



RATE SHEET

San Diego County Schools Fringe Benefits Consortium

| | | | |
|---------------------------|-----------------|----------------------|---|
| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Monthly Benefit | \$500 |
| Facility Benefit Duration | 2 Years | Home Benefit | 50% |
| Lifetime Maximum | \$24,000 | Inflation Protection | Simple Capped Home, Community-Based and Immediate Family Member Care |
| Elimination Period | 90 Days | Home Care Level | |

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|---------------|-----------|--|---|--|
| | Base Plan | Base Plan With Simple Inflation Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option |
| 18-30 | 1.50 | 2.90 | 5.40 | 9.70 |
| 31 | 1.50 | 3.00 | 5.60 | 9.90 |
| 32 | 1.80 | 3.40 | 6.20 | 10.80 |
| 33 | 1.90 | 3.40 | 6.30 | 11.10 |
| 34 | 2.00 | 3.80 | 6.60 | 11.80 |
| 35 | 2.00 | 3.90 | 6.80 | 12.10 |
| 36 | 2.30 | 4.20 | 7.30 | 12.70 |
| 37 | 2.40 | 4.40 | 7.60 | 13.40 |
| 38 | 2.40 | 4.40 | 8.00 | 14.00 |
| 39 | 2.80 | 5.10 | 8.50 | 15.00 |
| 40 | 2.90 | 5.30 | 8.90 | 15.60 |
| 41 | 3.20 | 6.00 | 9.60 | 16.90 |
| 42 | 3.30 | 6.30 | 10.20 | 17.90 |
| 43 | 3.60 | 6.80 | 10.70 | 19.00 |
| 44 | 3.80 | 7.10 | 11.30 | 19.80 |
| 45 | 4.10 | 7.50 | 11.90 | 20.70 |
| 46 | 4.30 | 7.90 | 12.50 | 21.70 |
| 47 | 4.60 | 8.70 | 13.50 | 23.40 |
| 48 | 5.10 | 9.70 | 14.30 | 24.90 |
| 49 | 5.50 | 10.00 | 15.30 | 26.10 |
| 50 | 5.90 | 11.00 | 16.30 | 27.90 |
| 51 | 6.40 | 12.00 | 17.40 | 29.60 |
| 52 | 7.00 | 13.10 | 18.70 | 31.70 |
| 53 | 7.50 | 14.10 | 19.90 | 33.70 |
| 54 | 8.30 | 15.20 | 21.30 | 35.60 |
| 55 | 8.90 | 16.30 | 22.70 | 37.70 |
| 56 | 9.90 | 18.00 | 24.70 | 40.80 |
| 57 | 11.20 | 20.10 | 27.10 | 44.20 |
| 58 | 12.30 | 22.20 | 29.10 | 47.50 |
| 59 | 13.80 | 24.60 | 31.80 | 51.40 |



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| <i>Base Plan</i> | | <i>Options</i> | |
| Facility Monthly Benefit | \$1,000 | Home Monthly Benefit | \$500 |
| Facility Benefit Duration | 2 Years | Home Benefit | 50% |
| Lifetime Maximum | \$24,000 | Inflation Protection | Simple Capped Home, Community-Based and Immediate Family Member Care |
| Elimination Period | 90 Days | Home Care Level | |

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|---------------|-----------|--|---|--|
| | Base Plan | Base Plan With Simple Inflation Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option |
| 60 | 15.60 | 27.40 | 34.70 | 55.40 |
| 61 | 17.50 | 30.60 | 37.60 | 59.60 |
| 62 | 19.60 | 34.00 | 40.80 | 64.50 |
| 63 | 22.10 | 37.70 | 44.30 | 69.30 |
| 64 | 24.80 | 42.00 | 47.90 | 74.60 |
| 65 | 29.30 | 49.40 | 53.70 | 83.40 |
| 66 | 32.70 | 53.90 | 57.80 | 88.70 |
| 67 | 36.60 | 59.70 | 62.50 | 94.90 |
| 68 | 40.90 | 65.50 | 67.50 | 101.30 |
| 69 | 45.70 | 72.10 | 73.00 | 108.50 |
| 70 | 51.00 | 79.30 | 79.10 | 116.10 |
| 71 | 59.70 | 91.20 | 89.10 | 129.20 |
| 72 | 68.60 | 103.60 | 99.40 | 143.00 |
| 73 | 77.50 | 115.60 | 109.60 | 156.00 |
| 74 | 86.10 | 125.90 | 119.60 | 167.50 |
| 75 | 95.10 | 137.90 | 130.00 | 180.40 |
| 76 | 105.30 | 149.60 | 141.10 | 193.00 |
| 77 | 116.70 | 163.40 | 153.30 | 206.90 |
| 78 | 129.80 | 179.20 | 167.30 | 223.50 |
| 79 | 143.40 | 196.70 | 181.80 | 241.30 |
| 80 | 158.60 | 214.30 | 197.80 | 259.40 |
| 81 | 175.00 | 232.80 | 214.40 | 277.70 |
| 82 | 193.20 | 253.20 | 232.60 | 297.40 |
| 83 | 213.70 | 277.70 | 253.10 | 321.50 |
| 84 | 234.30 | 300.00 | 273.60 | 343.40 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Monthly Benefit | \$500 |
| Facility Benefit Duration | 4 Years | Home Benefit | 50% |
| Lifetime Maximum | \$48,000 | Inflation Protection | Simple Capped |
| Elimination Period | 90 Days | Home Care Level | Home, Community-Based and Immediate Family Member Care |

