

St. Benedict's Community

St. Cloud

ASSISTED LIVING AT BENEDICT COURT

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

APARTMENT	DESCRIPTION	APPROX. SQ. FEET	MONTHLY APT. FEE
A	1 BEDROOM + 1 BATH	428	\$2,630
B	1 BEDROOM + 1 BATH	462	\$2,740
C	1 BEDROOM + 1 BATH	472	\$2,815
C1	1 BEDROOM + 1 BATH	472	\$2,815
D	1 BEDROOM + 1 BATH	518	\$2,940
E	1 BEDROOM + 1 BATH	528	\$3,005
F	1 BEDROOM + 1 BATH	652	\$3,195
EAST:			
G	STUDIO + 1 BATH	395	\$1,855
H	1 BEDROOM + 1 BATH	523	\$2,735
H1	1 BEDROOM + 1 BATH	545	\$2,740
I	2 BEDROOM + 1 BATH	784	\$3,475

MONTHLY APARTMENT FEE INCLUDES:

- Robust social, spiritual, educational, and leisure activities
- Tailored wellness and exercise programming
- Assistance with arranging transportation to medical and social services appointments
- Assistance accessing community resources and social services
- Weekly light housekeeping and flat linen change
- Daily I'm OK check
- Utilities: electric, water, trash, WiFi, and TV basic cable (excludes phone)
- Controlled building access
- Routine interior and exterior maintenance
- Emergency response system
- Use of community spaces
- 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 \$165 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

Rent26_SBC-STCid-AL_v260416



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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
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
Pet Deposit	\$1,000
Transfer Fee	\$1,000
Key Replacement	\$25
FOB Replacement	\$60
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

Ancillary26_SBCStCl-ALMC_v260416



ASSISTED LIVING 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 - 7	1	\$505
8 - 15	2	\$1,010
16 - 30	3	\$1,920
31 - 45	4	\$2,665
46 - 60	5	\$3,410
61 - 75	6	\$4,155
76 - 90	7	\$4,900
91 - 105*	8	\$5,645

*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

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HEALTH 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
Putting in my hearing aids.....	3 _____
Taking a shower or bath	
1x per week (from one team member).....	2 _____
2x per week (from one team member).....	4 _____
Grooming in the morning and evening (shaving, brushing hair, washing face, etc.)	
Verbal reminders and set up.....	2 _____
Physical assistance.....	10 _____
Oral care in the morning and evening	
Physical assistance.....	5 _____
Physical assistance with denture care—remove, store, clean (add additional 5 points).....	5 _____
Getting in and out of bed	
Pulling back covers and having equipment in place.....	3 _____
Assistance from one team member to get in and out of bed.....	5 _____
Getting dressed in the morning and evening	
Set up and team member standing by.....	8 _____
Assistance from one team member.....	15 _____
Using the bathroom and/or continence care	
Assistance from one team member.....	15 _____
Managing my medication	
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 _____
Managing my diabetes	
Checking glucose and administering insulin (if necessary) 1x daily.....	6 _____
Checking glucose and administering insulin (if necessary) 3x daily.....	16 _____
Participating in social and leisure activities	
Verbal reminders for upcoming activities.....	1 _____
Assistance getting to and from activities in the building.....	5 _____
Assistance getting to and from dining room.....	8 _____
Moving from one surface to another (transferring)	
Set up and team member standing by to provide verbal cueing.....	3 _____
Assistance from one team member.....	5 _____
Additional support services	
Assistance with daily bed making.....	3 _____
Assistance with additional trash removal.....	3 _____
Assistance with additional housekeeping.....	2 _____
Assistance with routine laundry (1 load/week).....	2 _____
Assistance with laundering of linens (1 load/week).....	2 _____
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.