	72	409.80	1174.20		
	73	449.70	1262.10		
	74	491.70	1357.20		
	75 76	585.90 638.40	1590.90 1714.50		
	70	694.50	1831.20		
	78	755.40	1965.90		
	79	821.40	2099.70		
	80	894.00	2258.70		