ບຕໍ່ບໍ່ຕໍ່	RATE SHEET South Orange County Community				College District
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	Based Ca	d Community- are	Inflati	Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Dramium		e sheet shows the co	st per \$	\$1,000 of covera	ge
Calculate your Premium: Rate for Plan Chosen For Employees Only:	Χ	lity Monthly Benefit		÷ \$1,000 = nt	=(A) Your Premium
Rate for Plan 1 (3 Year Duration)	X (E	2 Based on Funded Am	ŕ	= A MINUS B =	Employer Paid Amount
			1		EMPLOYEE'S COST
		Monthly	Rates		
Pla	an 1	Plan 2 Base Plan Wit Home, Comm-Ba and Immediate Fa	ased	Plan 3 Base Plan Wit Compound	Plan 4 Base Plan With Home, Comm-Based th and Immediate Family Member Care
Insurance		Member Car	e	Inflation	Compound Inflation
	se Plan 3.10	Option 13.20		Option 125.50	<u>Option</u> 188.90
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	3.10 3.10 3.40 3.60 3.90 9.00 9.40 9.80 9.40 9.80 0.40 9.80 0.40 9.80 0.40 9.80 0.40 9.80 0.40 9.80 0.40 9.80 0.70 1.10 1.10 1.50 5.50 4.00 5.60 5.60	13.20 13.40 13.70 14.10 14.40 14.80 15.30 16.00 16.80 17.20 17.90 18.80 19.50 20.50 21.40 22.50 23.50 25.10 26.30 27.60		126.90 128.30 129.80 131.20 132.70 133.30 133.90 134.40 135.00 135.60 136.10 136.70 137.30 137.90 138.50 138.50 138.60 138.70 138.80 138.80	190.60 192.40 194.10 195.90 197.60 198.20 198.70 199.20 199.70 200.20 200.60 201.20 201.70 202.20 202.70 203.90 205.10 206.30 207.50 208.60

บก๋บ๋กํ		RATE SHEET South Orange County Community College District				
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$750 3 Years 75% \$36,000 180 DA Home an Based C	nd Community- are	Inflati	Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped	
Calorilato norm Daomin		e sheet shows the co	st per \$	1,000 of coverag	ze	
Calculate your PremiuRate for Plan ChosenFor Employees Only:	Χ	lity Monthly Benefit	Amour	_ ÷ \$1,000 =	(A) Your Premium	
Rate for Plan 1 (3 Year Duration)	X (F	2 Based on Funded Am	,	= MINUS B =	Employer Paid Amount	
		36 41	D /		EMPLOYEE'S COST	
	Plan 1	<u>Monthly</u> Plan 2 Base Plan Wit		Plan 3	Plan 4 Base Plan With Home, Comm-Based	
Insurance	D Dl	Home, Comm-Ba and Immediate Fa Member Car	ased amily	Base Plan With Compound Inflation	h and Immediate Family Member Care Compound Inflation	
Age 51	Base Plan 17.60	<u>Option</u> 29.50		Option 138.80	<u>Option</u> 209.70	
52 53 54 55 56 57 58 59 60 61 62	18.50 19.60 20.40 21.60 22.80 24.50 25.90 27.60 29.60 31.90 35.00	31.10 33.10 34.70 36.70 38.90 41.70 44.20 47.20 50.30 54.00 58.60		138.90 139.00 139.10 139.10 141.90 144.90 147.80 151.00 154.00 157.20 160.40	210.90 212.10 213.30 214.50 217.90 221.80 225.60 229.70 233.50 237.60 241.80	
63 64 65 66 67 68 69 70 71	37.90 41.40 46.80 51.60 57.20 63.10 69.80 77.00 85.30	63.00 68.10 75.40 81.40 88.50 95.80 104.00 112.80 122.90		163.60 167.00 169.60 182.50 198.90 213.60 231.70 248.80 271.80	245.90 250.30 253.60 268.70 289.00 306.20 327.50 348.00 374.60	



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Base Plan			Options	
Facility Monthly Benefi	it \$1,000		Home Care Level	Home, Community-Based
			Home Care Level	
