



RATE SHEET
University Of Pittsburgh

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	3 Years	Home Benefit	50%
Lifetime Maximum	\$36,000	Home Care Level	Total
Elimination Period	90 Days	Inflation Protection	Compound Uncapped

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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	3.20	7.50	19.20	36.70
31	3.20	7.50	19.60	37.20
32	3.20	7.70	20.00	38.10
33	3.30	7.80	20.40	38.90
34	3.30	8.20	20.90	40.10
35	3.50	8.30	21.70	41.00
36	3.50	8.40	22.50	42.40
37	3.90	8.90	23.40	43.40
38	4.00	9.30	23.60	44.50
39	4.10	9.60	24.80	46.10
40	4.50	10.00	25.70	47.20
41	4.60	10.30	26.00	48.10
42	4.70	10.70	27.30	50.00
43	5.10	11.30	28.10	51.40
44	5.20	11.70	28.80	52.80
45	5.80	12.60	30.30	55.30
46	5.90	13.10	31.40	56.70
47	6.40	13.90	32.50	58.70
48	6.70	14.60	33.80	60.70
49	7.20	15.50	34.90	63.00
50	7.40	16.00	36.00	64.60
51	8.10	17.30	37.60	67.40
52	8.70	18.50	39.60	70.50
53	9.30	19.40	41.00	72.70
54	10.00	20.50	42.70	75.00
55	10.80	21.80	45.40	77.50
56	11.80	23.40	48.20	81.40
57	12.70	24.80	50.80	85.30
58	13.90	26.60	54.00	89.40
59	15.20	28.60	56.70	93.10



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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	16.70	30.60	60.60	98.00
61	18.40	33.00	65.50	104.40
62	20.40	36.00	71.10	112.00
63	22.90	39.40	76.70	118.70
64	25.40	42.70	83.50	127.50
65	29.50	47.80	93.90	139.40
66	32.90	51.80	102.40	148.90
67	36.80	56.80	111.80	160.40
68	41.00	61.90	121.40	171.30
69	45.70	67.60	132.10	184.10
70	50.90	73.80	142.40	196.10
71	57.00	81.00	157.10	213.00
72	63.30	88.50	171.00	229.00
73	70.50	97.20	185.60	246.20
74	78.20	106.10	201.70	264.50
75	94.70	126.90	239.50	310.50
76	104.30	137.70	260.50	333.70
77	114.80	149.60	281.20	356.00
78	126.30	162.70	305.10	382.40
79	139.00	177.10	328.70	408.90
80	153.30	192.60	356.80	439.10



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	6 Years	Home Benefit	50%
Lifetime Maximum	\$72,000	Home Care Level	Total
Elimination Period	90 Days	Inflation Protection	Compound Uncapped

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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	4.00	10.00	24.90	49.10
31	4.10	10.10	25.70	50.20
32	4.10	10.30	26.00	51.20
33	4.50	10.70	27.50	53.20
34	4.50	10.90	27.60	53.90
35	4.60	11.30	28.90	55.80
36	4.70	11.50	29.40	56.80
37	5.10	12.20	31.00	58.90
38	5.20	12.50	31.40	60.40
39	5.40	13.00	32.00	61.50
40	5.80	13.60	33.40	63.60
41	5.90	14.10	33.90	65.30
42	6.40	14.80	35.70	67.70
43	6.50	15.40	36.70	69.60
44	6.80	16.00	37.50	71.10
45	7.30	16.90	39.10	74.10
46	7.80	17.90	41.10	76.90
47	8.10	18.80	41.80	79.00
48	8.70	19.90	43.30	81.60
49	9.20	20.90	45.30	84.50
50	9.90	22.10	46.90	87.40
51	10.50	23.50	49.20	91.30
52	11.30	25.00	51.10	94.60
53	12.00	26.50	53.10	98.40
54	13.10	28.10	56.10	102.00
55	14.00	30.00	58.70	105.20
56	15.10	31.90	61.60	109.80
57	16.50	34.20	65.10	115.20
58	17.90	36.60	69.00	120.90
59	19.40	39.10	72.50	126.50



