บที่บี่ทั่	RATE SHEET PALMDALE SCHOOL DISTRICT				
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 3 Years 50% \$36,000 90 Days Home and Community- Based Care	Options Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Simple Capped		
Calculate your Premium:	This rate sheet shows the co	ost per \$1,000 of covera	ge		
	X	÷ \$1,000 =	=		
Rate for Plan Chosen	Facility Monthly Benefi		Your Premium		
	Monthly	, Rates			
	Plan 1 Plan 2 Base Plan Wi Home, Comm-B and Immediate F	ased Base Plan Wit	Plan 4 Base Plan With Home, Comm-Based th and Immediate Family Member Care		
Insurance	Member Car		Simple Inflation		
8	use Plan Option 3.20 4.80	<u>Option</u> 4.40	Option 6.60		
32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} 4.50\\ 4.60\\ 4.70\\ 4.90\\ 5.10\\ 5.10\\ 5.40\\ 5.50\\ 5.80\\ 6.20\\ 6.40\\ 6.70\\ 7.10\\ 7.40\\ 7.90\\ 8.30\\ 8.70\\ 9.00\\ 9.60\\ 10.10\\ 10.70\\ 11.20\\ 11.80\\ 12.60\\ 13.20\\ 13.90\\ 14.60\\ 15.70\end{array}$	6.70 7.00 7.00 7.40 7.50 8.00 8.20 8.60 9.10 9.40 9.80 10.50 10.80 11.50 12.00 12.60 13.20 14.10 14.90 15.80 16.70 17.60 18.70 19.70 20.60 21.70 23.20		

	RATE S	SHEET			
	PALMDALE SCHOOL DISTRICT				
		<u>Options</u>			
		Home Care Level	Home, Community-Based		
			and Immediate Family		
			Member Care		
		Inflation Protection	Simple Capped		
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		(01000 C			
	te sheet shows the cos	t per \$1,000 of cover	age		
	11. N. 11 D. C.		=		
Fac	<u>i</u>		Your Premium		
Plan 1	Plan 2	Plan 3	Plan 4		
			Base Plan With		
			Home, Comm-Based		
	· · · · · · · · · · · · · · · · · · ·				
		v 1	Member Care		
Daga Dlan			Simple Inflation		
			<u>Option</u> 28.20		
13.60			30.30		
15.00	22.20	22.80	32.90		
			35.30 38.10		
20.30	29.10	30.50	42.30		
			45.70		
25.00			49.70 53.40		
30.60	41.20	44.20	58.10		
	11 00	48.40	60 70		
33.90	44.90		62.70 68.20		
37.70 41.70	44.90 49.20 53.90	53.20 58.50	68.20 74.20		
37.70 41.70 46.30	49.20 53.90 59.10	53.20 58.50 63.90	68.20 74.20 80.20		
37.70 41.70 46.30 51.10	49.20 53.90 59.10 64.60	53.20 58.50 63.90 70.10	68.20 74.20 80.20 87.10		
37.70 41.70 46.30 51.10 61.60 67.60	49.20 53.90 59.10 64.60 77.10 83.70	53.20 58.50 63.90 70.10 83.30 90.90	68.20 74.20 80.20 87.10 102.60 110.90		
37.70 41.70 46.30 51.10 61.60 67.60 74.20	49.20 53.90 59.10 64.60 77.10 83.70 91.00	53.20 58.50 63.90 70.10 83.30 90.90 98.30	68.20 74.20 80.20 87.10 102.60 110.90 119.00		
37.70 41.70 46.30 51.10 61.60 67.60	49.20 53.90 59.10 64.60 77.10 83.70	53.20 58.50 63.90 70.10 83.30 90.90	68.20 74.20 80.20 87.10 102.60 110.90		
	Home at Based C This rat 7: X Fac Plan 1 Plan 1 12.50 13.60 15.00 16.30 17.90 20.30 22.50 25.00 27.60	PALMD t \$1,000 \$500 \$500 a) Years 50% \$36,000 90 Days Home and Community- Based Care This rate sheet shows the cos 7 X	Image: transmit state $Options$ Home Care Level\$5003 YearsHome Care Level\$50%Inflation Protection\$36,00090 Days Home and Community- Based CareInflation Protection $This rate sheet shows the cost per $1,000 of coverTris rate sheet shows the cost per $1,000 of coverFacility Monthly Benefit AmountX\longrightarrowFacility Monthly Benefit AmountThis rate sheet shows the cost per $1,000 of coverFacility Monthly Benefit AmountPlan 1Plan 2Plan 1Plan 2Plan 3Base Plan WithHome, Comm-Basedand Immediate FamilyMember CareBase PlanOptionOption12.5018.9013.6020.3020.3020.9015.0022.2022.8016.3024.0024.7027.0020.3029.1030.5025.0034.6037.7040.10$		

