



RATE SHEET
Tahoma School District

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

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 |
| | Base Plan | Option | Option | Option |
| 18-30 | 5.30 | 8.10 | 16.60 | 23.30 |
| 31 | 5.30 | 8.10 | 16.90 | 23.70 |
| 32 | 5.30 | 8.30 | 17.30 | 24.30 |
| 33 | 5.50 | 8.50 | 17.70 | 24.80 |
| 34 | 5.80 | 8.90 | 18.40 | 25.70 |
| 35 | 5.90 | 9.00 | 18.70 | 26.10 |
| 36 | 5.90 | 9.10 | 19.40 | 27.00 |
| 37 | 6.40 | 9.60 | 20.00 | 27.60 |
| 38 | 6.50 | 10.00 | 20.50 | 28.50 |
| 39 | 6.80 | 10.40 | 21.40 | 29.40 |
| 40 | 7.20 | 10.80 | 21.80 | 30.10 |
| 41 | 7.50 | 11.20 | 22.30 | 30.70 |
| 42 | 7.70 | 11.60 | 23.10 | 31.70 |
| 43 | 8.30 | 12.30 | 23.80 | 32.80 |
| 44 | 8.40 | 12.70 | 24.50 | 33.80 |
| 45 | 9.20 | 13.50 | 25.70 | 35.10 |
| 46 | 9.50 | 14.20 | 26.30 | 36.10 |
| 47 | 10.10 | 15.10 | 27.00 | 37.30 |
| 48 | 10.40 | 15.80 | 27.80 | 38.70 |
| 49 | 11.00 | 16.70 | 28.60 | 40.10 |
| 50 | 11.30 | 17.40 | 29.40 | 41.20 |
| 51 | 12.30 | 18.80 | 30.60 | 43.00 |
| 52 | 12.90 | 20.00 | 31.70 | 44.90 |
| 53 | 13.60 | 21.10 | 32.50 | 46.10 |
| 54 | 14.40 | 22.30 | 33.60 | 47.90 |
| 55 | 15.20 | 23.50 | 35.00 | 49.30 |
| 56 | 16.30 | 25.20 | 36.90 | 51.90 |
| 57 | 17.40 | 26.80 | 38.60 | 54.40 |
| 58 | 18.70 | 28.80 | 40.50 | 56.90 |
| 59 | 20.20 | 31.00 | 42.10 | 59.40 |



RATE SHEET
Tahoma School District

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

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 | 21.70 | 33.10 | 44.40 | 62.40 |
| 61 | 23.50 | 35.60 | 47.50 | 66.40 |
| 62 | 26.00 | 38.90 | 51.40 | 71.20 |
| 63 | 28.80 | 42.60 | 54.80 | 75.70 |
| 64 | 31.40 | 46.10 | 59.00 | 81.00 |
| 65 | 35.80 | 51.60 | 65.60 | 88.80 |
| 66 | 39.60 | 55.90 | 71.10 | 94.80 |
| 67 | 44.10 | 61.30 | 77.50 | 102.20 |
| 68 | 48.90 | 66.90 | 83.70 | 109.20 |
| 69 | 54.20 | 73.10 | 90.90 | 117.30 |
| 70 | 60.00 | 79.80 | 97.70 | 125.00 |
| 71 | 66.90 | 87.70 | 107.30 | 135.70 |
| 72 | 73.90 | 95.70 | 116.20 | 145.70 |
| 73 | 82.10 | 105.00 | 126.00 | 156.70 |
| 74 | 90.50 | 114.60 | 136.30 | 168.30 |
| 75 | 109.50 | 137.20 | 161.60 | 197.60 |
| 76 | 119.90 | 148.90 | 175.10 | 212.30 |
| 77 | 131.60 | 161.80 | 188.50 | 226.70 |
| 78 | 144.60 | 176.00 | 204.00 | 243.40 |
| 79 | 158.60 | 191.50 | 219.30 | 260.10 |
| 80 | 174.10 | 208.30 | 237.40 | 279.40 |



RATE SHEET
Tahoma School District

| | | | |
|---------------------------|----------------|----------------------|------------------------------------|
| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Compound Uncapped |
| Home Monthly Benefit | \$500 | Inflation Protection | |
| Facility Benefit Duration | 6 Years | | |

| | | | |
|--------------------|---------------------|--|--|
| Home Benefit | 50% | | |
| Lifetime Maximum | \$72,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

