



RATE SHEET
Huntington Beach Union High School District

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	2 Years		
Home Benefit	75%	Inflation Protection	
Lifetime Maximum	\$24,000		
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:

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

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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	4.00	6.70	70.20	105.90
31	4.40	7.00	71.20	107.00
32	4.40	7.00	72.40	108.10
33	4.40	7.10	73.50	109.20
34	4.60	7.40	74.70	110.30
35	4.70	7.50	75.70	111.30
36	4.80	7.80	76.90	112.90
37	4.80	7.90	77.90	114.20
38	5.30	8.40	79.10	115.90
39	5.40	8.70	80.20	117.40
40	5.50	8.90	81.40	118.90
41	6.00	9.50	82.50	120.40
42	6.10	9.70	83.60	121.90
43	6.50	10.30	84.80	123.50
44	6.80	10.70	85.70	124.90
45	7.00	11.10	86.90	126.40
46	7.30	11.60	87.40	127.60
47	7.60	12.30	88.00	129.10
48	8.10	13.00	88.60	130.40
49	8.50	13.80	89.20	131.70
50	9.00	14.50	89.70	133.00
51	9.30	15.40	90.10	134.30
52	9.70	16.10	90.70	135.60
53	10.30	17.10	91.30	136.90
54	10.80	18.00	91.90	138.30
55	11.50	19.20	92.40	139.60
56	12.00	20.10	96.50	144.90
57	12.80	21.40	100.80	150.50
58	13.80	23.00	105.00	156.10
59	14.60	24.40	109.50	161.80



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<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$750 2 Years 75% \$24,000 90 Days Home and Community- Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
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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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	15.80	25.90	113.70	167.40
61	17.00	27.70	118.20	173.30
62	18.50	30.10	122.70	179.10
63	20.20	32.50	127.20	185.10
64	22.10	35.00	131.90	191.10
65	24.90	38.60	135.90	196.40
66	27.60	41.90	147.20	209.30
67	30.60	45.50	159.30	223.60
68	33.70	49.20	171.40	237.20
69	37.10	53.30	185.20	253.30
70	41.10	57.90	199.30	268.70
71	45.60	63.20	217.90	289.80
72	50.30	68.70	236.90	311.00
73	55.90	75.20	256.50	334.10
74	61.80	81.80	277.80	357.50
75	74.20	97.20	327.90	417.70
76	81.30	105.00	355.20	447.40
77	89.20	113.80	382.30	475.60
78	97.70	123.10	412.70	508.10
79	106.80	133.00	442.90	540.60
80	117.20	144.00	478.60	577.60



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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
Home Monthly Benefit	\$750		
Facility Benefit Duration	5 Years		
Home Benefit	75%	Inflation Protection	Compound Uncapped
Lifetime Maximum	\$60,000		
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:

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

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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	6.90	11.30	117.80	178.10
31	7.10	11.70	119.30	180.10
32	7.10	11.70	120.60	182.00
33	7.40	12.20	122.20	184.20
34	7.40	12.40	123.50	186.10
35	7.80	12.80	125.00	188.10
36	7.90	13.10	126.50	190.30
37	8.40	13.70	128.30	192.60
38	8.60	14.10	129.80	194.80
39	9.10	14.60	131.50	197.00
40	9.30	15.10	133.10	199.30
41	9.80	15.80	134.70	201.50
42	10.00	16.30	136.30	203.70
43	10.60	17.20	137.90	205.90
44	11.10	18.00	139.60	208.30
45	11.60	18.80	141.20	210.40
46	12.20	19.90	141.70	212.60
47	12.70	20.70	142.40	214.80
48	13.30	21.90	143.10	217.20
49	13.80	23.10	143.80	219.40
50	14.50	24.40	144.30	221.50
51	15.20	25.80	144.90	223.70
52	15.90	27.20	145.50	225.90
53	16.90	29.00	146.20	228.30
54	17.70	30.70	146.90	230.50
55	18.50	32.30	147.40	232.60
56	19.80	34.60	153.80	242.50
57	20.80	36.70	160.30	252.50
58	22.30	39.10	166.80	262.70
59	23.80	41.80	173.70	273.20



