

# St. Benedict's Community

Monticello

## MEMORY CARE AT ST. BENEDICT'S COURT

Our team will provide as much or as little support as you need so you can focus on doing what you love.

We understand that care starts with the individual. So we've created a living space that connects residents with customized care and personal attention.

APARTMENT	DESCRIPTION	APPROX. SQ. FEET	MONTHLY APT. FEE
AD	STUDIO + 1 BATH	452	\$2,600
D	STUDIO + 1 BATH	427	\$2,600
D1	STUDIO + 1 BATH	447	\$2,600

### MONTHLY APARTMENT FEE INCLUDES:

- 24/7 assistance and safety checks
- Person-centered programming
- Interfaith chapel
- Assistance with arranging transportation to medical and social services appointments
- Assistance accessing community resources and social services
- Utilities: electric, heat, AC, water, trash, and Wi-Fi (excludes phone & cable)
- Weekly light housekeeping & flat linen change
- Controlled building access
- Routine interior and exterior maintenance
- Priority access to community and other Ecumen housing and other care options

### ADDITIONAL INFORMATION:

- Individuals will meet with a nurse prior to move-in to establish personal and health care needs and costs
- Leases are month-to-month
- Second Occupant fee is \$330 per month plus optional meal plan and health care services
- A \$500 reservation fee will hold an apartment and be credited to the first month's bill
- A \$2,000 non-refundable community fee is due upon move-in for the upkeep of living spaces and grounds

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## ASSISTED LIVING & MEMORY CARE ADDITIONAL SERVICES

**ANCILLARY RATES:**

Assisted Living Meal Packages:

– 1 Meal/Day Package	\$230/month
– 2 Meals/Day Package	\$460/month
– 3 Meals/Day Package	\$615/month

Memory Care Meal Package:

– 3 Meals/Day Package	\$615/month
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Additional Meal (Resident)	\$13/meal
Guest Meal (Breakfast)	\$11/meal
Guest Meal (Lunch/Dinner)	\$15/meal
Holiday Meal	\$19/meal

**SECOND OCCUPANT:**

Second Occupant – Assisted Living	\$165/month
Second Occupant – Memory Care	\$330/month

**HOUSEHOLD MANAGEMENT/BUILDING FEATURES:**

Licensed Nurse Unscheduled Service (15-minute increment)	\$45
Resident Assistant Unscheduled Service (15-minute increment)	\$18
Housekeeping (15-minute increment)	\$25
Maintenance (15-minute increment)	\$30
Underground Garage Rent (per month)	\$70
Pet Deposit	\$1,000
Transfer Fee	\$1,000
Key Replacement	\$25
FOB Replacement	\$60
Garage Door Opener Replacement	\$40
Emergency Call Pendant Replacement	\$225
Laundry per load	\$17
Long-Term Care Insurance Monthly Processing	\$55
Meal Tray Delivery	\$10
Non-Preferred Pharmacy Fee (Monthly) – VA excluded	\$165
Fall Management (per occurrence)	\$175
Phone	\$45
Guest Room (per night)	\$95/night

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## MEMORY CARE PERSONALIZED HEALTH CARE AND SUPPORT SERVICES

Our care teams will provide health care and support services customized to your specific needs. We're here to provide as much or as little support as you need.

### MONTHLY HEALTH CARE SERVICE FEES INCLUDE:

- Initial nurse meeting and assessment
- 24-hour on-site staff
- Quarterly nurse assessment

To help you estimate your monthly fee, use the Health Care Services Fee Estimator on page two and compare your estimated point totals to the monthly fee. Final health care services and fees will be established after meeting with Clinical Services and prior to move-in.

ESTIMATED POINTS	CARE LEVEL	MONTHLY FEE
0 - 60	1	\$4,500
61 - 105	2	\$5,750
106 - 135	3	\$7,000
136 - 165*	4	\$8,250

\*Additional care levels available.