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|---------------|-----------|--|---|--|
| | Base Plan | Base Plan With Simple Inflation Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option |
| 18-30 | 2.30 | 4.30 | 7.30 | 12.70 |
| 31 | 2.30 | 4.30 | 7.40 | 12.90 |
| 32 | 2.70 | 4.90 | 8.00 | 14.10 |
| 33 | 2.80 | 5.20 | 8.30 | 14.60 |
| 34 | 2.80 | 5.20 | 8.60 | 15.00 |
| 35 | 3.10 | 5.80 | 9.10 | 16.10 |
| 36 | 3.30 | 6.10 | 9.40 | 16.80 |
| 37 | 3.50 | 6.60 | 10.10 | 17.90 |
| 38 | 3.70 | 6.90 | 10.60 | 18.70 |
| 39 | 3.90 | 7.20 | 11.10 | 19.60 |
| 40 | 4.20 | 7.70 | 11.80 | 20.70 |
| 41 | 4.40 | 8.20 | 12.30 | 21.70 |
| 42 | 4.90 | 9.10 | 13.30 | 23.70 |
| 43 | 5.00 | 9.40 | 14.00 | 24.60 |
| 44 | 5.50 | 10.00 | 14.80 | 25.90 |
| 45 | 5.80 | 10.70 | 15.70 | 27.30 |
| 46 | 6.30 | 11.70 | 16.70 | 29.30 |
| 47 | 6.90 | 12.80 | 17.90 | 31.30 |
| 48 | 7.30 | 13.70 | 19.00 | 33.00 |
| 49 | 7.70 | 14.40 | 20.10 | 34.70 |
| 50 | 8.50 | 15.70 | 21.60 | 37.00 |
| 51 | 9.10 | 16.90 | 23.10 | 39.40 |
| 52 | 9.90 | 18.20 | 24.70 | 41.90 |
| 53 | 10.90 | 20.00 | 26.50 | 44.70 |
| 54 | 11.90 | 21.60 | 28.40 | 47.70 |
| 55 | 12.90 | 23.40 | 30.50 | 50.60 |
| 56 | 14.20 | 25.80 | 33.20 | 55.00 |
| 57 | 15.90 | 28.50 | 36.10 | 59.40 |
| 58 | 17.70 | 31.90 | 39.50 | 64.60 |
| 59 | 19.80 | 35.20 | 42.90 | 69.80 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Monthly Benefit | \$500 |
| Facility Benefit Duration | 4 Years | Home Benefit | 50% |
| Lifetime Maximum | \$48,000 | Inflation Protection | Simple Capped |
| Elimination Period | 90 Days | Home Care Level | Home, Community-Based and Immediate Family Member Care |

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|---------------|-----------|--|---|--|
| | Base Plan | Base Plan With Simple Inflation Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option |
| 60 | 22.20 | 39.00 | 46.80 | 75.20 |
| 61 | 24.60 | 43.20 | 50.80 | 81.20 |
| 62 | 28.00 | 48.50 | 55.70 | 88.30 |
| 63 | 31.60 | 53.80 | 60.80 | 95.50 |
| 64 | 35.30 | 59.70 | 66.20 | 103.10 |
| 65 | 41.70 | 70.00 | 74.60 | 115.60 |
| 66 | 46.60 | 76.80 | 80.80 | 124.10 |
| 67 | 51.90 | 84.60 | 87.40 | 132.90 |
| 68 | 58.20 | 93.10 | 94.90 | 142.50 |
| 69 | 64.80 | 102.30 | 103.00 | 153.10 |
| 70 | 72.10 | 112.00 | 111.90 | 164.20 |
| 71 | 84.50 | 129.30 | 126.90 | 184.00 |
| 72 | 96.70 | 146.20 | 141.90 | 203.70 |
| 73 | 109.20 | 162.60 | 157.10 | 222.90 |
| 74 | 121.60 | 177.40 | 172.20 | 240.10 |
| 75 | 133.80 | 194.00 | 187.10 | 259.10 |
| 76 | 148.10 | 210.60 | 203.90 | 278.10 |
| 77 | 164.40 | 230.10 | 222.60 | 299.40 |
| 78 | 182.20 | 251.50 | 243.40 | 323.70 |
| 79 | 201.60 | 276.20 | 266.10 | 351.10 |
| 80 | 222.70 | 300.70 | 290.50 | 378.80 |
| 81 | 245.40 | 326.50 | 316.30 | 407.40 |
| 82 | 270.50 | 354.20 | 344.70 | 437.50 |
| 83 | 298.70 | 388.20 | 376.70 | 474.80 |
| 84 | 327.10 | 418.90 | 409.60 | 509.60 |



