



RATE SHEET
Cupertino Electric, Inc.

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

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

Calculate your Premium:

	X		÷	\$1,000	=		(A)
Rate for Plan Chosen		Facility Monthly Benefit Amount				Your Premium	
For Employees Only:							
	X	2			=		(B)
Rate for Plan 1 (3 Year Duration)		(Based on Funded Amount)				Employer Paid Amount	
A MINUS B							
							EMPLOYEE'S COST

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based & Immediate Family Member Care Option	Base Plan With Simple Inflation Home, Comm-Based & Immediate Family Member Care Option
18-30	1.70	4.50	5.80	12.60
31	2.00	5.00	6.20	13.30
32	2.00	5.30	6.30	14.00
33	2.10	5.60	6.50	14.50
34	2.30	6.00	7.00	15.30
35	2.30	6.10	7.20	15.70
36	2.40	6.60	7.40	16.50
37	2.70	7.10	7.80	17.20
38	2.80	7.30	8.20	17.90
39	3.00	7.70	8.60	18.70
40	3.20	8.30	9.00	19.70
41	3.30	8.60	9.50	20.40
42	3.50	8.90	10.00	21.30
43	3.70	9.30	10.60	22.10
44	4.10	10.00	11.20	23.20
45	4.10	10.30	11.70	24.10
46	4.50	10.70	12.50	25.10
47	4.90	11.30	13.20	26.20
48	5.20	12.10	14.00	27.60
49	5.60	12.50	14.80	28.50
50	5.90	13.10	15.70	29.80
51	6.50	14.00	16.70	31.60
52	6.90	14.80	17.80	33.30
53	7.60	15.80	18.90	34.90
54	8.20	16.80	20.20	36.90
55	8.60	17.60	21.40	38.60
56	9.70	19.40	23.20	41.60
57	10.80	21.20	25.20	44.40
58	11.80	22.90	27.00	47.20
59	13.10	25.20	29.20	50.80



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Lifetime Maximum	\$36,000	Inflation Protection	Simple Uncapped Home, Community-Based & Immediate Family
Elimination Period	90 Days	Home Care Level	

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

Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{2 \text{ (Based on Funded Amount)}} \times = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based & Immediate Family Member Care Option	Base Plan With Simple Inflation Home, Comm-Based & Immediate Family Member Care Option
	Base Plan	Option	Option	Option
60	14.60	27.30	31.50	53.90
61	16.30	30.10	34.10	57.60
62	18.30	33.20	36.90	61.80
63	20.30	36.60	39.90	66.30
64	22.80	40.70	43.10	71.10
65	26.60	47.30	48.10	78.90
66	29.70	52.30	51.80	84.20
67	33.20	57.40	56.00	89.90
68	37.10	63.50	60.70	96.30
69	41.50	70.20	65.90	103.70
70	46.20	76.70	71.40	110.70
71	54.10	88.80	80.70	124.20
72	62.00	100.40	90.10	137.30
73	69.90	111.20	99.50	149.00
74	77.90	122.30	108.90	161.40
75	86.00	132.30	118.40	172.60
76	95.00	144.50	128.60	185.50
77	105.50	157.10	140.10	198.70
78	117.20	172.30	153.10	214.60
79	129.40	186.30	166.60	229.80
80	142.90	203.00	181.30	247.10



RATE SHEET
Cupertino Electric, Inc.

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	5 Years	Home Benefit	50%
Lifetime Maximum	\$60,000	Inflation Protection	Simple Uncapped
Elimination Period	90 Days	Home Care Level	Home, Community-Based & Immediate Family

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

Calculate your Premium:

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

For Employees Only:

$$\text{Rate for Plan 1 (3 Year Duration)} \times 2 \text{ (Based on Funded Amount)} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based & Immediate Family Member Care Option	Base Plan With Simple Inflation Home, Comm-Based & Immediate Family Member Care Option
18-30	2.30	6.00	6.90	15.10
31	2.30	6.10	6.90	15.40
32	2.40	6.60	7.20	16.30
33	2.70	7.10	7.70	17.10
34	2.80	7.60	7.90	17.90
35	2.80	7.70	8.10	18.40
36	3.00	8.20	8.50	19.30
37	3.20	8.60	9.00	20.20
38	3.30	9.10	9.50	21.10
39	3.50	9.50	9.90	21.90
40	3.80	10.00	10.40	23.00
41	4.10	10.50	11.00	23.90
42	4.40	11.00	11.80	25.00
43	4.50	11.40	12.10	25.70
44	4.90	12.10	13.00	27.00
45	5.20	12.80	13.70	28.30
46	5.60	13.20	14.40	29.30
47	5.90	14.00	15.30	30.80
48	6.20	14.40	16.20	31.90
49	6.80	15.40	17.30	33.60
50	7.30	15.90	18.30	34.90
51	7.80	16.80	19.50	36.80
52	8.60	18.20	20.80	39.10
53	9.30	19.40	22.20	41.10
54	10.00	20.60	23.80	43.60
55	10.80	21.90	25.20	45.50
56	11.80	23.60	27.10	48.90
57	13.10	25.70	29.40	52.30
58	14.50	28.00	31.80	55.80
59	15.90	30.50	34.40	59.90



