



RATE SHEET
South Orange County Community College District

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	3 Years		
Home Benefit	75%	Inflation Protection	
Lifetime Maximum	\$36,000		
Elimination Period	180 DAYS		
Home Care Level	Home and Community-Based Care		

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

Calculate your Premium:

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

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 Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	2.70	4.40	12.00	18.00
31	2.70	4.40	12.30	18.40
32	2.70	4.40	12.50	18.80
33	2.70	4.50	12.80	19.30
34	2.90	4.70	13.00	19.60
35	2.90	4.80	13.50	20.10
36	3.00	4.90	13.80	20.60
37	3.20	5.10	14.20	21.10
38	3.30	5.30	14.60	21.70
39	3.40	5.50	15.20	22.50
40	3.50	5.70	15.60	23.10
41	3.70	5.90	16.10	23.70
42	3.90	6.30	16.60	24.50
43	4.10	6.50	17.00	25.10
44	4.20	6.80	17.70	26.00
45	4.40	7.10	18.20	26.60
46	4.70	7.50	18.50	27.40
47	4.80	7.80	19.00	28.30
48	5.10	8.40	19.50	29.20
49	5.30	8.80	20.00	30.30
50	5.50	9.20	20.40	31.20
51	5.90	9.90	21.00	32.30
52	6.10	10.30	21.80	33.70
53	6.50	11.00	22.30	34.60
54	6.80	11.60	22.90	35.70
55	7.20	12.20	24.10	37.00
56	7.60	13.00	25.00	38.50
57	8.20	13.90	25.90	40.30
58	8.60	14.80	27.00	41.90
59	9.20	15.70	28.20	43.90



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<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$750 3 Years 75% \$36,000 180 DAYS Home and Community-Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
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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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	9.90	16.80	29.50	45.80
61	10.60	18.00	31.40	48.60
62	11.70	19.50	33.70	51.80
63	12.60	21.00	35.70	54.60
64	13.90	22.70	38.30	58.20
65	15.60	25.20	42.20	63.20
66	17.20	27.10	45.60	67.10
67	19.10	29.40	49.60	72.20
68	21.10	32.00	53.30	76.30
69	23.30	34.70	57.80	81.80
70	25.60	37.60	62.10	86.80
71	28.50	41.00	67.70	93.40
72	31.40	44.60	73.60	100.30
73	34.80	48.70	79.70	107.60
74	38.40	53.00	86.10	115.10
75	46.10	62.80	101.80	134.60
76	50.60	68.10	110.10	144.00
77	55.40	73.60	118.30	153.00
78	60.70	79.80	127.90	163.50
79	66.40	86.40	137.30	174.30
80	72.90	93.50	148.40	186.50



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$750		
Facility Benefit Duration	6 Years		
Home Benefit	75%	Inflation Protection	Compound Uncapped
Lifetime Maximum	\$72,000		
Elimination Period	180 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:

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

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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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	3.60	5.90	16.00	24.40
31	3.60	6.00	16.50	25.10
32	3.70	6.10	16.80	25.60
33	3.80	6.20	17.40	26.30
34	3.80	6.30	17.70	26.80
35	4.00	6.60	18.20	27.50
36	4.10	6.80	18.60	28.10
37	4.30	7.00	19.40	29.10
38	4.50	7.30	19.90	30.00
39	4.60	7.60	20.40	30.60
40	4.80	7.80	21.10	31.60
41	5.00	8.20	21.50	32.30
42	5.20	8.50	22.30	33.40
43	5.50	8.90	22.90	34.30
44	5.80	9.40	23.70	35.30
45	6.00	9.80	24.30	36.30
46	6.30	10.40	25.00	37.50
47	6.60	10.90	25.40	38.50
48	6.90	11.50	26.10	40.00
49	7.10	12.00	26.70	41.20
50	7.40	12.70	27.30	42.50
51	7.80	13.40	28.00	44.10
52	8.30	14.30	28.90	45.60
53	8.80	15.20	29.70	47.30
54	9.10	15.90	30.70	49.00
55	9.60	16.90	31.90	50.60
56	10.20	18.00	33.10	52.70
57	10.90	19.20	34.30	55.10
58	11.60	20.50	35.80	57.60
59	12.30	21.90	37.30	60.10



