บทบ่ท้า		RATE SHEET SOUTH ORANGE COUNTY COMMUNITY				
<u>Base Plan</u> Facility Monthly Benefi Home Monthly Benefi Facility Benefit Durati Home Benefit Lifetime Maximum Elimination Period Home Care Level	it \$750 ion 3 Years 75% \$36,000 180 DA Home an Based C	nd Community- are	<u>Options</u> Home Care Level Inflation Protection st per \$1,000 of covera	Home, Community-Based and Immediate Family Member Care Compound Uncapped		
Calculate your Premi	um:					
Rate for Plan Chosen For Employees Only:	Х	lity Monthly Benefit	:	Your Premium (B)		
Rate for Plan 1 (3 Year Duration)	()	Based on Funded Am	,	Employer Paid Amount		
			A MINUS B	= EMPLOYEE'S COST		
		Monthly				
	Plan 1	Plan 2 Base Plan Wit		Plan 4 Base Plan With Home, Comm-Based		
		Home, Comm-Ba	ased Base Plan Wi	th and Immediate Family		
		and Immediate Fa		Member Care		
Insurance		Member Car		Compound Inflation		
Age 18-30	Base Plan	Option	Option 57.00	Option		
31	3.40 3.40	5.60 5.60	57.00 57.70	85.80 86.70		
32 33 34	3.40	5.60 5.60 5.70 5.90 6.10	58.40 59.00	87.50		
33	3.50 3.60	5.70	59.00 59.60	88.20 89.00		
24	5.00	J. 90	J9.00	03.00		
35	3.70	6.10	60.30			
35 36	3.70 3.90	6.20	60.30 61.20	89.90 91.10		
35 36 37	3.70 3.90 3.90	6.20	60.30 61.20 62.10	89.90 91.10 92.20		
35 36 37 38 39	3.70 3.90 3.90	6.20	60.30 61.20 62.10	89.90 91.10 92.20 93.40		
35 36 37 38 39 40	3.70 3.90 3.90 4.20 4.40 4.50	6.20	60.30 61.20 62.10 63.10 63.90 64.90	89.90 91.10 92.20 93.40 94.50 95.70		
35 36 37 38 39 40 41	3.70 3.90 3.90 4.20 4.40 4.50 4.60	6.20 6.40 6.70 7.00 7.20 7.50 7.90	60.30 61.20 62.10 63.10 63.90 64.90	89.90 91.10 92.20 93.40 94.50 95.70 96.90		
35 36 37 38 39 40 41 42 43	3.70 3.90 3.90 4.20 4.40 4.50 4.60 4.90	6.20 6.40 6.70 7.00 7.20 7.50 7.90	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20		
35 36 37 38 39 40 41 42 43 43	3.70 3.90 3.90 4.20 4.40 4.50 4.60 4.90	6.20 6.40 6.70 7.00 7.20 7.50 7.90	60.30 61.20 62.10 63.10 63.90 64.90 65.70 65.70 66.70 67.50 68.50	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40		
35 36 37 38 39 40 41 42 43 43	3.70 3.90 3.90 4.20 4.40 4.50 4.60 4.90	6.20 6.40 6.70 7.00 7.20 7.50 7.90	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50		
35 36 37 38 39 40 41 42 43 43 44 45 46	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90	6.20 6.40 6.70 7.00 7.20 7.50 7.90	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.70	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50		
35 36 37 38 39 40 41 42 43 44 43 44 45 46 47 48	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90 6.10 6.40	6.20 6.40 6.70 7.00 7.20 7.50 7.90	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.70 70.00 70.20	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50 103.60 104.50		
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90 6.10 6.40	6.20 6.40 6.70 7.00 7.20 7.50 7.90	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.70 70.00 70.20 70.50	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50 103.60 104.50 105.60		
35 36 37 38 39 40 41 42 43 44 43 44 45 46 47 48 49 50	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90 6.10 6.40 6.60 7.00	6.20 6.40 6.70 7.00 7.20 7.50 7.90 8.10 8.60 9.00 9.40 9.80 10.50 11.00	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.30 69.70 70.00 70.20 70.50 70.90	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50 103.60 104.50 105.60 106.60		
