



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
Elimination Period	90 Days	Home Care Level	Total

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 Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
18-30	3.40	6.20	11.70	20.60
31	3.40	6.30	11.90	20.90
32	3.70	7.10	12.80	22.80
33	3.80	7.20	13.10	23.30
34	4.30	8.00	14.10	25.10
35	4.30	8.10	14.60	25.60
36	4.80	8.60	15.30	26.70
37	5.20	9.50	16.20	28.50
38	5.20	9.50	16.90	29.70
39	5.70	10.60	18.00	31.60
40	6.10	11.30	18.80	33.10
41	6.60	12.40	20.10	35.40
42	7.10	13.30	21.60	37.90
43	7.50	14.20	22.60	40.00
44	8.10	14.80	24.00	41.70
45	8.50	15.70	25.20	43.90
46	9.00	16.70	26.40	45.80
47	10.00	18.50	28.50	49.60
48	10.90	20.50	30.50	52.90
49	11.40	21.10	32.20	55.20
50	12.40	23.00	34.40	58.80



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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
51	13.40	24.90	36.80	62.50
52	14.90	27.40	39.50	66.80
53	15.90	29.50	42.20	71.00
54	17.50	32.20	45.10	75.50
55	19.00	34.70	48.30	80.10
56	21.00	38.30	52.40	86.70
57	23.60	42.30	57.30	93.40
58	26.10	47.00	62.10	100.90
59	29.30	52.20	67.40	108.80
60	32.90	58.00	73.40	117.50
61	37.20	65.00	79.80	126.70
62	41.50	72.00	86.50	136.80
63	46.90	80.20	94.30	147.50
64	52.80	89.30	102.10	158.80
65	62.50	105.00	114.50	177.30
66	69.70	114.80	123.30	188.90
67	77.80	127.10	133.20	202.10
68	87.10	139.30	143.70	215.30
69	97.30	153.70	155.40	231.00
70	108.60	168.50	168.30	246.60
71	127.10	194.20	189.60	275.00



RATE SHEET
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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	Total

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 Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
18-30	5.00	9.10	15.40	27.00
31	5.00	9.20	15.70	27.40
32	5.50	10.20	16.70	29.40
33	5.90	10.90	17.50	31.10
34	5.90	11.00	18.00	31.80
35	6.40	12.00	19.10	33.90
36	6.90	12.90	20.00	35.40
37	7.30	13.80	21.10	37.60
38	7.80	14.40	22.40	39.30
39	8.30	15.30	23.50	41.50
40	8.80	16.20	24.80	43.70
41	9.30	17.30	26.10	46.00
42	10.20	19.10	28.10	49.90
43	10.60	20.10	29.60	52.40
44	11.70	21.50	31.60	55.00
45	12.10	22.50	33.10	57.60
46	13.10	24.30	35.10	61.60
47	14.50	27.20	37.90	66.20
48	15.40	28.60	40.30	69.70
49	16.50	30.80	42.80	73.70
50	17.90	33.10	45.70	78.40



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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	Total

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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
51	19.40	36.10	49.00	83.80
52	21.00	38.70	52.40	89.00
53	22.90	42.20	56.30	94.80
54	25.10	45.80	60.20	101.00
55	27.10	49.40	64.40	107.20
56	30.20	54.70	70.40	116.70
57	33.70	60.80	76.90	126.40
58	37.90	67.90	84.20	137.60
59	42.00	74.70	91.40	148.20
60	47.20	83.10	99.60	160.10
61	52.60	92.20	108.10	172.80
62	59.40	102.90	118.30	187.50
63	67.00	114.40	129.30	202.80
64	75.20	127.00	141.10	219.30
65	88.60	149.10	158.60	246.20
66	98.90	162.90	171.70	263.40
67	110.70	180.40	186.20	283.10
68	123.90	198.20	202.00	303.00
69	137.70	217.70	219.00	325.60
70	153.70	238.20	238.20	349.10
71	179.80	275.20	270.00	391.50



RATE SHEET
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<i>Base Plan</i> Facility Monthly Benefit Facility Benefit Duration Lifetime Maximum Elimination Period	\$1,000 Unlimited Unlimited 90 Days	<i>Options</i> Home Monthly Benefit Home Benefit Inflation Protection Home Care Level	\$500 50% Simple Capped Total
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
18-30	6.70	12.50	21.70	38.70
31	7.10	13.40	22.80	40.60
32	7.60	13.90	23.80	42.10
33	8.00	14.80	24.90	44.30
34	8.50	15.70	26.20	46.40
35	9.00	16.80	27.50	49.00
36	9.40	17.60	28.80	51.30
37	10.00	18.60	30.30	53.90
38	10.40	19.60	31.90	57.20
39	11.40	21.00	33.90	60.10
40	11.80	22.00	35.60	63.20
41	12.70	23.80	37.70	67.20
42	13.80	25.70	40.20	71.40
43	14.70	27.20	42.60	75.40
44	15.70	29.10	45.00	79.70
45	16.60	31.00	47.70	84.30
46	18.10	33.40	51.10	89.90
47	19.00	35.40	54.00	94.90
48	21.00	39.20	58.20	102.10
49	22.40	41.60	61.80	107.70
50	23.90	44.00	65.90	114.10



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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Total Home Care Option
51	26.00	48.20	70.90	122.80
52	28.50	52.30	76.20	131.00
53	31.00	56.80	82.00	139.70
54	33.60	61.40	87.90	149.30
55	36.20	65.70	93.70	158.20
56	40.20	72.80	102.70	172.20
57	44.90	80.50	112.30	187.00
58	49.50	88.80	122.50	203.60
59	55.20	98.20	133.80	220.00
60	61.40	108.10	146.20	238.80
61	68.80	120.30	160.00	259.80
62	77.50	134.00	175.60	282.30
63	86.60	148.10	192.50	306.80
64	97.50	164.50	211.00	332.70
65	114.30	192.10	238.50	374.70
66	127.50	210.40	259.60	403.20
67	142.40	232.10	283.10	434.70
68	158.80	254.10	308.30	468.00
69	176.70	279.20	335.80	503.50
70	196.20	304.30	365.00	540.70
71	228.90	350.30	414.40	606.20