



**RATE SHEET  
CITY OF SALEM**

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>2 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$24,000</b>		
Elimination Period	<b>60 Days</b>		
Home Care Level	<b>Professional</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 Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
	18-30	3.70	5.00	6.70
31	3.90	5.10	7.00	9.20
32	4.00	5.30	7.20	9.60
33	4.50	5.90	8.00	10.40
34	4.70	6.10	8.20	10.70
35	5.00	6.60	8.50	11.30
36	5.20	6.80	9.20	11.90
37	5.30	7.00	9.60	12.60
38	5.80	7.60	10.40	13.40
39	6.00	7.90	10.70	14.00
40	6.40	8.40	11.50	14.80
41	6.80	8.90	12.10	15.60
42	7.50	9.60	13.20	16.80
43	7.80	10.20	13.60	17.80
44	8.20	10.60	14.30	18.50
45	8.70	11.20	15.40	19.70
46	9.20	11.80	16.10	20.50
47	9.70	12.60	17.20	21.90
48	10.60	13.60	18.50	23.50
49	11.20	14.40	19.50	24.70
50	12.00	15.40	21.00	26.60
51	13.00	16.50	22.30	28.00
52	13.80	17.60	23.60	29.60
53	14.80	18.80	25.30	31.60
54	15.90	20.10	26.90	33.50
55	17.10	21.60	28.80	35.90
56	18.80	23.70	31.60	39.20
57	20.60	25.80	34.20	42.10
58	22.40	28.00	37.10	45.50
59	24.20	30.20	39.90	48.70



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Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>2 Years</b>		
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Lifetime Maximum	<b>\$24,000</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 With Total Home Care	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Base Plan	Option	Option	Option
60	26.90	33.20	43.90	53.10
61	29.60	36.20	48.10	57.70
62	32.20	39.10	52.30	62.20
63	35.60	43.00	57.10	67.60
64	39.10	46.80	61.90	72.80
65	44.10	52.30	69.80	81.10
66	48.00	56.30	75.20	86.70
67	52.40	61.10	81.20	92.90
68	57.00	66.00	87.00	99.00
69	62.40	71.50	94.40	106.50
70	68.00	77.40	101.30	113.60
71	77.60	87.40	114.40	127.20
72	87.50	97.80	127.60	140.80
73	97.00	107.70	140.00	153.60
74	106.70	117.90	151.10	165.20
75	116.30	127.90	163.70	177.80
76	127.10	139.00	176.20	190.60
77	138.90	151.10	189.70	204.20
78	152.20	164.80	205.20	220.00
79	166.70	179.50	223.30	238.20
80	182.20	195.20	241.20	256.20
81	198.80	211.90	259.90	274.70
82	216.90	230.00	279.40	294.10
83	237.20	250.30	303.50	318.20
84	258.10	271.20	326.00	340.40



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>4 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$48,000</b>		
Elimination Period	<b>60 Days</b>		
Home Care Level	<b>Professional</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 Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	4.80	6.60	8.60	11.70
31	5.20	7.10	9.30	12.30
32	5.40	7.30	9.60	12.80
33	5.60	7.60	10.00	13.40
34	5.80	7.80	10.50	14.20
35	6.10	8.20	11.10	14.80
36	6.80	9.10	11.90	15.90
37	7.00	9.40	12.30	16.40
38	7.30	9.80	13.00	17.20
39	7.80	10.40	14.00	18.50
40	8.30	11.00	14.70	19.50
41	8.60	11.50	15.40	20.30
42	9.50	12.50	16.90	22.10
43	9.90	13.20	17.60	23.30
44	10.40	13.80	18.40	24.20
45	11.20	14.80	19.90	26.10
46	12.00	15.80	21.10	27.60
47	12.70	16.70	22.30	28.90
48	13.40	17.70	23.70	30.70
49	14.50	19.20	25.30	32.80
50	15.50	20.30	27.10	34.90
51	16.70	22.00	29.10	37.40
52	17.80	23.30	30.70	39.40
53	19.50	25.20	33.50	42.50
54	20.80	27.00	35.80	45.40
55	22.50	29.00	38.10	48.10
56	24.50	31.50	41.50	52.20
57	27.00	34.50	45.10	56.70
58	29.50	37.60	49.50	61.70
59	32.70	41.20	54.30	67.10



