



**RATE SHEET  
CITY OF AUBURN**

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

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

**Calculate your Premium:**

|                            |   |  |   |           |   |                      |                        |
|----------------------------|---|--|---|-----------|---|----------------------|------------------------|
|                            | X |  | ÷ | \$1,000   | = |                      | (A)                    |
| Your Rate for plan chosen  |   | Facility Monthly Benefit Amount          |   |           |   | Your Premium         |                        |
| <b>FOR EMPLOYEES ONLY:</b> |   |  |   |           |   |                      | (B)                    |
|                            |   | Rate for Funded Plan 1 (3 Year Duration) |   |           |   | Employer Paid Amount |                        |
|                            |   | (\$1,000 Funded Amount)                  |   | A MINUS B |   |                      | <b>EMPLOYEE'S COST</b> |

**Monthly Rates**

| Insurance<br>Age | Plan 1    | Plan 2                                      | Plan 3   | Plan 4  |
|------------------|-----------|---|--|---|
|                  | Base Plan | Base Plan With<br>Total Home Care<br>Option | Base Plan With<br>Compound Inflation<br>Option | Base Plan With<br>Total Home Care<br>Compound Inflation<br>Option |
|                  | Base Plan | Option                                      | Option   | Option  |
| 18-30            | 3.00      | 5.30  | 8.70   | 14.20   |
| 31               | 3.00      | 5.30  | 8.80   | 14.40   |
| 32               | 3.00      | 5.40  | 9.00   | 14.80   |
| 33               | 3.10      | 5.50  | 9.20   | 15.10   |
| 34               | 3.20      | 5.70  | 9.50   | 15.40   |
| 35               | 3.30      | 5.80  | 9.80   | 15.80   |
| 36               | 3.30      | 5.90  | 10.00  | 16.30   |
| 37               | 3.40      | 6.10  | 10.20  | 16.50   |
| 38               | 3.60      | 6.40  | 10.60  | 17.10   |
| 39               | 3.80      | 6.70  | 11.00  | 17.60   |
| 40               | 3.90      | 6.90  | 11.20  | 17.90   |
| 41               | 4.10      | 7.20  | 11.50  | 18.50   |
| 42               | 4.30      | 7.50  | 11.90  | 19.10   |
| 43               | 4.50      | 7.80  | 12.30  | 19.60   |
| 44               | 4.60      | 8.20  | 12.60  | 20.30   |
| 45               | 4.90      | 8.60  | 13.10  | 20.80   |
| 46               | 5.10      | 9.00  | 13.40  | 21.50   |
| 47               | 5.30      | 9.40  | 13.70  | 22.10   |
| 48               | 5.60      | 10.00                                       | 14.00  | 23.00   |
| 49               | 5.80      | 10.50                                       | 14.40  | 23.80   |
| 50               | 6.00      | 11.10                                       | 14.70  | 24.40   |
| 51               | 6.40      | 11.80                                       | 15.20  | 25.50   |
| 52               | 6.70      | 12.50                                       | 15.60  | 26.40   |
| 53               | 7.10      | 13.20                                       | 16.10  | 27.30   |
| 54               | 7.30      | 13.80                                       | 16.50  | 28.20   |
| 55               | 7.80      | 14.70                                       | 17.10  | 28.90   |
| 56               | 8.20      | 15.50                                       | 17.70  | 30.10   |
| 57               | 8.80      | 16.60                                       | 18.50  | 31.50   |
| 58               | 9.30      | 17.60                                       | 19.20  | 32.70   |
| 59               | 9.90      | 18.80                                       | 19.90  | 34.20   |