บที่บี่ทั่	RATE SHEET PALMDALE SCHOOL DISTRICT				
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 6 Years 50% \$72,000 90 Days Home and Community- Based Care This rate sheet shows the co	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Simple Capped		
Calculate your Premium:	This full sheet shows the co	si per \$1,000 of covera	50		
	Χ	÷ \$1,000 =	=		
Rate for Plan Chosen	Facility Monthly Benefit		Your Premium		
	Monthly Plan 1 Plan 2	Rates Plan 3	Plan 4		
_	Base Plan Wit Home, Comm-Ba and Immediate Fa	ased Base Plan Wit mily Simple	Member Care		
Insurance	Member Car		Simple Inflation		
	se Plan Option	Option 5.80	<u>Option</u> 8.80		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$.20 6.40 .20 6.50 .40 6.70 .50 6.80 .60 7.00 .80 7.30 .00 7.50 .20 7.80 .40 8.10 .60 8.40 .80 8.70 .10 9.20 .40 9.60 .70 10.10 .10 10.60 .40 11.10 .80 11.70 .20 12.40 .40 12.90 .30 14.40 .90 15.40 .50 16.30 .00 17.30 .80 18.50 .50 19.60 .30 21.00	$\begin{array}{c} 5.90\\ 6.10\\ 6.40\\ 6.60\\ 7.20\\ 7.20\\ 7.50\\ 7.80\\ 8.10\\ 8.60\\ 8.90\\ 9.40\\ 9.90\\ 10.50\\ 11.20\\ 11.60\\ 12.20\\ 11.60\\ 12.20\\ 11.60\\ 12.80\\ 13.40\\ 14.10\\ 14.80\\ 15.60\\ 16.60\\ 17.40\\ 18.40\\ 19.40\\ 20.70\\ \end{array}$	9.00 9.40 9.60 9.90 10.30 10.80 11.20 11.70 12.20 12.80 13.40 14.00 14.70 15.50 16.40 17.20 18.20 19.10 20.20 21.40 22.50 23.90 25.30 26.70 28.10 29.70 31.70		

บก่บ่ก่า			SHEET DALE SCH	ת זהחו	ISTRICT
			JALL SCI.		ISTRICT
<u>Base Plan</u> Facility Monthly Benefi Home Monthly Benefi Facility Benefit Durati Home Benefit Lifetime Maximum Elimination Period Home Care Level	t \$500 on 6 Years 50% \$72,000 90 Days Home at	\$500 6 Years 50% \$72,000		Level	Home, Community-Based and Immediate Family Member Care Simple Capped
		te sheet shows the co	st per \$1,000) of cover	age
Calculate your Premit			÷	<i>*</i> \$1,000	=
Rate for Plan Chosen	Fac	ility Monthly Benefit			Your Premium
		Monthly	Rates		
	Plan 1	Plan 2		Plan 3	Plan 4 Base Plan With
		Base Plan Wit	th		Home, Comm-Based
		Home, Comm-Ba		e Plan Wi	J
		and Immediate Fa	•	Simple	Member Care
Insurance		Member Car	e I	nflation	Simple Inflation
Age	Base Plan	Option		Option	Option
60 61	16.30 17.90	25.70 28.00		5.10	38.30 41.50
62	19.60	30.50		9.80	45.00
63	21.30	33.10	3	2.10	48.30
64	23.40	36.00		5.10	52.30
65 66	26.40 29.30	40.10 43.90		9.40 3.10	58.00 62.70
67	32.40	47.90		7.70	68.40
68	35.70	52.20	5	1.90	73.60
69 70	39.50	56.90	5	6.90	79.80
70 71	43.70 48.50	62.30 68.30		2.20	86.30 94.00
72	53.70	74.80	7	5.00	102.20
73	59.30	81.80	8	1.70	110.30
74	65.50	89.60		9.60	119.90
75 76	78.70 86.40	106.80 116.20		6.20	141.40 152.70
70	94.70	126.40		5.00	164.00
78	103.80	137.50	13	6.20	177.40
	113.70 124.60	149.60	14	6.90	190.30
80	124.0V	162.70	10	9.80	205.40