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

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 |
| 18-30 | 6.90 | 10.80 | 22.00 | 31.20 |
| 31 | 7.00 | 10.90 | 22.60 | 32.00 |
| 32 | 7.20 | 11.20 | 23.00 | 32.80 |
| 33 | 7.60 | 11.60 | 24.20 | 34.00 |
| 34 | 7.60 | 11.80 | 24.40 | 34.30 |
| 35 | 8.00 | 12.30 | 25.30 | 35.60 |
| 36 | 8.10 | 12.40 | 25.70 | 36.20 |
| 37 | 8.60 | 13.10 | 26.80 | 37.50 |
| 38 | 8.80 | 13.50 | 27.40 | 38.40 |
| 39 | 9.20 | 14.10 | 27.90 | 39.30 |
| 40 | 9.70 | 14.70 | 29.10 | 40.50 |
| 41 | 9.90 | 15.30 | 29.60 | 41.60 |
| 42 | 10.60 | 16.00 | 30.90 | 43.20 |
| 43 | 11.00 | 16.70 | 31.80 | 44.40 |
| 44 | 11.20 | 17.20 | 32.50 | 45.30 |
| 45 | 12.10 | 18.20 | 33.80 | 47.10 |
| 46 | 12.70 | 19.40 | 35.00 | 48.90 |
| 47 | 13.10 | 20.30 | 35.60 | 50.20 |
| 48 | 14.00 | 21.50 | 36.60 | 51.90 |
| 49 | 14.50 | 22.60 | 37.80 | 53.90 |
| 50 | 15.30 | 23.90 | 38.80 | 55.60 |
| 51 | 16.10 | 25.40 | 40.30 | 58.20 |
| 52 | 17.10 | 27.10 | 41.70 | 60.20 |
| 53 | 18.10 | 28.70 | 43.00 | 62.60 |
| 54 | 19.20 | 30.40 | 44.70 | 64.90 |
| 55 | 20.30 | 32.40 | 46.20 | 66.90 |
| 56 | 21.70 | 34.60 | 48.30 | 70.10 |
| 57 | 23.20 | 37.00 | 50.50 | 73.30 |
| 58 | 24.80 | 39.50 | 52.80 | 77.00 |
| 59 | 26.50 | 42.30 | 55.30 | 80.60 |



RATE SHEET
Tahoma School District

| | | | |
|--|--|---|------------------------------------|
| <u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level | \$1,000 \$500 6 Years 50% \$72,000 90 Days Professional | <u>Options</u> Home Care Level Inflation Protection | Total 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 |
| 60 | 28.20 | 45.00 | 57.60 | 84.20 |
| 61 | 31.20 | 49.40 | 62.00 | 90.40 |
| 62 | 34.20 | 53.80 | 66.70 | 97.00 |
| 63 | 37.40 | 58.40 | 71.00 | 102.70 |
| 64 | 40.70 | 63.30 | 76.10 | 109.80 |
| 65 | 46.50 | 71.10 | 84.70 | 120.80 |
| 66 | 51.20 | 77.30 | 91.30 | 129.10 |
| 67 | 57.10 | 84.70 | 99.70 | 139.60 |
| 68 | 63.00 | 92.50 | 107.40 | 148.90 |
| 69 | 69.50 | 100.70 | 115.90 | 159.50 |
| 70 | 77.00 | 110.30 | 125.00 | 170.80 |
| 71 | 85.40 | 120.80 | 136.40 | 184.90 |
| 72 | 94.50 | 132.20 | 148.30 | 199.30 |
| 73 | 104.70 | 145.20 | 160.20 | 214.50 |
| 74 | 115.50 | 158.60 | 173.70 | 230.50 |
| 75 | 139.00 | 189.40 | 204.80 | 270.20 |
| 76 | 152.70 | 206.00 | 222.00 | 290.80 |
| 77 | 167.60 | 224.40 | 239.00 | 311.10 |
| 78 | 183.50 | 243.80 | 258.10 | 333.50 |
| 79 | 201.10 | 265.30 | 277.30 | 356.90 |
| 80 | 220.60 | 288.70 | 300.00 | 383.80 |



