ບກໍບໍ່ກໍ		RATE SHEET Aerovironment, Inc				
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duratio Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$500 3 Years 50% \$36,000 90 Days Home an Based C		Inflat	e Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped	
Calculate your Premiu		te sheet shows the co	st per 3	\$1,000 of covera	ige	
Culculate your Trenda	X			÷ \$	1,000 =	
Rate for Plan Cho		cility Monthly Benef	it Amo		Your Premium	
		Monthly				
	Plan 1	Plan 2		Plan 3	Plan 4	
					<b>Base Plan With</b>	
		Base Plan Wi			Home, Comm-Based	
		Home, Comm-Ba		Base Plan Wi	5	
Transaction		and Immediate Fa Member Car	•	Compound Inflation	Member Care	
Insurance	Base Plan	Option	e		Compound Inflation	
Age 18-30	8.40	<u> </u>		Option 136.70	<u>Option</u> 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 35	9.00 9.30	13.60 13.90		143.70 145.40	197.80 199.70	
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 40	11.00 11.30	16.30 16.80		148.30 149.00	202.40 203.00	
40	11.80	17.40		149.60	203.00	
42	12.40	18.40		150.30	204.20	
43	12.80	19.00		151.00	204.80	
44 45	13.40 14.30	19.90 21.00		151.80 152.50	205.50 206.20	
45	14.90	22.00		152.50	208.20	
47	15.50	23.00		153.70	209.30	
48	16.40	24.60		154.40	210.90	
<b>49</b> 50	17.10 18.00	25.80 27.20		155.00 155.60	212.40 214.00	
50	10.00	21.20		133.00	214.00	

บกํบํ๛ํ		RATE SHEET Aerovironment, Inc				
<u>Base Plan</u> Facility Monthly Benefi Home Monthly Benefi Facility Benefit Durati Home Benefit Lifetime Maximum Elimination Period Home Care Level	t \$500 on 3 Years 50% \$36,000 90 Days Home an Based C		Options Home Care Level Inflation Protection st per \$1,000 of cover	Home, Community-Based and Immediate Family Member Care Compound Uncapped		
Calculate your Premi						
	X		÷ \$	61,000 =		
Rate for Plan Ch	nosen Fac	cility Monthly Benef		Your Premium		
		Monthly				
	Plan 1	Plan 2	Plan 3	Plan 4		
		Base Plan Wit	Ъ	Base Plan With		
		Home, Comm-Ba		Home, Comm-Based ith and Immediate Family		
		and Immediate Fa		5		
Insurance		Member Car	<b>v k</b>	Compound Inflation		
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 54	21.50 22.50	32.70 34.40	157.50 158.20	218.60 220.20		
55	22.50	36.60	158.20	220.20		
56	25.50	38.90	162.80	226.30		
57	27.40	41.80	167.10	231.30		
58 59	29.20 31.40	44.50 47.70	171.30 175.90	236.30 241.60		
60	33.80	51.10	180.10	241.00		
61	36.70	55.10	184.60	251.90		
62	40.50	60.20	189.20	257.20		
63 64	44.20 48.50	65.10 70.80	193.80 198.50	262.50 268.20		
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 70	83.30 92.10	111.90 122.10	278.80 299.90	358.80 382.80		
	102.30	133.70	328.20	414.10		
/ 1	102.30	133.70	520.20	414.10		

ບກໍບໍ່ກໍ		RATE SHEET Aerovironment, Inc			
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	Based Ca		Inflat	e Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Premium:		e sheet shows the co	st per .	\$1,000 of covera	ge
	X			÷ \$1	1,000 =
Rate for Plan Chose	en Fac	ility Monthly Benef		ount	Your Premium
		Monthly	Rates		
	Plan 1	Plan 2		Plan 3	Plan 4
					Base Plan With
		Base Plan Wit			Home, Comm-Based
		Home, Comm-Ba		Base Plan Wit	th and Immediate Family Member Care
Ingunanaa		and Immediate Fa Member Care	•	Compound Inflation	
Insurance Ro	se Plan		e		Compound Inflation
	<u>se Plan</u> 1.00	Option 16.90		<u>Option</u> 180.50	Option 253.30
31 11	1.30	17.30		183.20	256.70
	1.50 1.90	17.70 18.10		185.80 188.60	260.00
	2.10	18.10		191.20	263.40 266.70
35 12	2.60	19.10		193.90	270.00
	3.00 3.40	19.60 20.30		194.60 195.40	270.80 271.60
38 14	4.00	21.20		196.10	272.30
39 14	4.60	21.90		196.90	273.20
40 15 41 15	5.10 5.70	22.80 23.70		197.70 198.40	273.90 274.70
42 16	6.50	24.80		199.20	275.50
	7.30 3.10	26.00 27.20		200.00 200.80	276.20 277.10
	9.20	28.60		200.80	277.80
46 20	0.10	30.10		202.30	280.00
47 20 48 22	0.90 2.20	31.70 33.60		202.90 203.70	282.00 284.20
49 22	2.80			203.70	284.20
	4.10	37.20		205.10	288.40



