



**RATE SHEET**  
*South Orange County Community*

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	<b>\$1,000</b> <b>\$500</b> <b>4 Years</b> <b>50%</b> <b>\$48,000</b> <b>180 DAYS</b> <b>Home and Community- Based Care</b>	<u>Options</u> Home Care Level  Inflation Protection	<b>Home, Community-Based and Immediate Family Member Care Simple Capped</b>
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*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

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

**For Employees Only:**

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2 \text{ (Based on Funded Amount)}} \times 2 = \text{Employer Paid Amount (B)}$$

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

**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	7.10	10.70	9.80	14.90
31	7.20	11.00	10.20	15.50
32	7.50	11.30	10.70	16.00
33	7.50	11.50	10.80	16.50
34	7.90	11.80	11.40	17.10
35	7.90	11.90	11.60	17.40
36	8.30	12.50	12.30	18.40
37	8.70	13.00	13.20	19.50
38	8.90	13.40	13.40	20.00
39	9.30	13.90	14.10	20.80
40	9.70	14.50	14.80	21.90
41	10.20	15.10	15.60	23.10
42	10.60	15.80	16.40	24.20
43	10.90	16.30	17.10	25.20
44	11.70	17.30	18.20	26.70
45	12.20	18.00	19.10	28.00
46	12.80	19.00	19.90	29.30
47	13.30	19.90	21.00	31.00
48	14.00	21.10	22.00	32.80
49	14.80	22.40	23.40	34.90
50	15.60	23.70	24.70	36.90



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<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>		

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**For Employees Only:**

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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
51	16.20	24.90	26.00	38.90
52	17.50	26.70	27.40	41.30
53	18.40	28.30	29.10	43.80
54	19.40	29.90	30.60	46.20
55	20.50	31.70	32.10	48.30
56	21.90	33.90	34.30	51.30
57	23.30	36.00	36.20	54.40
58	25.00	38.70	38.90	58.20
59	26.90	41.40	41.60	62.00
60	28.80	44.20	44.50	66.10
61	31.40	48.00	48.30	71.30
62	34.60	52.30	52.80	77.20
63	37.60	56.60	57.00	83.00
64	41.40	61.60	62.20	89.70
65	47.00	68.80	70.40	99.80
66	52.00	74.90	77.10	107.70
67	57.70	81.80	85.00	117.20
68	63.80	89.20	92.70	126.20
69	70.70	97.50	102.00	137.10
70	78.00	106.10	111.30	147.90
71	87.00	116.80	122.30	161.00



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<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</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	<b>Simple Capped</b>
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>180 DAYS</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

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**Calculate your Premium:**

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

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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	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation
	Base Plan	Option	Option	Option
18-30	8.20	12.60	11.50	17.60
31	8.40	12.90	11.80	18.00
32	8.60	13.10	12.30	18.80
33	8.80	13.40	12.80	19.30
34	9.00	13.70	13.20	19.90
35	9.40	14.20	13.80	20.80
36	9.70	14.60	14.40	21.70
37	10.00	15.10	14.90	22.40
38	10.40	15.80	15.70	23.50
39	10.80	16.30	16.40	24.50
40	11.20	16.90	17.20	25.70
41	11.70	17.60	18.10	27.00
42	12.30	18.50	18.90	28.20
43	12.80	19.30	19.90	29.70
44	13.50	20.20	20.90	31.10
45	14.30	21.30	22.40	32.90
46	14.90	22.40	23.30	34.50
47	15.50	23.60	24.50	36.60
48	16.50	25.00	25.80	38.50
49	17.00	26.10	26.90	40.70
50	17.90	27.70	28.30	42.90



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<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</b>
Home Monthly Benefit	<b>\$500</b>		<b>Simple Capped</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:**

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

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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	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option
	Base Plan	Option	Option	Option
51	18.80	29.20	29.80	45.40
52	20.00	31.10	31.40	48.10
53	21.10	33.10	33.50	51.30
54	22.30	35.00	35.20	53.90
55	23.70	37.30	37.10	56.60
56	25.10	39.60	39.20	59.90
57	26.90	42.50	41.80	64.10
58	28.80	45.40	44.80	68.30
59	30.80	48.60	47.50	72.70
60	32.90	51.90	50.80	77.40
61	36.10	56.60	55.30	83.80
62	39.50	61.60	60.10	90.70
63	43.10	66.90	64.90	97.50
64	47.20	72.80	70.90	105.80
65	53.30	81.10	79.60	117.20
66	59.10	88.70	87.20	126.70
67	65.50	96.80	96.30	138.10
68	72.30	105.60	105.00	148.90
69	79.90	115.20	115.20	161.40
70	88.20	125.80	125.60	174.40
71	98.00	138.00	137.80	189.90



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<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</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>	Inflation Protection	<b>Simple Capped</b>
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>180 DAYS</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

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(Based on Funded Amount)

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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	Base Plan With Simple Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation
	Base Plan	Option	Option	Option
18-30	11.50	18.00	15.90	25.00
31	11.50	18.20	16.30	25.70
32	11.90	18.70	17.10	26.70
33	12.00	19.00	17.40	27.30
34	12.20	19.40	17.90	28.20
35	12.70	20.00	18.70	29.40
36	13.00	20.50	19.50	30.30
37	13.60	21.40	20.50	31.90
38	14.00	22.00	21.20	33.10
39	14.70	22.90	22.30	34.50
40	15.20	23.80	23.20	36.00
41	16.00	24.90	24.50	37.80
42	16.50	25.80	25.40	39.30
43	17.30	27.00	27.00	41.60
44	18.20	28.30	28.20	43.50
45	19.10	29.80	29.80	46.00
46	20.00	31.30	31.40	48.30
47	20.90	32.90	32.90	51.10
48	21.90	34.90	34.60	54.10
49	22.90	36.70	36.00	57.00
50	24.20	39.00	37.90	60.10



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Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care</b>
Home Monthly Benefit	<b>\$500</b>		<b>Simple Capped</b>
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>Unlimited</b>		
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	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
51	25.30	41.20	39.90	63.70
52	26.60	43.60	42.00	67.30
53	28.20	46.50	44.20	71.30
54	29.60	49.10	46.60	75.50
55	31.00	51.80	48.50	78.50
56	33.10	55.50	51.40	83.40
57	35.30	59.40	54.80	89.20
58	37.60	63.50	58.20	94.80
59	40.20	68.00	62.00	101.20
60	43.00	72.80	65.90	107.60
61	46.80	79.20	71.30	116.30
62	50.90	86.10	77.20	125.80
63	55.60	93.70	83.30	135.60
64	60.30	101.70	90.10	146.30
65	68.10	113.50	101.30	162.60
66	75.40	124.00	110.80	175.90
67	83.30	135.30	121.90	191.50
68	92.10	147.70	132.80	206.20
69	101.60	161.00	145.70	223.40
70	112.10	175.60	158.90	241.50
71	124.20	192.40	174.00	262.70