

		WESTSIDE UNION SCHOOL DISTRICT			
Base Plan			<u>Options</u>		
Facility Monthly Benef	it \$1,000		Home Care Level	Home, Community-Based	
Home Monthly Benefit			Home care Level	and Immediate Family	
	· ·			· ·	
Facility Benefit Duration			T (1	Member Care	
Home Benefit	50%		Inflation Protection	Simple Capped	
Lifetime Maximum	\$36,000				
Elimination Period	90 Days				
Home Care Level	Home a	nd Community-			
	Based C				
			st per \$1,000 of covera	ge	
Calculate your Premiu			st per \$2,000 of covers.	8"	
Carcarate your Fremu					
	X			1,000 =	
Rate for Plan Cho	osen Fa	cility Monthly Benef	it Amount	Your Premium	
		Monthly	Rates		
	Plan 1	Plan 2	Plan 3	Plan 4	
				Base Plan With	
		Base Plan Wit	th	Home, Comm-Based	
		Home, Comm-Ba			
		′		Member Care	
		and Immediate Fa	2		
Insurance		Member Car		Simple Inflation	
	Base Plan	Option	Option	Option	
18-30	5.20	7.80	8.90	13.50	
31 32	5.20 5.20	7.80 7.90	9.00 9.10	13.60 13.80	
33	5.40	8.10	9.40	14.20	
34	5.50	8.30	10.20	15.20	
35	5.70	8.60	10.40	15.50	
36 37	5.90 6.00	8.80 9.00	10.90 11.20	16.10 16.80	
38	6.30	9.50	12.00	17.70	
39	6.70	9.90	12.50	18.50	
40	6.90	10.30	12.90	19.10	
41	7.30	10.70	13.90	20.30	
42 43	7.50 7.80	11.10 11.60	14.50 15.20	21.10 22.20	
44	8.20	12.20	16.00	23.30	
45	8.80	12.90	16.90	24.50	
46	9.10	13.50	17.70	25.90	
47	9.50	14.10 15.00	18.60	27.30 28.90	
48 49	10.10 10.40	15.70	19.60 20.60	30.50	
50	11.00	16.60	21.70	32.20	
51	11.70	17.70	22.80	34.10	
52	12.40	18.90	24.30	36.20	
53 54	13.10 13.70	20.00 21.00	25.60 27.00	38.20 40.40	
55	14.80	22.50	28.50	42.40	
56	15.60	23.80	30.10	44.60	
57	16.70	25.50	32.20	47.70	
58	17.80	27.20	34.60	51.00	
59	19.20	29.20	37.00	54.40	



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Base Plan			<u>Options</u>	
Facility Monthly Be	nefit \$1,000		Home Care Level	Home, Community-Based
Home Monthly Bene				and Immediate Family
Facility Benefit Dura				Member Care
Home Benefit	50%		Inflation Protection	Simple Capped
Lifetime Maximum	\$36,000			Simple Supped
Elimination Period	90 Days			
Home Care Level	•	nd Community-		
Tionie Care Lever	Based C	•		
		s rate sheet shows the cost	t per \$1,000 of coverage	
Calculate your Pren		s rate sheet shows the cost	t per \$1,000 or coverage	
Caiculale your Fren				
	X		÷ \$1	,000 =
Rate for Plan	Chosen Fac	cility Monthly Benefi	t Amount	Your Premium
		Monthly I	Rates	
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Witl	h	Home, Comm-Based
		Home, Comm-Ba		·
		and Immediate Far		Member Care
Ingunonas				
Insurance	D DI	Member Care		Simple Inflation
Age	Base Plan	Option	Option	Option
60 61	20.60 22.50	31.20 33.70	39.60 42 .90	57.80 62.10
62	24.80	36.80	47.00	67.40
63	27.00	39.90	50.70	72.30
64	29.70	43.30	55.20	78.10
65	33.70 37.30	48.30 52.50	62.70	86.80
66 67	41.60	57.60	68.40 75.40	93.60 101.90
68	45.80	62.50	82.40	101.30
69	50.80	68.30	90.80	119.10
70	56.30	74.60	99.30	128.60
71	62.50	81.70	108.90	139.60
72	69.30	89.50	119.80	152.00
73	76.90	98.20	131.00	164.50
74	84.90	107.30	143.90	178.80
75 76	102.40 112.30	128.10 139.10	170.90 186.50	210.60 227.50
77	123.20	151.20	201.60	244.10
78	135.10	164.30	219.40	263.50
79	148.30	178.80	237.10	282.60
80	162.90	194.50	258.60	305.60
			000 00	000
81	179.40	212.20	282.60	330.90
82	179.40 198.90	233.60	308.50	359.00
	179.40			



