



**RATE SHEET**  
*For Connecticut Residents*  
**Cupertino Electric, Inc.**

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

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

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

**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
18-30	1.60	5.40	6.90	19.10
31	1.80	5.70	7.40	20.20
32	1.80	5.90	7.80	20.80
33	2.00	6.10	8.40	21.80
34	2.10	6.30	9.00	23.00
35	2.10	6.50	9.30	23.70
36	2.30	7.00	10.10	25.10
37	2.40	7.20	10.40	25.90
38	2.60	7.60	11.20	27.10
39	2.80	8.10	11.50	28.10
40	2.90	8.40	12.40	29.90
41	3.10	8.80	13.00	30.80
42	3.20	9.30	13.30	32.00
43	3.40	9.80	14.00	33.40
44	3.70	10.40	15.00	35.10
45	3.90	10.90	15.50	36.50
46	4.20	11.60	16.40	38.00
47	4.50	12.30	17.20	39.60
48	4.90	13.00	18.30	41.70
49	5.20	13.80	19.00	43.30
50	5.50	14.60	19.80	45.20
51	6.00	15.60	21.10	47.70
52	6.50	16.60	22.40	50.40
53	6.90	17.60	23.60	52.60
54	7.70	18.90	25.60	56.00
55	8.10	19.90	26.90	58.50
56	9.10	21.60	29.50	63.00
57	10.10	23.40	32.10	67.30
58	11.00	25.20	34.70	71.60
59	12.30	27.30	38.20	76.90



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*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:**

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

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

**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
60	13.60	29.40	41.30	81.80
61	15.20	31.80	45.50	87.30
62	17.00	34.40	50.30	93.60
63	19.00	37.20	55.60	100.70
64	21.20	40.20	61.50	107.60
65	24.80	44.70	71.60	119.30
66	27.70	48.40	79.20	127.50
67	31.00	52.20	86.80	136.00
68	34.70	56.70	96.30	146.20
69	38.70	61.50	106.30	157.00
70	43.10	66.60	116.30	167.80
71	50.60	75.40	134.70	188.30
72	57.90	84.20	152.10	208.10
73	65.30	92.80	168.60	225.80
74	72.70	101.60	185.50	244.70
75	80.20	110.50	200.30	261.40
76	88.70	120.00	219.20	281.20
77	98.50	130.80	238.40	301.50
78	109.40	142.90	260.90	325.20
79	120.90	155.60	282.60	348.30
80	133.50	169.30	307.80	374.70



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

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

**Calculate your Premium:**

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

**For Employees Only:**

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

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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
18-30	2.10	6.30	9.00	22.70
31	2.10	6.40	9.30	23.40
32	2.30	6.70	10.10	24.70
33	2.40	7.00	10.40	25.50
34	2.60	7.40	11.30	26.90
35	2.60	7.60	11.60	27.80
36	2.80	8.00	12.50	29.50
37	2.90	8.20	12.90	30.20
38	3.10	8.70	13.70	31.70
39	3.20	9.10	14.20	32.90
40	3.60	9.80	15.30	34.70
41	3.70	10.20	15.80	36.20
42	4.10	10.90	16.70	37.80
43	4.20	11.40	17.50	39.20
44	4.50	12.00	18.20	40.80
45	4.90	12.70	19.30	42.70
46	5.20	13.50	20.10	44.50
47	5.50	14.20	21.20	46.70
48	5.90	15.10	21.80	48.20
49	6.30	16.00	23.20	50.70
50	6.80	17.10	24.40	53.10
51	7.30	18.10	25.60	55.60
52	7.90	19.30	27.40	59.00
53	8.60	20.60	29.30	62.10
54	9.30	22.10	31.10	65.90
55	10.10	23.40	33.20	69.00
56	11.00	25.30	35.80	74.10
57	12.20	27.40	39.00	79.10
58	13.40	29.60	42.40	84.60
59	14.90	32.10	46.30	90.60



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

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**For Employees Only:**

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

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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	16.70	34.90	50.90	97.60
61	18.50	37.70	55.40	104.00
62	20.60	40.90	60.80	111.30
63	23.00	44.30	67.50	120.20
64	25.70	48.20	75.00	129.50
65	30.00	53.80	86.60	143.50
66	33.60	58.50	95.80	153.90
67	37.40	63.50	105.20	165.00
68	41.80	68.90	116.00	177.10
69	46.50	74.90	127.50	190.60
70	51.80	81.50	139.60	204.70
71	60.60	92.60	161.30	230.20
72	69.30	103.60	182.30	255.10
73	78.10	114.80	201.50	277.80
74	87.00	126.00	221.90	301.70
75	95.80	137.10	239.30	322.50
76	105.90	149.50	261.50	348.00
77	117.30	163.40	283.80	373.60
78	130.10	179.00	310.30	404.10
79	143.80	195.80	336.30	435.20
80	158.80	214.20	366.10	469.50



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<i>Base Plan</i> Facility Monthly Benefit Facility Benefit Duration Lifetime Maximum Elimination Period	<b>\$1,000</b> <b>Unlimited</b> <b>Unlimited</b> <b>90 Days</b>	<i>Options</i> Home Monthly Benefit Home Benefit Home Care Level Inflation Protection	<b>\$500</b>  <b>50%</b> <b>Simple Uncapped</b> <b>Home, Community-Based</b> <b>&amp; Immediate Family</b>
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31	2.80	8.90	11.50	32.10
32	2.90	9.10	12.40	33.80
33	3.10	9.50	13.10	35.00
34	3.20	10.00	13.70	36.50
35	3.40	10.40	14.60	38.30
36	3.60	10.90	15.30	40.00
37	3.70	11.30	16.10	41.50
38	3.90	11.90	16.80	43.40
39	4.20	12.60	18.10	45.60
40	4.40	13.10	18.60	47.30
41	4.70	13.80	19.50	49.20
42	5.00	14.70	20.40	51.30
43	5.30	15.40	21.70	53.80
44	5.70	16.20	22.60	56.00
45	6.00	17.20	23.80	58.20
46	6.50	18.30	24.90	61.00
47	6.80	19.30	25.90	63.50
48	7.50	20.70	27.50	66.50
49	7.90	21.90	28.70	69.40
50	8.50	23.30	30.10	72.70
51	9.10	24.80	31.90	76.60
52	9.90	26.50	34.30	81.10
53	10.70	28.30	36.70	86.10
54	11.50	30.20	38.60	90.30
55	12.30	32.00	40.70	94.80
56	13.60	34.70	44.10	102.10
57	15.00	37.70	48.20	110.10
58	16.60	40.90	52.20	118.40
59	18.30	44.30	56.90	126.70



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60	20.30	48.20	61.70	136.10
61	22.50	52.30	67.30	146.30
62	25.10	56.90	74.20	157.50
63	27.90	61.90	81.60	170.10
64	31.10	67.30	90.50	183.30
65	36.10	75.40	104.40	204.70
66	40.30	82.10	115.30	221.20
67	45.00	89.50	126.50	237.70
68	50.20	97.50	139.50	256.30
69	55.90	106.20	153.50	276.70
70	62.00	115.40	167.30	296.40
71	72.50	131.10	192.90	332.80
72	82.80	146.60	217.80	368.10
73	93.00	162.00	240.10	400.60
74	103.30	177.60	263.60	434.90
75	113.80	193.30	284.30	464.10
76	125.70	210.80	310.40	499.50
77	139.10	230.30	336.70	536.40
78	154.10	251.90	367.70	578.90
79	170.10	274.50	397.80	619.90
80	187.30	298.70	431.90	667.10