

	<b>D</b> 2	II V DIEGO MEN	ICH AL EMI LOTE	LB 71BBOCI711101V
Base Plan			<u>Options</u>	
	£1 000		Home Care Level	Home Community Deced
Facility Monthly Benefit			Home Care Lever	Home, Community-Based
Home Monthly Benefit	\$500			and Immediate Family
Facility Benefit Duration				Member Care
Home Benefit	50%		Inflation Protection	Compound Uncapped
Lifetime Maximum	\$36,000			
Elimination Period	90 Days			
Home Care Level		d Community-		
Home Care Level				
	Based Ca		****	
	This rat	e sheet shows the co	st per \$1,000 of coverage	2
Calculate your Premium	ı:			
			. 01/	000 -
D + C DI CI	X	'1', M, 411 D, 6	÷ \$1,0	
Rate for Plan Chos	sen Fac	cility Monthly Benef		Your Premium
		Monthly	Rates	
	Plan 1	Plan 2	Plan 3	Plan 4
				<b>Base Plan With</b>
		Base Plan Wit	th	Home, Comm-Based
		Home, Comm-Ba		v
		and Immediate Fa		Member Care
Insurance		Member Car	e Inflation	Compound Inflation
Age B	Base Plan	Option	Option	Option
18-30	3.00	4.50	9.30	12.80
31	3.00	4.50	9.40	13.00
32 33	3.00 3.10	4.50 4.70	9.60 9.80	13.30 13.60
34	3.20	4.80	10.10	13.00
35	3.30	4.90	10.40	14.30
36	3.40	5.00	10.70	14.70
37	3.50	5.20	10.90	15.00
38	3.70	5.50	11.30	15.50
39 40	3.90 4.00	5.70 5.90	11.70 12.00	16.00 16.40
41	4.20	6.10	12.30	16.90
42	4.40	6.50	12.80	17.40
43	4.50	6.70	13.20	17.90
44	4.70	7.00	13.60	18.50
45 46	5.00 5.20	7.40 7.80	14.10 14.40	19.10 19.70
47	5.50	8.10	14.80	20.30
48	5.80	8.70	15.30	21.10
49	6.00	9.10	15.80	21.80
50	6.30	9.60	16.10	22.40
51 52	6.80	10.20 10.80	16.80	23.40
53	7.10 7.50	11.50	17.30 17.90	24.30 25.10
54	7.90	12.10	18.40	26.00
55	8.50	12.90	19.30	26.90
56	9.00	13.70	20.10	28.10
57	9.60	14.70	21.10	29.50
	L0.30	15.70	22.00	30.80
59 1	L1.00	16.80	23.00	32.20



Sase Plan   Facility Monthly Benefit   Soo   S	÷ \$1	Home, Community-Based and Immediate Family Member Care Compound Uncapped  ge  your Premium  Plan 4 Base Plan With
Calculate your Premium:	÷ \$1 t Amount <b>Rates</b>	,000 = Your Premium  Plan 4
Rate for Plan Chosen  Rate for Plan Chosen  Facility Monthly Benefit  Monthly  Plan 1  Plan 2  Base Plan With Home, Comm-Ba and Immediate Fa Insurance Age Base Plan  Option	t Amount <b>Rates</b>	Your Premium Plan 4
Rate for Plan Chosen  Facility Monthly Benefit  Monthly  Plan 1  Plan 2  Base Plan With Home, Comm-Bath and Immediate Fath Member Care Age  Age Base Plan  Option	t Amount <b>Rates</b>	Your Premium Plan 4
Plan 1 Plan 2  Plan 1 Base Plan With Home, Comm-Ba and Immediate Fa Insurance Member Care Age Base Plan Option	Rates	Plan 4
Plan 1 Plan 2  Base Plan With Home, Comm-Ba and Immediate Fa Member Care Age Base Plan Option		
Base Plan Witt Home, Comm-Ba and Immediate Fa Insurance Member Care Age Base Plan Option	Plan 3	
Home, Comm-Ba and Immediate Fa Insurance Member Care Age Base Plan Option		Base Plan With
Age Base Plan Option	sed Base Plan With Compound	Home, Comm-Based h and Immediate Family Member Care
8		Compound Inflation
60 11.90 18.00	Option 24.20	Option 33.80
61       12.90       19.40         62       14.30       21.20         63       15.60       22.90         64       17.10       24.90         65       19.50       27.90         66       21.50       30.30         67       23.90       33.10         68       26.40       36.10         69       29.30       39.40         70       32.40       43.00         71       36.00       47.10         72       39.90       51.60         73       44.30       56.60         74       48.90       61.80         75       59.00       73.80         76       64.70       80.20         77       71.00       87.10         78       77.90       94.70         79       85.40       103.00	25.90 27.90 29.70 32.00 35.50 38.40 41.80 45.10 49.00 52.70 57.70 62.70 67.90 73.60 87.00 94.40	36.00 38.60 40.80 43.70 47.90 51.10 55.10 58.70 63.10 67.30 72.80 78.40 84.40 90.70 106.30 114.30 121.90 130.90