Home Monthly Benefit	\$750			and Immediate Family
Facility Benefit Duratio				Member Care
Home Benefit	75%		Inflation Protection	Compound Uncapped
Lifetime Maximum	\$72,000			
Elimination Period	180 DAY	ζS		
Home Care Level		d Community-		
	Based Ca	•		
			st per \$1,000 of covera	
Calculate your Premiu		e sneel snows the cos	si per \$1,000 oj covera	ge
Calculate your Fremiun				
	Χ		÷ \$1,000 =	=(A)
Rate for Plan Chosen	Facil	ity Monthly Benefit	Amount	Your Premium
For Employees Only:				
		<i>.</i>		· ·
	Х	2	=	(=)
Rate for Plan 1	(B	ased on Funded Am	ount)	Employer Paid Amount
(3 Year Duration)				
			A MINUS B =	=
				EMPLOYEE'S COST
		Monthly.	Rates	
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Wit	h	Home, Comm-Based
		Home, Comm-Ba		
		· · · · · · · · · · · · · · · · · · ·		
Ŧ		and Immediate Fa		Member Care
Insurance		Member Care		Compound Inflation
0	Base Plan	Option	Option	Option
51	23.50	40.20	184.60	286.00
	24.80 26.10	42.80 45.30	184.50 184.60	287.60 289.30
	27.40	47.90	184.50	289.30
55	29.10	50.90	184.60	292.70
56	30.70	53.90	187.90	298.10
57	32.70 34.70	57.70	191.40	304.00
	34.70	61.40	195.10	309.90
59			198 80	316 10
59	36.90	65.50	198.80 202.40	316.10 322.00
59 60 61	36.90 39.20 42.70	65.50 69.80 75.70	202.40 206.30	322.00 328.30
59 60 61 62	36.90 39.20 42.70 46.40	65.50 69.80 75.70 82.00	202.40 206.30 210.10	322.00 328.30 334.60
59 60 61 62 63	36.90 39.20 42.70 46.40 50.40	65.50 69.80 75.70 82.00 88.70	202.40 206.30 210.10 214.00	322.00 328.30 334.60 341.00
59 60 61 62 63 64	36.90 39.20 42.70 46.40 50.40 54.80	65.50 69.80 75.70 82.00 88.70 96.00	202.40 206.30 210.10 214.00 218.10	322.00 328.30 334.60 341.00 347.60
59 60 61 62 63 64 65	36.90 39.20 42.70 46.40 50.40 54.80 61.50	65.50 69.80 75.70 82.00 88.70 96.00 106.20	202.40 206.30 210.10 214.00 218.10 221.20	322.00 328.30 334.60 341.00 347.60 352.80
59 60 61 62 63 64 65 66 67	36.90 39.20 42.70 46.40 50.40 54.80 61.50 68.00 75.00	65.50 69.80 75.70 82.00 88.70 96.00 106.20 115.50 125.40	202.40 206.30 210.10 214.00 218.10 221.20 238.50 259.20	322.00 328.30 334.60 341.00 347.60 352.80 376.30 404.40
59 60 61 62 63 64 65 66 67 68	36.90 39.20 42.70 46.40 50.40 54.80 61.50 68.00 75.00 82.70	65.50 69.80 75.70 82.00 88.70 96.00 106.20 115.50 125.40 136.20	202.40 206.30 210.10 214.00 218.10 221.20 238.50 259.20 278.50	322.00 328.30 334.60 341.00 347.60 352.80 376.30 404.40 429.60
59 60 61 62 63 64 65 66 67 68 69	36.90 39.20 42.70 46.40 50.40 54.80 61.50 68.00 75.00 82.70 91.20	65.50 69.80 75.70 82.00 88.70 96.00 106.20 115.50 125.40 136.20 147.90	202.40 206.30 210.10 214.00 218.10 221.20 238.50 259.20 278.50 300.60	322.00 328.30 334.60 341.00 347.60 352.80 376.30 404.40 429.60 459.50
59 60 61 62 63 64 65 66 67 68 69 70 1	36.90 39.20 42.70 46.40 50.40 54.80 61.50 68.00 75.00 82.70	65.50 69.80 75.70 82.00 88.70 96.00 106.20 115.50 125.40 136.20	202.40 206.30 210.10 214.00 218.10 221.20 238.50 259.20 278.50	322.00 328.30 334.60 341.00 347.60 352.80 376.30 404.40 429.60



Base Plan		0	Options	
Facility Monthly Benefit	\$1,000		Iome Care Level	Home, Community-Based
Home Monthly Benefit	\$750			and Immediate Family
