



**RATE SHEET**  
*Aerovironment, Inc*

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

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

**Calculate your Premium:**

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

**Monthly Rates**

	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>	<b>Plan 4</b>
		<b>Base Plan With Home, Comm-Based and Immediate Family Member Care</b>	<b>Base Plan With Compound Inflation</b>	<b>Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation</b>
<b>Insurance Age</b>	<b>Base Plan</b>	<b>Option</b>	<b>Option</b>	<b>Option</b>
18-30	8.40	12.70	136.70	189.70
31	8.40	12.70	138.50	191.70
32	8.40	12.90	140.20	193.70
33	8.80	13.30	142.00	195.70
34	9.00	13.60	143.70	197.80
35	9.30	13.90	145.40	199.70
36	9.50	14.30	146.20	200.40
37	9.90	14.80	146.90	201.10
38	10.40	15.50	147.60	201.70
39	11.00	16.30	148.30	202.40
40	11.30	16.80	149.00	203.00
41	11.80	17.40	149.60	203.50
42	12.40	18.40	150.30	204.20
43	12.80	19.00	151.00	204.80
44	13.40	19.90	151.80	205.50
45	14.30	21.00	152.50	206.20
46	14.90	22.00	153.10	207.70
47	15.50	23.00	153.70	209.30
48	16.40	24.60	154.40	210.90
49	17.10	25.80	155.00	212.40
50	18.00	27.20	155.60	214.00



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Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	<b>Compound Uncapped</b>
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

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

**Calculate your Premium:**

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

**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
51	19.20	29.10	156.20	215.50
52	20.20	30.80	156.80	217.00
53	21.50	32.70	157.50	218.60
54	22.50	34.40	158.20	220.20
55	24.00	36.60	158.80	221.70
56	25.50	38.90	162.80	226.30
57	27.40	41.80	167.10	231.30
58	29.20	44.50	171.30	236.30
59	31.40	47.70	175.90	241.60
60	33.80	51.10	180.10	246.50
61	36.70	55.10	184.60	251.90
62	40.50	60.20	189.20	257.20
63	44.20	65.10	193.80	262.50
64	48.50	70.80	198.50	268.20
65	55.20	79.10	202.40	272.60
66	61.10	86.00	218.40	290.40
67	67.90	94.10	238.40	313.70
68	75.10	102.50	256.50	333.90
69	83.30	111.90	278.80	358.80
70	92.10	122.10	299.90	382.80
71	102.30	133.70	328.20	414.10



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		
<i>This rate sheet shows the cost per \$1,000 of coverage</i>			
<b>Calculate your Premium:</b>			
$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \frac{\text{Facility Monthly Benefit Amount}}{\$1,000} = \text{Your Premium}$			
<b>Monthly Rates</b>			
<b>Plan 1</b>		<b>Plan 2</b>	<b>Plan 3</b>
		<b>Base Plan With Home, Comm-Based and Immediate Family Member Care</b>	<b>Base Plan With Compound Inflation</b>
<b>Insurance Age</b>	<b>Base Plan</b>	<b>Option</b>	<b>Option</b>
18-30	11.00	16.90	180.50
31	11.30	17.30	183.20
32	11.50	17.70	185.80
33	11.90	18.10	188.60
34	12.10	18.40	191.20
35	12.60	19.10	193.90
36	13.00	19.60	194.60
37	13.40	20.30	195.40
38	14.00	21.20	196.10
39	14.60	21.90	196.90
40	15.10	22.80	197.70
41	15.70	23.70	198.40
42	16.50	24.80	199.20
43	17.30	26.00	200.00
44	18.10	27.20	200.80
45	19.20	28.60	201.50
46	20.10	30.10	202.30
47	20.90	31.70	202.90
48	22.20	33.60	203.70
49	22.80	35.10	204.40
50	24.10	37.20	205.10