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Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	5 Years	Home Benefit	50%
Lifetime Maximum	\$60,000	Inflation Protection	Simple Uncapped
Elimination Period	90 Days	Home Care Level	Home, Community-Based & Immediate Family

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

Calculate your Premium:

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

For Employees Only:

$$\text{Rate for Plan 1 (3 Year Duration)} \times 2 \text{ (Based on Funded Amount)} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based & Immediate Family Member Care Option	Base Plan With Simple Inflation Home, Comm-Based & Immediate Family Member Care Option
60	17.90	33.50	37.60	64.40
61	19.80	36.50	40.50	68.50
62	22.10	40.10	43.80	73.40
63	24.70	44.50	47.50	79.20
64	27.60	49.50	51.70	85.50
65	32.10	57.20	57.70	94.80
66	36.00	63.30	62.70	101.70
67	40.10	69.50	68.00	109.00
68	44.70	76.50	73.80	116.90
69	49.90	84.20	80.20	125.80
70	55.50	92.20	87.30	135.10
71	64.90	106.40	99.20	151.90
72	74.30	120.20	111.00	168.20
73	83.60	132.80	122.90	183.20
74	93.20	146.30	135.00	199.00
75	102.60	158.00	146.90	212.90
76	113.50	172.40	160.20	229.50
77	125.60	187.30	175.00	246.60
78	139.30	204.80	191.70	266.60
79	154.10	221.90	209.80	287.10
80	170.00	241.50	229.40	309.70



RATE SHEET
Cupertino Electric, Inc.

<u>Base Plan</u> Facility Monthly Benefit Facility Benefit Duration Lifetime Maximum Elimination Period	\$1,000 Unlimited Unlimited 90 Days	<u>Options</u> Home Monthly Benefit Home Benefit Inflation Protection Home Care Level	\$500 50% Simple Uncapped Home, Community-Based & Immediate Family
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

For Employees Only:

$$\text{Rate for Plan 1 (3 Year Duration)} \times 2 \text{ (Based on Funded Amount)} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based & Immediate Family Member Care Option	Base Plan With Simple Inflation Home, Comm-Based & Immediate Family Member Care Option
18-30	3.10	7.80	9.90	22.10
31	3.20	8.40	10.40	23.20
32	3.40	8.90	10.70	24.30
33	3.60	9.50	11.20	25.40
34	3.80	9.90	11.70	26.40
35	4.10	10.50	12.20	27.60
36	4.20	11.10	12.80	28.80
37	4.30	11.50	13.30	29.90
38	4.50	12.10	13.90	31.30
39	5.00	13.00	14.80	32.90
40	5.10	13.50	15.40	34.20
41	5.50	14.00	16.20	35.50
42	5.90	14.90	17.20	37.20
43	6.20	15.50	18.10	38.70
44	6.70	16.40	19.10	40.40
45	7.10	17.10	20.30	42.00
46	7.60	18.00	21.40	44.10
47	8.00	18.60	22.60	45.70
48	8.70	19.70	24.20	47.90
49	9.30	20.70	25.70	50.10
50	9.90	21.70	27.30	52.40
51	10.60	23.00	29.10	55.30
52	11.60	24.70	31.10	58.50
53	12.60	26.50	33.30	62.10
54	13.50	28.00	35.40	65.30
55	14.50	29.50	37.50	68.70
56	15.90	31.90	40.70	73.80
57	17.60	34.70	44.30	79.40
58	19.40	37.70	48.00	85.40
59	21.40	41.00	52.00	91.40



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

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Simple Inflation Option	Base Plan With Home, Comm-Based & Immediate Family Member Care Option	Base Plan With Simple Inflation Home, Comm-Based & Immediate Family Member Care Option
60	23.80	44.50	56.60	98.20
61	26.40	48.70	61.30	105.70
62	29.40	53.60	66.70	113.80
63	32.80	59.00	72.70	122.90
64	36.50	65.40	79.00	132.50
65	42.30	75.30	88.40	147.70
66	47.30	83.30	96.30	159.70
67	52.80	91.40	105.00	171.60
68	59.00	100.80	114.40	185.20
69	65.50	110.70	124.60	199.80
70	72.70	120.80	135.40	214.10
71	85.00	139.30	153.70	240.40
72	97.10	157.40	172.00	266.00
73	109.10	173.50	190.10	289.40
74	121.20	190.40	208.40	314.10
75	133.50	205.50	226.80	335.40
76	147.50	224.30	247.30	360.90
77	163.20	243.20	270.00	387.40
78	180.70	265.70	295.40	418.30
79	199.50	287.40	322.00	447.80
80	219.70	312.00	350.40	482.00