บกบ่าท	RATE SHEET PALMDALE SCHOOL DISTRICT				
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 Unlimited 50% Unlimited 90 Days Home and Community- Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Simple Capped		
Calculate your Dromium.	This rate sheet shows the	cost per \$1,000 of covera	ige		
Calculate your Premium:	Х	÷ \$1,000 =	=		
Rate for Plan Chosen	Facility Monthly Bene		Your Premium		
		nly Rates			
	Plan 1 Plan 2 Base Plan V Home, Comm- and Immediate	Based Base Plan Wi	Plan 4 Base Plan With Home, Comm-Based th and Immediate Family Member Care		
Insurance	Member C	v i	Simple Inflation		
8	se Plan Option 5.80 10.70	Option 9.40	Option 14.80		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} 9.70\\ 10.20\\ 10.40\\ 10.60\\ 11.00\\ 11.50\\ 12.10\\ 12.70\\ 13.10\\ 13.80\\ 14.50\\ 15.10\\ 15.10\\ 16.00\\ 16.70\\ 17.60\\ 18.60\\ 19.50\\ 20.60\\ 21.40\\ 22.40\\ 23.60\\ 25.00\\ 26.20\\ 27.60\\ 28.80\\ \end{array}$	15.20 15.90 16.20 16.70 17.40 18.00 18.90 19.60 20.40 21.30 22.40 23.40 24.60 25.80 27.20 28.70 30.30 32.20 33.80 35.60 37.80 40.00 42.30 44.80 46.60		

UNUM		RATE SHEET PALMDALE SCHOOL DISTRICT				
		PALMI	DALE SCHOOL D	ISTRICT		
<u>Base Plan</u>			<u>Options</u>			
Facility Monthly Bener	fit \$1,000		Home Care Level	Home, Community-Based		
Home Monthly Benefit	t \$500			and Immediate Family		
Facility Benefit Duration	on Unlimite	ed		Member Care		
Home Benefit	50%		Inflation Protection	Simple Capped		
Lifetime Maximum	Unlimite	ed				
Elimination Period	90 Days					
Home Care Level	Home a	nd Community-				
	Based C	•				
		e sheet shows the co.	st per \$1,000 of coverd	ige		
Calculate your Premiu	um:					
	Х		÷ \$1,000	=		
Rate for Plan Chosen	Faci	ility Monthly Benefit		Your Premium		
		Monthly				
	Plan 1	Plan 2	Plan 3	Plan 4		
				Base Plan With		
		Base Plan Wit	th	Home, Comm-Based		
		Home, Comm-Ba	ased Base Plan Wi	-		
		and Immediate Fa		Member Care		
Insurance		Member Care	v 1	Simple Inflation		
Age	Base Plan	Option	Option	Option		
60						
	25.50	43.20	39.00	63.80		
61	27.80	47.00	42.30	63.80 69.00		
62	27.80 30.20	47.00 51.10	39.00 42.30 45.80 49.40	63.80 69.00 74.60		
62 63 64	27.80 30.20 32.90 35.70	47.00 51.10 55.60 60.30	42.30 45.80 49.40 53.40	63.80 69.00 74.60 80.40 86.80		
62 63 64 65	27.80 30.20 32.90 35.70 40.40	47.00 51.10 55.60 60.30 67.30	42.30 45.80 49.40 53.40 60.10	63.80 69.00 74.60 80.40 86.80 96.50		
62 63 64 65 66 67	27.80 30.20 32.90 35.70 40.40 44.70 49.40	47.00 51.10 55.60 60.30 67.30 73.50 80.20	42.30 45.80 49.40 53.40 60.10 65.70 72.30	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60		
62 63 64 65 66 67 68	27.80 30.20 32.90 35.70 40.40 44.70 49.40 54.60	47.00 51.10 55.60 60.30 67.30 73.50 80.20 87.60	42.30 45.80 49.40 53.40 60.10 65.70 72.30 78.70	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60 122.30		
62 63 64 65 66 67 68 69	27.80 30.20 32.90 35.70 40.40 44.70 49.40 54.60 60.30	47.00 51.10 55.60 60.30 67.30 73.50 80.20 87.60 95.50	42.30 45.80 49.40 53.40 60.10 65.70 72.30 78.70 86.40	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60 122.30 132.50		
