



RATE SHEET
Pleasanton Unified School District

<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 Uncapped
Elimination Period	90 Days	Home Care Level	Home and Community-Based Care

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

Calculate your Premium:

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

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 Simple Inflation Option	Base Plan With Home and Community-Based Care Option	Base Plan With Simple Inflation Home and Community-Based Care Option
18-24	1.80	4.00	7.90	14.50
25	1.80	4.00	7.90	14.50
26	1.80	4.00	7.90	14.50
27	1.80	4.00	7.90	14.60
28	1.80	4.10	7.90	14.80
29	1.80	4.10	8.00	15.00
30	1.90	4.40	8.30	15.50
31	1.90	4.60	8.40	15.90
32	2.20	4.60	8.90	16.10
33	2.20	4.90	9.00	16.60
34	2.30	5.10	9.30	17.10
35	2.30	5.40	9.50	17.70
36	2.60	5.50	9.90	17.90
37	2.60	5.80	10.10	18.70
38	2.70	6.20	10.60	19.40
39	3.00	6.30	11.10	19.70
40	3.10	6.60	11.50	20.40
41	3.30	7.10	12.00	21.30
42	3.50	7.40	12.50	22.10
43	3.70	7.90	13.00	22.90
44	3.90	8.40	13.60	23.90
45	4.10	8.80	14.10	24.70
46	4.20	9.10	14.60	25.60
47	4.60	9.60	15.50	26.50
48	5.00	10.20	16.30	27.70
49	5.30	10.80	17.10	28.80
50	5.70	11.50	18.00	30.00
51	6.00	12.20	18.70	31.10
52	6.60	13.10	19.70	32.60
53	6.90	13.80	20.50	33.80



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For Employees Only:

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

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Home and Community-Based Care Option	Base Plan With Simple Inflation Home and Community-Based Care Option
54	7.60	14.70	21.70	35.30
55	8.10	15.70	22.70	36.70
56	9.10	17.10	24.50	39.00
57	10.00	18.60	26.20	41.30
58	11.20	20.30	28.10	43.80
59	12.30	22.30	29.90	46.50
60	13.70	24.50	32.00	49.50
61	15.40	26.70	34.40	52.30
62	17.30	29.40	36.90	55.40
63	19.50	32.50	39.60	58.90
64	22.00	36.10	42.50	62.70
65	25.80	41.70	46.60	68.50
66	29.20	46.10	50.40	73.10
67	32.80	50.60	54.40	77.80
68	36.60	55.70	58.80	83.20
69	41.10	61.30	64.20	89.50
70	45.90	67.00	69.80	95.90
71	51.10	73.40	76.10	103.20
72	56.70	80.30	82.70	110.80
73	62.70	87.30	89.10	117.80
74	69.30	95.30	95.70	125.80
75	77.70	106.00	104.10	136.50
76	85.50	114.90	111.90	145.40
77	93.90	124.50	120.30	155.00
78	102.00	133.60	128.40	164.10
79	110.50	143.30	136.90	173.80
80	119.80	153.70	146.20	184.20