### SOME ADDITIONAL HEALTH CARE SERVICES AVAILABLE:

- Administering nebulizer treatments
- Managing oxygen concentrators and filling portable tanks
- Changing, emptying, and cleaning catheter, or colostomy
- Diabetic nail care
- Coumadin management
- Cleaning and monitoring of CPAP or BIPAP machines
- Monitoring of vital signs (temperature, pulse, respiration, blood pressure, oxygen saturation, weight)

Speak with one of our nurses to hear more about these and other additional services along with the monthly fee.

Effective May 1, 2026 | Prices are subject to change with a 30-day notice

# MEMORY CARE SERVICES FEES ESTIMATOR

Select your desired services, add up your points and refer to the chart to calculate your estimated monthly health and support services cost.

WHERE I NEED ASSISTANCE / MONTHLY POINTS	WHERE I NEED ASSISTANCE / MONTHLY POINTS
Putting in my hearing aids ..... 3 _____	<b>Managing my diabetes</b>
<b>Support for orientation with surroundings</b>	Checking glucose and administering insulin (if necessary) 1x daily ..... 6 _____
Occasionally needs reassurance/redirection ..... 3 _____	Checking glucose and administering insulin (if necessary) 3x daily ..... 16 _____
Frequently needs reassurance/redirection ..... 8 _____	<b>Moving with mobility</b>
Always needs reassurance/redirection ..... 15 _____	Assistance from one team member ..... 5 _____
<b>Support for wandering</b>	<b>Assistance moving from one surface to another (transferring)</b>
Wanders occasionally, needs redirection ..... 5 _____	Assistance from one team member ..... 5 _____
Wanders frequently, needs redirection ..... 8 _____	<b>Participating in social and leisure activities</b>
Wanders always, needs redirection ..... 15 _____	Occasional prompting during activities ..... 2 _____
<b>Taking a shower or bath</b>	Assistance from one team member during activities ..... 5 _____
1x per week (from one team member) ..... 2 _____	Getting to and from activities in the building ..... 5 _____
2x per week (from one team member) ..... 4 _____	<b>My dining experience</b>
<b>Grooming in the morning and evening (shaving, brushing hair, washing face, etc.)</b>	Verbal reminders for meal times ..... 1 _____
Verbal reminders and set up ..... 2 _____	Assistance getting to and from dining room ..... 8 _____
Physical assistance ..... 10 _____	Verbal reminders and meal set up ..... 3 _____
<b>Oral care in the morning and evening</b>	Verbal reminders throughout my meal ..... 8 _____
Physical assistance ..... 5 _____	Assistance from one team member during meals ..... 12 _____
Physical assistance with denture care—remove, store, clean (add additional 5 points) ... 5 _____	<b>Additional support services</b>
<b>Getting in and out of bed</b>	Assistance with daily bed making ..... 3 _____
Pulling back covers and having equipment in place ..... 3 _____	Assistance with additional trash removal ..... 3 _____
Assistance from one team member to get in and out of bed ..... 5 _____	Assistance with additional housekeeping ..... 2 _____
<b>Getting dressed in the morning and evening</b>	Assistance with routine laundry (1 load/week) ..... 2 _____
Set up and team member standing by ..... 8 _____	Assistance with laundering of linens (1 load/week) ..... 2 _____
Assistance from one team member ..... 15 _____	
<b>Using the bathroom and/or continence care</b>	
Assistance from one team member ..... 15 _____	
<b>Managing my medication</b>	
Taking oral medications up to 3x daily ..... 8 _____	
Taking oral medications up to 5x daily ..... 13 _____	
Applying eye drops 2x daily ..... 2 _____	
Applying topical medications 2x daily ..... 5 _____	
	Total Estimated Points* _____

*\*Final health care and support services fee will be determined when meeting with one of our nurses prior to move-in. Services vary by location.*

*Cost of equipment, medication and supplies is not included in the cost of health care services.*