



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	\$1,000 \$500 3 Years 50% \$36,000 90 Days Home and Community-Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Simple Capped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

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 Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option
18-30	8.80	13.20	12.20	18.40
31	8.80	13.20	12.40	18.60
32	8.80	13.40	12.70	19.30
33	9.20	13.80	13.00	19.60
34	9.40	14.20	13.90	20.80
35	9.70	14.50	14.20	21.10
36	9.90	14.80	14.80	22.10
37	10.30	15.40	15.20	22.80
38	10.80	16.10	16.40	24.10
39	11.40	16.90	17.40	25.60
40	11.80	17.50	17.80	26.30
41	12.30	18.10	18.80	27.60
42	12.90	19.10	19.90	29.20
43	13.30	19.70	20.70	30.30
44	14.00	20.70	21.90	32.00
45	14.90	21.80	23.30	33.70
46	15.40	22.90	24.30	35.50
47	16.10	23.90	25.40	37.20
48	17.00	25.60	27.00	39.70
49	17.70	26.80	28.30	42.00
50	18.70	28.20	29.90	44.30



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care Simple Capped
Home Monthly Benefit	\$500		
Facility Benefit Duration	3 Years		
Home Benefit	50%	Inflation Protection	
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Home and Community-Based Care		

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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 Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option
51	19.90	30.20	31.40	46.90
52	21.00	32.00	33.30	49.60
53	22.30	34.00	35.30	52.70
54	23.40	35.80	37.10	55.50
55	24.90	38.00	39.10	58.10
56	26.40	40.40	41.30	61.30
57	28.50	43.40	44.20	65.60
58	30.40	46.20	47.50	70.00
59	32.60	49.60	50.90	74.80
60	35.10	53.10	54.40	79.50
61	38.20	57.30	58.90	85.40
62	42.10	62.50	64.30	92.50
63	45.90	67.70	69.70	99.40
64	50.40	73.50	75.90	107.40
65	57.40	82.20	86.10	119.50
66	63.50	89.40	94.20	128.90
67	70.60	97.70	103.80	140.20
68	78.10	106.50	113.40	150.90
69	86.50	116.30	125.10	164.00
70	95.70	126.90	136.50	176.90
71	106.30	138.90	150.00	192.40



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	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option
18-30	11.40	17.60	16.10	24.60
31	11.80	18.00	16.50	25.10
32	12.00	18.40	17.20	26.20
33	12.40	18.80	17.90	27.00
34	12.60	19.10	18.40	27.80
35	13.10	19.90	19.30	29.10
36	13.50	20.40	20.20	30.30
37	14.00	21.10	20.90	31.30
38	14.60	22.00	21.90	32.90
39	15.10	22.80	22.90	34.30
40	15.70	23.60	24.00	35.90
41	16.30	24.60	25.30	37.70
42	17.20	25.80	26.40	39.30
43	17.90	27.00	27.80	41.50
44	18.90	28.30	29.20	43.40
45	19.90	29.70	31.30	46.00
46	20.90	31.30	32.50	48.30
47	21.70	32.90	34.30	51.10
48	23.00	34.90	36.00	53.80
49	23.70	36.50	37.60	56.90
50	25.00	38.70	39.60	60.00



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51	26.30	40.80	41.60	63.40
52	27.90	43.50	43.90	67.20
53	29.50	46.20	46.80	71.60
54	31.10	48.90	49.10	75.40
55	33.10	52.10	51.80	79.10
56	35.10	55.30	54.80	83.70
57	37.60	59.30	58.40	89.60
58	40.20	63.40	62.50	95.40
59	43.00	67.90	66.40	101.50
60	46.00	72.60	71.00	108.10
61	50.40	79.00	77.30	117.00
62	55.10	86.00	83.90	126.60
63	60.20	93.40	90.70	136.20
64	65.90	101.70	99.00	147.70
65	74.50	113.30	111.20	163.70
66	82.60	123.80	121.80	177.00
67	91.50	135.20	134.50	193.00
68	101.00	147.50	146.60	208.00
69	111.60	160.90	160.90	225.50
70	123.30	175.80	175.50	243.60
71	136.90	192.80	192.50	265.20