



RATE SHEET
SOUTH ORANGE COUNTY COMMUNITY

<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	3.40	5.60	57.00	85.80
31	3.40	5.60	57.70	86.70
32	3.40	5.60	58.40	87.50
33	3.50	5.70	59.00	88.20
34	3.60	5.90	59.60	89.00
35	3.70	6.10	60.30	89.90
36	3.90	6.20	61.20	91.10
37	3.90	6.40	62.10	92.20
38	4.20	6.70	63.10	93.40
39	4.40	7.00	63.90	94.50
40	4.50	7.20	64.90	95.70
41	4.60	7.50	65.70	96.90
42	4.90	7.90	66.70	98.00
43	5.10	8.10	67.50	99.20
44	5.40	8.60	68.50	100.40
45	5.60	9.00	69.30	101.50
46	5.90	9.40	69.70	102.50
47	6.10	9.80	70.00	103.60
48	6.40	10.50	70.20	104.50
49	6.60	11.00	70.50	105.60
50	7.00	11.50	70.90	106.60
51	7.40	12.30	71.30	107.60
52	7.70	13.00	71.60	108.70
53	8.20	13.80	71.80	109.60
54	8.50	14.50	72.10	110.70
55	9.00	15.30	72.50	111.70
56	9.50	16.30	75.70	116.10
57	10.30	17.40	79.00	120.70
58	10.80	18.50	82.10	125.20
59	11.50	19.70	85.60	130.00



RATE SHEET
SOUTH ORANGE COUNTY COMMUNITY

<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:

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

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	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
60	12.40	21.00	88.90	134.60
61	13.40	22.50	92.40	139.50
62	14.70	24.50	95.90	144.30
63	15.90	26.30	99.20	149.10
64	17.30	28.50	102.80	154.10
65	19.50	31.40	106.00	158.50
66	21.60	34.00	114.10	167.90
67	23.90	36.90	124.30	180.70
68	26.30	39.90	133.40	191.30
69	29.10	43.40	144.90	204.70
70	32.10	47.10	155.50	217.50
71	35.60	51.30	169.80	234.10
72	39.30	55.80	184.30	251.10
73	43.60	61.00	199.50	269.40
74	47.90	66.20	215.60	288.20
75	57.80	78.70	254.70	336.50
76	63.20	85.10	275.90	360.50
77	69.20	92.00	295.90	382.90
78	75.90	99.80	320.00	409.40
79	83.00	107.90	343.80	436.20
80	91.00	116.90	371.60	467.00



RATE SHEET
SOUTH ORANGE COUNTY COMMUNITY

<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	6 Years		
Home Benefit	75%	Inflation Protection	
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:

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

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	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	4.50	7.50	75.70	115.30
31	4.60	7.60	76.70	116.70
32	4.60	7.70	77.80	118.10
33	4.80	7.80	78.80	119.50
34	4.90	8.10	79.90	121.00
35	5.00	8.30	80.90	122.40
36	5.20	8.50	82.00	123.90
37	5.40	8.80	83.10	125.50
38	5.60	9.20	84.30	127.00
39	5.80	9.50	85.40	128.60
40	6.00	9.90	86.50	130.10
41	6.20	10.30	87.60	131.60
42	6.50	10.70	88.80	133.20
43	6.90	11.30	89.90	134.70
44	7.20	11.80	91.10	136.30
45	7.70	12.40	92.20	137.80
46	8.00	13.00	92.60	139.30
47	8.30	13.70	93.00	140.80
48	8.70	14.40	93.30	142.20
49	8.90	15.00	93.80	143.70
50	9.40	16.00	94.20	145.20
51	9.80	16.80	94.60	146.70
52	10.40	17.90	95.00	148.20
53	10.90	18.90	95.40	149.50
54	11.50	20.00	95.80	151.00
55	12.10	21.30	96.20	152.50
56	12.80	22.50	100.20	159.00
57	13.60	24.00	104.20	165.50
58	14.50	25.60	108.40	172.20
59	15.40	27.40	112.60	179.10



RATE SHEET
SOUTH ORANGE COUNTY COMMUNITY

<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:

