บกํบํ๛ํ	SOUTH ORANGE COUNT	RATE SHEET <i>TY COMMUNITY C</i>	COLLEGE 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 4 Years 50% \$48,000 180 DAYS Home and Community-	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Simple Capped			
	Based Care <i>This rate sheet shows the co</i>	ost per \$1 000 of covera	0 <i>P</i>			
Calculate your Premium:		si per \$1,000 of covera				
Your Rate for plan cho FOR EMPLOYEES ONLY:	Your Rate for plan chosenXX \div \$1,000 =(A)Your PremiumYour Premium					
	Monthly					
PI	lan 1 Plan 2 Base Plan Wi	Plan 3 th	Plan 4 Base Plan With Home, Comm-Based			
	Home, Comm-Ba		h and Immediate Family			
-	and Immediate Fa	v i	Member Care			
Insurance	Member Car		Simple Inflation			
8	ase Plan Option 3.60 5.40	Option 6.00	Option 9.20			
			9.60			
31 32 33	3.60 5.50 3.70 5.60 3.70 5.70 3.90 5.90 3.90 6.00 4.20 6.20	6.30 6.70 6.80 7.10 7.20	10.00 10.20			
34	3.90 5.90	7.10	10.60			
35	3.90 6.00	7.20	10.80			
36	4.20 6.20	7.70	11.50			
34 35 36 37 38	4.30 6.50 4.50 6.70	8.00 8.30	12.00 12.30			
39	4.60 6.90	8.70	12.90			
40	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	9.10 9.70	13.60			
41 42	5.30 7.90	9.70	14.30 14.90			
43	5.50 8.20 5.90 8.60 6.10 9.00 6.40 9.50 6.70 10.00	10.60	15.70			
44	5.90 8.60	11.30	16.60			
45 46	6.10 9.00 6.40 9.50	11.90	17.40 18.10			
40	6.40 9.50 6.70 10.00	12.30 13.00	19.20			
48	7.00 10.50	13.70	20.40			
49 50	7.40 11.20	14.40 15.30	21.50			
50	7.80 11.90 8.10 12.40	16.10	22.80 24.10			
52	8.70 13.30	17.00	25.60			
53	9.20 14.10	18.00	27.10			
54	9.70 15.00 0.20 15.80	19.00 19.90	28.60			
55 1 56 1	0.20 15.80 1.00 16.90	21.10	29.80 31.70			
57 1	1 60 10 00	22.40	33.60			
	1.60 18.00					
58 1	1.60 18.00 2.50 19.40 3.50 20.70	24.00 25.80	35.90 38.40			

บก่บ่ก่า	SOUTH (ORANGE COUN	RATE SHI <i>TY COMMU</i>		COLLEGE DISTRICT
<u>Base Plan</u> Facility Monthly Ber Home Monthly Bene			<u>Options</u> Home Care Le	evel	Home, Community-Based and Immediate Family
Facility Benefit Dura Home Benefit Lifetime Maximum	50% \$48,000		Inflation Prote	ection	Member Care Simple Capped
Elimination Period Home Care Level	Based Ca	d Community-	t per \$1,000 of co	Varoga	
Calculate your Prem		state sheet shows the cos	a per \$1,000 of co	verage	
Your Rate for pla FOR EMPLOYEES ON	NLY:	acility Monthly Benefit A	_	\$1,000	 <u>Your Premium</u> <u>(A)</u> <u>Employer paid amount</u>
		ar Duration \$1,000 Benefit .		US B	=EMPLOYEE'S COST
		Monthly	Rates		
	Plan 1	Plan 2	Plar	1 3	Plan 4
					Base Plan With
		Base Plan Wit			Home, Comm-Based
		Home, Comm-Ba and Immediate Fa		'lan Wit nple	th and Immediate Family Member Care
Insurance		Member Car	U U	ation	Simple Inflation
Age	Base Plan	Option		ption	Option
60	14.40	22.10	27	. 50	40.90
61 62	15.70 17.30	24.00 26.20	29 32	.80	44.00 47.80
63	18.80	28.30	35	. 20	51.30
64 65	20.70 23.50	30.80 34.40	43	.30	55.20 61.60
66	26.00	37.40	47	. 60	66.50
67 68	28.90 31.90	40.90 44.60	52 57	. 60 . 20	72.60 77.90
69	35.40	48.80	63	.00	84.70
70 71	39.00 43.50	53.10 58.40	75	.80 .50	91.40 99.40
72	48.10	63.80	83.	.00	108.10
73 74	53.20 58.80	69.90 76.40	90 99	.40 .50	116.60 126.90
75 76	70.70 77.70	91.20	118	.10	149.70 161.70
77	85.20	99.20 107.80	128 139	. 20	173.60
78 79	93.60 102.50	117.40 127.60	151 163	. 70	187.60 201.20
80	112.60	138.90	178.	. 40	217.40
81	123.70	151.30	194	. 70	235.30
82 83	137.10 151.40	166.60 183.10	212 233		255.50 278.70
84	166.70	200.60	252		301.00

