



**RATE SHEET  
PALMDALE SCHOOL DISTRICT**

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

*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	3.20	4.80	6.80	10.30
31	3.20	4.80	6.90	10.30
32	3.20	4.80	7.00	10.60
33	3.30	4.90	7.10	10.70
34	3.30	5.00	7.70	11.50
35	3.50	5.20	7.90	11.70
36	3.60	5.30	8.20	12.20
37	3.70	5.50	8.50	12.70
38	3.90	5.80	9.10	13.50
39	4.00	6.00	9.50	14.00
40	4.20	6.20	9.70	14.40
41	4.30	6.40	10.40	15.30
42	4.60	6.80	10.90	16.00
43	4.70	7.00	11.50	16.80
44	5.00	7.40	12.20	17.80
45	5.30	7.80	12.80	18.60
46	5.50	8.10	13.40	19.60
47	5.70	8.50	14.20	20.70
48	6.00	9.00	14.90	21.90
49	6.30	9.50	15.60	23.10
50	6.60	10.00	16.40	24.40
51	7.10	10.70	17.40	25.90
52	7.40	11.30	18.50	27.50
53	7.90	12.10	19.40	29.00
54	8.30	12.70	20.50	30.70
55	8.80	13.50	21.60	32.00
56	9.30	14.30	22.90	33.90
57	10.10	15.40	24.40	36.10
58	10.80	16.40	26.20	38.60
59	11.60	17.60	28.00	41.20



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

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 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
60	12.50	18.90	30.00	43.80
61	13.60	20.30	32.50	47.10
62	15.00	22.20	35.60	51.20
63	16.30	24.00	38.40	54.80
64	17.90	26.10	41.80	59.10
65	20.30	29.10	47.50	65.80
66	22.50	31.70	51.90	71.00
67	25.00	34.60	57.20	77.30
68	27.60	37.70	62.40	83.10
69	30.60	41.20	68.90	90.30
70	33.90	44.90	75.30	97.60
71	37.70	49.20	82.60	106.00
72	41.70	53.90	90.90	115.30
73	46.30	59.10	99.40	124.70
74	51.10	64.60	109.00	135.50
75	61.60	77.10	129.60	159.70
76	67.60	83.70	141.40	172.50
77	74.20	91.00	152.90	185.20
78	81.40	99.00	166.40	199.90
79	89.20	107.50	179.80	214.30
80	98.00	117.00	196.00	231.60



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

*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 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
	Base Plan	Option	Option	Option
18-30	4.10	6.30	8.80	13.50
31	4.20	6.40	9.10	13.80
32	4.20	6.50	9.50	14.50
33	4.40	6.70	10.00	14.90
34	4.50	6.80	10.10	15.30
35	4.60	7.00	10.60	16.00
36	4.80	7.30	11.10	16.70
37	5.00	7.50	11.50	17.30
38	5.20	7.80	12.10	18.30
39	5.40	8.10	12.70	19.00
40	5.60	8.40	13.30	19.90
41	5.80	8.70	13.80	20.50
42	6.10	9.20	14.70	21.80
43	6.40	9.60	15.40	22.90
44	6.70	10.10	16.10	23.90
45	7.10	10.60	17.20	25.20
46	7.40	11.10	18.00	26.70
47	7.80	11.70	18.90	28.20
48	8.20	12.40	19.90	29.80
49	8.40	12.90	20.70	31.40
50	8.90	13.80	21.80	33.00
51	9.30	14.40	22.90	35.00
52	9.90	15.40	24.20	37.00
53	10.50	16.30	25.90	39.60
54	11.00	17.30	27.10	41.60
55	11.80	18.50	28.50	43.50
56	12.50	19.60	30.20	46.20
57	13.30	21.00	32.20	49.40
58	14.30	22.50	34.50	52.60
59	15.30	24.10	36.80	56.10