35 36 37 38 39 40 41 42 43 44 45 46 45 46 47 48 49 50 50 51 52	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90 6.10 6.40 6.60 7.00 7.40 7.70	6.20 6.40 6.70 7.00 7.20 7.50 8.10 8.60 9.00 9.40 9.80 10.50 11.00 11.50 12.30 13.00	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.30 69.70 70.00 70.20 70.50 70.90 71.30 71.60	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50 103.60 104.50 105.60 106.60 107.60 108.70		
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90 6.10 6.40 6.60 7.00 7.40 7.70 8.20	6.20 6.40 6.70 7.00 7.20 7.50 8.10 8.60 9.00 9.40 9.80 10.50 11.00 11.50 12.30 13.00 13.80	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.70 70.00 70.20 70.50 70.50 70.90 71.30 71.60 71.80	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50 103.60 104.50 105.60 106.60 107.60 108.70 109.60		
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 50 51 52 53 54	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90 6.10 6.40 6.60 7.00 7.70 8.20 8.50	6.20 6.40 6.70 7.00 7.20 7.50 8.10 8.60 9.00 9.40 9.80 10.50 11.00 11.50 12.30 13.00 13.80	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.30 69.70 70.00 70.20 70.50 70.90 71.30 71.60 71.80 72.10	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50 103.60 104.50 105.60 106.60 107.60 108.70 109.60 110.70		
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 52 53 54 55	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90 6.10 6.40 6.60 7.00 7.70 8.20 8.50	6.20 6.40 6.70 7.00 7.20 7.50 7.90 8.10 8.60 9.00 9.40 9.80 10.50 11.00 11.50 12.30 13.00 13.80 14.50 15.30	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.70 70.00 70.20 70.50 70.90 71.30 71.60 71.80 72.10 72.50	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50 103.60 104.50 105.60 106.60 107.60 109.60 110.70 111.70		
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 51 52 53 54 55 53 54 55 56 57	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90 6.10 6.40 6.60 7.00 7.40 7.70 8.20 8.50 9.00 9.50 10.30	6.20 6.40 6.70 7.00 7.20 7.50 8.10 8.60 9.00 9.40 9.80 10.50 11.00 11.50 12.30 13.00 13.80 14.50 15.30 16.30 17.40	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.70 70.00 70.20 70.50 70.90 71.30 71.60 71.80 72.10 72.50 75.70 79.00	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50 103.60 104.50 105.60 106.60 107.60 109.60 110.70 111.70 116.10 120.70		
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 51 52 53 54 55 56	3.70 3.90 4.20 4.40 4.50 4.60 4.90 5.10 5.40 5.60 5.90 6.10 6.40 6.60 7.00 7.40 7.70 8.20 8.50 9.00 9.50	6.20 6.40 6.70 7.00 7.20 7.50 7.90 8.10 8.60 9.00 9.40 9.80 10.50 11.00 11.50 12.30 13.00 13.80 14.50 15.30 16.30	60.30 61.20 62.10 63.10 63.90 64.90 65.70 66.70 67.50 68.50 69.30 69.70 70.00 70.20 70.50 70.90 71.30 71.60 71.80 72.10 72.50 75.70	89.90 91.10 92.20 93.40 94.50 95.70 96.90 98.00 99.20 100.40 101.50 102.50 103.60 104.50 105.60 105.60 105.60 107.60 109.60 110.70 111.70 116.10		

บที่บี่ทั่ง	RATE SHEET SOUTH ORANGE COUNTY COMMUNITY				
<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		
	This rate sheet shows the c	ost per \$1,000 of covera	ge		
Calculate your Premium:Rate for Plan ChosenFor Employees Only:	X Facility Monthly Benef	÷ \$1,000 =	=(A) Your Premium		
Rate for Plan 1 (3 Year Duration)	X 2 (Based on Funded An	= mount) A MINUS B =	Employer Paid Amount		
			EMPLOYEE'S COST		
	Monthl				
Pla	in 1 Plan 2	Plan 3	Plan 4		
