



RATE SHEET
EPISCOPAL DIOCESE OF CALIFORNIA

<u>Base Plan</u>			
Facility Monthly Benefit	\$1,000		
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	3 Years		
Home Benefit	100%		
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Professional		
Inflation Protection	Simple Capped		

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

Age	Base Plan	Age	Base Plan
18-30	11.00	60	51.60
31	11.40	61	55.30
32	11.70	62	59.20
33	12.20	63	63.00
34	12.90	64	67.20
35	13.00	65	74.20
36	13.90	66	79.10
37	14.70	67	84.20
38	15.30	68	89.80
39	16.40	69	96.40
40	16.60	70	102.30
41	17.40	71	114.00
42	18.60	72	125.50
43	19.30	73	136.70
44	20.50	74	147.10
45	21.50	75	158.00
46	22.80	76	168.60
47	23.90	77	180.80
48	25.30	78	194.80
49	26.40	79	209.90
50	27.90	80	225.10
51	29.60	81	241.60
52	31.40	82	258.70
53	33.00	83	280.00
54	35.00	84	299.10
55	36.60		
56	39.50		
57	42.40		
58	45.20		
59	48.30		



RATE SHEET
EPISCOPAL DIOCESE OF CALIFORNIA

<i>Base Plan</i>			
Facility Monthly Benefit	\$1,000		
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		
Inflation Protection	Simple Capped		

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

Age	Base Plan	Age	Base Plan
18-30	12.50	60	61.20
31	12.80	61	65.80
32	13.50	62	70.90
33	13.90	63	75.70
34	14.30	64	81.70
35	14.90	65	90.90
36	15.50	66	97.10
37	16.50	67	104.20
38	17.10	68	111.70
39	18.30	69	120.30
40	19.00	70	128.70
41	19.80	71	144.50
42	21.10	72	160.00
43	22.10	73	174.90
44	23.30	74	188.40
45	24.60	75	203.30
46	25.80	76	218.20
47	27.50	77	235.20
48	28.90	78	254.60
49	30.50	79	275.80
50	32.10	80	297.80
51	34.40	81	320.30
52	36.00	82	344.00
53	38.20	83	373.30
54	40.60	84	400.30
55	42.80		
56	46.10		
57	49.70		
58	53.00		
59	57.40		



RATE SHEET
EPISCOPAL DIOCESE OF CALIFORNIA

<i>Base Plan</i>			
Facility Monthly Benefit	\$1,000		
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	Unlimited		
Home Benefit	100%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Professional		
Inflation Protection	Simple Capped		

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

Age	Base Plan	Age	Base Plan
18-30	18.90	60	97.50
31	20.00	61	105.20
32	20.40	62	113.20
33	21.30	63	122.00
34	22.20	64	131.00
35	23.20	65	146.00
36	24.30	66	157.00
37	25.10	67	168.90
38	26.70	68	181.70
39	27.90	69	195.30
40	29.10	70	209.50
41	31.00	71	234.40
42	32.60	72	259.60
43	34.30	73	282.80
44	36.00	74	305.30
45	38.10	75	329.00
46	40.20	76	353.10
47	42.40	77	381.40
48	45.40	78	410.60
49	47.70	79	444.30
50	50.30	80	477.40
51	53.40	81	510.30
52	56.70	82	547.50
53	60.20	83	590.80
54	63.60	84	629.40
55	67.20		
56	72.30		
57	78.00		
58	84.50		
59	90.20		