บกับ้ท้า	RATE SHEET WESTSIDE UNION SCHOOL DISTRICT			
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level		l Community-	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Simple Capped
	Based Car		st per \$1,000 of cover	
Calculate your Dremium.	I his rate	sneet snows the cos	st per \$1,000 of cover	ige
Calculate your Premium:				1.000
$\mathbf{D}_{\mathbf{r}}$	X Trail	14-M- (11 D (		1,000 =
Rate for Plan Chose	n Faci	lity Monthly Benefi		Your Premium
	N 1	Monthly		Diago 4
	Plan 1	Plan 2 Base Plan Wit	Plan 3 h	Plan 4 Base Plan With Home, Comm-Based
		Home, Comm-Ba		
		and Immediate Fa		Member Care
Insurance		Member Car		Simple Inflation
Age Ba	se Plan	Option	Option	Option
18-30 5	5.20	7.80	8.90	13.50
	5.20	7.80	9.00	13.60
33	5.20 5.40	7.90 8.10	9.10 9.40	13.80 14.20
34 5	5.50	8.30	10.20	15.20
35 5	5.70	8.60	10.40	15.50
36 5 37 6	5.90 5.00	8.80 9.00	10.90 11.20	16.10 16.80
	5.30	9.50	12.00	17.70
39 6	5.70	9.90 10.30	12.50	18.50
40 e 41 7	5.90 7.30	10.30	12.90 13.90	19.10 20.30
41 42 7	7.50	10.70 11.10	14.50	20.30
43 7	7.80	11.60	15.20	22.20
	3.20	12.20 12.90	16.00	23.30
45 8 46 9	3.80 9.10	13.50	16.90 17.70	24.50 25.90
47 9	9.50	14.10	18.60	27.30
48 10	0.10	15.00	19.60	28.90
	).40 L.00	15.70 16.60	20.60 21.70	30.50 32.20
51 11	L.70	17.70	22.80	34.10
52 12	2.40	18.90	24.30	36.20
53 13	3.10 3.70	20.00 21.00	25.60 27.00	38.20 40.40
	1.80	22.50	27.00	40.40
56 15	5.60	23.80	30.10	44.60
	5.70	25.50	32.20	47.70
	7.80 9.20	27.20 29.20	34.60 37.00	51.00 54.40

บก่บ่ท่า		RATE SHEET WESTSIDE UNION SCHOOL DISTRICT				
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$500 3 Years 50% \$36,000 90 Days Home and Based Ca	<b>I Community-</b> re rate sheet shows the cos	Inflati	Care Level	Home, Community-Based and Immediate Family Member Care Simple Capped	
Calculate your Premium		rate sheet shows the cos	st per \$1,	000 of coverage		
Rate for Plan Chos	X	lity Monthly Benef	it Amo		1,000 = <u>Your Premium</u>	
		Monthly		uIII	i our Freimum	
	Plan 1	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	
		and Immediate Fa		Simple	Member Care	
Insurance		Member Car	e	Inflation	Simple Inflation	
	ase Plan 20.60	<u>Option</u> 31.20		Option 39.60	<u>Option</u> 57.80	
62 22 63 22 64 22 65 33 66 33 67 4 68 4 69 5 70 5 71 6	22.50 24.80 27.00 29.70 33.70 37.30 11.60 15.80 50.80 56.30 52.50	33.70 36.80 39.90 43.30 48.30 52.50 57.60 62.50 68.30 74.60 81.70		42.90 47.00 50.70 55.20 62.70 68.40 75.40 82.40 90.80 99.30 108.90	62.10 67.40 72.30 78.10 86.80 93.60 101.90 109.70 119.10 128.60 139.60	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	59.30 76.90 34.90 22.40 23.20 35.10 18.30 52.90 79.40 98.90 19.70 12.10	89.50 98.20 107.30 128.10 139.10 151.20 164.30 178.80 194.50 212.20 233.60 256.70 281.20		119.80 $131.00$ $143.90$ $170.90$ $186.50$ $201.60$ $219.40$ $237.10$ $258.60$ $282.60$ $308.50$ $338.10$ $366.70$	152.00 $164.50$ $178.80$ $210.60$ $227.50$ $244.10$ $263.50$ $282.60$ $305.60$ $330.90$ $359.00$ $391.50$ $422.80$	