Facility Benefit Duration	Unlimited			Member Care
Home Benefit		T.	flation Duatastian	
	75%	Ir	nflation Protection	Compound Uncapped
Lifetime Maximum	Unlimited			
Elimination Period	180 DAYS			
Home Care Level	Home and Com	munity-		
	Based Care			
	This rate sheet	shows the cost p	per \$1,000 of coverag	e e
Calculate your Premium:	•			
	Х		÷ \$1,000 =	(A)
Rate for Plan Chosen		nthly Benefit A		Your Premium
	i actifity 1010	ining Denemerin		
For Employees Only:				
	Х	2	=	(=)
Rate for Plan 1	(Based or	n Funded Amou	nt)	Employer Paid Amount
(3 Year Duration)			·	
			A MINUS B =	
				EMPLOYEE'S COST
		Monthly Ra	ites	
Pl	an 1	Plan 2	Plan 3	Plan 4
				Base Plan With
	B	ase Plan With		Home, Comm-Based
	Hom	e, Comm-Base	d Base Plan Witl	
		nmediate Fami		Member Care
Insurance		Iember Care	Inflation	Compound Inflation
	ise Plan	Option	Option	Option
0	5.00	25.60	230.10	362.40
	5.00	25.90	232.20	365.70
32 15	5.60	26.60	234.40	369.00
33 15	5.80	27.00	236.50	372.20
	6.00 6.60	27.50 28.40	238.70 240.80	375.50 378.80
	7.00	29.00	240.80	379.60
37 17	7.80	30.30	242.20	380.20
38 18	8.30	31.20	243.00	381.00
	9.10 9.80	32.40 33.70	243.70 244.40	381.80 382.50
41 20 42 21	0.90 1.50	35.20 36.50	245.00 245.80	383.20 384.00
41 20 42 21 43 22	0.90 1.50 2.60	35.20 36.50 38.10	245.00 245.80 246.50	383.20 384.00 384.70
41 20 42 21 43 22 44 23	0.90 1.50 2.60 3.70	35.20 36.50 38.10 40.00	245.00 245.80 246.50 247.20	383.20 384.00 384.70 385.40
41 20 42 21 43 22 44 23 45 24	0.90 1.50 2.60 3.70 4.90	35.20 36.50 38.10 40.00 42.00	245.00 245.80 246.50 247.20 247.90	383.20 384.00 384.70 385.40 386.20
41 20 42 21 43 22 44 23 45 24 46 25 47 20	0.90 1.50 2.60 3.70 4.90 5.90 6.90	35.20 36.50 38.10 40.00 42.00 44.10 46.30	245.00 245.80 246.50 247.20 247.90 247.40 247.10	383.20 384.00 384.70 385.40 386.20 388.50 390.90
41 20 42 21 43 22 44 23 45 24 46 25 47 20 48 28	0.90 1.50 2.60 3.70 4.90 5.90 6.90 8.20	35.20 36.50 38.10 40.00 42.00 44.10 46.30 49.10	245.00 245.80 246.50 247.20 247.90 247.40 247.10 246.60	383.20 384.00 384.70 385.40 386.20 388.50 390.90 393.30
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.90 1.50 2.60 3.70 4.90 5.90 6.90	35.20 36.50 38.10 40.00 42.00 44.10 46.30	245.00 245.80 246.50 247.20 247.90 247.40 247.10	383.20 384.00 384.70 385.40 386.20 388.50 390.90



Base Plan			Options	
Facility Monthly Ben	efit \$1,000		Home Care Level	Home, Community-Based
Home Monthly Benef				and Immediate Family
Facility Benefit Durat			- ~	Member Care
Home Benefit	75%		Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimit	ed		
Elimination Period	180 DA	YS		
Home Care Level	Home a	nd Community-		
	Based C	· ·		
		te sheet shows the cost	t ner \$1 000 of covera	п <i>р</i>
Calculate your Prem	<u> </u>	ie sneet snows the cost	<i>per φ1,000 0j coveru</i> _δ	
Culculuic your 1 rem			¢1.000	
	X		÷ \$1,000 =	
Rate for Plan Chosen	Fac	ility Monthly Benefit A	Amount	Your Premium
For Employees Only.	a 5			
	Х	2	_	= (B)
			=	()
Rate for Plan 1	()	Based on Funded Amo	unt)	Employer Paid Amount
(3 Year Duration)			A MINUS B =	_
			$\mathbf{A} \mathbf{MINUS} \mathbf{B} =$	
				EMPLOYEE'S COST
