

RATE SHEET Imperial County Schools Of Voluntary Employees

Base Plan Facility Monthly Benefit Facility Benefit Duration Lifetime Maximum Elimination Period		\$1,000 3 Years \$36,000 90 Days			Options Home Monthly Benefit Home Benefit Home Care Level Inflation Protection		\$500 50% Home, Community-Based and Immediate Family Member Care Simple Capped					
This rate sheet shows the cost per \$1,000 of coverage Calculate your Premium:												
Rate for Plan Chosen X			acility Monthly Renef	$ \frac{\div}{\text{it Amount}} \div \$1,000 = {\text{Your Premium}} $								
Rate for Plan Chosen Facility Monthly Benefit Amount Your Premium Monthly Rates												
	Plan 1		Plan 2		Plan 3		Plan 4					
Insurance Age	Base Plan		Base Plan With Home, Community- Based and Immediate Family Member Care Option		Base Plan With Simple Inflation Option		Base Plan With Simple Inflation Home, Community- Based and Immediate Family Member Care Option					
18-30	1.50		2.90		5.10		9.00					
31	1.70		3 20		5.40 5.60		9.50					
32 33	1.70 1.90		3.20 3.40		5.60 5.80		9.80 10.20					
34	2.10		3.80		6.20		10.20					
35	2.10		3.90		6.40		11.20					
36 37		2.20	4.10 4.50		6.70 7.10		11.90 12.60					
38	2	2.50	4.80		7.50		13.30					
39 40	2.80		5.20 5.30		8.00 8.30		14.20 14.60					
41	2.90 3.10		5.70		8.80		15.50					
42	3.20		6.00		9.30		16.40					
43 44	3.50 3.80		6.40 7.10		9.90 10.60		17.30 18.40					
45	3.90		7.40		11.10		19.50					
46 47	4.30 4.60		7.90 8.60		11.80 12.60		20.60 21.80					
48	5.00		9.30		13.40		23.30					
49	5.30		9.90		14.20		24.40					
50 51	5.70 6.30		10.60 11.60		15.10 16.30		25.90 27.70					
52	6.80		12.60		17.40		29.60					
53	7.40		13.60 14.90		18.60 20.00		31.30					
54 55	8.20 8.70		14.90 15.80		20.00		33.60 35.50					
56	9.80		17.70		23.30		38.50					
57 58	10.90 12.00		19.70 21.60		25.40 27.50		41.80 44.90					
59		3.50	24.10		30.00		48.60					



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Insurance Age	Base Plan		Base Plan With Home, Community- Based and Immediate Family Member Care Option		Base Plan With Simple Inflation Option		Base Plan With Simple Inflation Home, Community- Based and Immediate Family Member Care Option						
60 61	15.10 17.00		26.50 29.90		32.60 35.50		52.20 56.90						
62 63	19 21	. 60	33.30 36.90		38.80 42.30		61.60 66.30						
64	24.30		41.00		46.00		71.50						
65 66	28 32	. 60 . 00	48.10 52.80		51.70 55.80		80.10 85.60						
67	35	.70	58.10		60.30		91.60						
68 69	40	.00	63.90 70.70		65.40 71.00		98.00 105.70						
70	49	.70	76.90		76.80		112.50						
71 72		3.30 5.70	89.10		86.90 97.00		126.10 139.30						
73		3.30	100.70 112.20		107.10		152.20						
74		. 90	122.60		117.30		164.00						
75 76		.50 .30	134.20 145.30		127.50 138.40		176.90 189.00						
77	113.50		159.00		150.80		203.40						
78 79	126.10 139.30		174.20 190.90		164.80 179.30		219.70 237.40						
80	153.90		207.70		195.20		255.20						
81 82	169.90 187.50		226.00 245.60		212.50 231.20		274.50 294.60						
83	207.30		269.50		252.40		319.60						
84 85			290.60 323.10		273.80 302.80		342.00 375.90						
86	281.50		354.70		331.70		408.90						
87 88			382.50 412.80		360.50 389.40		438.10 469.90						
89		.70	446.20		418.30		504.70						