RATE SHEET         WESTSIDE UNION SCHOOL DISTRICT         Base Plan         Gacility Monthly Benefit       \$1,000         State State       Options         Home Care Level       Home, Community-Base         Monthly Benefit       \$500				
Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$500 6 Years 50% \$72,000 90 Days Home and Community- Based Care This rate sheet shows the co	Inflation Protection	and Immediate Family Member Care Simple Capped	
Calculate your Premium:	This fulle sheet shows the co	ist per \$1,000 of covera	ge	
Sacanaic your Fremium.	Х	÷ \$1	1,000 =	
Rate for Plan Chose			Your Premium	
	Monthly Monthly		i our i teinium	
F	Plan 1 Plan 2	Plan 3	Plan 4	
	Base Plan Wi Home, Comm-B and Immediate Fa	ased Base Plan Wit	Base Plan With Home, Comm-Based h and Immediate Family Member Care	
Insurance	Member Car	v i	Simple Inflation	
8	se Plan Option	Option	Option	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} 11.70\\ 11.90\\ 12.50\\ 13.20\\ 13.40\\ 14.00\\ 14.70\\ 15.20\\ 15.90\\ 16.90\\ 17.40\\ 18.40\\ 19.30\\ 20.30\\ 21.30\\ 20.30\\ 21.30\\ 22.70\\ 23.90\\ 24.80\\ 26.20\\ 27.40\\ 28.80\\ 30.40\\ 32.10\\ 34.20\\ 35.80\\ 37.60\\ 39.80\\ 42.40\\ 45.40\end{array}$	$     \begin{array}{r}       17.80 \\       18.20 \\       19.00 \\       19.70 \\       20.30 \\       21.20 \\       22.10 \\       22.80 \\       23.90 \\       25.10 \\       26.10 \\       27.30 \\       28.70 \\       30.30 \\       31.60 \\       33.40 \\       35.30 \\       37.00 \\       39.30 \\       41.50 \\       43.60 \\       46.20 \\       48.90 \\       52.30 \\       54.90 \\       57.40 \\       60.90 \\       65.10 \\       69.30 \\   \end{array} $	

บท่ม่ท่า		RATE SHEET WESTSIDE UNION SCHOOL DISTRICT			
<u>Base Plan</u> Facility Monthly Benefi Home Monthly Benefi Facility Benefit Durati Home Benefit Lifetime Maximum Elimination Period Home Care Level Calculate your Premin	t \$500 on 6 Years 50% \$72,000 90 Days Home at Based C This rat	nd Community- are <u>e sheet shows the co</u>	Inflati	Care Level	Home, Community-Based and Immediate Family Member Care Simple Capped
Rate for Plan Ch	X	cility Monthly Benef Monthly			1,000 = <u>Your Premium</u>
	Plan 1	Plan 2 Base Plan Wit Home, Comm-Ba	h 1sed	Plan 3 Base Plan Wit	e e e e e e e e e e e e e e e e e e e
Insurance Age	Base Plan	and Immediate Fa Member Car Option	•	Simple Inflation Option	Member Care Simple Inflation Option
75 76 77 78 79 80 81 82 83	27.10 29.60 32.40 35.50 38.80 43.80 43.80 59.50 65.70 72.60 80.60 89.10 98.40 108.90 130.70 143.60 157.40 172.50 189.00 207.10 227.60 227.60 227.70 305.30	$\begin{array}{r} 42.70\\ 46.50\\ 50.60\\ 55.00\\ 59.80\\ 66.60\\ 72.80\\ 79.60\\ 86.80\\ 94.60\\ 103.40\\ 113.40\\ 113.40\\ 124.10\\ 135.90\\ 148.80\\ 177.50\\ 193.10\\ 210.10\\ 228.50\\ 248.60\\ 270.30\\ 294.80\\ 324.30\\ 356.00\\ 389.90\\ \end{array}$		51.60 56.00 61.00 65.90 71.90 81.00 88.30 97.80 106.40 116.90 127.60 140.10 153.70 167.70 183.80 217.70 237.50 256.60 279.40 301.40 328.00 357.70 389.90 426.50 461.70	$\begin{array}{c} 78.60\\ 84.90\\ 92.00\\ 98.90\\ 107.20\\ 119.10\\ 128.40\\ 140.30\\ 151.00\\ 163.80\\ 177.10\\ 192.90\\ 209.70\\ 226.50\\ 246.10\\ 289.90\\ 313.40\\ 336.60\\ 363.80\\ 390.40\\ 421.60\\ 456.40\\ 495.40\\ 539.60\\ 582.90\end{array}$