**RATE SHEET  
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<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>4 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$48,000</b>		
Elimination Period	<b>60 Days</b>		
Home Care Level	<b>Professional</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 With Total Home Care	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Base Plan	Option	Option	Option
60	35.70	45.00	58.60	72.30
61	39.30	49.00	64.20	78.20
62	43.30	53.80	70.30	85.20
63	47.70	58.70	76.80	92.30
64	52.60	64.20	83.90	100.10
65	60.20	72.60	95.50	112.70
66	65.80	78.70	103.30	121.00
67	71.90	85.20	111.70	129.80
68	78.80	92.50	120.50	138.90
69	86.20	100.60	130.80	149.80
70	94.40	109.30	140.90	160.50
71	108.30	124.30	159.80	180.40
72	122.00	138.90	177.90	199.40
73	135.80	153.90	196.00	218.70
74	149.80	168.80	212.40	236.00
75	163.40	183.30	229.80	254.20
76	179.20	200.30	247.90	273.40
77	196.80	218.70	268.40	294.30
78	216.20	239.20	291.30	318.30
79	237.10	261.40	317.30	345.50
80	260.20	285.80	343.60	373.20
81	284.40	311.10	370.50	401.10
82	311.40	339.40	399.90	431.20
83	341.60	371.00	435.80	468.40
84	372.60	403.60	468.30	502.40



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<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	<b>\$1,000</b> <b>\$500</b> <b>Unlimited</b> <b>50%</b> <b>Unlimited</b> <b>60 Days</b> <b>Professional</b>	<u>Options</u> Home Care Level Inflation Protection	<b>Total Simple Capped</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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	6.70	9.60	12.00	17.10
31	7.10	10.00	12.50	17.70
32	7.20	10.30	12.90	18.30
33	7.80	10.90	14.00	19.60
34	8.20	11.60	14.60	20.50
35	8.40	12.00	15.20	21.30
36	8.80	12.60	16.10	22.60
37	9.50	13.50	17.10	24.00
38	10.00	14.10	17.90	25.20
39	10.40	14.80	18.60	26.20
40	11.30	15.80	20.30	28.20
41	11.70	16.50	21.10	29.60
42	12.40	17.50	22.30	31.20
43	13.30	18.70	24.00	33.20
44	14.00	19.60	25.20	34.90
45	15.20	21.10	27.20	37.50
46	15.90	22.30	28.50	39.40
47	17.30	24.00	30.90	42.30
48	18.60	25.70	32.80	45.00
49	19.80	27.30	34.80	47.50
50	21.30	29.30	37.50	51.00
51	23.00	31.70	40.40	54.90
52	24.20	33.50	42.60	57.90
53	26.40	36.20	46.00	62.00
54	28.60	39.10	49.40	66.30
55	30.70	42.00	53.10	71.10
56	33.70	45.90	57.80	77.20
57	37.20	50.40	63.50	84.40
58	40.90	55.10	69.40	91.80
59	44.70	60.10	75.10	99.00



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

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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Simple Inflation	Base Plan With Total Home Care Simple Inflation
	Base Plan	Option	Option	Option
60	49.40	65.90	82.50	108.10
61	54.20	72.10	90.10	117.40
62	60.10	79.40	98.70	127.80
63	66.50	87.30	108.20	139.40
64	73.40	95.90	118.40	151.60
65	84.30	108.80	135.20	171.20
66	92.20	118.40	146.10	184.20
67	101.30	128.90	158.20	198.10
68	111.40	141.00	171.90	214.30
69	122.10	153.50	186.30	230.60
70	133.30	166.60	200.60	247.20
71	152.80	189.40	226.70	277.20
72	172.20	211.90	252.90	307.30
73	191.40	234.50	277.50	335.70
74	211.00	257.30	301.20	363.30
75	230.30	279.90	325.70	391.10
76	252.60	305.60	351.30	420.80
77	277.10	334.00	380.60	454.50
78	304.70	365.70	412.60	490.90
79	333.10	398.30	448.20	530.90
80	364.00	433.40	483.60	571.00
81	396.90	470.90	519.50	611.50
82	433.20	512.00	559.50	656.40
83	473.40	557.30	606.80	709.20
84	513.00	601.90	648.70	756.50