



RATE SHEET
HAWAIIAN ELECTRIC INDUSTRIES, INC.

| | | | |
|---------------------------|---------------------|----------------------|------------------------------------|
| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Compound Uncapped |
| Home Monthly Benefit | \$750 | Inflation Protection | |
| Facility Benefit Duration | 2 Years | | |
| Home Benefit | 75% | | |
| Lifetime Maximum | \$24,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|---|--|---|
| | Base Plan | Base Plan With Total Home Care Option | Base Plan With Compound Inflation Option | Base Plan With Total Home Care Compound Inflation Option |
| 18-30 | 2.30 | 4.00 | 7.30 | 11.20 |
| 31 | 2.50 | 4.20 | 7.60 | 11.50 |
| 32 | 2.50 | 4.20 | 7.80 | 11.80 |
| 33 | 2.50 | 4.20 | 7.90 | 11.90 |
| 34 | 2.60 | 4.30 | 8.20 | 12.30 |
| 35 | 2.70 | 4.40 | 8.40 | 12.60 |
| 36 | 2.80 | 4.60 | 8.60 | 13.00 |
| 37 | 2.80 | 4.70 | 8.80 | 13.30 |
| 38 | 3.00 | 4.90 | 9.10 | 13.70 |
| 39 | 3.20 | 5.20 | 9.40 | 14.00 |
| 40 | 3.30 | 5.40 | 9.60 | 14.40 |
| 41 | 3.50 | 5.70 | 10.10 | 15.00 |
| 42 | 3.60 | 5.80 | 10.40 | 15.40 |
| 43 | 3.80 | 6.10 | 10.70 | 15.80 |
| 44 | 3.90 | 6.30 | 11.10 | 16.30 |
| 45 | 4.00 | 6.60 | 11.30 | 16.70 |
| 46 | 4.30 | 7.00 | 11.80 | 17.40 |
| 47 | 4.50 | 7.40 | 12.00 | 17.90 |
| 48 | 4.70 | 7.80 | 12.30 | 18.50 |
| 49 | 4.90 | 8.20 | 12.60 | 19.10 |
| 50 | 5.30 | 8.80 | 13.10 | 19.80 |
| 51 | 5.50 | 9.30 | 13.60 | 20.70 |
| 52 | 5.70 | 9.70 | 13.80 | 21.20 |
| 53 | 6.10 | 10.40 | 14.40 | 22.20 |
| 54 | 6.40 | 10.90 | 14.80 | 22.80 |
| 55 | 6.90 | 11.70 | 15.50 | 23.60 |
| 56 | 7.20 | 12.20 | 15.90 | 24.40 |
| 57 | 7.70 | 13.10 | 16.70 | 25.70 |
| 58 | 8.20 | 13.90 | 17.40 | 26.60 |
| 59 | 8.80 | 14.80 | 18.10 | 27.80 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Compound Uncapped |
| Home Monthly Benefit | \$750 | Inflation Protection | |
| Facility Benefit Duration | 2 Years | | |
| Home Benefit | 75% | | |
| Lifetime Maximum | \$24,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|-----------------------------------|--------------------------------------|---|
| | | Base Plan With Total Home Care | Base Plan With Compound Inflation | Base Plan With Total Home Care Compound Inflation |
| | Base Plan | Option | Option | Option |
| 60 | 9.50 | 15.90 | 19.00 | 29.10 |
| 61 | 10.30 | 17.00 | 20.40 | 30.90 |
| 62 | 11.20 | 18.40 | 21.80 | 32.90 |
| 63 | 12.40 | 20.00 | 23.40 | 34.90 |
| 64 | 13.40 | 21.50 | 25.00 | 36.90 |
| 65 | 15.30 | 23.80 | 27.90 | 40.40 |
| 66 | 16.90 | 25.80 | 30.10 | 43.00 |
| 67 | 18.80 | 28.10 | 32.70 | 46.00 |
| 68 | 20.70 | 30.30 | 35.20 | 48.90 |
| 69 | 22.80 | 32.90 | 38.10 | 52.30 |
| 70 | 25.20 | 35.60 | 40.90 | 55.30 |
| 71 | 28.00 | 39.00 | 44.70 | 59.70 |
| 72 | 31.10 | 42.50 | 48.70 | 64.10 |
| 73 | 34.50 | 46.50 | 52.90 | 69.00 |
| 74 | 38.10 | 50.60 | 57.20 | 73.80 |
| 75 | 45.80 | 60.20 | 67.60 | 86.30 |
| 76 | 50.20 | 65.10 | 73.20 | 92.40 |
| 77 | 55.10 | 70.40 | 78.80 | 98.20 |
