



**RATE SHEET  
COLLEGE OF DUPAGE**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>3 Years</b>	Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$36,000</b>	Inflation Protection	<b>Simple Capped</b>
Elimination Period	<b>60 Days</b>	Home Care Level	<b>Total</b>

*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	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
18-30	1.10	2.00	3.50	6.00
31	1.10	2.00	3.60	6.30
32	1.20	2.30	3.80	6.70
33	1.20	2.30	3.90	6.80
34	1.30	2.50	4.10	7.20
35	1.50	2.70	4.30	7.60
36	1.60	2.90	4.60	8.20
37	1.60	3.00	4.70	8.30
38	1.70	3.20	5.00	8.80
39	1.80	3.40	5.30	9.40
40	1.90	3.50	5.60	9.70
41	2.20	4.00	6.00	10.50
42	2.30	4.20	6.30	11.10
43	2.40	4.50	6.70	11.70
44	2.60	4.90	7.10	12.40
45	2.70	5.20	7.50	13.20
46	3.00	5.50	8.00	13.90
47	3.20	6.00	8.50	14.80
48	3.40	6.40	9.00	15.70
49	3.70	6.80	9.60	16.50
50	4.00	7.50	10.30	17.70
51	4.40	8.10	11.00	18.80
52	4.80	8.70	11.90	20.10
53	5.10	9.50	12.60	21.30
54	5.60	10.40	13.60	22.80
55	6.10	11.10	14.60	24.20
56	6.80	12.30	15.80	26.10
57	7.60	13.70	17.30	28.50
58	8.50	15.20	18.90	30.80
59	9.40	16.80	20.40	33.10



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Lifetime Maximum	<b>\$36,000</b>	Inflation Protection	<b>Simple Capped</b>
Elimination Period	<b>60 Days</b>	Home Care Level	<b>Total</b>

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**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 Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
	60	10.50	18.60	22.20
61	11.80	20.80	24.20	38.80
62	13.40	23.10	26.50	42.00
63	15.10	25.80	28.90	45.40
64	17.00	28.70	31.40	49.10
65	20.10	33.70	35.50	55.10
66	22.30	36.80	38.30	58.70
67	25.10	40.90	41.50	63.30
68	28.00	44.70	44.90	67.50
69	31.20	49.30	48.70	72.60
70	34.80	53.90	52.90	77.60
71	40.80	62.40	59.90	87.00
72	46.80	70.60	67.00	96.40
73	52.80	78.60	74.00	105.30
74	58.80	85.90	81.10	113.50
75	64.80	94.00	88.10	122.40
76	71.80	102.00	95.90	131.10
77	79.60	111.50	104.50	141.10
78	88.40	121.90	114.20	152.40
79	97.70	133.90	124.40	164.90
80	108.00	145.80	135.50	177.50
81	119.10	158.40	147.50	190.80
82	131.40	172.10	160.60	204.80
83	145.30	188.80	175.40	222.30
84	159.30	203.80	190.50	238.10
85	178.20	226.40	210.60	261.70



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>5 Years</b>	Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$60,000</b>	Inflation Protection	<b>Simple Capped</b>
Elimination Period	<b>60 Days</b>	Home Care Level	<b>Total</b>

*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 Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
	18-30	1.30	2.40	4.00
31	1.40	2.70	4.10	7.30
32	1.50	2.90	4.40	7.70
33	1.50	2.90	4.50	7.90
34	1.70	3.10	4.70	8.40
35	1.80	3.30	5.00	8.80
36	1.90	3.50	5.20	9.20
37	2.00	3.70	5.50	9.60
38	2.10	3.90	5.80	10.30
39	2.20	4.20	6.10	10.90
40	2.50	4.60	6.50	11.60
41	2.60	4.80	6.90	12.10
42	2.80	5.20	7.40	13.10
43	2.90	5.40	7.70	13.50
44	3.20	5.90	8.20	14.50
45	3.40	6.40	8.70	15.30
46	3.60	6.70	9.20	16.20
47	4.00	7.40	10.00	17.40
48	4.20	7.90	10.50	18.40
49	4.60	8.50	11.30	19.40
50	4.90	9.10	12.00	20.70
51	5.30	9.80	12.90	22.00
52	5.80	10.70	13.80	23.50
53	6.30	11.50	14.80	25.00
54	6.90	12.70	16.00	26.90
55	7.50	13.70	17.10	28.50
56	8.30	15.10	18.60	30.90
57	9.30	16.70	20.30	33.50
58	10.30	18.40	22.10	36.20
59	11.50	20.60	24.20	39.40