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		
<i>This rate sheet shows the cost per \$1,000 of coverage</i>			
<b>Calculate your Premium:</b>			
$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$			
<b>Monthly Rates</b>			
<b>Plan 1</b>		<b>Plan 2</b>	<b>Plan 3</b>
		<b>Base Plan With Home, Comm-Based and Immediate Family Member Care</b>	<b>Base Plan With Compound Inflation</b>
<b>Insurance Age</b>	<b>Base Plan</b>	<b>Option</b>	<b>Option</b>
51	25.30	39.30	205.90
52	26.80	41.90	206.60
53	28.40	44.40	207.40
54	30.00	47.00	208.00
55	31.90	50.10	208.80
56	33.80	53.30	213.60
57	36.20	57.10	218.80
58	38.70	61.00	224.00
59	41.40	65.30	229.30
60	44.30	69.80	234.50
61	48.50	76.10	240.00
62	53.00	82.80	245.50
63	58.00	89.90	251.00
64	63.50	97.80	256.80
65	71.70	109.00	261.50
66	79.50	119.20	282.40
67	88.00	130.10	307.50
68	97.20	142.00	330.80
69	107.40	154.80	357.60
70	118.60	169.20	384.40
71	131.80	185.60	420.30



# RATE SHEET

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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	Unlimited			
Home Benefit	50%	Inflation Protection		
Lifetime Maximum	Unlimited			
Elimination Period	90 Days			
Home Care Level	Home and Community-Based Care			
This rate sheet shows the cost per \$1,000 of coverage				
Calculate your Premium:				
<div><div><div></div><div>X</div><div></div><div>÷</div><div>\$1,000</div><div>=</div><div></div></div><div>Rate for Plan ChosenFacility Monthly Benefit AmountYour 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
18-30	15.40	24.30	245.90	356.40
31	15.40	24.50	248.30	359.80
32	16.00	25.20	250.80	363.20
33	16.20	25.50	253.20	366.50
34	16.40	26.00	255.60	369.90
35	17.00	26.90	258.00	373.30
36	17.50	27.50	258.90	374.20
37	18.30	28.70	259.70	375.00
38	18.80	29.60	260.60	375.90
39	19.70	30.80	261.40	376.80
40	20.40	32.00	262.20	377.60
41	21.50	33.50	263.00	378.50
42	22.20	34.70	263.90	379.30
43	23.30	36.30	264.70	380.20
44	24.40	38.10	265.50	381.00
45	25.70	40.00	266.40	381.90
46	26.90	42.10	266.80	384.70
47	28.10	44.30	267.40	387.60
48	29.50	46.90	267.80	390.40
49	30.80	49.30	268.40	393.30
50	32.50	52.40	268.80	396.00



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Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		
<i>This rate sheet shows the cost per \$1,000 of coverage</i>			
<b>Calculate your Premium:</b>			
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<b>Monthly Rates</b>			
<b>Plan 1</b>		<b>Plan 2</b>	<b>Plan 3</b>
		<b>Base Plan With Home, Comm-Based and Immediate Family Member Care</b>	<b>Base Plan With Compound Inflation</b>
<b>Insurance</b>	<b>Base Plan</b>	<b>Option</b>	<b>Option</b>
<b>Age</b>			
51	34.10	55.40	269.30
52	35.80	58.70	269.90
53	37.90	62.50	270.30
54	39.80	66.00	270.80
55	41.70	69.70	271.30
56	44.50	74.60	276.60
57	47.50	79.80	282.30
58	50.50	85.40	288.00
59	54.10	91.40	294.00
60	57.80	97.90	299.70
61	62.90	106.50	305.90
62	68.40	115.70	312.00
63	74.70	126.00	318.20
64	81.10	136.70	324.60
65	91.60	152.60	329.60
66	101.40	166.70	357.60
67	112.00	181.80	386.90
68	123.80	198.60	416.60
69	136.60	216.40	450.10
70	150.70	236.10	485.20
71	167.00	258.60	528.20