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

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

**Calculate your Premium:**

|                            |   |  |   |           |   |                      |                        |
|----------------------------|---|--|---|-----------|---|----------------------|------------------------|
|                            | X |  | ÷ | \$1,000   | = |                      | (A)                    |
| Your Rate for plan chosen  |   | Facility Monthly Benefit Amount          |   |           |   | Your Premium         |                        |
| <b>FOR EMPLOYEES ONLY:</b> |   |  |   |           |   |                      | (B)                    |
|                            |   | Rate for Funded Plan 1 (3 Year Duration) |   |           |   | Employer Paid Amount |                        |
|                            |   | (\$1,000 Funded Amount)                  |   | A MINUS B |   |                      | <b>EMPLOYEE'S COST</b> |

**Monthly Rates**

| Insurance<br>Age | Plan 1    | Plan 2                                      | Plan 3   | Plan 4  |
|------------------|-----------|---|--|---|
|                  | Base Plan | Base Plan With<br>Total Home Care<br>Option | Base Plan With<br>Compound Inflation<br>Option | Base Plan With<br>Total Home Care<br>Compound Inflation<br>Option |
|                  | 60        | 10.50                                       | 19.90  | 20.80   |
| 61               | 11.30     | 21.30                                       | 22.10  | 37.70   |
| 62               | 12.40     | 23.10                                       | 23.70  | 40.20   |
| 63               | 13.40     | 24.80                                       | 25.00  | 42.20   |
| 64               | 14.60     | 26.70                                       | 26.80  | 44.90   |
| 65               | 16.40     | 29.40                                       | 29.50  | 48.60   |
| 66               | 18.10     | 31.60                                       | 31.80  | 51.40   |
| 67               | 20.00     | 34.30                                       | 34.50  | 55.10   |
| 68               | 22.00     | 36.90                                       | 37.10  | 58.20   |
| 69               | 24.30     | 40.00                                       | 40.20  | 62.00   |
| 70               | 26.80     | 43.10                                       | 43.10  | 65.70   |
| 71               | 29.70     | 46.80                                       | 47.10  | 70.50   |
| 72               | 32.80     | 50.80                                       | 51.10  | 75.30   |
| 73               | 36.30     | 55.30                                       | 55.30  | 80.70   |
| 74               | 39.90     | 59.90                                       | 59.70  | 86.00   |
| 75               | 48.10     | 70.90                                       | 70.50  | 100.20  |
| 76               | 52.60     | 76.50                                       | 76.30  | 107.00  |
| 77               | 57.50     | 82.40                                       | 81.80  | 113.40  |
| 78               | 63.00     | 89.00                                       | 88.40  | 120.90  |
| 79               | 69.00     | 96.10                                       | 94.90  | 128.60  |
| 80               | 75.50     | 103.70                                      | 102.50   | 137.20  |



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

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

**Calculate your Premium:**

|                            |   |  |   |                  |   |                        |
|----------------------------|---|--|---|------------------|---|------------------------|
| _____                      | X | _____                                    | ÷ | \$1,000          | = | _____ (A)              |
| Your Rate for plan chosen  |   | Facility Monthly Benefit Amount          |   |                  |   | Your Premium           |
| <b>FOR EMPLOYEES ONLY:</b> |   | _____                                    |   |                  |   | = _____ (B)            |
|                            |   | Rate for Funded Plan 1 (3 Year Duration) |   |                  |   | Employer Paid Amount   |
|                            |   | (\$1,000 Funded Amount)                  |   | <b>A MINUS B</b> |   | = _____                |
|                            |   |  |   |                  |   | <b>EMPLOYEE'S COST</b> |