	32	AN DIEGO MUNI	CIPAL EMPLUII	EES ASSUCIATION
Base Plan		(	Options	
Facility Monthly Be	enefit <b>\$1,000</b>		Home Care Level	Home, Community-Based
Home Monthly Ben		1	iome care Level	and Immediate Family
Facility Benefit Dur				Member Care
2	50%	1	uflation Dustantian	
Home Benefit			nflation Protection	Compound Uncapped
Lifetime Maximum	\$72,000			
Elimination Period	90 Days			
Home Care Level	Home an	nd Community-		
	Based C			
	This rat	te sheet shows the cost	per \$1,000 of covera	ge
Calculate your Prei	mium:			
	X		÷ \$1	1,000 =
Rate for Plan		cility Monthly Benefit		Your Premium
Naic 101 1 Idii	Chosen Ta	Monthly R		1 out 1 feithfuill
	Plan 1	Plan 2	Plan 3	Plan 4
	1 1aii 1	1 1411 4	i iaii 3	Base Plan With
		D NI		
		Base Plan With	1 D DI 11/1/	Home, Comm-Based
		Home, Comm-Base		•
		and Immediate Fam		Member Care
Insurance		Member Care	Inflation	Compound Inflation
Age	Base Plan	Option	Option	Option
18-30	3.90	6.00	12.20	17.10
31 32	4.00 4.10	6.10 6.20	12.60 12.80	17.60 18.00
33	4.20	6.30	13.30	18.50
34	4.30	6.50	13.50	18.90
35	4.40	6.70	13.90	19.40
36 37	4.60	6.90 7.20	14.30	19.80
37	4.70 4.90	7.20	14.70 15.20	20.40 21.10
39	5.10	7.70	15.60	21.60
40	5.30	8.00	16.00	22.10
41	5.50	8.30	16.40	22.70
42 43	5.80 6.10	8.80 9.10	17.00 17.50	23.50 24.20
44	6.40	9.60	18.10	25.00
45	6.80	10.10	18.70	25.80
46	7.10	10.60	19.30	26.70
47 48	7.40 7.80	11.20 11.80	19.70 20.30	27.50 28.50
49	8.10	12.40	20.30	29.40
50	8.50	13.10	21.40	30.30
51	8.90	13.80	22.10	31.50
52	9.50	14.70	22.90	32.80
53 54	10.00 10.60	15.70 16.60	23.60 24.50	34.00 35.30
55	11.20	17.70	25.40	36.40
56	11.90	18.80	26.40	38.00
57	12.70	20.10	27.60	39.80
58 50	13.60	21.50	28.90	41.70
59	14.60	23.00	30.20	43.60



	SAN DIL	do monten a	AL EMFLUIE	ES ASSUCIATION
Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$500 6 Years 50% \$72,000 90 Days Home and Comi Based Care	Inflat	e Care Level ion Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
		hows the cost per \$	\$1,000 of coverag	re
Calculate your Premium	ı:			
	X			,000 =
Rate for Plan Chos	sen Facility Mo	onthly Benefit Amo	unt	Your Premium
		Monthly Rates		
I	Plan 1	Plan 2	Plan 3	Plan 4
		se Plan With		Base Plan With Home, Comm-Based
	and In	e, Comm-Based nmediate Family	Base Plan With Compound	Member Care
Insurance	and Im M	nmediate Family lember Care	Compound Inflation	Member Care Compound Inflation
Age B	and Im M Base Plan L5.60	nmediate Family lember Care Option 24.60	Compound Inflation Option 31.50	Member Care Compound Inflation Option 45.70
Age B 60 1 61 1 62 1 63 2 64 2 65 2 66 2 67 3 68 3 69 3 70 4 71 4 72 5 73 5 74 6 75 7 76 8 77 9 78	and Im  Masse Plan  15.60  17.10  18.70  20.40  22.30  25.20  28.00  31.00  34.20  37.80  41.80  46.40  56.70  52.70  75.30  1  30.70  1  99.40	nmediate Family Lember Care Option	Compound Inflation Option	Member Care Compound Inflation Option



