



SDPEBA - SAN DIEGO PUBLIC EMPLOYEE BENEFIT ASSOCIATION

BASE PLAN:		OPTIONS:	
FACILITY MONTHLY BENEFIT	\$1000	HOME CARE LEVEL	Home, Community-Based and Immediate Family Member Care
HOME MONTHLY BENEFIT	\$500	INFLATION PROTECTION	COMPOUND UNCAPPED
FACILITY BEN DURATION	3 YEARS		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	\$36,000		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	HOME AND COMMUNITY-BASED CARE		

MONTHLY RATES

INSURANCE AGE	PLAN 1 BASE PLAN	PLAN 2 BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE OPTION	PLAN 3 BASE PLAN WITH COMPOUND INFLATION OPTION	PLAN 4 BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE COMPOUND INFLATION OPTIONS
18-30	3.50	5.30	16.60	23.00
31	3.50	5.30	16.90	23.40
32	3.50	5.40	17.30	24.00
33	3.70	5.50	17.80	24.70
34	3.80	5.70	18.00	25.00
35	3.90	5.80	18.80	25.80
36	4.00	6.00	19.20	26.40
37	4.20	6.30	19.70	27.10
38	4.40	6.60	20.20	27.80
39	4.60	6.80	21.20	28.80
40	4.70	7.00	21.80	29.70
41	4.90	7.30	22.40	30.50
42	5.30	7.80	23.10	31.40
43	5.50	8.10	23.70	32.20
44	5.70	8.40	24.60	33.50
45	6.00	8.80	25.40	34.30
46	6.30	9.30	26.00	35.40
47	6.50	9.70	26.70	36.50
48	6.90	10.40	27.50	37.80
49	7.30	10.90	28.30	39.20
50	7.60	11.50	29.00	40.40
51	8.10	12.30	30.00	41.90
52	8.50	12.90	31.20	43.70
53	9.00	13.80	32.00	45.10
54	9.50	14.60	32.90	46.60
55	10.10	15.40	34.80	48.50
56	10.70	16.40	36.30	50.60
57	11.60	17.70	37.80	53.00



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FACILITY BEN DURATION	3 YEARS		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	\$36,000		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	HOME AND COMMUNITY-BASED CARE		

MONTHLY RATES

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE OPTION	BASE PLAN WITH COMPOUND INFLATION OPTION	BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE COMPOUND INFLATION OPTIONS
58	12.30	18.80	39.60	55.40
59	13.20	20.10	41.50	58.10
60	14.40	21.70	43.60	60.80
61	15.50	23.30	46.70	64.80
62	17.10	25.40	50.30	69.50
63	18.60	27.50	53.50	73.50
64	20.60	30.00	57.60	78.60
65	23.40	33.50	63.90	86.20
66	25.90	36.40	69.20	92.00
67	28.70	39.70	75.30	99.20
68	31.80	43.40	81.10	105.60
69	35.20	47.40	88.20	113.50
70	38.90	51.60	94.80	121.10
71	43.30	56.60	103.70	130.90
72	47.90	61.90	112.80	141.10
73	53.20	67.90	122.30	151.90
74	58.70	74.20	132.50	163.20
75	70.70	88.40	156.80	191.40
76	77.80	96.30	169.80	205.60
77	85.20	104.50	182.70	219.50
78	93.50	113.70	197.70	235.50
79	102.50	123.60	212.50	251.70
80	112.60	134.50	230.10	270.40



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BASE PLAN:		OPTIONS:	
FACILITY MONTHLY BENEFIT	\$1000	HOME CARE LEVEL	Home, Community-Based and Immediate Family Member Care
HOME MONTHLY BENEFIT	\$500	INFLATION PROTECTION	COMPOUND UNCAPPED
FACILITY BEN DURATION	6 YEARS		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	\$72,000		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	HOME AND COMMUNITY-BASED CARE		

MONTHLY RATES

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE OPTION	BASE PLAN WITH COMPOUND INFLATION OPTION	BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE COMPOUND INFLATION OPTIONS
18-30	4.70	7.20	22.00	30.90
31	4.80	7.30	22.70	31.80
32	4.90	7.50	23.10	32.40
33	5.00	7.60	24.00	33.50
34	5.10	7.70	24.40	34.10
35	5.30	8.00	25.10	34.90
36	5.50	8.30	25.70	35.70
37	5.70	8.60	26.70	37.00
38	6.00	9.00	27.50	38.20
39	6.10	9.30	28.20	39.00
40	6.30	9.60	29.20	40.30
41	6.60	10.00	29.70	41.10
42	7.00	10.50	30.80	42.60
43	7.30	10.90	31.70	43.80
44	7.70	11.60	32.70	45.10
45	8.10	12.10	33.70	46.40
46	8.50	12.70	34.80	48.00
47	8.90	13.50	35.40	49.30
48	9.30	14.10	36.60	51.30
49	9.70	14.90	37.50	52.90
50	10.10	15.60	38.40	54.60
51	10.70	16.60	39.60	56.60
52	11.40	17.80	40.90	58.70
53	12.10	18.90	42.30	60.90
54	12.60	19.80	43.80	63.30
55	13.40	21.10	45.70	65.60
56	14.20	22.50	47.60	68.40
57	15.40	24.20	49.50	71.60