62 63 64 65 66 67 68 69 70 71	27.80 30.20 32.90 35.70 40.40 44.70 49.40 54.60 60.30 66.50 73.60	47.00 51.10 55.60 60.30 67.30 73.50 80.20 87.60 95.50 104.20 114.10	42.30 45.80 49.40 53.40 60.10 65.70 72.30 78.70 86.40 94.20 103.20	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60 122.30 132.50 143.20 155.80		
62 63 64 65 66 67 68 69 70 70 71 72	27.80 30.20 32.90 35.70 40.40 44.70 49.40 54.60 60.30 66.50 73.60 81.30	$\begin{array}{r} 47.00\\ 51.10\\ 55.60\\ 60.30\\ 67.30\\ 73.50\\ 80.20\\ 87.60\\ 95.50\\ 104.20\\ 114.10\\ 124.60\end{array}$	42.30 45.80 49.40 53.40 60.10 65.70 72.30 78.70 86.40 94.20 103.20 113.10	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60 122.30 132.50 143.20 155.80 168.80		
62 63 64 65 66 67 68 69 70 71 71 72 73	27.80 30.20 32.90 35.70 40.40 44.70 49.40 54.60 60.30 66.50 73.60 81.30 89.50	$\begin{array}{r} 47.00\\ 51.10\\ 55.60\\ 60.30\\ 67.30\\ 73.50\\ 80.20\\ 87.60\\ 95.50\\ 104.20\\ 114.10\\ 124.60\\ 135.90\end{array}$	42.30 45.80 49.40 53.40 60.10 65.70 72.30 78.70 86.40 94.20 103.20 113.10 122.80	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60 122.30 132.50 143.20 155.80 168.80 181.80		
62 63 64 65 66 67 68 69 70 71 72 73 73 74 75	27.80 30.20 32.90 35.70 40.40 44.70 49.40 54.60 60.30 66.50 73.60 81.30 89.50 98.50 118.20	$\begin{array}{r} 47.00\\ 51.10\\ 55.60\\ 60.30\\ 67.30\\ 73.50\\ 80.20\\ 87.60\\ 95.50\\ 104.20\\ 114.10\\ 124.60\\ 135.90\\ 148.10\\ 176.20\end{array}$	42.30 45.80 49.40 53.40 60.10 65.70 72.30 78.70 86.40 94.20 103.20 113.10	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60 122.30 132.50 143.20 155.80 168.80 181.80 196.80 231.30		
62 63 64 65 66 67 68 69 70 71 72 73 74 75 76	27.80 30.20 32.90 35.70 40.40 44.70 49.40 54.60 60.30 66.50 73.60 81.30 89.50 98.50 118.20 129.70	47.00 51.10 55.60 60.30 73.50 80.20 87.60 95.50 104.20 114.10 124.60 135.90 148.10 176.20 191.70	42.30 45.80 49.40 53.40 60.10 65.70 72.30 78.70 86.40 94.20 103.20 113.10 122.80 134.30 158.80 173.20	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60 122.30 132.50 143.20 155.80 168.80 181.80 196.80 231.30 250.00		
62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77	27.80 30.20 32.90 35.70 40.40 44.70 49.40 54.60 60.30 66.50 73.60 81.30 89.50 98.50 118.20 129.70 142.10	47.00 51.10 55.60 60.30 73.50 80.20 87.60 95.50 104.20 114.10 124.60 135.90 148.10 176.20 191.70 208.30	42.30 45.80 49.40 53.40 60.10 65.70 72.30 78.70 86.40 94.20 103.20 113.10 122.80 134.30 158.80 173.20 187.00	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60 122.30 132.50 143.20 155.80 168.80 181.80 196.80 231.30 250.00 268.40		
62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 76 77 78 79	27.80 30.20 32.90 35.70 40.40 44.70 49.40 54.60 60.30 66.50 73.60 81.30 89.50 98.50 118.20 129.70	47.00 51.10 55.60 60.30 73.50 80.20 87.60 95.50 104.20 114.10 124.60 135.90 148.10 176.20 191.70	42.30 45.80 49.40 53.40 60.10 65.70 72.30 78.70 86.40 94.20 103.20 113.10 122.80 134.30 158.80 173.20	63.80 69.00 74.60 80.40 86.80 96.50 104.40 113.60 122.30 132.50 143.20 155.80 168.80 181.80 196.80 231.30 250.00		