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Facility Monthly Benefit	<b>\$1,000</b>	Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>5 Years</b>	Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$60,000</b>	Inflation Protection	<b>Simple Capped</b>
Elimination Period	<b>60 Days</b>	Home Care Level	<b>Total</b>

*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	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
	60	12.80	22.50	26.30
61	14.40	25.10	28.70	45.90
62	16.20	28.00	31.50	50.00
63	18.30	31.30	34.40	54.20
64	20.50	34.80	37.70	58.80
65	24.20	40.70	42.60	66.10
66	27.00	44.40	46.10	70.80
67	30.20	49.20	50.20	76.40
68	33.70	53.90	54.50	82.00
69	37.60	59.40	59.40	88.50
70	41.80	64.80	64.70	94.90
71	48.90	74.90	73.60	106.80
72	56.00	84.60	82.50	118.50
73	63.20	94.10	91.40	129.70
74	70.30	102.60	100.30	139.90
75	77.40	112.20	109.20	151.00
76	85.60	121.60	119.20	162.10
77	94.90	132.80	130.40	175.10
78	105.20	145.20	142.90	189.60
79	116.20	159.10	156.30	205.60
80	128.20	173.00	170.90	222.00
81	141.30	188.00	186.40	239.40
82	155.60	203.90	203.40	257.40
83	171.70	223.30	222.60	279.80
84	187.80	240.40	242.10	300.00
85	210.20	267.00	268.30	330.20



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>Unlimited</b>	Home Benefit	<b>50%</b>
Lifetime Maximum	<b>Unlimited</b>	Inflation Protection	<b>Simple Capped</b>
Elimination Period	<b>60 Days</b>	Home Care Level	<b>Total</b>

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
	Base Plan	Option	Option	Option
18-30	1.70	3.20	5.40	9.60
31	1.80	3.40	5.70	10.00
32	1.90	3.60	5.90	10.50
33	2.10	3.80	6.20	11.00
34	2.20	4.00	6.50	11.50
35	2.30	4.30	6.80	12.10
36	2.40	4.50	7.10	12.70
37	2.50	4.70	7.50	13.30
38	2.60	5.00	7.90	14.10
39	2.90	5.30	8.40	14.90
40	3.10	5.80	8.90	15.80
41	3.20	6.00	9.30	16.60
42	3.50	6.50	9.90	17.60
43	3.70	6.80	10.50	18.60
44	3.90	7.30	11.10	19.60
45	4.30	8.00	11.80	21.00
46	4.50	8.40	12.60	22.10
47	4.90	9.10	13.40	23.50
48	5.30	9.90	14.40	25.20
49	5.70	10.50	15.30	26.60
50	6.20	11.40	16.40	28.50
51	6.70	12.30	17.60	30.40
52	7.20	13.20	18.80	32.40
53	7.80	14.30	20.20	34.50
54	8.50	15.50	21.80	37.00
55	9.30	16.90	23.30	39.50
56	10.30	18.60	25.50	42.80
57	11.40	20.60	27.80	46.50
58	12.60	22.70	30.40	50.70
59	14.00	25.00	33.20	54.70



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Facility Benefit Duration	<b>Unlimited</b>	Home Benefit	<b>50%</b>
Lifetime Maximum	<b>Unlimited</b>	Inflation Protection	<b>Simple Capped</b>
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	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
	60	15.70	27.70	36.30
61	17.50	30.70	39.70	64.70
62	19.70	34.10	43.70	70.30
63	22.10	37.80	47.90	76.50
64	24.90	42.10	52.50	83.10
65	29.20	49.10	59.50	93.50
66	32.60	53.80	64.80	100.80
67	36.30	59.20	70.60	108.50
68	40.60	64.90	77.00	117.00
69	45.20	71.40	83.90	126.10
70	50.00	77.60	91.20	135.20
71	58.40	89.40	103.60	151.70
72	66.80	100.80	115.90	168.20
73	75.10	112.00	128.40	183.80
74	83.50	121.90	140.70	198.60
75	91.90	133.20	153.10	214.00
76	101.60	144.30	167.10	230.10
77	112.50	157.40	182.70	248.60
78	124.60	171.90	199.90	268.30
79	137.40	188.20	217.90	290.40
80	151.30	204.20	237.10	312.30
81	166.20	221.20	257.50	334.60
82	182.70	239.40	279.90	359.00
83	201.10	261.40	304.80	387.90
84	219.30	280.70	329.20	413.70
85	245.00	311.20	364.30	454.30