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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 Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	5 Years		
Home Benefit	75%	Inflation Protection	
Lifetime Maximum	\$60,000		
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:

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

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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	25.40	44.40	180.30	283.50
61	27.40	48.00	187.30	294.20
62	30.00	52.10	194.20	304.90
63	32.40	56.20	201.10	315.60
64	35.20	60.60	208.30	326.70
65	39.80	67.40	214.50	336.40
66	44.00	73.10	232.00	358.50
67	48.50	79.40	250.90	384.60
68	53.60	86.20	270.30	408.60
69	59.00	93.50	292.00	437.20
70	65.00	101.60	313.90	465.60
71	72.10	110.90	342.20	501.50
72	79.50	120.80	371.20	538.60
73	87.90	131.90	400.70	577.80
74	96.80	143.60	433.70	619.20
75	116.20	170.60	510.90	723.40
76	127.70	185.20	554.30	776.80
77	139.80	200.70	595.30	827.40
78	152.90	217.50	642.80	885.20
79	167.40	235.70	689.10	943.00
80	183.30	255.30	744.90	1011.20



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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 Compound Uncapped
Home Monthly Benefit	\$750		
Facility Benefit Duration	Unlimited		
Home Benefit	75%	Inflation Protection	
Lifetime Maximum	Unlimited		
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:

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

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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	12.30	21.00	170.90	269.10
31	12.30	21.10	172.50	271.60
32	12.70	21.70	174.10	273.90
33	13.00	22.10	175.90	276.60
34	13.20	22.60	177.40	279.00
35	13.40	23.10	179.00	281.50
36	13.90	23.70	181.40	284.80
37	14.60	24.80	183.70	288.30
38	15.00	25.50	186.20	291.70
39	15.50	26.30	188.50	295.20
40	16.20	27.50	190.80	298.60
41	17.10	28.80	193.20	301.90
42	17.70	29.80	195.50	305.40
43	18.50	31.20	197.90	308.80
44	19.30	32.60	200.30	312.30
45	20.30	34.30	202.60	315.60
46	21.20	36.10	203.10	319.00
47	22.00	37.80	203.50	322.20
48	23.10	40.20	204.20	325.70
49	24.00	42.10	204.60	329.00
50	25.10	44.70	205.10	332.40
51	26.20	47.10	205.60	335.70
52	27.60	50.00	206.00	338.90
53	29.10	53.10	206.60	342.40
54	30.40	56.10	207.00	345.60
55	31.70	59.10	207.50	349.00
56	33.70	63.10	215.20	364.10
57	35.70	67.30	223.20	379.70
58	37.80	71.80	231.30	395.50
59	40.10	76.70	239.60	411.70



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<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$750 Unlimited 75% Unlimited 90 Days Home and Community- Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
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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 Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	42.70	81.90	247.70	427.60
61	46.20	88.70	256.30	444.20
62	49.90	96.20	264.70	460.70
63	54.10	104.30	273.30	477.40
64	58.30	112.70	282.00	494.40
65	65.50	125.10	289.70	509.40
66	72.20	136.00	313.90	545.80
67	79.50	147.70	338.90	585.10
68	87.70	160.80	364.20	622.20
69	96.50	174.60	393.00	666.50
70	106.30	189.80	423.20	711.70
71	117.40	207.00	460.00	766.80
72	129.40	225.30	497.80	822.00
73	142.10	245.00	536.10	881.30
74	156.10	266.00	578.30	941.80
75	187.00	315.60	679.90	1098.50
76	204.90	342.20	735.80	1179.20
77	224.10	370.80	790.50	1256.90
78	244.70	401.80	850.30	1341.60
79	267.30	435.00	911.60	1431.90
80	292.00	470.70	983.00	1532.90