



RATE SHEET
The Catholic Diocese Of Cleveland

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$3,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,500		
Facility Benefit Duration	2 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

*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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<u>Base Plan</u>		<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 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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Facility Benefit Duration	5 Years		
Home Benefit	50%		
Lifetime Maximum	\$180,000		
Elimination Period	90 Days		
Home Care Level	Professional		

*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
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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Facility Benefit Duration	5 Years		
Home Benefit	50%		
Lifetime Maximum	\$180,000		
Elimination Period	90 Days		
Home Care Level	Total		

*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	Plan 1	Plan 2
Age	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



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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		

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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