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Home Monthly Benefit	\$750		
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Home Benefit	75%	Inflation Protection	Compound Uncapped
Lifetime Maximum	\$72,000		
Elimination Period	180 DAYS		
Home Care Level	Home and Community-Based Care		

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Calculate your Premium:

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For Employees Only:

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

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

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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	13.10	23.30	38.80	63.00
61	14.20	25.20	41.50	67.20
62	15.50	27.30	44.20	71.60
63	16.80	29.50	46.80	75.60
64	18.20	31.90	50.10	80.80
65	20.50	35.50	55.10	87.90
66	22.70	38.50	59.50	93.90
67	25.10	41.80	64.60	100.90
68	27.50	45.40	69.60	107.30
69	30.40	49.30	75.00	114.70
70	33.50	53.60	80.60	122.30
71	37.10	58.60	88.00	132.00
72	41.00	63.80	95.40	141.70
73	45.20	69.70	102.90	152.10
74	49.80	75.90	111.50	163.20
75	59.80	90.40	131.10	190.60
76	65.50	97.90	142.00	204.60
77	71.80	106.20	152.60	218.10
78	78.50	115.10	164.60	233.10
79	86.00	124.90	176.70	249.10
80	94.10	135.30	190.80	267.00



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Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	Unlimited		
Home Benefit	75%	Inflation Protection	
Lifetime Maximum	Unlimited		
Elimination Period	180 DAYS		
Home Care Level	Home and Community-Based Care		

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

Calculate your Premium:

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

Your Premium

For Employees Only:

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

Employer Paid Amount

A MINUS B = _____
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	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
	Base Plan	Option	Option	Option
18-30	7.50	12.80	22.00	34.70
31	7.50	12.90	22.40	35.30
32	7.80	13.30	23.00	36.20
33	7.90	13.50	23.60	37.10
34	8.10	13.80	24.00	37.70
35	8.20	14.10	24.50	38.50
36	8.50	14.50	25.20	39.50
37	8.90	15.20	26.00	40.60
38	9.20	15.60	26.70	41.70
39	9.50	16.10	27.40	42.70
40	9.90	16.80	28.10	43.90
41	10.50	17.60	29.10	45.20
42	10.80	18.20	29.80	46.40
43	11.30	19.10	30.70	47.80
44	11.80	20.00	31.70	49.30
45	12.40	21.00	32.60	50.70
46	13.00	22.10	33.50	52.50
47	13.40	23.10	34.10	54.00
48	14.20	24.60	35.20	56.30
49	14.70	25.80	35.90	57.90
50	15.40	27.40	36.80	60.00
51	16.00	28.80	37.80	62.20
52	16.90	30.60	38.90	64.60
53	17.80	32.50	40.20	67.20
54	18.60	34.30	41.10	69.30
55	19.40	36.10	42.00	70.70
56	20.60	38.60	43.50	73.80
57	21.80	41.20	45.40	77.50
58	23.10	43.90	47.00	81.00
59	24.50	46.90	49.00	84.80



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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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	26.10	50.10	50.70	88.70
61	28.20	54.30	53.90	94.60
62	30.50	58.90	57.50	101.10
63	33.10	63.80	60.80	107.20
64	35.70	69.00	64.40	114.00
65	40.10	76.50	70.90	124.60
66	44.20	83.20	76.60	133.30
67	48.60	90.40	82.80	142.90
68	53.60	98.40	89.00	152.10
69	59.10	106.80	96.20	163.00
70	65.00	116.10	103.40	174.00
71	71.90	126.70	112.40	187.40
72	79.20	137.80	121.70	200.90
73	86.90	149.90	131.00	215.40
74	95.50	162.80	141.30	230.20
75	114.40	193.10	166.10	268.40
76	125.40	209.40	179.90	288.30
77	137.10	226.90	193.10	307.10
78	149.70	245.80	207.90	328.00
79	163.60	266.20	222.90	350.10
80	178.70	288.00	240.40	374.90