## RATE SHEET Aerovironment, Inc

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum	\$1,000 \$500 6 Years 50% \$72,000		<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Elimination Period	90 Days			
Home Care Level	Home and Co Based Care	mmunity-		
		t shows the cost	t per \$1,000 of coverag	<i>τρ</i>
Calculate your Premium:			<i>per \$1,000 of coverus</i>	
	X		÷ \$1	,000 =
Rate for Plan Chose	en Facility I	Monthly Benefit		Your Premium
		Monthly R		
]	Plan 1	Plan 2	Plan 3	Plan 4
				<b>Base Plan With</b>
	Base Plan Wit		l	Home, Comm-Based
	Ho	me, Comm-Bas	ed Base Plan Wit	h and Immediate Family
	and	Immediate Fan	nily Compound	Member Care
Insurance		Member Care	Inflation	<b>Compound Inflation</b>
	ise Plan	Option	Option	Option
	5.30	39.30	205.90	290.70
	6.80 8.40	41.90 44.40	206.60 207.40	292.70 294.90
54 30	0.00	47.00	207.40	294.90
	1.90	50.10	208.80	299.10
	3.80	53.30	213.60	305.70
57 30	6.20	57.10	218.80	312.80
	8.70	61.00	224.00	319.90
59 4:	1.40	65.30	229.30	327.30
60 44	4.30	69.80	234.50	334.40
61 48 62 53	8.50 3.00	76.10 82.80	240.00 245.50	342.00 349.50
	8.00	82.80	245.50	349.50
	3.50	97.80	256.80	365.00
	1.70	109.00	261.50	371.40
66 79	9.50	119.20	282.40	397.60
67 88	8.00	130.10	307.50	428.80
	7.20	142.00	330.80	457.10
	7.40	154.80	357.60	490.40
	8.60 1.80	169.20 185.60	384.40 420.30	523.80 567.70
/1 13.	1.00	105.00	420.30	507.70

ບກໍບໍ່ກໍ		RATE SHEET Aerovironment, Inc			
<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	Based C	ed nd Community-	Inflat	e Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped ge
Calculate your Premium			<u> </u>	, , , , , , , , , , , , , , , , , , ,	
Rate for Plan Chose	$X_{\overline{D}}$	cility Monthly Benef	it A mo		1,000 = Your Premium
		Monthly Monthly		Juiit	Tour Freihlum
	Plan 1	Plan 2	Muics	Plan 3	Plan 4
					Base Plan With
		Base Plan Wit	th		Home, Comm-Based
		Home, Comm-Ba	ased	Base Plan Wi	
		and Immediate Fa		Compound	Member Care
Insurance		Member Car	•	Inflation	<b>Compound Inflation</b>
Age Ba	ase Plan	Option		Option	Option
18-30 1	5.40	24.30		245.90	356.40
	5.40 6.00	24.50 25.20		248.30 250.80	359.80 363.20
	6.20	25.20		253.20	365.20
34 1	6.40	26.00		255.60	369.90
35 1	7.00	26.90		258.00	373.30
	7.50 8.30	27.50 28.70		258.90 259.70	374.20 375.00
	8.80	29.60		260.60	375.90
39 1	9.70	30.80		261.40	376.80
40 2	0.40	.40 32.00		262.20	377.60
	1.50 2.20	33.50 34.70		263.00 263.90	378.50 379.30
	3.30			263.90	380.20
44 2	4.40	38.10		265.50	381.00
	5.70	40.00		266.40	381.90
	6.90 8.10	42.10 44.30		266.80	384.70 387.60
	8.10 9.50	44.30		267.40 267.80	387.60
49 3	0.80			268.40	393.30
	2.50	52.40		268.80	396.00



## RATE SHEET Aerovironment, Inc

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 Unlimited 50% Unlimited 90 Days Home and Community Based Care This rate sheet shows th	Options   Home Care Level   Inflation Protection   .   be cost per \$1,000 of covera	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Premium:			
	X		1,000 =
Rate for Plan Chose			Your Premium
		othly Rates	
	Plan 1 Plan	2 Plan 3	Plan 4
		<b>TT</b> 74/ <b>1</b>	Base Plan With
	Base Plan		Home, Comm-Based
	Home, Com		2
	and Immedia	v 1	Member Care
Insurance	Member		Compound Inflation
	se Plan Option		Option
	4.10 55.40 5.80 58.70	269.30 269.90	398.90 401.70
	7.90 62.50	270.30	404.50
54 39	9.80 66.00	270.80	407.40
	1.70 69.70	271.30	410.20
56 44	4.50 74.60	276.60	419.30
	7.50 79.80 0.50 85.40	282.30 288.00	428.90 438.70
	4.10 91.40	294.00	438.70
60 57	7.80 97.90	299.70	458.50
61 62	2.90 106.50	305.90	469.00
	8.40 115.70	312.00	479.30
	4.70 126.00 1.10 136.70	318.20	489.80
	1.10 136.70 1.60 152.60	324.60 329.60	500.60 509.30
66 101	1.40 166.70	357.60	547.30
67 112	2.00 181.80	386.90	588.30
68 123	3.80 198.60		627.60
	6.60 216.40	450.10	673.80
	0.70 236.10 7.00 258.60	485.20 528.20	721.30 779.10