



RATE SHEET
WESTSIDE UNION SCHOOL DISTRICT

| | | | |
|---------------------------|--------------------------------------|----------------------|---|
| <i>Base Plan</i> | | <i>Options</i> | |
| 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 | | |

This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

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 | 5.20 | 7.80 | 8.90 | 13.50 |
| 31 | 5.20 | 7.80 | 9.00 | 13.60 |
| 32 | 5.20 | 7.90 | 9.10 | 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 | 5.90 | 8.80 | 10.90 | 16.10 |
| 37 | 6.00 | 9.00 | 11.20 | 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 | 7.50 | 11.10 | 14.50 | 21.10 |
| 43 | 7.80 | 11.60 | 15.20 | 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 | 18.60 | 27.30 |
| 48 | 10.10 | 15.00 | 19.60 | 28.90 |
| 49 | 10.40 | 15.70 | 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 | 13.10 | 20.00 | 25.60 | 38.20 |
| 54 | 13.70 | 21.00 | 27.00 | 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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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 |
| 60 | 20.60 | 31.20 | 39.60 | 57.80 |
| 61 | 22.50 | 33.70 | 42.90 | 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 | 48.30 | 62.70 | 86.80 |
| 66 | 37.30 | 52.50 | 68.40 | 93.60 |
| 67 | 41.60 | 57.60 | 75.40 | 101.90 |
| 68 | 45.80 | 62.50 | 82.40 | 109.70 |
| 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 | 102.40 | 128.10 | 170.90 | 210.60 |
| 76 | 112.30 | 139.10 | 186.50 | 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 |
| 81 | 179.40 | 212.20 | 282.60 | 330.90 |
| 82 | 198.90 | 233.60 | 308.50 | 359.00 |
| 83 | 219.70 | 256.70 | 338.10 | 391.50 |
| 84 | 242.10 | 281.20 | 366.70 | 422.80 |



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| 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 | 6 Years | | |
| Home Benefit | 50% | Inflation Protection | |
| Lifetime Maximum | \$72,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Home and Community-Based Care | | |

This rate sheet shows the cost per \$1,000 of coverage

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

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 | 6.70 | 10.30 | 11.70 | 17.80 |
| 31 | 6.90 | 10.60 | 11.90 | 18.20 |
| 32 | 7.00 | 10.80 | 12.50 | 19.00 |
| 33 | 7.30 | 11.00 | 13.20 | 19.70 |
| 34 | 7.40 | 11.30 | 13.40 | 20.30 |
| 35 | 7.80 | 11.70 | 14.00 | 21.20 |
| 36 | 7.90 | 11.90 | 14.70 | 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 | 9.30 | 14.00 | 17.40 | 26.10 |
| 41 | 9.50 | 14.50 | 18.40 | 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 | 12.30 | 18.40 | 23.90 | 35.30 |
| 47 | 12.80 | 19.30 | 24.80 | 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 | 15.50 | 24.10 | 30.40 | 46.20 |
| 52 | 16.40 | 25.50 | 32.10 | 48.90 |
| 53 | 17.30 | 27.10 | 34.20 | 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 | 22.00 | 34.80 | 42.40 | 65.10 |
| 58 | 23.60 | 37.30 | 45.40 | 69.30 |
| 59 | 25.40 | 40.00 | 48.30 | 73.90 |



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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 |
| 60 | 27.10 | 42.70 | 51.60 | 78.60 |
| 61 | 29.60 | 46.50 | 56.00 | 84.90 |
| 62 | 32.40 | 50.60 | 61.00 | 92.00 |
| 63 | 35.50 | 55.00 | 65.90 | 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 | 72.60 | 103.40 | 127.60 | 177.10 |
| 71 | 80.60 | 113.40 | 140.10 | 192.90 |
| 72 | 89.10 | 124.10 | 153.70 | 209.70 |
| 73 | 98.40 | 135.90 | 167.70 | 226.50 |
| 74 | 108.90 | 148.80 | 183.80 | 246.10 |
| 75 | 130.70 | 177.50 | 217.70 | 289.90 |
| 76 | 143.60 | 193.10 | 237.50 | 313.40 |
| 77 | 157.40 | 210.10 | 256.60 | 336.60 |
| 78 | 172.50 | 228.50 | 279.40 | 363.80 |
| 79 | 189.00 | 248.60 | 301.40 | 390.40 |
| 80 | 207.10 | 270.30 | 328.00 | 421.60 |
| 81 | 227.60 | 294.80 | 357.70 | 456.40 |
| 82 | 251.90 | 324.30 | 389.90 | 495.40 |
| 83 | 277.70 | 356.00 | 426.50 | 539.60 |
| 84 | 305.30 | 389.90 | 461.70 | 582.90 |