



RATE SHEET
PLEASANTON UNIFIED SCHOOL DISTRICT

<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 Uncapped
Elimination Period	90 Days	Home Care Level	Professional

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

Calculate your Premium:

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

For Employees Only:

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

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Professional Home Care Option	Base Plan With Simple Inflation Professional Home Care Option
	Base Plan	Option	Option	Option
18-24	1.40	4.60	6.20	17.30
25	1.40	4.60	6.20	17.30
26	1.40	4.60	6.20	17.30
27	1.40	4.60	6.20	17.50
28	1.40	4.90	6.20	17.90
29	1.40	4.90	6.20	18.10
30	1.50	5.30	6.50	18.80
31	1.50	5.70	6.60	19.40
32	1.70	5.70	6.90	19.60
33	1.70	5.80	7.00	20.00
34	1.80	6.20	7.20	20.70
35	1.80	6.40	7.40	21.20
36	2.00	6.80	7.70	21.90
37	2.00	6.80	7.90	22.40
38	2.10	7.50	8.20	23.40
39	2.30	7.70	8.60	23.90
40	2.40	7.80	9.00	24.60
41	2.60	8.40	9.40	25.60
42	2.70	8.90	9.70	26.70
43	2.90	9.50	10.10	27.70
44	3.00	9.90	10.50	28.80
45	3.20	10.60	11.00	29.90
46	3.30	10.90	11.40	30.90
47	3.60	11.80	12.10	32.20
48	3.90	12.30	12.70	33.50
49	4.10	13.00	13.30	34.80
50	4.40	14.00	14.00	36.30
51	4.70	14.60	14.60	37.50
52	5.10	15.80	15.30	39.40
53	5.40	16.70	16.00	40.90



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

For Employees Only:

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

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Professional Home Care Option	Base Plan With Simple Inflation Professional Home Care Option
54	5.90	17.70	16.90	42.60
55	6.30	19.00	17.70	44.50
56	7.10	20.80	19.10	47.30
57	7.80	22.70	20.40	50.10
58	8.70	24.50	21.90	53.00
59	9.60	26.90	23.30	56.20
60	10.70	29.60	25.00	59.80
61	12.00	32.40	26.80	63.40
62	13.50	35.70	28.80	67.30
63	15.20	39.40	30.80	71.40
64	17.10	43.70	33.00	75.90
65	20.10	50.50	36.30	83.00
66	22.70	55.60	39.20	88.30
67	25.50	61.10	42.30	94.00
68	28.50	67.50	45.80	100.90
69	32.00	74.10	50.00	108.30
70	35.70	81.20	54.30	116.20
71	39.80	88.80	59.30	124.90
72	44.10	97.10	64.40	134.00
73	48.80	105.80	69.30	142.70
74	53.90	115.40	74.40	152.30
75	60.50	128.30	81.00	165.20
76	66.50	139.00	87.00	175.90
77	73.10	150.70	93.60	187.60
78	79.40	161.80	99.90	198.70
79	86.00	173.40	106.50	210.30
80	93.20	186.10	113.70	223.00