



**RATE SHEET**  
**SOUTH ORANGE COUNTY COMMUNITY**

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

*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	4.10	6.60	43.20	65.10
31	4.10	6.60	43.70	65.70
32	4.10	6.70	44.30	66.30
33	4.20	6.90	44.60	66.80
34	4.30	7.10	45.20	67.40
35	4.40	7.20	45.70	68.10
36	4.60	7.40	46.30	68.90
37	4.60	7.60	47.00	69.90
38	4.90	8.00	47.70	70.70
39	5.20	8.40	48.40	71.60
40	5.40	8.60	49.10	72.40
41	5.60	9.00	49.70	73.30
42	5.80	9.30	50.40	74.20
43	6.10	9.70	51.10	75.00
44	6.30	10.20	51.80	76.00
45	6.80	10.70	52.50	76.80
46	7.00	11.30	52.70	77.60
47	7.30	11.80	53.00	78.40
48	7.60	12.50	53.20	79.20
49	7.90	13.10	53.40	79.90
50	8.30	13.80	53.70	80.70
51	8.80	14.70	53.90	81.60
52	9.30	15.60	54.20	82.30
53	9.80	16.50	54.40	83.10
54	10.20	17.30	54.70	83.90
55	10.90	18.40	54.90	84.70
56	11.40	19.50	57.30	88.00
57	12.20	20.80	59.80	91.40
58	12.90	22.10	62.30	94.90
59	13.80	23.60	64.90	98.50



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

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:**

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

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

**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	14.80	25.10	67.40	102.00
61	16.00	27.00	70.00	105.70
62	17.60	29.30	72.60	109.30
63	19.00	31.60	75.20	113.00
64	20.70	34.10	77.90	116.70
65	23.40	37.60	80.30	120.10
66	25.80	40.60	86.50	127.40
67	28.60	44.30	94.20	136.90
68	31.50	47.80	101.20	145.10
69	34.80	52.00	109.80	155.20
70	38.50	56.40	117.80	164.90
71	42.60	61.40	128.70	177.40
72	47.20	66.90	139.70	190.30
73	52.20	73.10	151.20	204.10
74	57.50	79.40	163.40	218.40
75	69.30	94.40	193.00	255.00
76	75.80	102.00	209.00	273.10
77	83.00	110.40	224.30	290.20
78	90.90	119.50	242.50	310.30
79	99.60	129.50	260.40	330.50
80	109.20	140.20	281.60	353.90



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**SOUTH ORANGE COUNTY COMMUNITY**

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

*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:**

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

**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	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
	Option	Option	Option	Option
18-30	5.20	8.80	57.30	87.30
31	5.40	9.00	58.10	88.40
32	5.50	9.20	58.90	89.40
33	5.70	9.40	59.70	90.50
34	5.80	9.60	60.50	91.60
35	6.10	9.90	61.30	92.70
36	6.20	10.10	62.10	93.90
37	6.40	10.50	63.00	95.10
38	6.70	11.00	63.80	96.20
39	6.90	11.30	64.70	97.30
40	7.20	11.80	65.60	98.60
41	7.40	12.30	66.50	99.80
42	7.90	12.90	67.30	101.00
43	8.20	13.40	68.10	102.10
44	8.60	14.00	69.00	103.20
45	9.10	14.80	69.80	104.50
46	9.50	15.50	70.10	105.50
47	9.90	16.30	70.50	106.70
48	10.40	17.30	70.70	107.80
49	10.70	18.00	71.00	108.90
50	11.30	19.10	71.40	110.00
51	11.80	20.20	71.70	111.10
52	12.40	21.30	71.90	112.10
53	13.00	22.60	72.20	113.30
54	13.80	24.00	72.50	114.40
55	14.60	25.50	72.90	115.50
56	15.40	27.00	75.90	120.40
57	16.30	28.80	78.90	125.40
58	17.30	30.70	82.10	130.50
59	18.50	32.80	85.30	135.60



