



**RATE SHEET**  
**SOUTH ORANGE COUNTY COMMUNITY COLLEGE**  
**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>4 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$48,000</b>		
Elimination Period	<b>180 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:**

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium (A)}$$

**FOR EMPLOYEES ONLY:**

$$\frac{\text{Rate for Funded Base Plan 1 (4 Year Duration \$1,000 Benefit Amount)}}{\text{Facility Monthly Benefit Amount}} = \text{Employer paid amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

**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	3.00	4.60	4.20	6.40
31	3.00	4.60	4.30	6.50
32	3.10	4.70	4.50	6.70
33	3.10	4.80	4.50	6.90
34	3.30	5.00	4.90	7.30
35	3.30	5.00	4.90	7.40
36	3.50	5.20	5.10	7.70
37	3.70	5.50	5.60	8.20
38	3.70	5.60	5.60	8.40
39	3.90	5.80	5.90	8.70
40	4.10	6.10	6.20	9.20
41	4.30	6.30	6.60	9.70
42	4.40	6.60	6.90	10.10
43	4.60	6.80	7.10	10.50
44	4.90	7.30	7.70	11.30
45	5.10	7.50	8.00	11.70
46	5.30	7.90	8.30	12.30
47	5.50	8.30	8.80	13.00
48	5.80	8.80	9.20	13.70
49	6.20	9.40	9.80	14.70
50	6.50	9.90	10.30	15.40
51	6.80	10.40	10.90	16.30
52	7.30	11.10	11.50	17.20
53	7.70	11.80	12.20	18.30
54	8.10	12.50	12.80	19.30
55	8.60	13.20	13.40	20.20
56	9.20	14.20	14.40	21.50
57	9.80	15.10	15.20	22.80
58	10.50	16.20	16.30	24.30
59	11.20	17.30	17.30	25.80



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**SOUTH ORANGE COUNTY COMMUNITY COLLEGE**  
**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>4 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$48,000</b>		
Elimination Period	<b>180 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:**

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium (A)}$$

**FOR EMPLOYEES ONLY:**

$$\frac{\text{Rate for Funded Base Plan 1 (4 Year Duration \$1,000 Benefit Amount)}}{\text{Facility Monthly Benefit Amount}} = \text{Employer paid amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

*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	Base Plan With Simple Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation
	Option	Option	Option	Option
60	12.00	18.50	18.60	27.60
61	13.10	20.00	20.20	29.70
62	14.40	21.80	22.00	32.20
63	15.70	23.60	23.80	34.60
64	17.30	25.70	26.00	37.50
65	19.60	28.70	29.40	41.60
66	21.70	31.20	32.20	45.00
67	24.10	34.10	35.40	48.90
68	26.60	37.20	38.60	52.70
69	29.50	40.70	42.60	57.20
70	32.60	44.30	46.40	61.70
71	36.30	48.70	51.00	67.10
72	40.10	53.20	56.10	73.00
73	44.30	58.20	61.10	78.80
74	49.00	63.70	67.10	85.70
75	59.00	76.00	79.60	101.00
76	64.80	82.70	86.80	109.10
77	71.00	89.80	94.00	117.20
78	78.10	97.90	102.50	126.80
79	85.40	106.40	110.60	135.90
80	93.90	115.80	120.50	146.80
81	103.10	126.10	131.60	159.00
82	114.30	138.90	143.60	172.50
83	126.20	152.60	157.30	188.10
84	139.00	167.30	170.40	203.20



**RATE SHEET**  
***SOUTH ORANGE COUNTY COMMUNITY COLLEGE 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>6 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>180 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:**

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium (A)}$$

**FOR EMPLOYEES ONLY:**

$$\frac{\text{Rate for Funded Base Plan 1 (4 Year Duration \$1,000 Benefit Amount)}}{\text{Facility Monthly Benefit Amount}} = \text{Employer paid amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