| 78 | 60.40 | 76.20 | 85.20 | 105.00 |
| 79 | 66.10 | 82.50 | 91.30 | 111.70 |
| 80 | 72.50 | 89.30 | 98.80 | 119.40 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Compound Uncapped |
| Home Monthly Benefit | \$750 | Inflation Protection | |
| Facility Benefit Duration | 6 Years | | |
| Home Benefit | 75% | | |
| Lifetime Maximum | \$72,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|---|--|---|
| | Base Plan | Base Plan With Total Home Care Option | Base Plan With Compound Inflation Option | Base Plan With Total Home Care Compound Inflation Option |
| 18-30 | 4.20 | 7.30 | 12.90 | 20.10 |
| 31 | 4.30 | 7.40 | 13.20 | 20.50 |
| 32 | 4.40 | 7.50 | 13.50 | 21.00 |
| 33 | 4.50 | 7.60 | 13.90 | 21.50 |
| 34 | 4.60 | 7.80 | 14.20 | 22.00 |
| 35 | 4.80 | 8.10 | 14.70 | 22.60 |
| 36 | 4.90 | 8.30 | 15.10 | 23.20 |
| 37 | 5.10 | 8.60 | 15.50 | 23.70 |
| 38 | 5.30 | 9.00 | 15.90 | 24.40 |
| 39 | 5.50 | 9.30 | 16.30 | 25.00 |
| 40 | 5.70 | 9.60 | 16.80 | 25.60 |
| 41 | 5.90 | 10.00 | 17.20 | 26.40 |
| 42 | 6.30 | 10.50 | 17.80 | 27.30 |
| 43 | 6.50 | 10.90 | 18.40 | 28.00 |
| 44 | 6.90 | 11.40 | 19.10 | 28.90 |
| 45 | 7.30 | 12.10 | 19.70 | 29.90 |
| 46 | 7.60 | 12.70 | 20.20 | 30.80 |
| 47 | 7.90 | 13.30 | 20.70 | 31.90 |
| 48 | 8.30 | 14.20 | 21.20 | 33.00 |
| 49 | 8.50 | 14.80 | 21.70 | 34.00 |
| 50 | 9.10 | 15.80 | 22.30 | 35.30 |
| 51 | 9.50 | 16.60 | 22.90 | 36.60 |
| 52 | 10.00 | 17.70 | 23.70 | 38.00 |
| 53 | 10.50 | 18.70 | 24.40 | 39.50 |
| 54 | 11.10 | 19.80 | 25.20 | 40.90 |
| 55 | 11.80 | 21.10 | 26.10 | 42.00 |
| 56 | 12.50 | 22.40 | 27.10 | 43.80 |
| 57 | 13.20 | 23.90 | 28.20 | 45.90 |
| 58 | 14.20 | 25.60 | 29.50 | 48.00 |
| 59 | 15.10 | 27.30 | 30.80 | 50.20 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Compound Uncapped |
| Home Monthly Benefit | \$750 | Inflation Protection | |
| Facility Benefit Duration | 6 Years | | |
| Home Benefit | 75% | | |
| Lifetime Maximum | \$72,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|---|--|---|
| | Base Plan | Base Plan With Total Home Care Option | Base Plan With Compound Inflation Option | Base Plan With Total Home Care Compound Inflation Option |
| 60 | 16.10 | 29.10 | 32.00 | 52.60 |
| 61 | 17.50 | 31.50 | 34.20 | 56.00 |
| 62 | 19.10 | 34.20 | 36.60 | 59.90 |
| 63 | 20.80 | 37.00 | 38.80 | 63.30 |
| 64 | 22.60 | 40.10 | 41.50 | 67.50 |
| 65 | 25.40 | 44.40 | 45.80 | 73.80 |
| 66 | 28.20 | 48.40 | 49.60 | 78.90 |
| 67 | 31.10 | 52.50 | 53.80 | 84.70 |
| 68 | 34.40 | 57.10 | 58.00 | 90.00 |
| 69 | 38.00 | 62.10 | 62.60 | 96.40 |
| 70 | 41.80 | 67.50 | 67.30 | 102.70 |
| 71 | 46.40 | 73.80 | 73.50 | 111.00 |
| 72 | 51.20 | 80.30 | 79.70 | 119.00 |
| 73 | 56.50 | 87.70 | 86.00 | 127.80 |
| 74 | 62.40 | 95.60 | 93.10 | 137.10 |
| 75 | 74.90 | 113.90 | 109.70 | 160.30 |
| 76 | 82.20 | 123.50 | 118.90 | 172.20 |
| 77 | 90.00 | 133.90 | 127.80 | 183.50 |
| 78 | 98.50 | 145.20 | 137.80 | 196.10 |
| 79 | 107.90 | 157.60 | 148.10 | 209.70 |
