



RATE SHEET STATE OF SOUTH DAKOTA

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	2 Years		
Home Benefit	50%		
Lifetime Maximum	\$24,000		
Elimination Period	90 Days		
Home Care Level	Professional		

This rate sheet shows the cost per \$1,000 of coverage

EXAMPLE: Employee, age 40 chooses Plan A at \$3,000 facility MONTHLY benefit for a 6 year duration:			
<u>\$4.10</u> (Rate at \$1,000)	X	<u>\$3,000</u>	÷ \$1,000 = <u>\$12.30</u> (A)
Rate for Plan Chosen		Facility Monthly Benefit Amount	Your Premium
FOR EMPLOYEES ONLY:			
<u>\$2.30</u>	X	1.5	= <u>\$3.45</u> (B)
Funded Rate		(Based on Funded Amount)	Funded Premium Amount
(Plan A 2 Year Duration)		(\$1,500 Monthly Benefit)	
		A MINUS B	= <u>\$8.85</u>
			EMPLOYEE'S COST
Calculate your Premium:			
<u>Rate for Plan Chosen</u>	X	<u>Facility Monthly Benefit Amount</u>	÷ \$1,000 = <u> </u> (A)
For Employees Only:			Your Premium
<u>Rate for Plan 1</u>	X	1.5	= <u> </u> (B)
(2 Year Duration)		(Based on Funded Amount)	Funded Premium Amount
		A MINUS B	= <u> </u>
			EMPLOYEE'S COST

CALCULATION FOR CURRENT INSURED ONLY: For the *funded premium amount (B)* use your insurance age at initial enrollment. For *your premium (A)* use your current age.

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
	Base Plan	Option	Option	Option
18-30	1.70	2.60	5.40	7.60
31	1.80	2.70	5.70	7.80
32	1.80	2.70	5.80	8.00
33	1.80	2.80	5.90	8.20
34	1.90	2.90	6.20	8.50
35	2.00	2.90	6.30	8.60
36	2.10	3.00	6.50	8.90
37	2.10	3.10	6.70	9.10
38	2.20	3.20	6.90	9.40
39	2.30	3.40	7.10	9.60
40	2.30	3.50	7.30	9.80
41	2.50	3.70	7.60	10.20
42	2.60	3.80	7.90	10.60
43	2.70	4.00	8.10	10.90
44	2.90	4.20	8.40	11.20
45	3.00	4.40	8.60	11.50
46	3.10	4.60	8.80	11.90
47	3.30	4.90	9.20	12.40
48	3.50	5.10	9.40	12.80
49	3.70	5.50	9.70	13.30
50	3.90	5.80	10.00	13.70
51	4.10	6.20	10.40	14.30
52	4.30	6.50	10.70	14.80
53	4.60	6.90	11.10	15.40
54	4.90	7.30	11.50	15.90
55	5.20	7.80	12.10	16.50



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Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	2 Years		
Home Benefit	50%		
Lifetime Maximum	\$24,000		
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:

$$\frac{\text{Rate for Plan 1 (2 Year Duration)}}{1.5 \text{ (Based on Funded Amount)}} \times 1.5 = \text{Funded Premium Amount (B)}$$

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

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
	56	5.50	8.30	12.50
57	5.90	8.90	13.20	18.10
58	6.40	9.50	13.90	18.90
59	6.90	10.20	14.50	19.80
60	7.50	10.90	15.30	20.80
61	8.10	11.80	16.50	22.20
62	9.00	12.90	17.70	23.70
63	9.90	14.10	19.00	25.30
64	10.90	15.20	20.40	27.00
65	12.40	17.10	22.80	29.70
66	13.80	18.60	24.80	31.80
67	15.40	20.40	27.00	34.30
68	17.00	22.20	29.10	36.50
69	18.80	24.30	31.50	39.20
70	20.90	26.60	34.00	41.90
71	23.20	29.10	37.20	45.40
72	25.70	32.00	40.60	48.90
73	28.60	35.20	44.00	52.80
74	31.70	38.50	47.70	56.70
75	38.20	46.00	56.50	66.60
76	42.00	50.00	61.40	71.80
77	46.10	54.50	66.10	76.70
78	50.60	59.20	71.50	82.30
79	55.50	64.40	76.80	87.90
80	60.90	70.10	83.10	94.40



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<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	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	1.5			=		(B)
Rate for Plan 1 (2 Year Duration)		(Based on Funded Amount)				Funded Premium Amount	
A MINUS B							EMPLOYEE'S COST

