



RATE SHEET
Aerovironment, Inc

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500		
Facility Benefit Duration	3 Years		
Home Benefit	50%	Inflation Protection	Compound Uncapped
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Home & Comm-Based		

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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	2.70	4.10	14.70	20.30
31	2.70	4.10	15.10	20.80
32	2.70	4.20	15.30	21.30
33	2.80	4.30	15.70	21.80
34	2.90	4.40	16.00	22.20
35	3.00	4.50	16.60	22.80
36	3.10	4.70	17.00	23.40
37	3.30	4.90	17.40	23.90
38	3.40	5.10	17.90	24.60
39	3.60	5.30	18.70	25.50
40	3.70	5.40	19.30	26.30
41	3.80	5.70	19.90	27.10
42	4.10	6.10	20.50	27.80
43	4.20	6.20	20.90	28.50
44	4.40	6.50	21.70	29.60
45	4.60	6.80	22.40	30.40
46	4.90	7.20	23.00	31.30
47	5.10	7.50	23.60	32.30
48	5.30	8.00	24.30	33.40
49	5.60	8.50	25.10	34.80
50	5.90	8.90	25.60	35.60
51	6.30	9.50	26.50	37.00
52	6.60	10.00	27.60	38.70
53	7.00	10.70	28.30	39.80
54	7.40	11.30	29.10	41.20
55	7.80	11.90	30.90	43.00
56	8.30	12.70	32.10	44.90
57	9.00	13.70	33.60	47.00
58	9.50	14.50	35.00	48.90
59	10.20	15.60	36.70	51.40



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Lifetime Maximum	\$36,000		
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Calculate your Premium:

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Monthly Rates

	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Insurance Age	Base Plan	Option	Option	Option
60	11.10	16.70	38.60	53.90
61	12.00	18.00	41.30	57.30
62	13.20	19.70	44.50	61.50
63	14.40	21.30	47.30	65.00
64	15.90	23.20	51.00	69.60
65	18.10	25.90	56.60	76.20
66	20.00	28.10	61.10	81.30
67	22.20	30.70	66.50	87.70
68	24.60	33.60	71.80	93.40
69	27.30	36.60	78.10	100.50
70	30.10	39.90	83.90	107.10
71	33.50	43.70	91.80	115.80
72	37.10	47.90	99.80	124.80
73	41.10	52.50	108.20	134.30
74	45.40	57.40	117.20	144.40
75	54.70	68.40	138.70	169.40
76	60.10	74.40	150.10	181.90
77	65.90	80.80	161.60	194.10
78	72.30	88.00	174.90	208.40
79	79.30	95.60	188.00	222.60
80	87.10	104.00	203.50	239.20



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 Years		
Home Benefit	50%	Inflation Protection	Compound Uncapped
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Home & Comm-Based		

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

Calculate your Premium:

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

Monthly Rates

Plan 1		Plan 2		Plan 3	Plan 4
		Base Plan With Home, Comm-Based and Immediate Family Member Care		Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Insurance Age	Base Plan	Option		Option	Option
18-30	3.60	5.60		19.40	27.30
31	3.70	5.70		20.00	28.10
32	3.80	5.80		20.40	28.70
33	3.90	5.90		21.20	29.60
34	3.90	6.00		21.60	30.20
35	4.10	6.20		22.20	30.90
36	4.30	6.40		22.70	31.60
37	4.40	6.60		23.60	32.70
38	4.60	6.90		24.30	33.70
39	4.80	7.20		24.90	34.40
40	4.90	7.40		25.90	35.70
41	5.10	7.70		26.20	36.30
42	5.40	8.10		27.30	37.70
43	5.60	8.50		28.00	38.70
44	6.00	8.90		29.00	39.90
45	6.30	9.30		29.70	41.00
46	6.50	9.80		30.70	42.50
47	6.90	10.40		31.30	43.70
48	7.20	10.90		32.40	45.40
49	7.50	11.50		33.20	46.80
50	7.80	12.10		33.90	48.20
51	8.20	12.80		35.10	50.10
52	8.80	13.70		36.20	51.80
53	9.30	14.60		37.40	54.00
54	9.80	15.30		38.80	56.00
55	10.40	16.30		40.60	58.10
56	11.00	17.40		42.10	60.50
57	11.90	18.70		43.90	63.40
58	12.70	20.00		46.10	66.50
59	13.50	21.30		48.00	69.40