บทบ่ท้า	SOUTH O		TE SHEET <i>OMMUNITY</i> (COLLEGE DISTRICT	
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duratio Home Benefit Lifetime Maximum Elimination Period Home Care Level	 \$500 6 Years 50% \$72,000 180 DAY 	Infla S I Community-	tions The Care Level	Home, Community-Based and Immediate Family Member Care Simple Capped	
		sheet shows the cost per	• \$1,000 of covera	ige	
Calculate your Premium: X \$\$1,000 = (A) Your Rate for plan chosen X \$\$1,000 = (A) Facility Monthly Benefit Amount \$\$1,000 = (A) FOR EMPLOYEES ONLY: \$\$1,000 = (B) Rate for Funded Base Plan 1 \$\$Employer paid amount (4 Year Duration \$1,000 Benefit Amount) \$\$A MINUS B = \$\$\$					
		Monthly Rates	5	EMPLOYEE'S COST	
	Plan 1	Plan 2 Base Plan With Home, Comm-Based	Plan 3 Base Plan Wit		
Insurance Age	Base Plan	and Immediate Family Member Care Option	Simple Inflation Option	Member Care Simple Inflation Option	
53	4.10 4.20 4.30 4.40 4.50 4.70 4.80 5.00 5.20 5.40 5.60 5.80 6.20 6.40 6.70 7.20 7.50 7.50 7.80 8.30 8.50 9.00 9.40 10.00 10.50 11.20	$\begin{array}{c} 6.30\\ 6.40\\ 6.60\\ 6.70\\ 6.90\\ 7.10\\ 7.30\\ 7.60\\ 7.90\\ 8.10\\ 8.50\\ 8.80\\ 9.30\\ 9.30\\ 9.70\\ 10.10\\ 10.10\\ 10.60\\ 11.20\\ 11.80\\ 12.50\\ 13.10\\ 13.90\\ 14.60\\ 15.50\\ 16.50\\ 17.50\end{array}$	7.10 7.30 7.60 8.00 8.20 8.50 8.90 9.20 9.70 10.30 10.60 11.20 11.70 12.40 13.00 13.80 14.50 16.00 16.70 17.50 18.50 19.50 20.80 21.80 22.90	$ \begin{array}{r} 10.80 \\ 11.10 \\ 11.60 \\ 12.00 \\ 12.40 \\ 12.90 \\ 13.40 \\ 13.90 \\ 14.50 \\ 15.30 \\ 15.90 \\ 16.60 \\ 17.50 \\ 18.40 \\ 19.20 \\ 20.30 \\ 21.50 \\ 22.50 \\ 23.90 \\ 25.20 \\ 26.50 \\ 23.90 \\ 25.20 \\ 26.50 \\ 28.10 \\ 29.80 \\ 31.80 \\ 33.40 \\ 34.90 \\ \end{array} $	

บทบ่ท	SOUTH O	RANGE COUNT	RATE SHEET Y COMMUNITY C	OLLEGE DISTRICT
<u>Base Plan</u> Facility Monthly Ben Home Monthly Bene Facility Benefit Dur Home Benefit Lifetime Maximum Elimination Period Home Care Level	efit \$500 ation 6 Years 50% \$72,000 180 DA Home an Based C	nd Community- are	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Simple Capped
Calculate your Pren	nium:			
Your Rate for pl FOR EMPLOYEES O		acility Monthly Benefit A	÷ \$1,000	= (A) $= (B)$
		ate for Funded Base Plan ar Duration \$1,000 Benefit A		Employer paid amount = EMPLOYEE'S COST
		Monthly	Rates	
	Plan 1	Plan 2	Plan 3	Plan 4
Insurance	Base Plan	Base Plan Wit Home, Comm-Ba and Immediate Fa Member Care	sed Base Plan Wi mily Simple e Inflation	Member Care Simple Inflation
Age 60	16.50	Option 26.00	<u>Option</u> 31.40	Option 47.80
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 75 76 77 78 79 80 81	18.00 19.70 21.60 23.60 26.60 29.50 32.70 36.20 40.00 44.20 49.00 54.20 59.90 66.20 79.50 87.40 95.80 105.00 115.00 126.00 138.50	$\begin{array}{c} 28.30\\ 30.80\\ 33.40\\ 36.40\\ 40.50\\ 44.30\\ 48.40\\ 52.80\\ 57.60\\ 62.90\\ 69.00\\ 75.50\\ 82.70\\ 90.60\\ 108.00\\ 117.50\\ 127.90\\ 139.10\\ 151.20\\ 164.50\\ 179.40 \end{array}$	$\begin{array}{r} 34.10\\ 37.10\\ 40.10\\ 43.70\\ 49.30\\ 53.80\\ 59.50\\ 64.70\\ 71.10\\ 77.70\\ 85.20\\ 93.60\\ 102.10\\ 111.80\\ 132.50\\ 144.50\\ 156.10\\ 170.00\\ 183.40\\ 199.60\\ 217.60\end{array}$	51.70 56.00 60.20 65.20 72.50 78.10 85.40 91.90 99.70 107.80 117.40 127.60 137.80 149.80 176.40 190.70 204.80 221.40 237.50 256.50 277.70
81 82 83 84	138.50 153.30 169.00 185.80	179.40 197.40 216.70 237.30	217.60 237.30 259.50 280.90	277.70 301.50 328.40 354.70