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

*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:**

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

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

**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
60	19.60	34.90	88.50	140.70
61	21.30	37.80	91.80	146.20
62	23.20	41.00	95.10	151.40
63	25.20	44.30	98.40	156.80
64	27.40	48.00	101.80	162.20
65	30.70	53.00	104.80	167.00
66	33.90	57.70	112.90	178.20
67	37.50	62.70	122.80	191.50
68	41.40	68.10	131.90	203.50
69	45.60	73.90	142.30	217.60
70	50.20	80.40	152.80	231.90
71	55.70	87.80	166.80	250.40
72	61.50	95.70	180.90	268.70
73	67.80	104.50	195.20	288.40
74	74.80	114.00	211.30	309.30
75	89.70	135.50	248.80	361.60
76	98.40	146.90	269.20	387.70
77	107.70	159.30	289.20	413.30
78	117.90	172.70	312.00	442.00
79	128.90	187.30	335.10	472.30
80	141.10	203.00	361.90	506.20



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

*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	
<b>For Employees Only:</b>							
	X	2			=		(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)				Employer Paid Amount	
<b>A MINUS B</b>							<b>EMPLOYEE'S COST</b>

*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
	Option	Option	Option	Option
18-30	7.50	12.80	79.30	124.80
31	7.50	12.90	80.00	126.00
32	7.80	13.30	80.80	127.10
33	7.90	13.50	81.50	128.20
34	8.10	13.80	82.30	129.40
35	8.20	14.10	83.00	130.50
36	8.50	14.50	84.10	132.10
37	8.90	15.20	85.20	133.60
38	9.20	15.60	86.30	135.30
39	9.50	16.10	87.40	136.80
40	9.90	16.80	88.50	138.40
41	10.50	17.60	89.50	140.00
42	10.80	18.20	90.60	141.50
43	11.30	19.10	91.70	143.10
44	11.80	20.00	92.80	144.70
45	12.40	21.00	93.90	146.20
46	13.00	22.10	94.10	147.80
47	13.40	23.10	94.40	149.40
48	14.20	24.60	94.60	150.90
49	14.70	25.80	94.80	152.40
50	15.40	27.40	95.00	154.00
51	16.00	28.80	95.20	155.50
52	16.90	30.60	95.40	157.00
53	17.80	32.50	95.60	158.60
54	18.60	34.30	95.90	160.20
55	19.40	36.10	96.10	161.70
56	20.60	38.60	99.70	168.70
57	21.80	41.20	103.40	176.00
58	23.10	43.90	107.20	183.40
59	24.50	46.90	111.10	190.90



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Home Monthly Benefit	<b>\$750</b>		
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Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>180 DAYS</b>		
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*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	
<b>For Employees Only:</b>							
	X	2			=		(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)				Employer Paid Amount	
<b>A MINUS B</b>							<b>EMPLOYEE'S COST</b>

*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
	Option	Option	Option	Option
60	26.10	50.10	114.80	198.20
61	28.20	54.30	118.70	205.80
62	30.50	58.90	122.70	213.50
63	33.10	63.80	126.70	221.30
64	35.70	69.00	130.70	229.20
65	40.10	76.50	134.30	236.20
66	44.20	83.20	145.60	253.10
67	48.60	90.40	157.00	271.20
68	53.60	98.40	168.90	288.40
69	59.10	106.80	182.20	309.00
70	65.00	116.10	196.30	330.00
71	71.90	126.70	213.30	355.50
72	79.20	137.80	230.70	381.00
73	86.90	149.90	248.60	408.60
74	95.50	162.80	268.20	436.60
75	114.40	193.10	315.20	509.20
76	125.40	209.40	341.00	546.60
77	137.10	226.90	366.40	582.60
78	149.70	245.80	394.10	621.80
79	163.60	266.20	422.60	663.80
80	178.70	288.00	455.80	710.70