Insurance	Base Plan W Home, Comm-H and Immediate F Member Ca se Plan Option	Based Base Plan Wit Family Compound	Base Plan With Home, Comm-Based th and Immediate Family Member Care Compound Inflation Option		
8	.40 21.00	88.90 92.40	134.60		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	95.90 99.20 102.80 106.00 114.10 124.30 133.40 144.90 155.50 169.80 184.30 199.50 215.60 254.70 275.90 295.90	144.30 149.10 154.10 158.50 167.90 180.70 191.30 204.70 217.50 234.10 251.10 269.40 288.20 336.50 360.50 382.90		
79 83	.90 99.80 .00 107.90 .00 116.90	320.00 343.80 371.60	409.40 436.20 467.00		

บที่บี่ทั่ง		RATE SHEET SOUTH ORANGE COUNTY COMMUNITY				
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$750 6 Years 75% \$72,000 180 DAY	d Community-	<u>Options</u> Home Ca Inflation	re Level Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped	
		e sheet shows the co	st per \$1,0	00 of covera	ge	
Calculate your Premiun Rate for Plan Chosen For Employees Only: Rate for Plan 1	X Facil X	ity Monthly Benefit 2 ased on Funded Am		÷ \$1,000 =	Your Premium	
(3 Year Duration)			A M	INUS B =	= EMPLOYEE'S COST	
	Plan 1	<u>Monthly</u> Plan 2		Plan 3	Plan 4	
Insurance Age E	Base Plan	Base Plan Wit Home, Comm-Ba and Immediate Fa Member Care Option	used Ba amily (ase Plan Wit Compound Inflation Option	Base Plan With Home, Comm-Based th and Immediate Family Member Care Compound Inflation Option	
18-30	4.50	7.50		75.70	115.30	
53 54 55 56 57	4.60 4.60 4.80 4.90 5.00 5.20 5.40 5.60 5.80 6.00 6.20 6.50 6.90 7.20 7.70 8.00 8.30 8.30 8.30 8.70 8.30 8.90 9.40 9.80 10.40 10.90 11.50 12.10 12.80 13.60 14.50	7.60 7.70 7.80 8.10 8.30 8.50 9.20 9.50 9.90 10.30 10.70 11.30 11.80 12.40 13.00 13.70 14.40 15.00 16.00 16.80 17.90 18.90 20.00 21.30 22.50 24.00 25.60	-	76.70 77.80 78.80 79.90 80.90 82.00 83.10 84.30 85.40 85.40 86.50 87.60 88.80 91.10 92.20 91.10 92.60 93.00 93.30 93.80 94.60 95.40 95.40 95.40 95.40 95.40 95.80 96.20 104.20	116.70 118.10 119.50 121.00 122.40 123.90 125.50 127.00 128.60 130.10 131.60 133.20 134.70 136.30 137.80 139.30 140.80 142.20 143.70 145.20 146.70 148.20 148.20 148.20 149.50 151.00 152.50 159.00 165.50 172.20	

บกํบํฑํ	RATE SHEET SOUTH ORANGE COUNTY COMMUNITY							
<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 6 Years 75% \$72,000 180 DAYS Home and Community- Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped					
Rate for Plan Chosen	This rate sheet shows the cost per \$1,000 of coverage Calculate your Premium:							
For Employees Only: Rate for Plan 1 (3 Year Duration)	X 2 (Based on Funded Am	= aount) A MINUS B =	Employer Paid Amount					
Pl	an 1 Plan 2 Base Plan Wit Home, Comm-Ba and Immediate Fa	Plan 3 th ased Base Plan Wit	Plan 4 Base Plan With Home, Comm-Based h and Immediate Family Member Care					
8	Member Car se Plan Option 6.40 29.10	v i	Compound Inflation Option 185.80					
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	7.80 31.60 9.40 34.30 1.00 37.00 2.90 40.00 5.60 44.30 8.30 48.20 1.30 52.30 4.40 56.70 8.00 61.60 1.90 67.10 6.50 73.30 1.30 79.90 6.50 87.20 2.40 95.00 4.80 113.00 2.00 122.50 9.80 132.70 8.30 144.00 7.50 156.10 7.70 169.20	121.10 125.50 129.80 134.30 138.20 149.00 162.00 174.10 187.90 201.60 220.10 238.80 257.60 278.80 328.40 355.30 381.90 411.90 442.30 477.70	$ \begin{array}{r} 192.80 \\ 199.80 \\ 206.90 \\ 214.10 \\ 220.40 \\ 235.20 \\ 252.70 \\ 268.60 \\ 287.20 \\ 306.00 \\ 330.40 \\ 354.60 \\ 380.60 \\ 408.20 \\ 477.40 \\ 511.90 \\ 545.70 \\ 583.50 \\ 623.50 \\ 668.20 \\ \end{array} $					

