



CLASS: NL02

RATE SHEET
THE RESEARCH CORPORATION
OF THE UNIVERSITY OF HAWAII

<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:

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

For Employees Only:

$$\text{Rate for Plan 1 (3 Year Duration)} \times 2 \text{ (Based on Funded Amount)} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2 <small>SUPPLEMENTAL</small>	Plan 3 <small>SUPPLEMENTAL</small>	Plan 4 <small>SUPPLEMENTAL</small>
	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	3.30	5.00	37.00
31	3.30	5.00	37.50	52.50
32	3.30	5.10	38.00	53.10
33	3.40	5.30	38.40	53.60
34	3.50	5.40	38.90	54.10
35	3.60	5.50	39.40	54.70
36	3.70	5.70	40.00	55.40
37	3.80	5.80	40.70	56.20
38	4.00	6.10	41.20	56.90
39	4.30	6.40	41.90	57.80
40	4.40	6.70	42.50	58.50
41	4.70	6.90	43.10	59.10
42	4.80	7.20	43.70	60.00
43	5.00	7.50	44.30	60.70
44	5.20	7.90	45.00	61.50
45	5.60	8.30	45.50	62.20
46	5.80	8.70	46.00	63.00
47	6.10	9.10	46.40	63.80
48	6.40	9.80	46.90	64.60
49	6.70	10.20	47.30	65.40
50	7.10	10.80	47.70	66.20
51	7.50	11.60	48.20	67.10
52	8.00	12.30	48.60	67.80
53	8.40	13.10	49.00	68.60
54	8.80	13.70	49.50	69.50
55	9.50	14.70	49.90	70.30
56	10.10	15.60	52.50	73.50
57	10.90	16.70	55.20	76.80
58	11.60	17.80	57.90	80.20
59	12.50	19.20	60.70	83.70



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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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2 \text{ (Based on Funded Amount)}} \times \text{Employer Paid Amount} = \text{EMPLOYEE'S COST (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2 SUPPLEMENTAL	Plan 3 SUPPLEMENTAL	Plan 4 SUPPLEMENTAL
	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	13.50	20.50	63.40
61	14.70	22.20	66.20	90.60
62	16.20	24.30	69.00	94.10
63	17.70	26.30	71.80	97.70
64	19.50	28.60	74.80	101.30
65	22.20	31.90	77.30	104.50
66	24.60	34.70	83.60	111.50
67	27.40	38.10	91.20	120.40
68	30.20	41.40	98.30	128.30
69	33.60	45.30	106.90	137.80
70	37.20	49.50	114.90	147.10
71	41.30	54.20	125.80	159.10
72	45.90	59.30	136.80	171.40
73	50.90	65.20	148.30	184.50
74	56.20	71.20	160.80	198.40
75	67.90	85.00	190.00	232.40
76	74.40	92.40	206.20	250.00
77	81.70	100.40	221.80	266.80
78	89.70	109.20	240.10	286.40
79	98.40	118.80	258.10	306.00
80	108.20	129.30	279.70	329.10



RATE SHEET
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<i>Base Plan</i> (SUPPLEMENTAL BUY-UP PLAN)		<i>Options</i>	
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:

	X		÷ \$1,000 =		(A)
Rate for Plan Chosen		Facility Monthly Benefit Amount		Your Premium	
For Employees Only:					
	X	2	=		(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)		Employer Paid Amount	
A MINUS B =					EMPLOYEE'S COST

