



**RATE SHEET
SEATTLE PACIFIC UNIVERSITY**

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	3 Years		
Home Benefit	100%		
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
	Base Plan	Base Plan With Compound Inflation Option
18-30	3.10	9.20
31	3.10	9.30
32	3.10	9.50
33	3.20	9.70
34	3.30	10.00
35	3.40	10.30
36	3.50	10.60
37	3.60	10.80
38	3.80	11.20
39	4.00	11.50
40	4.10	11.70
41	4.30	12.10
42	4.50	12.50
43	4.70	12.90
44	4.90	13.30
45	5.20	13.80
46	5.40	14.10
47	5.60	14.40
48	5.90	14.80
49	6.10	15.20
50	6.40	15.50
51	6.80	16.00
52	7.00	16.40
53	7.40	16.90
54	7.70	17.30
55	8.20	18.00
56	8.60	18.60
57	9.20	19.40
58	9.80	20.20
59	10.40	21.00



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Home Benefit	100%		
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
	Base Plan	Base Plan With Compound Inflation Option
60	11.10	21.90
61	11.90	23.30
62	13.10	24.90
63	14.10	26.30
64	15.40	28.30
65	17.30	31.10
66	19.00	33.50
67	21.10	36.40
68	23.20	39.10
69	25.60	42.40
70	28.20	45.40
71	31.30	49.60
72	34.60	53.80
73	38.20	58.20
74	42.00	62.90
75	50.60	74.20
76	55.40	80.30
77	60.60	86.20
78	66.30	93.10
79	72.60	99.90
80	79.50	107.90



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	6 Years		
Home Benefit	100%		
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:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	4.10	12.20
31	4.20	12.50
32	4.30	12.80
33	4.40	13.20
34	4.50	13.50
35	4.70	13.90
36	4.80	14.20
37	5.00	14.60
38	5.20	15.10
39	5.40	15.50
40	5.60	15.90
41	5.80	16.20
42	6.10	16.80
43	6.40	17.30
44	6.70	17.90
45	7.00	18.50
46	7.30	19.00
47	7.60	19.40
48	8.00	19.90
49	8.20	20.40
50	8.60	20.70
51	9.00	21.30
52	9.50	22.00
53	10.00	22.60
54	10.50	23.30
55	11.10	24.00
56	11.70	24.80
57	12.40	25.70
58	13.10	26.80
59	13.90	27.90



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	6 Years		
Home Benefit	100%		
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:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	14.80	28.90
61	16.00	30.80
62	17.40	32.90
63	18.80	34.70
64	20.40	37.10
65	22.80	40.70
66	25.20	43.90
67	27.80	47.70
68	30.60	51.20
69	33.70	55.20
70	37.10	59.30
71	41.10	64.60
72	45.30	70.10
73	49.90	75.60
74	55.10	81.80
75	66.00	96.20
76	72.30	104.10
77	79.10	111.80
78	86.50	120.50
79	94.60	129.40
80	103.50	139.70



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<i>Base Plan</i> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$1,000 Unlimited 100% Unlimited 90 Days Professional	<i>Options</i> Inflation Protection	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
	Base Plan	Base Plan With Compound Inflation Option
18-30	5.90	16.90
31	5.90	17.20
32	6.10	17.70
33	6.20	18.10
34	6.30	18.40
35	6.50	18.90
36	6.70	19.40
37	6.90	20.00
38	7.10	20.50
39	7.40	21.00
40	7.70	21.60
41	8.10	22.30
42	8.40	22.90
43	8.80	23.60
44	9.20	24.30
45	9.70	25.10
46	10.10	25.60
47	10.50	26.10
48	11.00	26.90
49	11.40	27.40
50	11.90	28.10
51	12.40	28.90
52	13.00	29.60
53	13.70	30.50
54	14.30	31.20
55	14.90	31.80
56	15.80	32.90
57	16.70	34.30
58	17.60	35.50
59	18.70	36.90



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	Unlimited		
Home Benefit	100%		
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:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	19.80	38.10
61	21.40	40.50
62	23.00	43.00
63	24.90	45.40
64	26.80	48.10
65	30.00	52.70
66	33.10	57.00
67	36.40	61.50
68	40.00	66.10
69	44.00	71.30
70	48.40	76.70
71	53.50	83.30
72	58.80	90.10
73	64.50	97.00
74	70.90	104.60
75	84.90	122.80
76	92.90	132.90
77	101.50	142.60
78	110.80	153.30
79	120.90	164.40
80	132.00	177.20