RATE SHEET
Tahoma School District

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

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 | 9.50 | 15.40 | 29.40 | 43.40 |
| 31 | 9.50 | 15.50 | 30.10 | 44.40 |
| 32 | 9.90 | 16.00 | 31.20 | 45.80 |
| 33 | 10.10 | 16.20 | 31.80 | 46.50 |
| 34 | 10.40 | 16.70 | 32.50 | 47.70 |
| 35 | 10.70 | 17.30 | 33.40 | 48.90 |
| 36 | 10.90 | 17.60 | 34.10 | 49.80 |
| 37 | 11.60 | 18.50 | 35.50 | 51.60 |
| 38 | 11.80 | 18.90 | 36.20 | 52.70 |
| 39 | 12.20 | 19.40 | 37.20 | 54.00 |
| 40 | 12.80 | 20.40 | 38.10 | 55.50 |
| 41 | 13.40 | 21.30 | 39.50 | 57.30 |
| 42 | 13.80 | 22.00 | 40.50 | 58.80 |
| 43 | 14.50 | 23.10 | 41.60 | 60.50 |
| 44 | 15.30 | 24.30 | 43.10 | 62.50 |
| 45 | 16.20 | 25.60 | 44.70 | 64.80 |
| 46 | 16.90 | 26.90 | 45.70 | 66.50 |
| 47 | 17.50 | 28.20 | 46.50 | 68.50 |
| 48 | 18.40 | 29.90 | 48.30 | 71.50 |
| 49 | 19.10 | 31.30 | 49.40 | 73.80 |
| 50 | 20.50 | 33.70 | 51.00 | 76.70 |
| 51 | 21.50 | 35.50 | 52.50 | 79.50 |
| 52 | 22.50 | 37.60 | 54.10 | 82.40 |
| 53 | 24.00 | 40.10 | 56.20 | 86.00 |
| 54 | 25.00 | 42.30 | 57.70 | 88.90 |
| 55 | 26.50 | 44.90 | 60.00 | 91.60 |
| 56 | 28.20 | 48.00 | 62.20 | 95.60 |
| 57 | 30.00 | 51.30 | 64.90 | 100.30 |
| 58 | 32.20 | 55.30 | 68.00 | 105.50 |
| 59 | 34.20 | 58.80 | 70.70 | 110.10 |



RATE SHEET
Tahoma School District

| | | | |
|--|---|---|--|
| <u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level | \$1,000 \$500 Unlimited 50% Unlimited 90 Days Professional | <u>Options</u> Home Care Level Inflation Protection | Total 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 |
| 60 | 36.80 | 63.30 | 73.80 | 115.60 |
| 61 | 40.20 | 68.90 | 79.00 | 123.70 |
| 62 | 43.60 | 74.80 | 84.50 | 132.50 |
| 63 | 47.80 | 81.70 | 90.00 | 141.10 |
| 64 | 51.80 | 88.40 | 95.80 | 150.30 |
| 65 | 58.70 | 98.90 | 106.20 | 165.30 |
| 66 | 65.10 | 108.10 | 115.20 | 177.60 |
| 67 | 72.10 | 118.00 | 124.90 | 191.10 |
| 68 | 79.90 | 129.20 | 134.80 | 204.30 |
| 69 | 88.00 | 140.70 | 145.60 | 219.20 |
| 70 | 97.20 | 153.40 | 156.70 | 234.40 |
| 71 | 107.70 | 168.00 | 170.60 | 253.10 |
| 72 | 118.80 | 183.30 | 185.20 | 272.20 |
| 73 | 130.80 | 200.10 | 199.60 | 292.50 |
| 74 | 144.10 | 218.10 | 215.50 | 313.30 |
| 75 | 173.10 | 259.70 | 253.60 | 366.20 |
| 76 | 190.10 | 282.50 | 275.30 | 394.60 |
| 77 | 208.50 | 307.20 | 296.10 | 421.50 |
| 78 | 227.80 | 333.60 | 318.90 | 451.00 |
| 79 | 249.30 | 362.20 | 342.50 | 482.50 |
| 80 | 272.90 | 393.10 | 369.70 | 517.70 |