

RATE SHEET

Imperial County Schools Of Voluntary Employees

Base Plan				On	tions								
	D	61 000			Options		10						
Facility Monthl	-	\$1,000			Home Monthly		0						
Facility Benefit	Duration	3 Years			nefit								
Lifetime Maxin	num	\$36,000			Home Benefit		50%						
Elimination Per					Home Care Level								
Ellilliation Fel	100	90 Days			Home Care Level		Home, Community-Based						
							and Immediate Family						
						Me	mber Care						
					Inflation Protection		iple Capped						
					mination i fot ec tion		Simple Suppeu						
This rate sheet shows the cost per \$1,000 of coverage													
Calculate your Premium:													
X ÷ \$1,000 =													
Rate for I	Plan Chose	n F	acility Monthly Benef	ĭt Ar	nount		Your Premium						
Monthly Rates													
	Plan	1	Plan 2	Plan 3		Plan 4							
	1 1411	. 1	1 Ian 2		1 Ian 3		Base Plan With						
			D DI 337741										
			Base Plan With				Simple Inflation						
		Home, Communit			'-		Home, Community-						
			Based and Immedia		te Base Plan With		Based and Immediate						
Insurance			Family Member Ca	are	Simple Inflatio	n	Family Member Care						
	Base I	Plan	Option		Option		Option						
Age 18-30		80	6.10		5.50		16.70						
31		2.10	6.50		5.60		17.70						
32	2	2.10	6.80		5.70		18.00						
33		2.20	7.00		6.40		19.10						
34	2.50		7.50		7.00		20.20						
35		2.50	7.70		7.00		20.70						
36		2.60	8.10		7.70		22.30						
37		2.90	8.50		8.30 8.90		23.40						
38 39		3.00	9.00 9.60		9.60		24.70 26.30						
40	3.30 3.50		10.00		10.00		27.50						
41	3.70		10.60		10.40		28.60						
42	3.90		11.20		11.30		30.50						
43		.20	11.90		12.00		32.40						
44	4	. 60	12.70		13.10		34.00						
45		.70	13.30		13.80		36.30						
46	5	.10	14.20		14.90		38.40						
47		. 60	15.10		16.00		40.70						
48		.00	16.10		17.50		43.50						
49 50		5.40 5.80	17.00 18.10		18.40 19.80		45.60 48.40						
51	7	.60	19.50		21.50		51.40						
52		3.20	20.90		23.50		55.20						
53		3.90	22.40		25.20		58.30						
54		.80	24.00		27.60		62.60						
55	10	.40	25.70		29.50		66.20						
56	11	.70	28.00		33.00		71.80						
57	13	3.10	30.50		36.80		78.10						
57 58 59	13 14		30.50 33.00 36.00		36.80 40.50 44.70		78.10 84.00 90.50						



RATE SHEET

Imperial County Schools Of Voluntary Employees

Base Plan Facility Monthly Benefit Facility Benefit Duration Lifetime Maximum Elimination Period Calculate your Premium:) s	Options Home Monthly Benefit Home Benefit Home Care Level Inflation Protection st per \$1,000 of coverage		\$500 50% Home, Community-Based and Immediate Family Member Care Simple Capped					
Rate for Plan Chosen X Facility Monthly Benefit Amount ÷ \$1,000 = Your Premium											
Rate for Plan Chosen Facility Monthly Benefit Amount Your Premium Monthly Rates											
Insurance Age	Plan 1 Base Plan		Plan 2 Base Plan With Home, Community- Based and Immediate Family Member Care Option		Plan 3 Base Plan With Simple Inflation Option		Plan 4 Base Plan With Simple Inflation Home, Community- Based and Immediate Family Member Care Option				
60 61 62 63 64 65 66 67 68 70 71 77 77 78 79 81 82 88 88 88 89	20 23 25 29 34 38 42 48 53 59 80 90 101 112 136 151 167 184 2025 248 272 337 402	1.10 1.40 1.00	39.10 42.60 46.60 50.70 55.20 62.10 67.00 72.40 78.40 85.20 92.20 104.30 116.40 128.50 140.70 153.00 166.10 181.00 197.70 215.20 234.90 277.40 302.20 277.40 302.60 467.20 501.90		49.50 55.70 61.90 68.50 76.50 89.80 98.30 108.50 119.40 131.80 144.00 166.40 120 228.90 250.20 271.50 296.70 324.90 356.50 387.80 428.70 542.80 662.30 770.70 833.20		97.40 106.00 114.60 123.40 133.40 149.60 159.50 170.80 183.20 197.00 210.40 235.10 260.10 283.80 306.20 329.70 353.00 379.60 410.10 443.10 476.50 512.50 550.00 597.10 638.60 702.00 763.40 818.00 877.20 942.10				