**Monthly Rates**

| Insurance<br>Age | Plan 1    | Plan 2                            | Plan 3                               | Plan 4  |
|------------------|-----------|-----------------------------------|--------------------------------------|---|
|                  |           | Base Plan With<br>Total Home Care | Base Plan With<br>Compound Inflation | Base Plan With<br>Total Home Care<br>Compound Inflation |
|                  | Base Plan | Option                            | Option                               | Option  |
| 18-30            | 3.90      | 7.20                              | 11.60                                | 19.20   |
| 31               | 4.00      | 7.20                              | 11.90                                | 19.70   |
| 32               | 4.10      | 7.40                              | 12.20                                | 20.20   |
| 33               | 4.20      | 7.50                              | 12.50                                | 20.60   |
| 34               | 4.30      | 7.70                              | 12.80                                | 21.10   |
| 35               | 4.50      | 8.00                              | 13.20                                | 21.70   |
| 36               | 4.60      | 8.20                              | 13.50                                | 22.10   |
| 37               | 4.70      | 8.50                              | 13.80                                | 22.70   |
| 38               | 4.90      | 8.80                              | 14.30                                | 23.40   |
| 39               | 5.10      | 9.10                              | 14.70                                | 24.00   |
| 40               | 5.30      | 9.50                              | 15.10                                | 24.50   |
| 41               | 5.50      | 9.90                              | 15.40                                | 25.30   |
| 42               | 5.80      | 10.30                             | 16.00                                | 26.10   |
| 43               | 6.00      | 10.80                             | 16.50                                | 26.80   |
| 44               | 6.30      | 11.20                             | 17.00                                | 27.60   |
| 45               | 6.70      | 11.80                             | 17.60                                | 28.50   |
| 46               | 7.00      | 12.50                             | 18.00                                | 29.50   |
| 47               | 7.20      | 13.10                             | 18.40                                | 30.40   |
| 48               | 7.60      | 13.80                             | 18.90                                | 31.50   |
| 49               | 7.80      | 14.50                             | 19.30                                | 32.50   |
| 50               | 8.20      | 15.30                             | 19.70                                | 33.60   |
| 51               | 8.60      | 16.20                             | 20.30                                | 34.90   |
| 52               | 9.00      | 17.20                             | 20.90                                | 36.20   |
| 53               | 9.50      | 18.20                             | 21.50                                | 37.50   |
| 54               | 9.90      | 19.20                             | 22.10                                | 38.80   |
| 55               | 10.50     | 20.40                             | 22.80                                | 39.80   |
| 56               | 11.10     | 21.70                             | 23.50                                | 41.40   |
| 57               | 11.80     | 23.10                             | 24.40                                | 43.40   |
| 58               | 12.40     | 24.60                             | 25.40                                | 45.30   |
| 59               | 13.20     | 26.30                             | 26.50                                | 47.30   |



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

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

**Calculate your Premium:**

|                            |   |  |   |           |   |                      |                        |
|----------------------------|---|--|---|-----------|---|----------------------|------------------------|
|                            | X |  | ÷ | \$1,000   | = |                      | (A)                    |
| Your Rate for plan chosen  |   | Facility Monthly Benefit Amount          |   |           |   | Your Premium         |                        |
| <b>FOR EMPLOYEES ONLY:</b> |   |  |   |           |   |                      | (B)                    |
|                            |   | Rate for Funded Plan 1 (3 Year Duration) |   |           |   | Employer Paid Amount |                        |
|                            |   | (\$1,000 Funded Amount)                  |   | A MINUS B |   |                      | <b>EMPLOYEE'S COST</b> |