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

*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:**

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

**A MINUS B = 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	16.30	25.70	39.10	59.60
61	17.90	28.00	42.50	64.50
62	19.60	30.50	46.20	69.70
63	21.30	33.10	49.90	75.00
64	23.40	36.00	54.50	81.30
65	26.40	40.10	61.40	90.30
66	29.30	43.90	67.10	97.50
67	32.40	47.90	74.10	106.40
68	35.70	52.20	80.70	114.50
69	39.50	56.90	88.60	124.20
70	43.70	62.30	96.70	134.20
71	48.50	68.30	106.10	146.10
72	53.70	74.80	116.60	159.00
73	59.30	81.80	127.20	171.70
74	65.50	89.60	139.30	186.50
75	78.70	106.80	165.10	219.90
76	86.40	116.20	180.00	237.50
77	94.70	126.40	194.60	255.30
78	103.80	137.50	211.80	275.90
79	113.70	149.60	228.50	295.90
80	124.60	162.70	248.60	319.60



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

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

**Calculate your Premium:**

Rate for Plan Chosen	X	Facility Monthly Benefit Amount	÷	\$1,000	=	Your Premium	(A)
<b>For Employees Only:</b>							
Rate for Plan 1 (3 Year Duration)	X	3 (Based on Funded Amount)	=		=	Employer Paid Amount	(B)
<b>A MINUS B</b>						<b>EMPLOYEE'S COST</b>	

**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
	Option	Option	Option	Option
18-30	6.80	10.70	12.30	19.40
31	6.80	10.80	12.50	19.70
32	7.10	11.10	13.20	20.70
33	7.20	11.30	13.40	21.00
34	7.30	11.50	13.80	21.80
35	7.50	11.80	14.40	22.60
36	7.70	12.10	15.10	23.40
37	8.10	12.70	15.80	24.60
38	8.30	13.10	16.40	25.50
39	8.60	13.50	17.20	26.60
40	9.00	14.10	17.90	27.80
41	9.50	14.80	18.70	29.00
42	9.80	15.30	19.60	30.40
43	10.30	16.00	20.70	31.90
44	10.80	16.80	21.70	33.50
45	11.30	17.60	22.90	35.30
46	11.90	18.60	24.10	37.20
47	12.40	19.50	25.50	39.60
48	13.10	20.80	26.60	41.60
49	13.60	21.80	27.70	43.90
50	14.30	23.10	29.00	46.10
51	15.00	24.40	30.70	49.00
52	15.80	25.90	32.40	52.00
53	16.70	27.60	34.00	54.90
54	17.60	29.20	35.90	58.20
55	18.40	30.80	37.40	60.40
56	19.70	32.90	39.60	64.20
57	20.90	35.20	42.20	68.70
58	22.30	37.60	44.80	72.90
59	23.80	40.30	47.60	77.80



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Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

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

**Calculate your Premium:**

_____	X	_____	÷	\$1,000	=	_____	(A)
Rate for Plan Chosen		Facility Monthly Benefit Amount				Your Premium	
<b>For Employees Only:</b>							
_____	X	3			=	_____	(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)				Employer Paid Amount	
<b>A MINUS B</b>						_____	<b>EMPLOYEE'S COST</b>

**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
	Option	Option	Option	Option
60	25.50	43.20	50.50	82.70
61	27.80	47.00	54.80	89.40
62	30.20	51.10	59.40	96.80
63	32.90	55.60	64.10	104.40
64	35.70	60.30	69.40	112.70
65	40.40	67.30	77.90	125.10
66	44.70	73.50	85.30	135.40
67	49.40	80.20	93.70	147.30
68	54.60	87.60	102.20	158.70
69	60.30	95.50	112.10	171.90
70	66.50	104.20	122.30	185.80
71	73.60	114.10	133.90	202.10
72	81.30	124.60	146.60	219.00
73	89.50	135.90	159.40	235.90
74	98.50	148.10	174.10	255.20
75	118.20	176.20	206.10	300.20
76	129.70	191.70	224.60	324.20
77	142.10	208.30	242.70	348.30
78	155.40	226.30	263.40	375.50
79	170.00	245.60	284.20	402.90
80	186.00	266.60	308.30	433.70