



**RATE SHEET
PALMDALE 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 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:

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

For Employees Only:

$$\text{Rate for Plan 1 (3 Year Duration)} \times 3 \text{ (Based on Funded Amount)} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

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	3.20	4.80	4.40	6.60
31	3.20	4.80	4.50	6.70
32	3.20	4.80	4.60	7.00
33	3.30	4.90	4.70	7.00
34	3.30	5.00	4.90	7.40
35	3.50	5.20	5.10	7.50
36	3.60	5.30	5.40	8.00
37	3.70	5.50	5.50	8.20
38	3.90	5.80	5.80	8.60
39	4.00	6.00	6.20	9.10
40	4.20	6.20	6.40	9.40
41	4.30	6.40	6.70	9.80
42	4.60	6.80	7.10	10.50
43	4.70	7.00	7.40	10.80
44	5.00	7.40	7.90	11.50
45	5.30	7.80	8.30	12.00
46	5.50	8.10	8.70	12.60
47	5.70	8.50	9.00	13.20
48	6.00	9.00	9.60	14.10
49	6.30	9.50	10.10	14.90
50	6.60	10.00	10.70	15.80
51	7.10	10.70	11.20	16.70
52	7.40	11.30	11.80	17.60
53	7.90	12.10	12.60	18.70
54	8.30	12.70	13.20	19.70
55	8.80	13.50	13.90	20.60
56	9.30	14.30	14.60	21.70
57	10.10	15.40	15.70	23.20
58	10.80	16.40	16.80	24.80
59	11.60	17.60	18.10	26.60



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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:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{3 \text{ (Based on Funded Amount)}} \times 3 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

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	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation Option
	Base Plan	Option	Option	Option
60	12.50	18.90	19.30	28.20
61	13.60	20.30	20.90	30.30
62	15.00	22.20	22.80	32.90
63	16.30	24.00	24.70	35.30
64	17.90	26.10	27.00	38.10
65	20.30	29.10	30.50	42.30
66	22.50	31.70	33.50	45.70
67	25.00	34.60	36.80	49.70
68	27.60	37.70	40.10	53.40
69	30.60	41.20	44.20	58.10
70	33.90	44.90	48.40	62.70
71	37.70	49.20	53.20	68.20
72	41.70	53.90	58.50	74.20
73	46.30	59.10	63.90	80.20
74	51.10	64.60	70.10	87.10
75	61.60	77.10	83.30	102.60
76	67.60	83.70	90.90	110.90
77	74.20	91.00	98.30	119.00
78	81.40	99.00	107.00	128.50
79	89.20	107.50	115.50	137.70
80	98.00	117.00	126.00	148.80



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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	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

Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{3 \text{ (Based on Funded Amount)}} \times 3 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

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	4.10	6.30	5.80	8.80
31	4.20	6.40	5.90	9.00
32	4.20	6.50	6.10	9.40
33	4.40	6.70	6.40	9.60
34	4.50	6.80	6.60	9.90
35	4.60	7.00	6.90	10.30
36	4.80	7.30	7.20	10.80
37	5.00	7.50	7.50	11.20
38	5.20	7.80	7.80	11.70
39	5.40	8.10	8.10	12.20
40	5.60	8.40	8.60	12.80
41	5.80	8.70	8.90	13.40
42	6.10	9.20	9.40	14.00
43	6.40	9.60	9.90	14.70
44	6.70	10.10	10.50	15.50
45	7.10	10.60	11.20	16.40
46	7.40	11.10	11.60	17.20
47	7.80	11.70	12.20	18.20
48	8.20	12.40	12.80	19.10
49	8.40	12.90	13.40	20.20
50	8.90	13.80	14.10	21.40
51	9.30	14.40	14.80	22.50
52	9.90	15.40	15.60	23.90
53	10.50	16.30	16.60	25.30
54	11.00	17.30	17.40	26.70
55	11.80	18.50	18.40	28.10
56	12.50	19.60	19.40	29.70
57	13.30	21.00	20.70	31.70
58	14.30	22.50	22.20	33.80
59	15.30	24.10	23.60	36.00



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PALMDALE 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 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

Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{3 \text{ (Based on Funded Amount)}} \times 3 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

