

St. Benedict's Community

St. Cloud

MEMORY CARE AT BENEDICT HOMES

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
MC SUITE	1 BEDROOM + 1 BATH	190 - 255	\$1,500

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

Rent26_SBC-StClid-MC_v260416



St. Benedict's Community

St. Cloud

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



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

Putting in my hearing aids.....	3	_____
Support for orientation with surroundings		
Occasionally needs reassurance/redirection.....	3	_____
Frequently needs reassurance/redirection.....	8	_____
Always needs reassurance/redirection.....	15	_____
Support for wandering		
Wanders occasionally, needs redirection.....	5	_____
Wanders frequently, needs redirection.....	8	_____
Wanders always, needs redirection.....	15	_____
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	_____

WHERE I NEED ASSISTANCE / MONTHLY POINTS

Managing my diabetes		
Checking glucose and administering insulin (if necessary) 1x daily.....	6	_____
Checking glucose and administering insulin (if necessary) 3x daily.....	16	_____
Moving with mobility		
Assistance from one team member.....	5	_____
Assistance moving from one surface to another (transferring)		
Assistance from one team member.....	5	_____
Participating in social and leisure activities		
Occasional prompting during activities.....	2	_____
Assistance from one team member during activities.....	5	_____
Getting to and from activities in the building.....	5	_____
My dining experience		
Verbal reminders for meal times.....	1	_____
Assistance getting to and from dining room.....	8	_____
Verbal reminders and meal set up.....	3	_____
Verbal reminders throughout my meal.....	8	_____
Assistance from one team member during meals.....	12	_____
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.