



**RATE SHEET
CITY OF AUBURN**

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

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:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{\text{(Based on Funded Amount)}} \times 2 = \text{Employer Paid Amount (B)}$$

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
18-30	6.80	12.10	19.90	32.50
31	6.80	12.10	20.20	32.90
32	6.80	12.40	20.70	33.90
33	7.00	12.50	21.10	34.60
34	7.40	13.30	22.00	35.80
35	7.50	13.40	22.30	36.30
36	7.60	13.70	23.10	37.50
37	8.10	14.20	23.70	38.10
38	8.30	14.90	24.40	39.50
39	8.70	15.40	25.40	40.60
40	9.10	15.90	25.80	41.40
41	9.50	16.40	26.50	42.30
42	9.70	17.10	27.20	43.60
43	10.40	18.00	28.20	45.10
44	10.60	18.80	28.80	46.40
45	11.40	19.70	30.40	48.00
46	11.90	20.80	30.90	49.30
47	12.50	21.80	31.50	50.90
48	12.80	23.00	32.30	52.80
49	13.40	24.30	33.10	54.70
50	13.80	25.30	33.70	56.10
51	14.90	27.20	35.10	58.50
52	15.50	28.90	36.10	61.00
53	16.20	30.30	36.80	62.50
54	16.90	31.90	37.70	64.70
55	17.80	33.50	38.80	65.90
56	18.80	35.60	40.60	69.00
57	19.90	37.70	42.30	72.10
58	21.10	40.10	44.00	75.00
59	22.50	43.00	45.30	78.00



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Home Monthly Benefit	\$1,000	Inflation Protection	
Facility Benefit Duration	3 Years		
Home Benefit	100%		
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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

Calculate your Premium:

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

For Employees Only:

$$\text{Rate for Plan 1 (3 Year Duration)} \times 2 = \text{Employer Paid Amount (B)}$$

(Based on Funded Amount)

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	24.00	45.40	47.50	81.50
61	25.70	48.50	50.40	86.10
62	28.30	52.70	54.30	91.80
63	30.90	57.10	57.40	96.70
64	33.40	61.20	61.30	102.80
65	37.60	67.40	67.50	111.30
66	41.20	72.10	72.70	117.50
67	45.80	78.30	79.10	125.80
68	50.50	84.50	85.20	133.30
69	55.70	91.40	92.20	142.10
70	61.30	98.60	98.70	150.40
71	68.20	107.40	108.20	161.90
72	74.90	116.10	116.70	172.50
73	83.00	126.40	126.40	184.50
74	91.10	136.80	136.20	196.70
75	110.00	162.40	161.20	229.30
76	120.10	174.80	174.10	244.50
77	131.40	188.50	187.00	259.20
78	144.00	203.40	202.00	276.40
79	157.60	219.70	216.90	294.00
80	172.40	236.90	234.10	313.50



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$1,000	Inflation Protection	
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2 \text{ (Based on Funded Amount)}} \times 2 = \text{Employer Paid Amount (B)}$$

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	8.90	16.40	26.60	44.10
31	9.00	16.50	27.10	44.90
32	9.40	17.00	27.80	46.20
33	9.80	17.40	29.10	47.60
34	9.90	17.80	29.40	48.20
35	10.30	18.50	30.40	49.90
36	10.40	18.70	30.90	50.70
37	11.10	19.60	32.10	52.20
38	11.30	20.30	32.80	53.70
39	11.70	21.00	33.60	54.90
40	12.50	21.90	34.90	56.40
41	12.70	22.80	35.40	58.10
42	13.40	23.70	36.90	60.00
43	14.00	24.90	38.00	61.70
44	14.30	25.70	38.80	63.00
45	15.30	27.00	40.30	65.40
46	16.10	28.70	41.50	67.80
47	16.50	30.00	42.10	69.70
48	17.50	31.70	43.10	72.00
49	17.90	33.40	44.20	74.60
50	18.80	35.00	45.20	76.90
51	19.70	37.30	46.70	80.30
52	20.80	39.60	48.10	83.10
53	21.70	41.90	49.30	86.20
54	22.90	44.10	50.70	88.90
55	24.20	47.00	52.00	91.10
56	25.50	49.90	54.10	95.20
57	27.10	53.10	56.20	99.40
58	28.50	56.40	58.40	103.90
59	30.20	60.20	60.70	108.50



