



**RATE SHEET  
PALMDALE SCHOOL DISTRICT**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

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

**Calculate your Premium:**

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

**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 Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option
18-30	3.20	4.80	4.40	6.60
31	3.20	4.80	4.50	6.70
32	3.20	4.80	4.60	7.00
33	3.30	4.90	4.70	7.00
34	3.30	5.00	4.90	7.40
35	3.50	5.20	5.10	7.50
36	3.60	5.30	5.40	8.00
37	3.70	5.50	5.50	8.20
38	3.90	5.80	5.80	8.60
39	4.00	6.00	6.20	9.10
40	4.20	6.20	6.40	9.40
41	4.30	6.40	6.70	9.80
42	4.60	6.80	7.10	10.50
43	4.70	7.00	7.40	10.80
44	5.00	7.40	7.90	11.50
45	5.30	7.80	8.30	12.00
46	5.50	8.10	8.70	12.60
47	5.70	8.50	9.00	13.20
48	6.00	9.00	9.60	14.10
49	6.30	9.50	10.10	14.90
50	6.60	10.00	10.70	15.80
51	7.10	10.70	11.20	16.70
52	7.40	11.30	11.80	17.60
53	7.90	12.10	12.60	18.70
54	8.30	12.70	13.20	19.70
55	8.80	13.50	13.90	20.60
56	9.30	14.30	14.60	21.70
57	10.10	15.40	15.70	23.20
58	10.80	16.40	16.80	24.80
59	11.60	17.60	18.10	26.60



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

**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 Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option
60	12.50	18.90	19.30	28.20
61	13.60	20.30	20.90	30.30
62	15.00	22.20	22.80	32.90
63	16.30	24.00	24.70	35.30
64	17.90	26.10	27.00	38.10
65	20.30	29.10	30.50	42.30
66	22.50	31.70	33.50	45.70
67	25.00	34.60	36.80	49.70
68	27.60	37.70	40.10	53.40
69	30.60	41.20	44.20	58.10
70	33.90	44.90	48.40	62.70
71	37.70	49.20	53.20	68.20
72	41.70	53.90	58.50	74.20
73	46.30	59.10	63.90	80.20
74	51.10	64.60	70.10	87.10
75	61.60	77.10	83.30	102.60
76	67.60	83.70	90.90	110.90
77	74.20	91.00	98.30	119.00
78	81.40	99.00	107.00	128.50
79	89.20	107.50	115.50	137.70
80	98.00	117.00	126.00	148.80



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Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

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

**Calculate your Premium:**

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

**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 Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option
18-30	4.10	6.30	5.80	8.80
31	4.20	6.40	5.90	9.00
32	4.20	6.50	6.10	9.40
33	4.40	6.70	6.40	9.60
34	4.50	6.80	6.60	9.90
35	4.60	7.00	6.90	10.30
36	4.80	7.30	7.20	10.80
37	5.00	7.50	7.50	11.20
38	5.20	7.80	7.80	11.70
39	5.40	8.10	8.10	12.20
40	5.60	8.40	8.60	12.80
41	5.80	8.70	8.90	13.40
42	6.10	9.20	9.40	14.00
43	6.40	9.60	9.90	14.70
44	6.70	10.10	10.50	15.50
45	7.10	10.60	11.20	16.40
46	7.40	11.10	11.60	17.20
47	7.80	11.70	12.20	18.20
48	8.20	12.40	12.80	19.10
49	8.40	12.90	13.40	20.20
50	8.90	13.80	14.10	21.40
51	9.30	14.40	14.80	22.50
52	9.90	15.40	15.60	23.90
53	10.50	16.30	16.60	25.30
54	11.00	17.30	17.40	26.70
55	11.80	18.50	18.40	28.10
56	12.50	19.60	19.40	29.70
57	13.30	21.00	20.70	31.70
58	14.30	22.50	22.20	33.80
59	15.30	24.10	23.60	36.00



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**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 Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option
60	16.30	25.70	25.10	38.30
61	17.90	28.00	27.40	41.50
62	19.60	30.50	29.80	45.00
63	21.30	33.10	32.10	48.30
64	23.40	36.00	35.10	52.30
65	26.40	40.10	39.40	58.00
66	29.30	43.90	43.10	62.70
67	32.40	47.90	47.70	68.40
68	35.70	52.20	51.90	73.60
69	39.50	56.90	56.90	79.80
70	43.70	62.30	62.20	86.30
71	48.50	68.30	68.20	94.00
72	53.70	74.80	75.00	102.20
73	59.30	81.80	81.70	110.30
74	65.50	89.60	89.60	119.90
75	78.70	106.80	106.20	141.40
76	86.40	116.20	115.70	152.70
77	94.70	126.40	125.00	164.00
78	103.80	137.50	136.20	177.40
79	113.70	149.60	146.90	190.30
80	124.60	162.70	159.80	205.40



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Home Monthly Benefit	<b>\$500</b>		
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Lifetime Maximum	<b>Unlimited</b>		
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18-30	6.80	10.70	9.40	14.80
31	6.80	10.80	9.70	15.20
32	7.10	11.10	10.20	15.90
33	7.20	11.30	10.40	16.20
34	7.30	11.50	10.60	16.70
35	7.50	11.80	11.00	17.40
36	7.70	12.10	11.50	18.00
37	8.10	12.70	12.10	18.90
38	8.30	13.10	12.70	19.60
39	8.60	13.50	13.10	20.40
40	9.00	14.10	13.80	21.30
41	9.50	14.80	14.50	22.40
42	9.80	15.30	15.10	23.40
43	10.30	16.00	16.00	24.60
44	10.80	16.80	16.70	25.80
45	11.30	17.60	17.60	27.20
46	11.90	18.60	18.60	28.70
47	12.40	19.50	19.50	30.30
48	13.10	20.80	20.60	32.20
49	13.60	21.80	21.40	33.80
50	14.30	23.10	22.40	35.60
51	15.00	24.40	23.60	37.80
52	15.80	25.90	25.00	40.00
53	16.70	27.60	26.20	42.30
54	17.60	29.20	27.60	44.80
55	18.40	30.80	28.80	46.60
56	19.70	32.90	30.50	49.50
57	20.90	35.20	32.50	52.90
58	22.30	37.60	34.50	56.10
59	23.80	40.30	36.70	60.00



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60	25.50	43.20	39.00	63.80
61	27.80	47.00	42.30	69.00
62	30.20	51.10	45.80	74.60
63	32.90	55.60	49.40	80.40
64	35.70	60.30	53.40	86.80
65	40.40	67.30	60.10	96.50
66	44.70	73.50	65.70	104.40
67	49.40	80.20	72.30	113.60
68	54.60	87.60	78.70	122.30
69	60.30	95.50	86.40	132.50
70	66.50	104.20	94.20	143.20
71	73.60	114.10	103.20	155.80
72	81.30	124.60	113.10	168.80
73	89.50	135.90	122.80	181.80
74	98.50	148.10	134.30	196.80
75	118.20	176.20	158.80	231.30
76	129.70	191.70	173.20	250.00
77	142.10	208.30	187.00	268.40
78	155.40	226.30	203.10	289.60
79	170.00	245.60	219.10	310.70
80	186.00	266.60	237.70	334.40