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Home Monthly Benefit	\$500		
Facility Benefit Duration	6 Years		
Home Benefit	50%	Inflation Protection	
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Home & Comm-Based		
<i>This rate sheet shows the cost per \$1,000 of coverage</i>			
<i>Calculate your Premium:</i>			
$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$			
<i>Monthly Rates</i>			
Plan 1		Plan 2	Plan 3
		Base Plan With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation
Insurance			Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Age	Base Plan	Option	Option
60	14.50	22.90	50.10
61	15.80	24.80	53.90
62	17.30	27.10	57.70
63	18.90	29.40	61.30
64	20.70	31.90	66.00
65	23.50	35.70	73.10
66	26.00	39.00	79.00
67	28.80	42.60	86.00
68	31.70	46.30	92.70
69	35.10	50.60	100.20
70	38.80	55.30	107.80
71	43.10	60.70	117.80
72	47.70	66.40	127.90
73	52.70	72.80	138.00
74	58.10	79.50	149.70
75	69.90	95.00	176.30
76	76.70	103.20	191.20
77	84.20	112.30	205.70
78	92.20	122.10	222.10
79	101.10	132.90	238.60
80	110.80	144.50	258.00



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care
Home Monthly Benefit	\$500		
Facility Benefit Duration	Unlimited		
Home Benefit	50%	Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Home & Comm-Based		

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

Calculate your Premium:

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

Monthly Rates

Plan 1		Plan 2		Plan 3	Plan 4
		Base Plan With Home, Comm-Based and Immediate Family Member Care		Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Insurance Age	Base Plan	Option		Option	Option
18-30	7.50	11.90		30.10	43.70
31	7.50	12.00		30.70	44.50
32	7.80	12.30		31.50	45.60
33	7.90	12.50		32.30	46.70
34	8.10	12.80		33.00	47.60
35	8.30	13.10		33.50	48.60
36	8.60	13.50		34.60	49.80
37	9.00	14.10		35.50	51.20
38	9.30	14.50		36.60	52.60
39	9.60	15.00		37.60	54.00
40	10.00	15.70		38.70	55.60
41	10.60	16.40		40.00	57.20
42	10.90	17.00		40.90	58.70
43	11.40	17.80		42.10	60.40
44	12.00	18.60		43.40	62.30
45	12.60	19.60		44.70	64.00
46	13.20	20.70		46.20	66.50
47	13.70	21.70		47.20	68.40
48	14.50	23.10		48.90	71.40
49	15.10	24.20		49.80	73.50
50	15.90	25.70		51.20	76.00
51	16.60	27.10		52.80	78.90
52	17.60	28.80		54.60	81.90
53	18.60	30.60		56.60	85.50
54	19.50	32.40		58.00	88.20
55	20.50	34.20		59.70	90.40
56	21.80	36.60		62.20	94.60
57	23.30	39.10		65.00	99.30
58	24.80	41.80		67.60	103.90
59	26.50	44.80		70.80	109.00



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Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped	
Home Monthly Benefit	\$500			
Facility Benefit Duration	Unlimited			
Home Benefit	50%	Inflation Protection		
Lifetime Maximum	Unlimited			
Elimination Period	90 Days			
Home Care Level	Home & Comm-Based			
This rate sheet shows the cost per \$1,000 of coverage				
Calculate your Premium:				
<div><div>_____</div><div>X</div><div>_____</div><div>÷</div><div>\$1,000</div><div>=</div><div>_____</div><div>Rate for Plan Chosen</div><div>Facility Monthly Benefit Amount</div><div>Your Premium</div></div>				
Monthly Rates				
	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
Insurance Age	Base Plan	Option	Option	Option
60	28.30	48.00	73.60	114.10
61	30.90	52.20	78.50	122.00
62	33.50	56.80	84.00	130.70
63	36.60	61.70	89.40	138.90
64	39.70	67.00	95.20	148.10
65	44.90	74.80	105.30	162.70
66	49.70	81.70	114.00	174.60
67	54.90	89.10	123.50	187.80
68	60.70	97.30	133.10	200.50
69	66.90	106.10	143.70	215.20
70	73.90	115.80	154.90	230.30
71	81.80	126.70	168.50	248.70
72	90.40	138.40	182.80	267.40
73	99.40	151.00	197.00	287.20
74	109.40	164.50	212.80	307.80
75	131.30	195.80	250.50	359.80
76	144.20	213.00	271.50	387.30
77	157.90	231.40	291.90	413.60
78	172.70	251.40	314.60	442.90
79	188.90	272.90	337.60	473.40
80	206.60	296.20	364.60	508.30