***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	3.50	5.30	4.90	7.50
31	3.50	5.40	4.90	7.60
32	3.60	5.50	5.20	7.90
33	3.70	5.60	5.40	8.10
34	3.80	5.80	5.50	8.40
35	3.90	5.90	5.80	8.70
36	4.00	6.10	6.00	9.10
37	4.20	6.30	6.30	9.40
38	4.40	6.60	6.60	9.90
39	4.50	6.80	6.90	10.30
40	4.70	7.10	7.30	10.80
41	4.90	7.40	7.50	11.30
42	5.10	7.70	7.90	11.80
43	5.40	8.10	8.30	12.40
44	5.70	8.50	8.80	13.10
45	6.00	8.90	9.40	13.80
46	6.30	9.40	9.80	14.50
47	6.60	9.90	10.30	15.30
48	6.90	10.40	10.80	16.10
49	7.10	10.90	11.30	17.10
50	7.50	11.60	11.90	18.00
51	7.80	12.20	12.50	19.00
52	8.30	13.00	13.20	20.10
53	8.80	13.80	14.00	21.40
54	9.30	14.60	14.70	22.50
55	9.90	15.60	15.50	23.70
56	10.50	16.50	16.40	25.00
57	11.20	17.70	17.50	26.80
58	12.00	18.90	18.70	28.50
59	12.90	20.30	19.90	30.40



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**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>6 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>180 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:**

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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	13.70	21.70	21.20	32.30
61	15.10	23.60	23.10	35.00
62	16.50	25.70	25.20	37.90
63	18.00	27.90	27.10	40.70
64	19.70	30.30	29.60	44.10
65	22.20	33.80	33.20	48.90
66	24.70	37.00	36.40	52.80
67	27.30	40.40	40.20	57.70
68	30.10	44.00	43.80	62.00
69	33.30	48.00	48.00	67.30
70	36.80	52.50	52.40	72.80
71	40.90	57.60	57.50	79.20
72	45.30	63.00	63.20	86.10
73	50.00	69.00	68.80	93.00
74	55.20	75.50	75.50	101.10
75	66.30	90.10	89.50	119.20
76	72.80	98.00	97.50	128.70
77	79.80	106.50	105.40	138.30
78	87.50	115.90	114.80	149.50
79	95.90	126.10	123.90	160.40
80	105.10	137.10	134.70	173.20
81	115.50	149.60	146.90	187.40
82	127.70	164.50	160.10	203.40
83	140.90	180.70	175.20	221.70
84	154.80	197.80	189.60	239.40



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Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>180 DAYS</b>		
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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
18-30	5.70	9.00	7.90	12.50
31	5.70	9.10	8.20	12.80
32	5.90	9.40	8.60	13.40
33	6.00	9.50	8.80	13.70
34	6.20	9.70	9.00	14.10
35	6.30	9.90	9.30	14.60
36	6.50	10.20	9.70	15.20
37	6.80	10.70	10.20	15.90
38	7.00	11.00	10.70	16.60
39	7.30	11.40	11.10	17.20
40	7.60	11.90	11.60	18.00
41	8.00	12.50	12.20	18.90
42	8.30	12.90	12.70	19.70
43	8.70	13.50	13.50	20.80
44	9.10	14.10	14.10	21.80
45	9.50	14.80	14.90	22.90
46	10.00	15.70	15.70	24.20
47	10.40	16.50	16.40	25.60
48	11.00	17.50	17.40	27.20
49	11.40	18.40	18.00	28.50
50	12.10	19.50	18.90	30.00
51	12.60	20.60	19.90	31.80
52	13.40	21.90	21.10	33.80
53	14.10	23.20	22.10	35.60
54	14.80	24.60	23.30	37.70
55	15.50	25.90	24.30	39.30
56	16.60	27.80	25.70	41.70
57	17.70	29.70	27.40	44.60
58	18.80	31.70	29.10	47.30
59	20.10	34.00	31.00	50.60



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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	21.50	36.40	32.90	53.80
61	23.40	39.60	35.70	58.20
62	25.40	43.10	38.60	62.90
63	27.80	46.80	41.60	67.80
64	30.10	50.80	45.10	73.20
65	34.10	56.70	50.70	81.30
66	37.70	62.00	55.40	88.00
67	41.60	67.60	60.90	95.70
68	46.00	73.80	66.40	103.10
69	50.80	80.50	72.80	111.70
70	56.10	87.80	79.40	120.70
71	62.10	96.10	87.00	131.30
72	68.60	105.00	95.30	142.30
73	75.40	114.60	103.50	153.30
74	83.00	124.80	113.20	165.90
75	99.60	148.60	133.90	195.00
76	109.40	161.60	146.00	210.70
77	119.80	175.60	157.60	226.30
78	131.00	190.70	171.20	244.10
79	143.30	207.10	184.70	261.90
80	156.80	224.80	200.40	281.90
81	171.80	244.30	218.10	304.40
82	189.70	267.90	237.20	329.40
83	208.50	293.00	258.70	357.40
84	228.40	319.20	279.10	384.40