		Monthly R		
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan With	l	Home, Comm-Based
		Home, Comm-Bas	ed Base Plan Wit	
		and Immediate Fan		Member Care
Insurance		Member Care	Inflation	Compound Inflation
1115ul alice				Compound milation
A = -	Dave Dlass	0	N4 ¹	O 4 ¹
Age	Base Plan	Option	Option 045	Option 100 F0
51	32.20	57.70	245.40	400.50
51 52	32.20 33.80	57.70 61.10	245.40 245.10	400.50 402.90
51 52 53 54	32.20 33.80 35.60 37.10	57.70 61.10 65.00 68.60	245.40 245.10 244.60 244.20	400.50 402.90 405.30 407.70
51 52 53 54 55	32.20 33.80 35.60 37.10 38.80	57.70 61.10 65.00 68.60 72.20	245.40 245.10 244.60 244.20 243.80	400.50 402.90 405.30 407.70 410.00
51 52 53 54 55 56	32.20 33.80 35.60 37.10 38.80 41.20	57.70 61.10 65.00 68.60 72.20 77.20	245.40 245.10 244.60 244.20 243.80 247.30	400.50 402.90 405.30 407.70 410.00 418.10
51 52 53 54 55 56 57	32.20 33.80 35.60 37.10 38.80 41.20 43.70	57.70 61.10 65.00 68.60 72.20 77.20 82.40	245.40 245.10 244.60 244.20 243.80 247.30 251.20	400.50 402.90 405.30 407.70 410.00 418.10 426.70
51 52 53 54 55 56 57 58	32.20 33.80 35.60 37.10 38.80 41.20 43.70 46.20	57.70 61.10 65.00 68.60 72.20 77.20	245.40 245.10 244.60 244.20 243.80 247.30 251.20 255.10	400.50 402.90 405.30 407.70 410.00 418.10 426.70 435.40
51 52 53 54 55 56 57 58 59 60	32.20 33.80 35.60 37.10 38.80 41.20 43.70 46.20 49.10 52.20	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20	245.40 245.10 244.60 244.20 243.80 247.30 251.20 255.10 255.30 263.10	400.50 402.90 405.30 407.70 410.00 418.10 426.70 435.40 444.60 453.20
51 52 53 54 55 56 57 58 59 60 61	32.20 33.80 35.60 37.10 38.80 41.20 43.70 46.20 49.10 52.20 56.50	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20 108.60	245.40 245.10 244.60 244.20 243.80 247.30 251.20 255.10 255.30 263.10 267.40	400.50 402.90 405.30 407.70 410.00 418.10 426.70 435.40 444.60 453.20 462.60
51 52 53 54 55 56 57 58 59 60 61 62	32.20 33.80 35.60 37.10 38.80 41.20 43.70 46.20 49.10 52.20 56.50 61.10	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20 108.60 117.70	245.40 245.10 244.60 244.20 243.80 247.30 251.20 255.10 255.30 263.10 267.40 271.60	400.50 402.90 405.30 407.70 410.00 418.10 426.70 435.40 444.60 453.20 462.60 471.80
51 52 53 54 55 56 57 58 59 60 61 62 63	32.20 33.80 35.60 37.10 38.80 41.20 43.70 46.20 49.10 52.20 56.50 61.10 66.20	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20 108.60 117.70 127.70	245.40 245.10 244.60 244.20 243.80 247.30 251.20 255.10 255.30 263.10 267.40 271.60 275.90	400.50 402.90 405.30 407.70 410.00 418.10 426.70 435.40 444.60 453.20 462.60 471.80 481.30
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65	32.20 33.80 35.60 37.10 38.80 41.20 43.70 46.20 49.10 52.20 56.50 61.10	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20 108.60 117.70	245.40 245.10 244.60 244.20 243.80 247.30 251.20 255.10 255.30 263.10 267.40 271.60	400.50 402.90 405.30 407.70 410.00 418.10 426.70 435.40 444.60 453.20 462.60 471.80