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|---------------------------|------------------|----------------------|---|
| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Monthly Benefit | \$500 |
| Facility Benefit Duration | Unlimited | Home Benefit | 50% |
| Lifetime Maximum | Unlimited | Inflation Protection | Simple Capped |
| Elimination Period | 90 Days | Home Care Level | Home, Community-Based and Immediate Family Member Care |

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|---------------|-----------|--|---|--|
| | Base Plan | Base Plan With Simple Inflation Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option |
| 18-30 | 3.50 | 6.40 | 11.20 | 19.80 |
| 31 | 3.70 | 6.90 | 11.70 | 20.90 |
| 32 | 3.90 | 7.20 | 12.20 | 21.70 |
| 33 | 4.10 | 7.60 | 12.80 | 22.80 |
| 34 | 4.40 | 8.10 | 13.50 | 23.90 |
| 35 | 4.70 | 8.70 | 14.10 | 25.10 |
| 36 | 4.90 | 9.10 | 14.90 | 26.50 |
| 37 | 5.10 | 9.50 | 15.50 | 27.70 |
| 38 | 5.30 | 10.10 | 16.40 | 29.40 |
| 39 | 5.90 | 10.90 | 17.50 | 31.00 |
| 40 | 6.10 | 11.20 | 18.30 | 32.50 |
| 41 | 6.60 | 12.30 | 19.40 | 34.70 |
| 42 | 7.10 | 13.30 | 20.70 | 36.70 |
| 43 | 7.50 | 13.90 | 21.80 | 38.70 |
| 44 | 8.10 | 14.90 | 23.10 | 40.90 |
| 45 | 8.70 | 16.10 | 24.70 | 43.60 |
| 46 | 9.20 | 17.20 | 26.20 | 46.20 |
| 47 | 9.80 | 18.20 | 27.80 | 48.80 |
| 48 | 10.80 | 20.10 | 29.90 | 52.50 |
| 49 | 11.50 | 21.40 | 31.80 | 55.50 |
| 50 | 12.30 | 22.70 | 34.00 | 58.80 |
| 51 | 13.30 | 24.70 | 36.40 | 63.10 |
| 52 | 14.60 | 26.90 | 39.20 | 67.30 |
| 53 | 16.00 | 29.30 | 42.20 | 72.00 |
| 54 | 17.30 | 31.50 | 45.20 | 76.80 |
| 55 | 18.70 | 33.80 | 48.30 | 81.50 |
| 56 | 20.70 | 37.30 | 52.80 | 88.40 |
| 57 | 23.00 | 41.30 | 57.80 | 96.20 |
| 58 | 25.50 | 45.70 | 63.00 | 104.70 |
| 59 | 28.30 | 50.30 | 68.70 | 112.90 |



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| | | | |
|---|--|---|---|
| <u>Base Plan</u> Facility Monthly Benefit Facility Benefit Duration Lifetime Maximum Elimination Period | \$1,000 Unlimited Unlimited 90 Days | <u>Options</u> Home Monthly Benefit Home Benefit Inflation Protection Home Care Level | \$500 50% Simple Capped Home, Community-Based and Immediate Family Member Care |
|---|--|---|---|

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|---------------|-----------|--|---|--|
| | Base Plan | Base Plan With Simple Inflation Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Option | Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option |
| 60 | 31.60 | 55.70 | 75.30 | 122.90 |
| 61 | 35.40 | 61.80 | 82.30 | 133.60 |
| 62 | 39.80 | 68.80 | 90.30 | 145.10 |
| 63 | 44.70 | 76.40 | 99.10 | 158.10 |
| 64 | 50.30 | 84.80 | 108.70 | 171.30 |
| 65 | 58.70 | 98.70 | 122.60 | 192.70 |
| 66 | 65.70 | 108.50 | 133.60 | 207.70 |
| 67 | 73.30 | 119.30 | 145.60 | 223.50 |
| 68 | 81.80 | 130.80 | 158.70 | 240.90 |
| 69 | 90.90 | 143.50 | 172.70 | 259.00 |
| 70 | 100.80 | 156.50 | 187.70 | 278.30 |
| 71 | 117.80 | 180.40 | 213.20 | 312.00 |
| 72 | 134.70 | 203.40 | 238.50 | 345.70 |
| 73 | 151.30 | 225.40 | 263.70 | 377.10 |
| 74 | 168.10 | 245.30 | 288.90 | 407.10 |
| 75 | 185.10 | 268.30 | 314.50 | 439.00 |
| 76 | 204.60 | 290.60 | 342.90 | 471.70 |
| 77 | 226.30 | 316.90 | 374.50 | 509.40 |
| 78 | 250.60 | 345.70 | 409.70 | 549.30 |
| 79 | 276.70 | 379.20 | 446.60 | 594.80 |
| 80 | 304.70 | 411.40 | 485.90 | 639.60 |
| 81 | 334.60 | 444.90 | 527.40 | 684.30 |
| 82 | 367.90 | 482.00 | 573.20 | 734.50 |
| 83 | 404.50 | 526.10 | 623.50 | 793.30 |
| 84 | 441.10 | 564.60 | 673.20 | 845.50 |