บที่บี่ทั่		RATE SHEET SOUTH ORANGE COUNTY COMMUNITY				
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$750 Unlimited 75% Unlimited 180 DAY	\$750 Unlimited 75%] Unlimited 180 DAYS Home and Community-		E Care Level n Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped	
	This rate	e sheet shows the co	st per \$1	,000 of covera	ge	
Calculate your PremiunRate for Plan ChosenFor Employees Only:Rate for Plan 1(3 Year Duration)	X Facil	ity Monthly Benefit 2 ased on Funded Am			(A) Your Premium Employer Paid Amount	
(5 Tear Duration)			Al	MINUS B =	= EMPLOYEE'S COST	
F	Plan 1	<u>Monthly</u> Plan 2 Base Plan Wit Home, Comm-Ba	th	Plan 3 Base Plan Wit	Plan 4 Base Plan With Home, Comm-Based th and Immediate Family	
Insurance Age B	Base Plan	and Immediate Fa Member Car Option	•	Compound Inflation Option	Member Care Compound Inflation Option	
18-30 31	7.50 7.50	12.80 12.90		104.60 105.60	164.70 166.20	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	7.80 7.90 8.10 8.20 8.50 9.20 9.50 9.90 10.50 10.50 10.80 11.30 11.80 12.40 13.40 14.20 14.70 15.40 15.40 16.90 17.80 16.90 17.80 18.60 19.40 20.60 21.80	$13.30 \\ 13.50 \\ 13.80 \\ 14.10 \\ 14.50 \\ 15.20 \\ 15.60 \\ 16.10 \\ 16.80 \\ 17.60 \\ 18.20 \\ 19.10 \\ 20.00 \\ 21.00 \\ 21.00 \\ 22.10 \\ 23.10 \\ 24.60 \\ 25.80 \\ 27.40 \\ 28.80 \\ 30.60 \\ 32.50 \\ 34.30 \\ 36.10 \\ 38.60 \\ 41.20 \\ $		106.50 107.60 108.60 109.60 111.00 112.40 113.90 115.30 116.80 118.20 119.60 121.10 122.60 124.00 124.30 124.50 124.50 125.50 125.50 125.50 125.50 125.50 125.50 125.50 125.60 126.00 126.70 127.00 131.70 136.60	167.60 169.30 170.70 172.20 174.30 176.40 178.50 180.60 182.70 184.70 186.90 189.00 191.10 193.10 195.20 197.20 197.20 199.30 201.30 201.30 203.40 205.40 205.40 207.40 209.50 211.50 213.60 222.80 232.40 242.00	

บกํบํ๛ํ	RATE SHEET SOUTH ORANGE COUNTY COMMUNITY				
<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 Unlimited 75% Unlimited 180 DAYS Professiona		<u>Options</u> Home Care Lev Inflation Protec		Fotal Compound Uncapped
		heet shows the co.	st per \$1,000 of a	coverage	,
Calculate your Premium: Rate for Plan Chosen For Employees Only:	Χ	y Monthly Benefit		.000 =	(A) Your Premium
Rate for Plan 1 (3 Year Duration)	X (Bas	2 ed on Funded Am	ount) A MINUS	= B =	(B) Employer Paid Amount
					EMPLOYEE'S COST
		Monthly			
PI		n 1 Plan 2 Base Plan With Home, Comm-Based		3 an With	Plan 4 Base Plan With Home, Comm-Based and Immediate Family
Insurance	a	nd Immediate Fa Member Car	v 1		Member Care Compound Inflation
	ase Plan	Option	Opt		Option
61 28 62 30 63 33 64 33 65 40 66 44 67 48 68 53 69 55	6.10 8.20 0.50 3.10 5.70 0.10 4.20 8.60 3.60 9.10 5.00	50.10 54.30 58.90 63.80 69.00 76.50 83.20 90.40 98.40 106.80 116.10	151.6 156.8 162.0 167.2 172.6 177.3 192.1 207.4 222.9 240.5 258.9	30 20 50 30 10 40 90 50	261.70 271.80 281.90 292.10 302.50 311.70 334.00 358.00 380.70 407.80 435.50
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	5.00 1.90 9.20 6.90 5.50 4.40 5.40 7.10 9.70 3.60 8.70	116.10 126.70 137.80 149.90 162.80 193.10 209.40 226.90 245.80 266.20 288.00	258.9 281.5 304.6 328.1 353.9 416.0 450.2 483.7 520.2 557.8 601.5	50 50 10 90 90 20 70 30 30	435.50 469.20 503.00 539.30 576.30 672.20 721.60 769.10 820.90 876.20 938.00