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	6 Years	Home Benefit	50%
Lifetime Maximum	\$72,000	Home Care Level	Total
Elimination Period	90 Days	Inflation Protection	Compound Uncapped

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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	20.90	41.50	76.50	132.10
61	23.50	45.70	83.30	142.10
62	26.20	49.70	90.60	152.40
63	29.00	53.90	97.30	161.20
64	32.20	58.60	105.80	172.70
65	37.40	65.80	118.90	189.80
66	41.40	71.50	128.60	202.90
67	46.40	78.40	140.80	219.30
68	51.50	85.60	152.50	234.30
69	56.90	93.10	164.70	250.70
70	63.60	102.00	178.50	268.50
71	70.80	111.70	195.20	290.70
72	78.70	122.30	213.10	313.30
73	87.40	134.30	230.40	337.00
74	96.90	146.80	250.60	362.50
75	117.00	175.20	296.10	424.80
76	128.80	190.50	321.80	457.20
77	141.80	207.50	347.00	489.00
78	155.80	225.60	375.80	524.10
79	171.20	245.30	404.50	560.90
80	188.30	267.00	438.70	603.40



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<u>Base Plan</u> Facility Monthly Benefit Facility Benefit Duration Lifetime Maximum Elimination Period	\$1,000 Unlimited Unlimited 90 Days	<u>Options</u> Home Monthly Benefit Home Benefit Home Care Level Inflation Protection	\$500 50% Total Compound Uncapped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	5.20	14.20	31.50	67.90
31	5.20	14.30	32.40	69.70
32	5.40	14.80	33.80	71.90
33	5.40	15.00	34.40	73.30
34	5.80	15.60	35.20	74.80
35	5.90	15.90	36.20	76.60
36	6.00	16.20	37.20	78.40
37	6.40	17.00	38.90	81.20
38	6.50	17.50	39.40	82.80
39	6.80	18.00	40.50	84.70
40	7.20	18.90	41.70	87.20
41	7.40	19.70	43.00	89.80
42	7.80	20.40	44.50	92.60
43	8.10	21.30	45.70	95.20
44	8.60	22.40	47.10	98.10
45	9.10	23.70	49.10	101.90
46	9.70	24.90	50.60	104.50
47	10.10	26.00	52.20	107.70
48	10.80	27.70	54.20	112.00
49	11.40	29.10	56.20	115.80
50	12.40	31.10	58.50	120.50
51	13.20	32.80	60.90	125.00
52	14.00	34.80	63.20	129.40
53	15.10	37.10	66.10	134.70
54	16.00	39.20	69.00	140.00
55	17.20	41.50	72.80	143.70
56	18.60	44.40	76.20	149.90
57	20.00	47.50	80.20	157.60
58	21.90	51.10	84.70	165.40
59	23.60	54.40	88.90	173.00



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<u>Base Plan</u> Facility Monthly Benefit Facility Benefit Duration Lifetime Maximum Elimination Period	\$1,000 Unlimited Unlimited 90 Days	<u>Options</u> Home Monthly Benefit Home Benefit Home Care Level Inflation Protection	\$500 50% Total Compound Uncapped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	26.00	58.50	94.50	181.90
61	28.80	63.80	101.70	194.30
62	31.90	69.20	110.30	208.20
63	35.40	75.50	118.70	221.60
64	39.00	81.70	128.10	236.40
65	45.10	91.50	143.70	259.70
66	50.30	100.10	156.40	279.30
67	56.00	109.20	170.40	300.50
68	62.50	119.50	184.40	320.90
69	69.30	130.20	199.80	344.50
70	76.80	141.90	215.70	368.40
71	85.70	155.40	235.60	398.00
72	95.10	169.60	256.90	427.90
73	105.00	185.10	277.20	459.80
74	116.20	201.80	300.20	492.40
75	139.90	240.20	354.30	575.40
76	154.50	261.30	385.90	620.40
77	169.90	284.20	415.90	662.60
78	186.30	308.50	449.30	708.80
79	204.50	335.10	483.30	758.40
80	224.50	363.70	522.40	813.50