		HIV BIEGO MEN		
Base Plan			<u>Options</u>	
Facility Monthly Ber	nefit <b>\$1,000</b>		Home Care Level	Home Community Resed
			Home Care Lever	Home, Community-Based
Home Monthly Bene		_		and Immediate Family
Facility Benefit Dura		d		Member Care
Home Benefit	50%		Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimite	d		
Elimination Period	90 Days			
Home Care Level		d Community-		
Tionic Care Level	Based Ca	•		
			(1,000 C	
		e sheet shows the co	st per \$1,000 of coveraş	ge
Calculate your Prem	iium:			
	X		÷ \$1	,000 =
D ( C D1 (		'1', M, 411 D, C		
Rate for Plan (	nosen Fac	ility Monthly Benefi		Your Premium
		Monthly		
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Wit	·h	Home, Comm-Based
				*
		Home, Comm-Ba		•
		and Immediate Fa	v	Member Care
Insurance		Member Care	e Inflation	Compound Inflation
Age	<b>Base Plan</b>	Option	Option	Option
18-30	5.40	8.50	16.60	24.00
31	5.40	8.60	16.90	24.50
32	5.60	8.90	17.40	25.10
33 34	5.70 5.80	9.00 9.20	17.70 18.00	25.70 26.10
35	6.00	9.50	18.50	26.80
36	6.20	9.70	19.00	27.50
37	6.40	10.10	19.60	28.20
38	6.60	10.40	20.10	28.90
3 9 4 0	6.90 7.20	10.80 11.30	20.70 21.30	29.70 30.60
41	7.60	11.80	22.00	31.50
42	7.80	12.20	22.60	32.30
43	8.20	12.80	23.20	33.30
44	8.60	13.40	23.90	34.30
45 46	9.00 9.50	14.10 14.80	24.70 25.40	35.40 36.60
47	9.90	15.60	26.00	37.70
48	10.40	16.50	26.90	39.20
49	10.80	17.40	27.50	40.40
50	11.40	18.50	28.30	41.90
51	12.00	19.50	29.20	43.50
52 53	12.60 13.40	20.70 22.00	30.00 31.10	45.10 47.00
53 54	14.00	23.30	32.00	47.00
55	14.70	24.50	32.90	49.80
56	15.70	26.30	34.20	52.10
57	16.70	28.10	35.80	54.70
58	17.80	30.10	37.30	57.30
59	19.00	32.20	38.90	60.00



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Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$500 Unlimited 50% Unlimited 90 Days Home and Cor Based Care	nmunity-	Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate nous Duemius		i snows the cost	per \$1,000 of coverag	ge
Calculate your Premiun				
	X			,000 =
Rate for Plan Cho	sen Facility N	Monthly Benefit		Your Premium
		Monthly R		
	Plan 1	Plan 2	Plan 3	Plan 4 Base Plan With
		Base Plan With ne, Comm-Bas		Home, Comm-Based
<b>T</b>	and l	Immediate Fan	nily Compound	Member Care
Insurance	and 1	lmmediate Fan Member Care	nily Compound Inflation	Member Care Compound Inflation
Age I	and l Base Plan 20.30	Immediate Fan Member Care Option 34.50	nily Compound Inflation Option 40.50	Member Care Compound Inflation Option 62.90
Age 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 1 77 1 78	and 1  Base Plan  20.30  22.20  24.10  26.30  28.60  32.20  35.70  39.50  43.60  48.10  53.10  58.80  64.90  71.40  78.60  94.40  03.50  13.40  24.00	Immediate Fan Member Care Option	nily Compound Inflation Option	Member Care Compound Inflation Option