**Monthly Rates**

| Insurance<br>Age | Plan 1    | Plan 2                                      | Plan 3   | Plan 4  |
|------------------|-----------|---|--|---|
|                  | Base Plan | Base Plan With<br>Total Home Care<br>Option | Base Plan With<br>Compound Inflation<br>Option | Base Plan With<br>Total Home Care<br>Compound Inflation<br>Option |
|                  | Base Plan | Option                                      | Option   | Option  |
| 60               | 14.00     | 27.90                                       | 27.50  | 49.50   |
| 61               | 15.20     | 30.20                                       | 29.30  | 52.70   |
| 62               | 16.50     | 32.70                                       | 31.30  | 56.20   |
| 63               | 17.90     | 35.30                                       | 33.00  | 59.30   |
| 64               | 19.40     | 38.10                                       | 35.20  | 63.10   |
| 65               | 21.70     | 42.00                                       | 38.70  | 68.60   |
| 66               | 23.90     | 45.50                                       | 41.70  | 73.00   |
| 67               | 26.40     | 49.30                                       | 45.30  | 78.30   |
| 68               | 29.00     | 53.40                                       | 48.60  | 82.90   |
| 69               | 32.00     | 57.80                                       | 52.40  | 88.50   |
| 70               | 35.20     | 62.70                                       | 56.30  | 94.20   |
| 71               | 39.00     | 68.30                                       | 61.40  | 101.50  |
| 72               | 43.00     | 74.20                                       | 66.50  | 108.70  |
| 73               | 47.40     | 80.90                                       | 71.80  | 116.60  |
| 74               | 52.30     | 87.90                                       | 77.70  | 124.70  |
| 75               | 62.70     | 104.40                                      | 91.40  | 145.50  |
| 76               | 68.70     | 112.80                                      | 98.90  | 155.80  |
| 77               | 75.10     | 122.10                                      | 106.20   | 165.80  |
| 78               | 82.10     | 132.10                                      | 114.50   | 176.80  |
| 79               | 89.90     | 143.00                                      | 122.90   | 188.80  |
| 80               | 98.30     | 154.60                                      | 132.70   | 201.90  |



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

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

**Calculate your Premium:**

|                            |   |  |           |         |   |                        |
|----------------------------|---|--|-----------|---------|---|------------------------|
| _____                      | X | _____                                    | ÷         | \$1,000 | = | _____ (A)              |
| Your Rate for plan chosen  |   | Facility Monthly Benefit Amount          |           |         |   | Your Premium           |
| <b>FOR EMPLOYEES ONLY:</b> |   | _____                                    |           |         | = | _____ (B)              |
|                            |   | Rate for Funded Plan 1 (3 Year Duration) |           |         |   | Employer Paid Amount   |
|                            |   | (\$1,000 Funded Amount)                  | A MINUS B |         | = | _____                  |
|                            |   |  |           |         |   | <b>EMPLOYEE'S COST</b> |

**Monthly Rates**

| Insurance<br>Age | Plan 1    | Plan 2                                      | Plan 3   | Plan 4  |
|------------------|-----------|---|--|---|
|                  | Base Plan | Base Plan With<br>Total Home Care<br>Option | Base Plan With<br>Compound Inflation<br>Option | Base Plan With<br>Total Home Care<br>Compound Inflation<br>Option |
|                  | Base Plan | Option                                      | Option   | Option  |
| 18-30            | 5.60      | 10.40                                       | 16.10  | 27.60   |
| 31               | 5.60      | 10.50                                       | 16.40  | 28.20   |
| 32               | 5.80      | 10.80                                       | 16.80  | 28.80   |
| 33               | 5.90      | 11.00                                       | 17.20  | 29.50   |
| 34               | 5.90      | 11.20                                       | 17.50  | 29.90   |
| 35               | 6.10      | 11.50                                       | 17.90  | 30.80   |
| 36               | 6.30      | 11.80                                       | 18.40  | 31.40   |
| 37               | 6.60      | 12.30                                       | 19.00  | 32.20   |
| 38               | 6.80      | 12.60                                       | 19.40  | 33.10   |
| 39               | 7.10      | 13.10                                       | 20.00  | 33.90   |
| 40               | 7.30      | 13.70                                       | 20.50  | 34.90   |
| 41               | 7.70      | 14.20                                       | 21.20  | 35.90   |
| 42               | 8.00      | 14.80                                       | 21.70  | 36.90   |
| 43               | 8.40      | 15.40                                       | 22.40  | 37.90   |
| 44               | 8.70      | 16.20                                       | 23.00  | 39.10   |
| 45               | 9.20      | 17.00                                       | 23.80  | 40.30   |
| 46               | 9.60      | 17.80                                       | 24.40  | 41.60   |
| 47               | 9.90      | 18.80                                       | 24.80  | 42.90   |
| 48               | 10.40     | 19.90                                       | 25.60  | 44.70   |
| 49               | 10.80     | 20.90                                       | 26.00  | 46.10   |
| 50               | 11.30     | 22.20                                       | 26.70  | 47.80   |
| 51               | 11.80     | 23.40                                       | 27.40  | 49.60   |
| 52               | 12.40     | 24.80                                       | 28.10  | 51.40   |
| 53               | 13.00     | 26.40                                       | 29.00  | 53.60   |
| 54               | 13.60     | 27.90                                       | 29.60  | 55.40   |
| 55               | 14.10     | 29.40                                       | 30.20  | 56.30   |
| 56               | 15.00     | 31.40                                       | 31.30  | 58.80   |
| 57               | 15.90     | 33.50                                       | 32.60  | 61.90   |
| 58               | 16.70     | 35.70                                       | 33.70  | 64.60   |
| 59               | 17.70     | 38.10                                       | 35.00  | 67.60   |