บที่บี่ทั่ง		RATE SHEET WESTSIDE UNION SCHOOL DISTRICT			
Base Plan		0	ptions		
Facility Monthly Benefit Home Monthly Benefit Facility Benefit Durat Home Benefit	it <b>\$500</b>	ed	ome Care Level	Home, Community-Based and Immediate Family Member Care Simple Capped	
Lifetime Maximum Elimination Period Home Care Level	Unlimite 90 Days Home an	nd Community-			
	Based C		¢1000 C		
Calculate your Due		te sheet shows the cost p	er \$1,000 of covera	ge	
Calculate your Prem			<u>م</u>	1 000	
Rate for Plan C	$\frac{X}{F_{0}}$	cility Monthly Benefit A		1,000 = <u>Your Premium</u>	
Kate for Flan C	nosen ra	Monthly Ra		f our Freihlum	
	Plan 1	Plan 2	Plan 3	Plan 4	
	1 1411 1	1 Iwii <b>2</b>	i iun o	Base Plan With	
		<b>Base Plan With</b>		Home, Comm-Based	
		Home, Comm-Based	Base Plan Wit	th and Immediate Family	
		and Immediate Fami	ly Simple	Member Care	
Insurance		Member Care	Inflation	Simple Inflation	
Age	Base Plan	Option	Option	Option	
18-30 31	9.40 9.40	14.90 14.90	16.20 16.50	25.50 26.10	
32	9.80	15.40	17.40	27.30	
33	9.90	15.60	17.80	27.80	
34	10.10	16.00	18.20	28.70	
35 36	10.30 10.70	16.40 16.80	19.10 19.80	30.00 30.90	
37	11.20	17.60	20.80	32.40	
38	11.60	18.10	21.60	33.60	
39	12.00	18.70	22.80	35.20	
40 41	12.50 13.20	19.50 20.50	23.70 24.70	36.70 38.20	
42	13.60	21.20	25.90	40.10	
43	14.20	22.20	27.30	42.00	
44 45	14.90 15.70	23.20 24.40	28.50 30.10	44.10 46.50	
45	16.50	25.80	30.10	49.20	
47	17.10	27.00	33.50	52.10	
48	18.10	28.70	35.10	55.00	
<b>49</b> 50	18.80 19.80	30.20 32.00	36.60 38.40	57.90 61.00	
51	20.80	33.80	40.40	64.60	
52	22.00	35.90	42.70	68.50	
53	23.20	38.20	44.90	72.50	
54 55	24.40 25.50	40.40 42.60	47.40 49.30	76.80 79.70	
56	27.20	45.60	52.30	84.80	
57	29.00	48.80	55.70	90.60	
58 59	30.90 33.00	52.20 55.90	59.00 62.80	96.10 102.70	
	<b>NN UU</b>		02.00	IUZ./U	

บที่บี่ทั่า		RATE SHEET WESTSIDE UNION SCHOOL DISTRICT				
<u>Base Plan</u> Facility Monthly Bere Home Monthly Bene Facility Benefit Dura Home Benefit Lifetime Maximum Elimination Period Home Care Level	fit \$500 tion Unlimite 50% Unlimite 90 Days Home an Based C	ed nd Community- are	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Simple Capped		
Calculate your Prem	<i>ium:</i> X		÷\$	51,000 =		
Rate for Plan C	Chosen Fa	cility Monthly Benefi		Your Premium		
	Plan 1	<u>Monthly</u> Plan 2	Rates Plan 3	Plan 4		
	1 1411 1	1 Ian 2	I Iali J	Base Plan With		
Ţ		Base Plan Wit Home, Comm-Ba and Immediate Fa	sed Base Plan Wi mily Simple	Member Care		
Insurance	Base Plan	Member Care		Simple Inflation		
<u>Age</u> 60	35.30	<u>Option</u> 59.80	Option 66.60	<u>Option</u> 109.00		
61 62 63 64 65 66 67 68 69 70 70 71 72	38.50 41.80 45.60 49.50 56.00 61.90 68.40 75.60 83.50 92.10 102.00 112.70	65.10 70.80 77.00 83.50 93.30 101.80 111.10 121.30 132.20 144.30 158.00 172.60	72.20 78.50 84.60 91.40 102.80 112.60 123.60 134.80 147.90 161.20 176.60 193.30	117.90 127.70 137.80 148.50 165.00 178.70 194.30 209.40 226.80 245.00 266.60 288.80		
73 74 75 76 77 78 79 80 81 82	124.00 136.40 163.70 179.70 196.80 215.30 235.50 257.70 282.30 311.70	188.30205.10244.10265.50288.50313.50340.30369.40401.40440.20	210.20 229.70 271.70 296.30 320.10 347.30 374.80 406.70 442.80 481.40	311.10 336.60 395.80 427.60 459.40 495.20 531.30 572.10 617.90 668.60		
83 84	342.70 375.40	481.50 524.60	525.10 566.50	725.60 780.30		