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66	$\begin{array}{r} 32.20\\ 33.80\\ 35.60\\ 37.10\\ 38.80\\ 41.20\\ 43.70\\ 46.20\\ 49.10\\ 52.20\\ 56.50\\ 61.10\\ 66.20\\ 71.50\\ 80.00\\ 88.40 \end{array}$	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20 108.60 117.70 127.70 138.00 153.10 166.60	245.40 245.10 244.60 244.20 243.80 247.30 251.20 255.10 259.30 263.10 267.40 271.60 275.90 280.30 283.60 307.30	$\begin{array}{r} 400.50\\ 402.90\\ 405.30\\ 407.70\\ 410.00\\ 418.10\\ 426.70\\ 435.40\\ 444.60\\ 453.20\\ 462.60\\ 471.80\\ 481.30\\ 491.00\\ 498.70\\ 534.30\end{array}$
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67	$\begin{array}{r} 32.20\\ 33.80\\ 35.60\\ 37.10\\ 38.80\\ 41.20\\ 43.70\\ 46.20\\ 49.10\\ 52.20\\ 56.50\\ 61.10\\ 66.20\\ 71.50\\ 80.00\\ 88.40\\ 97.40\\ \end{array}$	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20 108.60 117.70 127.70 138.00 153.10 166.60 180.90	245.40 245.10 244.60 244.20 243.80 247.30 251.20 255.10 259.30 263.10 267.40 271.60 275.90 280.30 283.60 307.30 331.70	$\begin{array}{r} 400.50\\ 402.90\\ 405.30\\ 407.70\\ 410.00\\ 418.10\\ 426.70\\ 435.40\\ 444.60\\ 453.20\\ 462.60\\ 471.80\\ 481.30\\ 491.00\\ 498.70\\ 534.30\\ 572.70\end{array}$
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68	32.20 33.80 35.60 37.10 38.80 41.20 43.70 46.20 49.10 52.20 56.50 61.10 66.20 71.50 80.00 88.40 97.40 107.30	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20 108.60 117.70 127.70 138.00 153.10 166.60 180.90 196.80	$\begin{array}{r} 245.40\\ 245.10\\ 244.60\\ 244.20\\ 243.80\\ 247.30\\ 251.20\\ 255.10\\ 255.10\\ 259.30\\ 263.10\\ 267.40\\ 271.60\\ 275.90\\ 280.30\\ 283.60\\ 307.30\\ 331.70\\ 356.50\\ \end{array}$	$\begin{array}{r} 400.50\\ 402.90\\ 405.30\\ 407.70\\ 410.00\\ 418.10\\ 426.70\\ 435.40\\ 444.60\\ 453.20\\ 462.60\\ 471.80\\ 481.30\\ 491.00\\ 498.70\\ 534.30\\ 572.70\\ 609.00\\ \end{array}$
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69	32.20 33.80 35.60 37.10 38.80 41.20 43.70 46.20 49.10 52.20 56.50 61.10 66.20 71.50 80.00 88.40 97.40 107.30 118.20	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20 108.60 117.70 127.70 138.00 153.10 166.60 180.90 196.80 213.70	$\begin{array}{r} 245.40\\ 245.10\\ 244.60\\ 244.20\\ 243.80\\ 247.30\\ 251.20\\ 255.10\\ 255.10\\ 259.30\\ 263.10\\ 267.40\\ 271.60\\ 275.90\\ 280.30\\ 283.60\\ 307.30\\ 331.70\\ 356.50\\ 384.80\\ \end{array}$	$\begin{array}{r} 400.50\\ 402.90\\ 405.30\\ 407.70\\ 410.00\\ 418.10\\ 426.70\\ 435.40\\ 444.60\\ 453.20\\ 462.60\\ 471.80\\ 481.30\\ 491.00\\ 498.70\\ 534.30\\ 572.70\\ 609.00\\ 652.50\end{array}$
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68	32.20 33.80 35.60 37.10 38.80 41.20 43.70 46.20 49.10 52.20 56.50 61.10 66.20 71.50 80.00 88.40 97.40 107.30	57.70 61.10 65.00 68.60 72.20 77.20 82.40 87.90 93.90 100.20 108.60 117.70 127.70 138.00 153.10 166.60 180.90 196.80	$\begin{array}{r} 245.40\\ 245.10\\ 244.60\\ 244.20\\ 243.80\\ 247.30\\ 251.20\\ 255.10\\ 255.10\\ 259.30\\ 263.10\\ 267.40\\ 271.60\\ 275.90\\ 280.30\\ 283.60\\ 307.30\\ 331.70\\ 356.50\\ \end{array}$	$\begin{array}{r} 400.50\\ 402.90\\ 405.30\\ 407.70\\ 410.00\\ 418.10\\ 426.70\\ 435.40\\ 444.60\\ 453.20\\ 462.60\\ 471.80\\ 481.30\\ 491.00\\ 498.70\\ 534.30\\ 572.70\\ 609.00\\ \end{array}$