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

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

**Calculate your Premium:**

|                            |   |  |   |           |   |                      |                        |
|----------------------------|---|--|---|-----------|---|----------------------|------------------------|
|                            | X |  | ÷ | \$1,000   | = |                      | (A)                    |
| Your Rate for plan chosen  |   | Facility Monthly Benefit Amount          |   |           |   | Your Premium         |                        |
| <b>FOR EMPLOYEES ONLY:</b> |   |  |   |           |   |                      | (B)                    |
|                            |   | Rate for Funded Plan 1 (3 Year Duration) |   |           |   | Employer Paid Amount |                        |
|                            |   | (\$1,000 Funded Amount)                  |   | A MINUS B |   |                      | <b>EMPLOYEE'S COST</b> |

**Monthly Rates**

| Insurance<br>Age | Plan 1    | Plan 2                            | Plan 3                               | Plan 4  |
|------------------|-----------|-----------------------------------|--------------------------------------|---|
|                  | Base Plan | Base Plan With<br>Total Home Care | Base Plan With<br>Compound Inflation | Base Plan With<br>Total Home Care<br>Compound Inflation |
|                  | Option    | Option                            | Option                               | Option  |
| 60               | 18.80     | 40.60                             | 36.20                                | 70.80   |
| 61               | 20.30     | 44.00                             | 38.40                                | 75.50   |
| 62               | 21.90     | 47.70                             | 40.80                                | 80.50   |
| 63               | 23.70     | 51.60                             | 43.10                                | 85.30   |
| 64               | 25.50     | 55.80                             | 45.60                                | 90.70   |
| 65               | 28.50     | 61.70                             | 50.00                                | 98.90   |
| 66               | 31.40     | 67.00                             | 54.10                                | 105.70  |
| 67               | 34.50     | 72.60                             | 58.40                                | 113.20  |
| 68               | 38.00     | 78.70                             | 62.80                                | 120.20  |
| 69               | 41.80     | 85.30                             | 67.70                                | 128.60  |
| 70               | 46.00     | 92.50                             | 72.80                                | 137.00  |
| 71               | 50.80     | 100.70                            | 79.10                                | 147.40  |
| 72               | 55.80     | 109.30                            | 85.50                                | 157.60  |
| 73               | 61.30     | 118.60                            | 92.10                                | 168.90  |
| 74               | 67.30     | 128.60                            | 99.30                                | 180.20  |
| 75               | 80.60     | 152.20                            | 116.60                               | 209.80  |
| 76               | 88.20     | 164.70                            | 126.20                               | 224.90  |
| 77               | 96.40     | 178.20                            | 135.40                               | 239.20  |
| 78               | 105.20    | 192.70                            | 145.60                               | 254.90  |
| 79               | 114.90    | 208.20                            | 156.10                               | 271.90  |
| 80               | 125.40    | 224.90                            | 168.30                               | 290.70  |