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BASE PLAN:		OPTIONS:	
FACILITY MONTHLY BENEFIT	\$1000	HOME CARE LEVEL	Home, Community-Based and Immediate Family Member Care
HOME MONTHLY BENEFIT	\$500	INFLATION PROTECTION	COMPOUND UNCAPPED
FACILITY BEN DURATION	6 YEARS		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	\$72,000		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	HOME AND COMMUNITY-BASED CARE		

MONTHLY RATES

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE OPTION	BASE PLAN WITH COMPOUND INFLATION OPTION	BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE COMPOUND INFLATION OPTIONS
58	16.40	25.80	52.00	75.10
59	17.50	27.60	54.30	78.50
60	18.70	29.60	56.70	82.30
61	20.50	32.10	60.90	88.20
62	22.40	35.00	65.20	94.20
63	24.40	38.00	69.40	99.90
64	26.80	41.30	74.60	107.10
65	30.40	46.20	82.50	117.30
66	33.60	50.40	89.30	125.80
67	37.30	55.00	97.20	135.60
68	41.00	59.90	104.80	144.70
69	45.40	65.40	113.10	155.20
70	50.10	71.50	121.80	165.90
71	55.70	78.40	133.10	179.70
72	61.60	85.80	144.60	193.50
73	68.10	94.10	156.00	208.10
74	75.20	102.80	169.20	223.90
75	90.40	122.80	199.30	262.30
76	99.20	133.50	216.20	282.40
77	108.80	145.20	232.50	301.80
78	119.20	157.90	251.00	323.60
79	130.70	171.90	269.70	346.40
80	143.20	186.90	291.60	372.30



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BASE PLAN:		OPTIONS:	
FACILITY MONTHLY BENEFIT	\$1000	HOME CARE LEVEL	Home, Community-Based and Immediate Family Member Care
HOME MONTHLY BENEFIT	\$500	INFLATION PROTECTION	COMPOUND UNCAPPED
FACILITY BEN DURATION	UNLIMITED		
HOME BENEFIT	50%		
LIFETIME MAXIMUM	UNLIMITED		
ELIMINATION PERIOD	90 DAYS		
HOME CARE LEVEL	HOME AND COMMUNITY-BASED CARE		

MONTHLY RATES

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE OPTION	BASE PLAN WITH COMPOUND INFLATION OPTION	BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE COMPOUND INFLATION OPTIONS
18-30	9.80	15.40	29.80	43.20
31	9.80	15.50	30.40	44.10
32	10.10	16.00	31.30	45.20
33	10.30	16.20	32.00	46.30
34	10.50	16.60	32.60	47.10
35	10.70	17.00	33.30	48.20
36	11.10	17.50	34.30	49.40
37	11.60	18.20	35.30	50.80
38	12.00	18.80	36.30	52.10
39	12.40	19.40	37.30	53.50
40	12.90	20.30	38.30	55.00
41	13.70	21.30	39.60	56.70
42	14.10	22.00	40.60	58.20
43	14.80	23.00	41.80	59.90
44	15.50	24.10	43.10	61.80
45	16.20	25.30	44.30	63.60
46	17.10	26.70	45.90	66.00
47	17.80	28.00	46.80	67.80
48	18.80	29.80	48.50	70.80
49	19.50	31.30	49.40	72.80
50	20.50	33.20	50.80	75.40
51	21.50	35.00	52.40	78.20
52	22.80	37.20	54.20	81.30
53	24.10	39.60	56.00	84.70
54	25.30	41.90	57.60	87.50
55	26.50	44.20	59.30	89.70
56	28.20	47.30	61.60	93.70
57	30.10	50.60	64.40	98.50



SDPEBA - SAN DIEGO PUBLIC EMPLOYEE BENEFIT ASSOCIATION

Base Plan:		Options:	
Facility Monthly Benefit	\$1000	Home Care Level	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500	Inflation Protection	Compound Uncapped
Facility Ben Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Home and Community-Based Care		

MONTHLY RATES

INSURANCE AGE	PLAN 1 BASE PLAN	PLAN 2 BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE OPTION	PLAN 3 BASE PLAN WITH COMPOUND INFLATION OPTION	PLAN 4 BASE PLAN WITH HOME, COMM-BASED AND IMMEDIATE FAMILY MEMBER CARE COMPOUND INFLATION OPTIONS
58	32.00	54.10	67.10	103.10
59	34.20	57.90	70.10	108.00
60	36.60	62.00	72.90	113.10
61	39.90	67.50	77.90	121.00
62	43.40	73.40	83.40	129.60
63	47.30	79.80	88.60	137.70
64	51.30	86.60	94.40	146.90
65	58.10	96.70	104.40	161.30
66	64.20	105.60	113.00	173.10
67	71.00	115.20	122.40	186.10
68	78.40	125.80	131.90	198.70
69	86.60	137.10	142.60	213.40
70	95.60	149.70	153.60	228.30
71	105.80	163.90	167.20	246.60
72	116.80	179.00	181.30	265.20
73	128.60	195.30	195.30	284.70
74	141.50	212.70	211.00	305.20
75	169.80	253.20	248.30	356.70
76	186.40	275.40	269.30	384.10
77	204.10	299.20	289.40	410.10
78	223.30	325.10	312.00	439.20
79	244.20	352.90	334.80	469.60
80	267.20	383.00	361.40	503.90