



**RATE SHEET**  
**CLARK COUNTY ASSOCIATION OF SCHOOL ADMINISTRATORS AND**  
**PROFESSIONAL-TECHNICAL EMPLOYEES**

<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>5 Years</b> <b>50%</b> <b>\$60,000</b> <b>90 Days</b> <b>Professional</b>	<u>Options</u> Home Care Level Inflation Protection	<b>Total</b> <b>Simple Capped</b>
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*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

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

**For Employees Only:**

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

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	4.60	5.90	5.50	8.30
31	4.60	6.00	5.60	8.50
32	4.80	6.00	5.60	8.60
33	5.20	6.20	5.80	8.90
34	5.50	6.30	5.90	9.20
35	5.60	6.70	6.30	9.70
36	6.00	6.80	6.40	10.00
37	6.20	7.10	7.00	10.60
38	6.40	7.20	7.10	10.80
39	6.60	7.80	7.60	11.40
40	7.30	7.90	7.90	12.00
41	7.50	8.20	8.30	12.50
42	8.30	8.50	8.70	13.10
43	8.50	9.00	9.40	13.90
44	9.10	9.40	9.70	14.60
45	9.60	9.70	10.10	15.10
46	10.00	10.50	10.90	16.30
47	10.60	11.00	11.40	17.10
48	11.50	11.50	11.70	17.80
49	12.10	12.20	12.50	19.00
50	12.90	12.90	13.20	20.20
51	13.80	13.80	14.00	21.50
52	14.70	14.40	14.60	22.40
53	15.80	15.50	15.50	23.90
54	16.80	16.40	16.50	25.50
55	17.90	17.30	17.20	26.30
56	19.50	18.60	18.30	28.20
57	21.30	19.80	19.50	30.10
58	23.00	21.20	21.10	32.10
59	25.00	22.90	22.50	34.20



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**PROFESSIONAL-TECHNICAL EMPLOYEES**

<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>5 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$60,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

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

**Calculate your Premium:**

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**For Employees Only:**

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

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

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
	60	27.40	24.50	24.20
61	29.80	26.60	26.20	39.60
62	32.60	29.00	28.80	43.00
63	35.60	31.40	30.70	46.00
64	39.00	34.10	33.70	49.80
65	44.20	38.40	38.30	55.70
66	48.20	41.80	41.90	60.00
67	52.90	45.70	46.00	65.30
68	57.90	50.00	50.60	70.70
69	63.20	54.50	55.30	76.50
70	69.40	59.40	60.40	82.60
71	79.50	65.20	66.30	89.80
72	89.70	71.40	72.90	97.70
73	99.70	78.20	79.40	105.40
74	110.10	85.60	87.20	114.70
75	120.20	101.90	103.50	135.20
76	131.70	110.90	112.90	146.10
77	144.50	120.90	122.30	157.30
78	159.10	131.50	133.10	169.70
79	174.50	142.80	143.70	182.10
80	191.50	155.50	156.40	196.60