Base Plan			Options	
Facility Monthly Bener	fit \$1,000		Home Care Level	Home, Community-Based
Home Monthly Benefit	· ·			and Immediate Family
Facility Benefit Duration				Member Care
Home Benefit	50%		Inflation Protection	Simple Capped
Lifetime Maximum	\$72,000			
Elimination Period	90 Days			
Home Care Level	•	nd Community-		
	Based C	are		
		te sheet shows the co	st per \$1,000 of covera	ige
Calculate your Premiu	ım:			
	X		÷ \$	1,000 =
Rate for Plan Ch	osen Fa	cility Monthly Benef		Your Premium
		Monthly		
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Wit	th	Home, Comm-Based
		Home, Comm-Ba	ased Base Plan Wi	th and Immediate Family
		and Immediate Fa	mily Simple	Member Care
Insurance		Member Car	e Inflation	Simple Inflation
Age	Base Plan	Option	Option	Option
18-30	6.70	10.30	11.70 11.90	17.80
31 32	6.90 7.00	10.60 10.80	12.50	18.20 19.00
33	7.30	11.00	13.20	19.70
34	7.40	11.30	13.40	20.30
35 36	7.80 7.90	11.70 11.90	14.00 14.70	21.20 22.10
37	8.20	12.40	15.20	22.80
38	8.50	12.90	15.90	23.90
39	8.90	13.40	16.90	25.10
40 41	9.30 9.50	14.00 14.50	17.40 18.40	26.10 27.30
42	10.10	15.20	19.30	28.70
43	10.60	15.90	20.30	30.30
44	11.00	16.50	21.30	31.60
45	11.80	17.50	22.70	33.40
46 47	12.30 12.80	18.40 19.30	23.90 24.80	35.30 37.00
48	13.60	20.60	26.20	39.30
49	14.00	21.50	27.40	41.50
50	14.80	22.80	28.80	43.60
51 52	15.50	24.10	30.40	46.20
52	16.40 17.30	25.50 27.10	32.10 34.20	48.90 52.30
54	18.40	28.80	35.80	54.90
55	19.60	30.70	37.60	57.40
56	20.80	32.60	39.80	60.90
57 58	22.00 23.60	34.80 37.30	42.40 45.40	65.10 69.30
59	25.40	40.00	48.30	73.90



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Base Plan Escility Monthly Bonofi	:. ¢1 000		Options Homo Core Level	Home Community Board
Facility Monthly Benefit	· ·		Home Care Level	Home, Community-Based
Home Monthly Benefit				and Immediate Family
Facility Benefit Duratio				Member Care
Home Benefit	50%		Inflation Protection	Simple Capped
Lifetime Maximum	\$72,000			
Elimination Period	90 Days			
Home Care Level	Home and	Community-		
	Based Car	e		
	This rate s	sheet shows the co	st per \$1,000 of coverag	ge
Calculate your Premius	m:			
1	X		÷ \$1	1,000 =
Dota for Dlan Cha		ity Monthly Donaf		Your Premium
Rate for Plan Cho	osen Facili	ity Monthly Benef		i our Premium
	DI 1	<u>Monthly</u>		DI 4
	Plan 1	Plan 2	Plan 3	Plan 4
			_	Base Plan With
		Base Plan Wit		Home, Comm-Based
		Home, Comm-Ba		•
	a	ind Immediate Fa	mily Simple	Member Care
Insurance		Member Care	e Inflation	Simple Inflation
Age	Base Plan	Option	Option	Option
60	27.10	42.70	51.60	78.60
61	29.60	46.50	56.00	84.90
62 63	32.40 35.50	50.60 55.00	61.00 65.90	92.00 98.90
64	38.80	59.80	71.90	107.20
65	43.80	66.60	81.00	119.10
66	48.50	72.80	88.30	128.40
67	53.80	79.60	97.80	140.30
68	59.50	86.80	106.40	151.00
69	65.70	94.60	116.90	163.80
70 71	72.60 80.60	103.40 113.40	127.60 140.10	177.10 192.90
	89.10	124.10	153.70	209.70
73	98.40	135.90	167.70	226.50
	.08.90	148.80	183.80	246.10
75 1	.30.70	177.50	217.70	289.90
	43.60	193.10	237.50	313.40
77 1	.57.40	210.10	256.60	336.60
	.72.50	228.50	279.40	363.80
	89.00	248.60	301.40	390.40 421.60
	207.10 227.60	270.30 294.80	328.00 357.70	421.60 456.40
	251.90	324.30	389.90	495.40
	77.70	356.00	426.50	539.60
	305.30	389.90	461.70	582.90