Schedule of Fee for Optional Services

Effective January 1, 2020

Subject to change upon 30-day written notice

Guest Meals

Breakfast	\$11.25 plus effective sales tax
Luncheon	\$16.25 plus effective sales tax
Dinner (except Sat.)	\$21.00 plus effective sales tax
Saturday Dinner	\$28.25 plus effective sales tax
Sunday Brunch	\$21.50 plus effective sales tax
Special Menu Lunch	\$28.25 plus effective sales tax

BBQ Lunch \$31.00 plus effective sales tax (includes wine and beer)
Special Holidays \$38.50 plus effective sales tax (includes wine and beer)
Children Ages 5-12 receive 50% discount, under age 5 eat free

Meal Tray Delivery * \$7.50 per tray in addition to cost of meal

Sequoias Flex Meal Plan on MDE (Monthly Dollar Equivalent)

Vacation Absence Credit per day after 21st day for the Flex Meal Program

Medical and Fee Trays for Independent Residents

Medical Tray	No charge – two (2) week limit for temporary illness
Meal Tray Fee	\$7.50 delivery charge per tray for on-going chronic illness
Breakfast Tray	No charge for residents over 90 years of age

All Meal Trays No charge for residents over 100 years of age

No charge for residents over 100 years of age

Clarification of Medical Tray Delivery

Meal trays can be brought to your apartment if you have an acute, temporary illness. There is no delivery charge for approved medical meal trays

1. <u>All requests for meal trays must be approved by Nursing,</u> regardless of whether there is a medical need or not. A physician's order will not be accepted for tray delivery.

Call the Clinic at Ext. 4905.

After hours, call the **Health Center** at Ext. 4900.

- 2. You must be seen by a nurse to have trays approved.
- 3. If you become ill during off-hours and you do not require an off-hour RN visit, trays will be approved for as many meals as needed until you are seen by the Clinic Nurse.
- 4. To continue with trays beyond the temporary illness, you will be charged a \$7.50 delivery fee per tray.

^{*}Meals delivered on trays are available for guests of residents confined to an apartment. See next section for details.

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Guest Room Includes tax per night

Single Occupancy \$155.00 per night
Double Occupancy \$175.00 per night
Extra Person \$30.00 per night

Rollaway Cot \$15.00 first night; \$5 per night thereafter

Maintenance

Special Services \$14.50 per \(\frac{1}{4} \) hour (\(\frac{5}{2} \) hour (\(\frac{5} \) hour (\(\frac{5} \) hour (\(\frac{5}{2} \) hour (\(\frac

for repair of personal property such as TVs, electronics and

telecommunication equipment

Renovation \$92.00 per hour

Light Bulb Replacement:

• No cost or labor for standard ceiling and wall fixtures.

• Service fee and cost of the bulb will apply to all non-standard ceiling and wall fixtures, as well as all other lighting fixtures (table lamps, etc.)

• Custom bulbs not carried by maintenance must be provided by you.

Housekeeping

Special Services \$55.00 per hour (minimum of 1 hour)

for deep cleaning, in-house moves, etc.

Personal Laundry/load \$22.00 per full load; \$11.00 per half load

Transportation

Drive and Vehicle \$82.00 per hour

Symphony Van Ride \$40/package (6 ride per package)

Parking

Resident \$150.00 per month

Guest \$20.00 per night (subject to availability)

Key Replacement Charged to account

Apartment Room Key
Dining Room Fob
Entry Door Fob
Garage Remote
Garage Remote Battery
Mailbox key

\$6.00 per key
\$20.00 per fob
\$20.00 per fob
\$60.00 per remote
\$6.00 per battery
\$4.00 per key

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Health Services

The following charges apply only if the level of care is not already covered in your existing Care and Resident Agreement

Skilled Nursing Services

4 and 3 Bed Room	\$370.00 per day
2 Bed Private Room	\$427.00 per day
Private Room	\$510.00 per day

Assisted Living

Service Level One \$8,265.00 per month

Memory Care

Administrative Fee \$ 3,500.00 *non-refundable Level 1 Fee \$ 9,605.00 per month Level 2 Fee \$ 10,075.00 per month

Hospital bed rental AL, HC, MCU

\$ 200/month

Ancillary Items

Air flow mattress rental \$ 10/day

Incontinence products, \$ 340/month

including briefs, skin cream and disposable gloves—HC/MCU

Incontinence product charges less \$100 when supplied by responsible party \$240/month

Nursing Visits Outside Clinic For Continuing Care Contract Residents

first 15 minutes \$30 each additional 15 mins \$15

<u>Medication Management</u> For Type C Contract Residents

\$350/month

Please remember: The Sequoias is not responsible for the cost of medical supplies including but not limited to: incontinence products, vitamins, dental work, eye refractions, eye glasses or contact-type lenses, hearing aids, orthopedic appliances or transplantations. These additional costs will be added to your Monthly Care Fee Statement.

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Miscellaneous Fees

Returned Check Fee \$35.00 **ACH Returned Item Fee** \$25.00

ACH-automatic clearing house

Late Charge Monthly Care Fee

After the 15th of every month \$35.00

After 3 months/90 days late 5% interest charge per month

Mail & Copy Services

Mailing \$2.00 per item in addition to postage

Fax (outgoing) \$1.00 for each outgoing page Fax (incoming) \$0.50 for each incoming page

Copy - black & white \$0.25 per page Copy - color \$0.75 per page

Private Wellness Session

Training, balance classes & gym monitoring

15 minute session \$25 30 minute session \$50 45 minute session \$75 60 minutes session \$100

Miscellaneous

Beauty Shop Private Arrangement with beauty shop
Dentist Private Arrangement with dentist

Massage Therapist Private Arrangement with massage therapist

Medical Supplies Prices available in Health Center
Podiatrist Private Arrangement with podiatrist

Catering Services

Reservations will be accepted for a minimum of ten (10) persons, and maximum is limited to the capacity of the room. Each catering event is priced individually based on your catering needs. Labor for service will be charged at \$35.00 per hour and each staff person will be scheduled a minimum of four (4) hours. Please contact the Dining Room Manager at Ext. 7936 to discuss your catering request.

^{*}No charge to independent residents for gym use but must be approved by a physical therapist.