| 80 | 118.20 | 170.90 | 160.00 | 224.80 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Compound Uncapped |
| Home Monthly Benefit | \$750 | Inflation Protection | |
| Facility Benefit Duration | Unlimited | | |
| Home Benefit | 75% | | |
| Lifetime Maximum | Unlimited | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|---|--|---|
| | Base Plan | Base Plan With Total Home Care Option | Base Plan With Compound Inflation Option | Base Plan With Total Home Care Compound Inflation Option |
| 18-30 | 6.00 | 10.50 | 17.70 | 28.40 |
| 31 | 6.00 | 10.50 | 18.00 | 29.00 |
| 32 | 6.10 | 10.90 | 18.50 | 29.70 |
| 33 | 6.20 | 11.00 | 18.80 | 30.30 |
| 34 | 6.30 | 11.20 | 19.20 | 30.80 |
| 35 | 6.50 | 11.50 | 19.70 | 31.60 |
| 36 | 6.80 | 11.90 | 20.30 | 32.40 |
| 37 | 7.10 | 12.40 | 20.90 | 33.30 |
| 38 | 7.30 | 12.70 | 21.40 | 34.20 |
| 39 | 7.50 | 13.20 | 22.00 | 35.00 |
| 40 | 7.80 | 13.70 | 22.50 | 36.00 |
| 41 | 8.30 | 14.40 | 23.40 | 37.10 |
| 42 | 8.60 | 14.90 | 24.00 | 38.20 |
| 43 | 8.90 | 15.50 | 24.60 | 39.20 |
| 44 | 9.40 | 16.30 | 25.40 | 40.50 |
| 45 | 9.90 | 17.10 | 26.20 | 41.70 |
| 46 | 10.20 | 18.00 | 26.90 | 43.10 |
| 47 | 10.70 | 19.00 | 27.50 | 44.50 |
| 48 | 11.20 | 20.10 | 28.30 | 46.20 |
| 49 | 11.70 | 21.20 | 29.00 | 47.80 |
| 50 | 12.30 | 22.40 | 29.60 | 49.40 |
| 51 | 12.80 | 23.70 | 30.50 | 51.30 |
| 52 | 13.60 | 25.20 | 31.50 | 53.30 |
| 53 | 14.30 | 26.80 | 32.50 | 55.50 |
| 54 | 14.90 | 28.30 | 33.40 | 57.50 |
| 55 | 15.60 | 29.80 | 34.20 | 58.60 |
| 56 | 16.60 | 31.90 | 35.50 | 61.20 |
| 57 | 17.60 | 34.10 | 37.00 | 64.40 |
| 58 | 18.70 | 36.40 | 38.50 | 67.30 |
| 59 | 19.90 | 38.90 | 40.10 | 70.60 |



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| Home Monthly Benefit | \$750 | Inflation Protection | |
| Facility Benefit Duration | Unlimited | | |
| Home Benefit | 75% | | |
| Lifetime Maximum | Unlimited | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|---|--|---|
| | Base Plan | Base Plan With Total Home Care Option | Base Plan With Compound Inflation Option | Base Plan With Total Home Care Compound Inflation Option |
| 60 | 21.20 | 41.60 | 41.50 | 73.80 |
| 61 | 23.00 | 45.20 | 44.40 | 79.00 |
| 62 | 24.90 | 49.00 | 47.20 | 84.40 |
| 63 | 27.10 | 53.20 | 50.10 | 89.50 |
| 64 | 29.20 | 57.60 | 53.10 | 95.30 |
| 65 | 32.90 | 64.00 | 58.70 | 104.40 |
| 66 | 36.40 | 69.60 | 63.40 | 111.60 |
| 67 | 40.10 | 75.70 | 68.60 | 119.90 |
| 68 | 44.30 | 82.40 | 73.90 | 127.50 |
| 69 | 48.70 | 89.40 | 79.70 | 136.50 |
| 70 | 53.80 | 97.20 | 85.80 | 145.80 |
| 71 | 59.40 | 106.10 | 93.20 | 157.10 |
| 72 | 65.40 | 115.40 | 101.00 | 168.50 |
| 73 | 72.00 | 125.60 | 108.90 | 180.70 |
| 74 | 79.20 | 136.40 | 117.60 | 193.20 |
| 75 | 94.90 | 161.80 | 138.10 | 225.10 |
| 76 | 104.00 | 175.50 | 149.60 | 241.90 |
| 77 | 113.90 | 190.30 | 160.80 | 257.80 |
| 78 | 124.40 | 206.20 | 173.00 | 275.30 |
| 79 | 135.90 | 223.10 | 185.70 | 293.90 |
| 80 | 148.50 | 241.60 | 200.30 | 314.80 |