Unum	OUTH ORANGE COUNT	RATE SHEET Y COMMUNITY C	OLLEGE 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 180 DAYS Home and Community- Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Simple Capped				
	This rate sheet shows the co	st per \$1,000 of covera	ge				
	Calculate your Premium: Your Rate for plan chosen X Facility Monthly Benefit Amount \div \$1,000 = Your Premium						
	Monthly	Datas	EMPLOYEE'S COST				
P	lan 1 Plan 2 Base Plan Wit Home, Comm-Ba and Immediate Fo	ased Base Plan Wit	Plan 4 Base Plan With Home, Comm-Based h and Immediate Family Member Care				
Insurance Age Ba	and Immediate Fa Member Car ase Plan Option	v	Simple Inflation Option				
$\begin{array}{c} 31 \\ 32 \\ 33 \\ 34 \\ 35 \\ 36 \\ 37 \\ 38 \\ 39 \\ 40 \\ 41 \\ 42 \\ 43 \\ 44 \\ 45 \\ 44 \\ 45 \\ 46 \\ 1 \\ 47 \\ 1 \\ 48 \\ 1 \\ 49 \\ 1 \\ 50 \\ 1 \\ 51 \\ 1 \\ 52 \\ 1 \\ 52 \\ 1 \\ 55 \\ 1 \\ 55 \\ 1 \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} 9.90\\ 10.10\\ 10.60\\ 10.80\\ 11.10\\ 11.60\\ 12.10\\ 12.70\\ 13.10\\ 13.90\\ 14.40\\ 15.00\\ 15.70\\ 16.60\\ 17.40\\ 18.30\\ 19.40\\ 20.40\\ 21.40\\ 22.30\\ 23.40\\ 24.60\\ 23.40\\ 24.60\\ 26.00\\ 27.30\\ 28.80\\ 30.00\\ 31.80\\ \end{array}$	$\begin{array}{c} 15.50\\ 15.90\\ 16.60\\ 16.90\\ 17.40\\ 18.20\\ 18.80\\ 19.70\\ 20.40\\ 21.40\\ 22.30\\ 23.20\\ 24.40\\ 25.60\\ 26.90\\ 28.30\\ 29.90\\ 31.70\\ 33.50\\ 35.20\\ 37.10\\ 33.50\\ 35.20\\ 37.10\\ 39.30\\ 41.70\\ 44.10\\ 46.80\\ 48.50\\ 51.60\end{array}$				

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UNUM	
•••••	SOUTH C

RATE SHEET SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

<u>Base Plan</u>			<u>Options</u>	
Facility Monthly Bene	fit \$1,000		Home Care Level	Home, Community-Based
Home Monthly Benefi	it \$500			and Immediate Family
Facility Benefit Durati		ł		Member Care
Home Benefit	50%		Inflation Protection	Simple Capped
Lifetime Maximum	Unlimite	ł		Simple Supper
Elimination Period	180 DAY			
Home Care Level		d Community-		
Home Care Lever	Based Ca	•		
			st per \$1,000 of covera	G A
Calculate your Drami		sneet shows the co	si per \$1,000 bj coveru	ge
Calculate your Premi	um.			
	Х		÷ \$1,000	= (A)
Your Rate for plan		cility Monthly Benefit A		Your Premium
FOR EMPLOYEES ONI		5 5		
FOR EMILUTEES UNI	- I •			= (B)
	Ra	te for Funded Base Plar	_ 1 1	Employer paid amount
		r Duration \$1,000 Benefit		
	`		A MINUS B	=
				EMPLOYEE'S COST
		Monthly		
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Wit	h	Home, Comm-Based
		Home, Comm-Ba	used Base Plan Wit	
		and Immediate Fa		Member Care
Insurance		Member Car	• •	Simple Inflation
Age	Base Plan	Option	Option	Option
60	21.50	36.40	40.50	66.30
61	23.40	39.60	43.90	71.70
62	25.40	43.10	47.70	77.70
63 64	27.80 30.10	46.80 50.80	51.50 55.60	83.80 90.40
65	34.10	56.70	62.60	100.40
66	37.70	62.00	68.50	108.70
67	41.60	67.60	75.20	118.30
68 69	46.00 50.80	73.80 80.50	82.00 90.00	127.40 138.00
70	56.10	87.80	98.10	149.10
71	62.10	96.10	107.50	162.20
72	68.60	105.00	117.60	175.70
73 74	75.40 83.00	114.60 124.80	127.90 139.80	189.30 204.80
75	99.60	148.60	165.30	240.80
76	109.40	161.60	180.30	260.20
	119.80	175.60	194.80	279.50
	131.00 143.30	190.70 207.10	211.40 228.00	301.40 323.30
	156.80	224.80	247.50	348.10
81	171.80	244.30	269.40	376.00
82	189.70	267.90	292.90	406.80
	208.50 228.40	293.00 319.20	319.50 344.70	441.50 474.80
84				