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

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

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	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
60	16.40	29.10	116.80	185.80
61	17.80	31.60	121.10	192.80
62	19.40	34.30	125.50	199.80
63	21.00	37.00	129.80	206.90
64	22.90	40.00	134.30	214.10
65	25.60	44.30	138.20	220.40
66	28.30	48.20	149.00	235.20
67	31.30	52.30	162.00	252.70
68	34.40	56.70	174.10	268.60
69	38.00	61.60	187.90	287.20
70	41.90	67.10	201.60	306.00
71	46.50	73.30	220.10	330.40
72	51.30	79.90	238.80	354.60
73	56.50	87.20	257.60	380.60
74	62.40	95.00	278.80	408.20
75	74.80	113.00	328.40	477.40
76	82.00	122.50	355.30	511.90
77	89.80	132.70	381.90	545.70
78	98.30	144.00	411.90	583.50
79	107.50	156.10	442.30	623.50
80	117.70	169.20	477.70	668.20



RATE SHEET
SOUTH ORANGE COUNTY COMMUNITY

<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	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:

_____	X	_____	÷	\$1,000	=	_____	(A)
Rate for Plan Chosen		Facility Monthly Benefit Amount				Your Premium	
For Employees Only:							
_____	X	2			=	_____	(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)				Employer Paid Amount	
A MINUS B						_____	EMPLOYEE'S COST

Monthly Rates

	Plan 1	Plan 2	Plan 3	Plan 4
		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
Insurance	Base Plan	Option	Option	Option
Age				
18-30	7.50	12.80	104.60	164.70
31	7.50	12.90	105.60	166.20
32	7.80	13.30	106.50	167.60
33	7.90	13.50	107.60	169.30
34	8.10	13.80	108.60	170.70
35	8.20	14.10	109.60	172.20
36	8.50	14.50	111.00	174.30
37	8.90	15.20	112.40	176.40
38	9.20	15.60	113.90	178.50
39	9.50	16.10	115.30	180.60
40	9.90	16.80	116.80	182.70
41	10.50	17.60	118.20	184.70
42	10.80	18.20	119.60	186.90
43	11.30	19.10	121.10	189.00
44	11.80	20.00	122.60	191.10
45	12.40	21.00	124.00	193.10
46	13.00	22.10	124.30	195.20
47	13.40	23.10	124.50	197.20
48	14.20	24.60	124.90	199.30
49	14.70	25.80	125.20	201.30
50	15.40	27.40	125.50	203.40
51	16.00	28.80	125.80	205.40
52	16.90	30.60	126.00	207.40
53	17.80	32.50	126.40	209.50
54	18.60	34.30	126.70	211.50
55	19.40	36.10	127.00	213.60
56	20.60	38.60	131.70	222.80
57	21.80	41.20	136.60	232.40
58	23.10	43.90	141.50	242.00
59	24.50	46.90	146.60	251.90



RATE SHEET
SOUTH ORANGE COUNTY COMMUNITY

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$750	Inflation Protection	
Facility Benefit Duration	Unlimited		
Home Benefit	75%		
Lifetime Maximum	Unlimited		
Elimination Period	180 DAYS		
Home Care Level	Professional		

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

Calculate your Premium:

_____	X	_____	÷	\$1,000	=	_____	(A)
Rate for Plan Chosen		Facility Monthly Benefit Amount				Your Premium	
For Employees Only:							
_____	X	2			=	_____	(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)				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
60	26.10	50.10	151.60	261.70
61	28.20	54.30	156.80	271.80
62	30.50	58.90	162.00	281.90
63	33.10	63.80	167.20	292.10
64	35.70	69.00	172.60	302.50
65	40.10	76.50	177.30	311.70
66	44.20	83.20	192.10	334.00
67	48.60	90.40	207.40	358.00
68	53.60	98.40	222.90	380.70
69	59.10	106.80	240.50	407.80
70	65.00	116.10	258.90	435.50
71	71.90	126.70	281.50	469.20
72	79.20	137.80	304.60	503.00
73	86.90	149.90	328.10	539.30
74	95.50	162.80	353.90	576.30
75	114.40	193.10	416.00	672.20
76	125.40	209.40	450.20	721.60
77	137.10	226.90	483.70	769.10
78	149.70	245.80	520.30	820.90
79	163.60	266.20	557.80	876.20
80	178.70	288.00	601.50	938.00