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Home Monthly Benefit	\$1,000	Inflation Protection	
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2} \times 2 = \text{Employer Paid Amount (B)}$$

(Based on Funded Amount)

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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	31.90	63.60	62.80	113.00
61	34.90	69.30	67.10	120.70
62	37.80	75.00	71.60	128.80
63	40.90	80.60	75.50	135.30
64	44.10	86.80	80.40	144.00
65	49.80	96.30	88.50	156.80
66	54.60	103.80	95.10	166.50
67	60.50	112.70	103.60	179.00
68	66.60	122.20	111.40	189.80
69	73.10	132.00	119.90	202.30
70	80.50	143.40	128.80	215.40
71	89.00	155.90	140.30	231.90
72	98.10	169.40	152.10	248.30
73	108.50	185.00	164.30	266.70
74	119.30	200.60	177.50	285.00
75	143.20	238.40	208.90	332.60
76	156.90	257.50	226.00	355.90
77	171.80	279.00	242.90	379.20
78	187.50	301.50	261.60	404.00
79	205.00	326.20	280.70	431.00
80	224.50	353.00	303.10	461.50



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Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$1,000	Inflation Protection	
Facility Benefit Duration	Unlimited		
Home Benefit	100%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Professional		

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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
18-30	12.70	23.70	36.60	63.00
31	12.70	24.10	37.30	64.30
32	13.20	24.70	38.70	66.30
33	13.50	25.10	39.40	67.30
34	13.80	25.70	40.10	68.90
35	14.20	26.60	41.30	70.60
36	14.40	27.00	42.10	71.80
37	15.30	28.30	43.70	74.20
38	15.60	29.10	44.60	75.80
39	16.20	29.80	45.80	77.60
40	16.80	31.20	46.90	79.70
41	17.70	32.60	48.60	82.30
42	18.20	33.70	49.80	84.50
43	19.10	35.30	51.20	86.80
44	20.10	37.10	53.10	89.80
45	21.30	39.00	54.90	92.80
46	22.00	40.90	55.90	95.20
47	22.70	42.90	56.60	98.10
48	23.80	45.50	58.50	102.40
49	24.50	47.60	59.60	105.50
50	26.10	51.00	61.20	109.70
51	27.00	53.50	62.70	113.60
52	28.30	56.90	64.20	117.70
53	29.80	60.40	66.40	122.60
54	30.90	63.70	67.70	126.60
55	32.50	67.30	69.50	129.20
56	34.30	71.70	71.70	134.70
57	36.20	76.40	74.40	141.10
58	38.50	82.00	77.40	148.20
59	40.50	86.90	80.00	154.40



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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	43.00	93.00	82.70	161.60
61	46.60	100.80	87.90	172.50
62	49.90	108.80	93.30	184.00
63	54.20	118.10	98.60	195.20
64	58.10	127.10	104.10	207.00
65	64.90	140.90	114.20	225.80
66	71.70	153.00	123.60	241.50
67	79.00	165.80	133.70	258.60
68	87.10	180.20	143.80	275.10
69	95.60	195.10	154.90	293.90
70	105.20	211.30	166.40	313.00
71	116.00	229.90	180.70	336.70
72	127.40	249.20	195.50	359.90
73	139.80	270.80	210.40	385.90
74	153.70	293.40	226.70	411.50
75	184.00	347.60	266.20	478.70
76	201.40	375.90	288.30	513.60
77	220.30	406.80	309.40	546.20
78	240.00	439.80	332.30	581.80
79	262.20	475.30	356.50	620.90
80	286.20	513.30	384.30	663.80