



RATE SHEET
SAN DIEGO MUNICIPAL EMPLOYEES ASSOCIATION

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

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

Calculate your Premium:

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

Monthly Rates

	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Insurance Age	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	3.00	4.50	9.60	13.30
33	3.10	4.70	9.80	13.60
34	3.20	4.80	10.10	13.90
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	3.90	5.70	11.70	16.00
40	4.00	5.90	12.00	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	5.00	7.40	14.10	19.10
46	5.20	7.80	14.40	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	6.80	10.20	16.80	23.40
52	7.10	10.80	17.30	24.30
53	7.50	11.50	17.90	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
58	10.30	15.70	22.00	30.80
59	11.00	16.80	23.00	32.20



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Monthly Rates

	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Insurance Age	Base Plan	Option	Option	Option
60	11.90	18.00	24.20	33.80
61	12.90	19.40	25.90	36.00
62	14.30	21.20	27.90	38.60
63	15.60	22.90	29.70	40.80
64	17.10	24.90	32.00	43.70
65	19.50	27.90	35.50	47.90
66	21.50	30.30	38.40	51.10
67	23.90	33.10	41.80	55.10
68	26.40	36.10	45.10	58.70
69	29.30	39.40	49.00	63.10
70	32.40	43.00	52.70	67.30
71	36.00	47.10	57.70	72.80
72	39.90	51.60	62.70	78.40
73	44.30	56.60	67.90	84.40
74	48.90	61.80	73.60	90.70
75	59.00	73.80	87.00	106.30
76	64.70	80.20	94.40	114.30
77	71.00	87.10	101.50	121.90
78	77.90	94.70	109.90	130.90
79	85.40	103.00	118.10	139.80
80	93.80	112.10	127.80	150.20



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Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 Years		
Home Benefit	50%	Inflation Protection	Compound Uncapped
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Home and Community-Based Care		

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

Calculate your Premium:

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

Monthly Rates

	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Insurance Age	Base Plan	Option	Option	Option
18-30	3.90	6.00	12.20	17.10
31	4.00	6.10	12.60	17.60
32	4.10	6.20	12.80	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	4.60	6.90	14.30	19.80
37	4.70	7.20	14.70	20.40
38	4.90	7.50	15.20	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	5.80	8.80	17.00	23.50
43	6.10	9.10	17.50	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	7.40	11.20	19.70	27.50
48	7.80	11.80	20.30	28.50
49	8.10	12.40	20.90	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	10.00	15.70	23.60	34.00
54	10.60	16.60	24.50	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	13.60	21.50	28.90	41.70
59	14.60	23.00	30.20	43.60



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

Monthly Rates

	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Insurance Age	Base Plan	Option	Option	Option
60	15.60	24.60	31.50	45.70
61	17.10	26.80	33.80	49.00
62	18.70	29.10	36.30	52.40
63	20.40	31.70	38.60	55.60
64	22.30	34.40	41.50	59.50
65	25.20	38.40	45.90	65.20
66	28.00	42.00	49.60	69.90
67	31.00	45.80	54.00	75.40
68	34.20	50.00	58.20	80.30
69	37.80	54.50	62.80	86.20
70	41.80	59.60	67.60	92.10
71	46.40	65.40	73.90	99.80
72	51.40	71.50	80.30	107.50
73	56.70	78.30	86.70	115.60
74	62.70	85.70	94.00	124.40
75	75.30	102.30	110.80	145.80
76	82.70	111.30	120.10	156.90
77	90.70	121.00	129.10	167.70
78	99.40	131.60	139.40	179.80
79	108.90	143.20	149.90	192.40
80	119.30	155.70	162.00	206.80



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Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500		
Facility Benefit Duration	Unlimited		
Home Benefit	50%	Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Home and Community-Based Care		

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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	5.70	9.00	17.70	25.70
34	5.80	9.20	18.00	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
39	6.90	10.80	20.70	29.70
40	7.20	11.30	21.30	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	9.00	14.10	24.70	35.40
46	9.50	14.80	25.40	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	12.60	20.70	30.00	45.10
53	13.40	22.00	31.10	47.00
54	14.00	23.30	32.00	48.60
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 With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Insurance Age	Base Plan	Option	Option	Option
60	20.30	34.50	40.50	62.90
61	22.20	37.50	43.30	67.30
62	24.10	40.70	46.30	72.00
63	26.30	44.40	49.20	76.50
64	28.60	48.10	52.50	81.60
65	32.20	53.70	58.00	89.60
66	35.70	58.70	62.80	96.20
67	39.50	64.00	68.10	103.50
68	43.60	69.90	73.30	110.40
69	48.10	76.20	79.20	118.60
70	53.10	83.10	85.30	126.80
71	58.80	91.10	92.90	137.00
72	64.90	99.40	100.70	147.30
73	71.40	108.50	108.50	158.20
74	78.60	118.20	117.30	169.60
75	94.40	140.70	138.00	198.20
76	103.50	153.00	149.60	213.40
77	113.40	166.30	160.80	227.90
78	124.00	180.60	173.30	244.00
79	135.70	196.00	186.00	260.90
80	148.40	212.80	200.70	279.90