



**RATE SHEET**  
**UNIVERSITY OF PITTSBURGH**

<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>	Home Care Level	<b>Total</b>
Elimination Period	<b>90 Days</b>	Inflation Protection	<b>Compound Uncapped</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 Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	1.30	3.20	4.80	9.20
31	1.30	3.20	4.90	9.40
32	1.30	3.30	5.00	9.60
33	1.40	3.30	5.20	9.80
34	1.40	3.40	5.30	10.00
35	1.50	3.50	5.50	10.30
36	1.50	3.60	5.60	10.60
37	1.60	3.70	5.80	10.80
38	1.70	3.90	6.00	11.20
39	1.80	4.10	6.20	11.50
40	1.90	4.20	6.40	11.80
41	2.00	4.40	6.60	12.20
42	2.00	4.60	6.90	12.60
43	2.10	4.80	7.00	12.90
44	2.20	5.00	7.30	13.40
45	2.40	5.30	7.60	13.80
46	2.50	5.60	7.80	14.20
47	2.70	5.80	8.10	14.70
48	2.90	6.20	8.50	15.20
49	3.00	6.60	8.80	15.80
50	3.20	6.90	9.10	16.30
51	3.50	7.40	9.50	17.00
52	3.70	7.80	10.00	17.60
53	4.00	8.30	10.30	18.30
54	4.30	8.80	10.80	18.90
55	4.60	9.40	11.50	19.60
56	5.00	9.90	12.10	20.50
57	5.50	10.70	12.80	21.50
58	5.90	11.40	13.50	22.50
59	6.50	12.20	14.30	23.50



**RATE SHEET**  
**UNIVERSITY OF PITTSBURGH**

<i>Base Plan</i>		<i>Options</i>	
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>	Home Care Level	<b>Total</b>
Elimination Period	<b>90 Days</b>	Inflation Protection	<b>Compound Uncapped</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 With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	7.10	13.10	15.20	24.70
61	7.90	14.20	16.50	26.30
62	8.80	15.50	18.00	28.30
63	9.80	16.80	19.30	29.90
64	10.90	18.30	21.10	32.00
65	12.60	20.40	23.70	35.20
66	14.10	22.20	25.80	37.50
67	15.80	24.30	28.20	40.50
68	17.60	26.50	30.60	43.20
69	19.60	28.90	33.30	46.40
70	21.80	31.60	36.00	49.50
71	24.40	34.60	39.50	53.50
72	27.10	37.90	43.10	57.70
73	30.20	41.60	46.80	62.10
74	33.60	45.50	51.00	66.80
75	40.60	54.30	60.40	78.30
76	44.70	59.00	65.70	84.20
77	49.20	64.20	71.00	89.90
78	54.20	69.80	77.00	96.50
79	59.60	75.90	82.90	103.10
80	65.70	82.60	90.00	110.80



**RATE SHEET**  
**UNIVERSITY OF PITTSBURGH**

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>6 Years</b>	Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$72,000</b>	Home Care Level	<b>Total</b>
Elimination Period	<b>90 Days</b>	Inflation Protection	<b>Compound Uncapped</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 Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	1.70	4.30	6.20	12.30
31	1.80	4.40	6.50	12.70
32	1.80	4.50	6.60	13.00
33	1.90	4.50	6.90	13.30
34	1.90	4.60	7.00	13.60
35	2.00	4.80	7.20	14.00
36	2.00	4.90	7.40	14.30
37	2.10	5.10	7.70	14.70
38	2.20	5.30	7.90	15.20
39	2.30	5.50	8.10	15.60
40	2.40	5.70	8.40	16.00
41	2.50	6.00	8.60	16.40
42	2.70	6.30	8.90	17.00
43	2.80	6.60	9.20	17.40
44	2.90	6.90	9.50	18.00
45	3.10	7.20	9.80	18.60
46	3.30	7.60	10.20	19.20
47	3.50	8.00	10.50	19.80
48	3.70	8.50	11.00	20.60
49	3.90	8.90	11.40	21.30
50	4.20	9.40	11.80	22.00
51	4.50	10.00	12.30	22.90
52	4.80	10.60	12.80	23.70
53	5.20	11.30	13.40	24.70
54	5.50	12.00	14.00	25.60
55	6.00	12.80	14.80	26.50
56	6.40	13.60	15.50	27.60
57	7.00	14.60	16.40	29.00
58	7.60	15.60	17.40	30.40
59	8.30	16.70	18.30	31.80