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
18-30	3.00	4.60	9.60	13.40
31	3.10	4.70	9.90	13.80
32	3.10	4.80	10.10	14.10
33	3.20	4.90	10.40	14.50
34	3.30	5.00	10.60	14.80
35	3.40	5.20	10.90	15.20
36	3.50	5.40	11.20	15.60
37	3.70	5.60	11.50	16.00
38	3.80	5.80	11.90	16.60
39	4.00	6.00	12.20	17.00
40	4.10	6.20	12.60	17.40
41	4.30	6.50	12.90	17.90
42	4.50	6.80	13.30	18.50
43	4.70	7.10	13.70	19.00
44	4.90	7.40	14.20	19.60
45	5.20	7.80	14.70	20.30
46	5.50	8.30	15.20	21.00
47	5.70	8.70	15.50	21.60
48	6.10	9.20	16.00	22.50
49	6.30	9.70	16.50	23.20
50	6.60	10.30	16.90	24.00
51	7.00	10.80	17.50	24.90
52	7.40	11.60	18.10	25.90
53	7.80	12.30	18.70	26.90
54	8.30	13.00	19.40	28.00
55	8.80	13.90	20.20	28.90



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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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (2 Year Duration)}}{1.5 \text{ (Based on Funded Amount)}} = \text{Funded Premium Amount (B)}$$

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

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
56	9.40	14.80	21.10	30.20
57	10.10	15.90	22.00	31.70
58	10.80	17.00	23.10	33.20
59	11.60	18.20	24.20	34.80
60	12.40	19.50	25.30	36.50
61	13.60	21.30	27.20	39.10
62	14.90	23.20	29.30	41.90
63	16.40	25.20	31.10	44.50
64	18.00	27.50	33.50	47.70
65	20.40	30.70	37.20	52.40
66	22.60	33.60	40.20	56.20
67	25.10	36.70	43.80	60.60
68	27.70	40.10	47.20	64.70
69	30.60	43.70	51.00	69.40
70	33.90	47.90	55.00	74.30
71	37.60	52.50	60.10	80.50
72	41.70	57.60	65.30	86.70
73	46.00	63.10	70.50	93.30
74	50.90	69.00	76.50	100.40
75	61.20	82.50	90.20	117.80
76	67.30	89.80	97.80	126.80
77	73.80	97.70	105.30	135.60
78	80.90	106.30	113.70	145.50
79	88.70	115.70	122.20	155.80
80	97.20	125.90	132.20	167.50



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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		

This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

Rate for Plan Chosen	X	Facility Monthly Benefit Amount	÷	\$1,000	=	Your Premium	(A)
For Employees Only:							
Rate for Plan 1 (2 Year Duration)	X	1.5 (Based on Funded Amount)			=	Funded Premium Amount	(B)
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 Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	18-30	4.10	6.60	12.90
31	4.10	6.70	13.10	19.10
32	4.30	6.80	13.50	19.60
33	4.30	6.90	13.80	20.10
34	4.40	7.10	14.10	20.40
35	4.60	7.30	14.40	21.00
36	4.70	7.50	14.80	21.50
37	4.90	7.80	15.30	22.10
38	5.10	8.10	15.70	22.60
39	5.30	8.40	16.20	23.30
40	5.50	8.70	16.60	23.90
41	5.80	9.10	17.10	24.60
42	6.00	9.50	17.60	25.30
43	6.30	9.90	18.10	26.00
44	6.60	10.40	18.70	26.90
45	6.90	10.90	19.30	27.70
46	7.30	11.50	19.80	28.70
47	7.60	12.10	20.30	29.60
48	8.00	12.80	21.00	30.80
49	8.40	13.50	21.50	31.80
50	8.80	14.40	22.20	32.90
51	9.30	15.20	22.90	34.20
52	9.80	16.10	23.60	35.50
53	10.40	17.20	24.50	37.10
54	10.90	18.20	25.30	38.40
55	11.50	19.20	26.10	39.40



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Calculate your Premium:

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

For Employees Only:

$$\text{Rate for Plan 1 (2 Year Duration)} \times 1.5 \text{ (Based on Funded Amount)} = \text{Funded Premium Amount (B)}$$

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

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
56	12.30	20.60	27.10	41.20
57	13.10	22.10	28.40	43.30
58	14.00	23.70	29.60	45.40
59	15.00	25.40	31.00	47.60
60	16.10	27.20	32.30	49.90
61	17.50	29.60	34.60	53.50
62	19.10	32.20	37.00	57.30
63	20.90	35.20	39.40	60.90
64	22.80	38.20	42.10	65.10
65	25.80	42.70	46.70	71.60
66	28.60	46.70	50.60	76.90
67	31.60	51.00	54.90	82.80
68	35.00	55.70	59.10	88.30
69	38.60	60.80	63.90	94.90
70	42.70	66.40	68.90	101.60
71	47.30	72.70	75.00	109.80
72	52.30	79.50	81.40	118.10
73	57.60	86.80	87.80	126.90
74	63.40	94.60	94.90	136.10
75	76.20	112.70	111.70	159.10
76	83.60	122.60	121.10	171.40
77	91.70	133.30	130.30	183.10
78	100.30	144.80	140.50	196.20
79	109.80	157.30	150.80	209.80
80	120.10	170.80	162.80	225.10