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Option	Option	Option	Option
18-30	4.20	6.70	48.70	69.20
31	4.40	6.80	49.50	70.20
32	4.50	7.00	50.20	71.10
33	4.60	7.10	50.90	72.00
34	4.70	7.30	51.70	72.90
35	4.90	7.60	52.40	73.90
36	5.00	7.70	53.20	74.90
37	5.20	8.00	54.00	75.90
38	5.40	8.40	54.70	76.80
39	5.70	8.60	55.40	77.80
40	5.90	9.00	56.20	78.80
41	6.00	9.30	57.00	79.80
42	6.40	9.80	57.80	80.80
43	6.70	10.30	58.50	81.70
44	7.00	10.70	59.30	82.70
45	7.50	11.30	60.00	83.70
46	7.80	11.90	60.50	84.70
47	8.10	12.50	61.20	85.90
48	8.70	13.40	61.70	87.00
49	8.90	14.00	62.20	88.10
50	9.50	14.80	62.80	89.20
51	9.90	15.70	63.30	90.30
52	10.50	16.60	63.80	91.30
53	11.10	17.70	64.40	92.40
54	11.80	18.80	65.00	93.60
55	12.60	20.10	65.50	94.70
56	13.40	21.30	68.80	99.20
57	14.20	22.80	72.10	103.80
58	15.30	24.40	75.50	108.50
59	16.40	26.20	78.80	113.20



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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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{\text{(Based on Funded Amount)}} \times 2 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

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	17.60	28.00	82.20	118.00
61	19.30	30.60	85.80	122.90
62	21.10	33.30	89.30	127.70
63	23.20	36.20	92.90	132.70
64	25.40	39.50	96.40	137.70
65	28.70	44.00	99.70	142.20
66	31.90	48.10	107.70	152.30
67	35.40	52.60	117.30	164.30
68	39.10	57.40	126.30	175.20
69	43.20	62.60	136.50	187.90
70	47.80	68.40	146.90	200.90
71	53.10	75.10	160.60	217.70
72	58.80	82.20	174.60	234.50
73	64.90	90.00	188.50	252.10
74	71.80	98.60	204.30	271.30
75	86.30	117.60	241.10	318.20
76	94.80	128.00	261.20	342.20
77	104.00	139.30	281.00	365.80
78	114.00	151.50	303.70	392.60
79	124.90	164.80	326.50	420.20
80	137.00	179.30	353.10	451.70



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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		

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Monthly Rates

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		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	5.90	9.60	66.20	97.30
31	5.90	9.60	66.80	98.20
32	6.20	9.90	67.50	99.20
33	6.20	10.10	68.20	100.10
34	6.40	10.30	68.90	101.00
35	6.50	10.50	69.50	102.00
36	6.70	10.90	70.50	103.30
37	7.10	11.30	71.40	104.50
38	7.30	11.70	72.40	105.80
39	7.60	12.10	73.30	107.10
40	7.90	12.60	74.20	108.30
41	8.30	13.20	75.20	109.60
42	8.60	13.70	76.10	110.90
43	9.00	14.30	77.10	112.20
44	9.40	15.00	78.00	113.40
45	9.90	15.70	78.90	114.70
46	10.40	16.60	79.50	116.10
47	10.90	17.50	80.10	117.70
48	11.50	18.60	80.60	119.10
49	11.90	19.50	81.20	120.50
50	12.60	20.80	81.80	122.10
51	13.20	21.90	82.30	123.50
52	14.00	23.30	82.90	125.00
53	14.80	24.80	83.40	126.40
54	15.60	26.30	84.00	127.90
55	16.40	27.80	84.60	129.40
56	17.50	29.80	88.40	135.60
57	18.60	31.90	92.40	141.90
58	19.90	34.10	96.40	148.40
59	21.30	36.60	100.50	155.00



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	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	22.80	39.20	104.50
61	24.90	42.70	108.60	168.10
62	27.10	46.50	112.70	174.80
63	29.60	50.60	116.90	181.60
64	32.20	55.00	121.20	188.50
65	36.50	61.50	125.10	194.70
66	40.40	67.10	135.80	209.20
67	44.70	73.20	146.90	224.90
68	49.50	80.00	158.30	240.00
69	54.60	87.20	171.00	257.70
70	60.30	95.20	184.40	275.80
71	66.80	104.30	200.90	298.00
72	73.90	114.00	217.90	320.60
73	81.30	124.40	235.00	344.30
74	89.50	135.50	253.90	369.00
75	107.50	161.30	299.00	431.60
76	118.10	175.50	324.00	464.40
77	129.40	190.70	348.60	496.40
78	141.60	207.20	375.80	531.40
79	154.90	225.00	403.30	568.10
80	169.60	244.30	435.40	609.60