**RATE SHEET**  
**UNIVERSITY OF PITTSBURGH**

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Monthly Benefit	<b>\$500</b>
Facility Benefit Duration	<b>6 Years</b>	Home Benefit	<b>50%</b>
Lifetime Maximum	<b>\$72,000</b>	Home Care Level	<b>Total</b>
Elimination Period	<b>90 Days</b>	Inflation Protection	<b>Compound Uncapped</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 Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	9.00	17.90	19.30	33.40
61	10.10	19.50	21.00	35.80
62	11.20	21.30	22.80	38.30
63	12.40	23.10	24.50	40.70
64	13.80	25.20	26.60	43.60
65	15.90	28.10	29.90	47.80
66	17.80	30.70	32.50	51.30
67	19.90	33.60	35.50	55.30
68	22.10	36.60	38.40	59.00
69	24.50	40.00	41.60	63.30
70	27.20	43.70	45.00	67.60
71	30.40	47.90	49.30	73.30
72	33.80	52.50	53.70	79.00
73	37.50	57.50	58.10	84.90
74	41.50	62.90	63.20	91.40
75	50.10	75.10	74.70	107.10
76	55.30	81.70	81.20	115.30
77	60.80	88.90	87.50	123.30
78	66.80	96.70	94.80	132.20
79	73.40	105.30	102.00	141.50
80	80.70	114.50	110.60	152.10



**RATE SHEET**  
**UNIVERSITY OF PITTSBURGH**

<i>Base Plan</i>		<i>Options</i>	
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>	Home Care Level	<b>Total</b>
Elimination Period	<b>90 Days</b>	Inflation Protection	<b>Compound Uncapped</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 Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	2.20	6.10	8.00	17.20
31	2.20	6.10	8.20	17.60
32	2.30	6.30	8.50	18.00
33	2.30	6.40	8.60	18.40
34	2.40	6.60	8.80	18.80
35	2.50	6.80	9.10	19.30
36	2.60	7.00	9.40	19.70
37	2.70	7.20	9.60	20.30
38	2.80	7.40	9.90	20.80
39	2.90	7.80	10.20	21.40
40	3.00	8.10	10.50	22.00
41	3.20	8.40	10.90	22.60
42	3.30	8.70	11.10	23.30
43	3.50	9.10	11.50	23.90
44	3.70	9.60	11.90	24.70
45	3.80	10.10	12.20	25.40
46	4.10	10.60	12.70	26.30
47	4.40	11.20	13.20	27.20
48	4.60	11.90	13.70	28.30
49	4.90	12.50	14.20	29.20
50	5.30	13.30	14.70	30.30
51	5.60	14.00	15.30	31.50
52	6.00	14.90	16.00	32.60
53	6.40	15.90	16.70	34.00
54	6.90	16.80	17.40	35.20
55	7.30	17.70	18.30	36.10
56	7.90	19.00	19.20	37.80
57	8.60	20.40	20.20	39.80
58	9.30	21.80	21.30	41.70
59	10.20	23.40	22.50	43.70



**RATE SHEET**  
**UNIVERSITY OF PITTSBURGH**

<i>Base Plan</i>		<i>Options</i>	
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>	Home Care Level	<b>Total</b>
Elimination Period	<b>90 Days</b>	Inflation Protection	<b>Compound Uncapped</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 Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	11.10	25.00	23.70	45.80
61	12.30	27.30	25.70	49.00
62	13.60	29.70	27.80	52.50
63	15.10	32.30	29.90	55.90
64	16.80	35.10	32.30	59.70
65	19.30	39.20	36.30	65.60
66	21.60	42.90	39.40	70.40
67	24.00	46.80	43.00	75.80
68	26.70	51.10	46.40	80.80
69	29.60	55.70	50.40	86.80
70	32.90	60.80	54.40	92.90
71	36.70	66.60	59.40	100.40
72	40.80	72.80	64.80	108.00
73	45.10	79.40	69.90	115.90
74	49.80	86.60	75.80	124.30
75	60.10	103.00	89.50	145.30
76	66.20	112.10	97.30	156.50
77	72.80	121.80	104.90	167.10
78	79.90	132.30	113.50	179.00
79	87.70	143.70	122.00	191.40
80	96.30	156.00	132.00	205.30