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	16.30	25.70	25.10	38.30
61	17.90	28.00	27.40	41.50
62	19.60	30.50	29.80	45.00
63	21.30	33.10	32.10	48.30
64	23.40	36.00	35.10	52.30
65	26.40	40.10	39.40	58.00
66	29.30	43.90	43.10	62.70
67	32.40	47.90	47.70	68.40
68	35.70	52.20	51.90	73.60
69	39.50	56.90	56.90	79.80
70	43.70	62.30	62.20	86.30
71	48.50	68.30	68.20	94.00
72	53.70	74.80	75.00	102.20
73	59.30	81.80	81.70	110.30
74	65.50	89.60	89.60	119.90
75	78.70	106.80	106.20	141.40
76	86.40	116.20	115.70	152.70
77	94.70	126.40	125.00	164.00
78	103.80	137.50	136.20	177.40
79	113.70	149.60	146.90	190.30
80	124.60	162.70	159.80	205.40



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PALMDALE 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 Simple Capped
Home Monthly Benefit	\$500		
Facility Benefit Duration	Unlimited		
Home Benefit	50%	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:

$$\begin{array}{rcl}
 \text{Rate for Plan Chosen} & \times & \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium (A)} \\
 \text{For Employees Only:} & & \\
 \text{Rate for Plan 1 (3 Year Duration)} & \times & 3 \text{ (Based on Funded Amount)} = \text{Employer Paid Amount (B)} \\
 & & \text{A MINUS B} = \text{EMPLOYEE'S COST}
 \end{array}$$

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	Base Plan With Simple Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Simple Inflation
	Option	Option	Option	Option
18-30	6.80	10.70	9.40	14.80
31	6.80	10.80	9.70	15.20
32	7.10	11.10	10.20	15.90
33	7.20	11.30	10.40	16.20
34	7.30	11.50	10.60	16.70
35	7.50	11.80	11.00	17.40
36	7.70	12.10	11.50	18.00
37	8.10	12.70	12.10	18.90
38	8.30	13.10	12.70	19.60
39	8.60	13.50	13.10	20.40
40	9.00	14.10	13.80	21.30
41	9.50	14.80	14.50	22.40
42	9.80	15.30	15.10	23.40
43	10.30	16.00	16.00	24.60
44	10.80	16.80	16.70	25.80
45	11.30	17.60	17.60	27.20
46	11.90	18.60	18.60	28.70
47	12.40	19.50	19.50	30.30
48	13.10	20.80	20.60	32.20
49	13.60	21.80	21.40	33.80
50	14.30	23.10	22.40	35.60
51	15.00	24.40	23.60	37.80
52	15.80	25.90	25.00	40.00
53	16.70	27.60	26.20	42.30
54	17.60	29.20	27.60	44.80
55	18.40	30.80	28.80	46.60
56	19.70	32.90	30.50	49.50
57	20.90	35.20	32.50	52.90
58	22.30	37.60	34.50	56.10
59	23.80	40.30	36.70	60.00



**RATE SHEET
PALMDALE 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 Unlimited 50% Unlimited 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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Calculate your Premium:

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

For Employees Only:

$$\text{Rate for Plan 1 (3 Year Duration)} \times 3 \text{ (Based on Funded Amount)} = \text{Employer Paid Amount (B)}$$

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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	25.50	43.20	39.00	63.80
61	27.80	47.00	42.30	69.00
62	30.20	51.10	45.80	74.60
63	32.90	55.60	49.40	80.40
64	35.70	60.30	53.40	86.80
65	40.40	67.30	60.10	96.50
66	44.70	73.50	65.70	104.40
67	49.40	80.20	72.30	113.60
68	54.60	87.60	78.70	122.30
69	60.30	95.50	86.40	132.50
70	66.50	104.20	94.20	143.20
71	73.60	114.10	103.20	155.80
72	81.30	124.60	113.10	168.80
73	89.50	135.90	122.80	181.80
74	98.50	148.10	134.30	196.80
75	118.20	176.20	158.80	231.30
76	129.70	191.70	173.20	250.00
77	142.10	208.30	187.00	268.40
78	155.40	226.30	203.10	289.60
79	170.00	245.60	219.10	310.70
80	186.00	266.60	237.70	334.40