



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	Home Care Level	Simple Uncapped
Elimination Period	90 Days	Inflation Protection	Home, Community-Based & Immediate Family

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:

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

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

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	1.40	4.50	8.30	22.90
31	1.50	4.80	8.80	24.10
32	1.50	5.00	9.40	24.90
33	1.60	5.10	10.10	26.10
34	1.80	5.40	10.80	27.50
35	1.80	5.50	11.20	28.40
36	1.90	5.80	12.10	30.10
37	2.10	6.10	12.60	31.10
38	2.20	6.40	13.30	32.40
39	2.30	6.80	13.90	33.80
40	2.40	7.00	14.90	35.80
41	2.60	7.40	15.50	36.90
42	2.70	7.80	16.00	38.40
43	2.90	8.20	16.70	40.00
44	3.20	8.70	18.00	41.90
45	3.20	9.10	18.50	43.70
46	3.50	9.70	19.60	45.50
47	3.80	10.30	20.50	47.40
48	4.10	10.90	21.80	49.90
49	4.30	11.50	22.70	51.80
50	4.60	12.20	23.80	54.20
51	5.00	13.00	25.20	57.10
52	5.40	13.90	26.80	60.40
53	5.90	14.70	28.30	63.00
54	6.40	15.70	30.60	67.10
55	6.80	16.70	32.20	70.20
56	7.60	18.00	35.30	75.50
57	8.40	19.50	38.50	80.70
58	9.20	21.00	41.60	85.80
59	10.30	22.80	45.80	92.20



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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	11.30	24.50	49.70	98.30
61	12.70	26.60	54.70	104.90
62	14.20	28.80	60.50	112.40
63	15.80	31.10	66.80	120.80
64	17.70	33.50	73.80	129.10
65	20.70	37.40	85.90	143.20
66	23.10	40.40	95.00	153.00
67	25.80	43.60	104.00	163.10
68	28.90	47.30	115.70	175.40
69	32.30	51.30	127.50	188.30
70	35.90	55.50	139.60	201.30
71	42.10	62.80	161.60	225.70
72	48.20	70.10	182.60	249.80
73	54.50	77.40	202.40	271.00
74	60.70	84.80	222.60	293.60
75	66.90	92.20	240.40	313.70
76	74.00	100.10	263.00	337.40
77	82.10	109.00	286.00	361.80
78	91.20	119.10	313.10	390.20
79	100.70	129.60	339.00	417.90
80	111.20	141.10	369.40	449.60



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	Home Care Level	Simple Uncapped
Elimination Period	90 Days	Inflation Protection	Home, Community-Based & Immediate Family

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:

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

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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	1.80	5.40	10.80	27.20
31	1.80	5.40	11.20	28.10
32	1.90	5.60	12.10	29.50
33	2.10	5.90	12.60	30.60
34	2.20	6.20	13.50	32.20
35	2.20	6.30	13.90	33.30
36	2.30	6.70	14.90	35.30
37	2.40	6.90	15.50	36.20
38	2.60	7.40	16.40	38.00
39	2.70	7.70	17.10	39.50
40	3.00	8.10	18.40	41.70
41	3.20	8.60	18.90	43.20
42	3.40	9.20	20.00	45.40
43	3.50	9.50	20.90	46.90
44	3.80	10.10	21.80	48.90
45	4.10	10.60	23.00	51.10
46	4.30	11.20	23.90	53.20
47	4.60	11.90	25.40	55.90
48	4.90	12.60	26.10	57.70
49	5.30	13.50	27.70	60.70
50	5.70	14.30	29.20	63.60
51	6.10	15.20	30.60	66.60
52	6.70	16.20	32.80	70.70
53	7.20	17.30	35.10	74.60
54	7.70	18.50	37.30	79.00
55	8.40	19.50	39.80	82.70
56	9.20	21.20	42.80	88.70
57	10.20	22.90	46.80	95.00
58	11.30	24.80	50.90	101.50
59	12.40	26.80	55.60	108.90



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Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
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Elimination Period	90 Days	Inflation Protection	Home, Community-Based & Immediate Family

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Calculate your Premium:

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

For Employees Only:

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

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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	14.00	29.30	61.00	117.10
61	15.40	31.50	66.40	124.80
62	17.20	34.20	72.90	133.50
63	19.20	36.90	81.00	144.10
64	21.50	40.20	90.00	155.40
65	25.00	44.90	103.90	172.10
66	28.00	48.70	114.80	184.60
67	31.20	52.90	126.30	198.00
68	34.80	57.40	139.20	212.50
69	38.80	62.40	153.10	228.70
70	43.20	67.90	167.50	245.70
71	50.50	77.20	193.60	276.40
72	57.80	86.40	218.80	306.20
73	65.10	95.70	241.80	333.40
74	72.50	105.10	266.20	362.10
75	79.80	114.30	287.10	386.90
76	88.30	124.70	313.80	417.60
77	97.70	136.20	340.50	448.20
78	108.50	149.20	372.50	485.00
79	119.90	163.20	403.70	522.20
80	132.30	178.50	439.40	563.40



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 Home Care Level Inflation Protection	\$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:

$$\begin{array}{rcl} \text{Rate for Plan Chosen} & \times & \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium (A)} \\ \text{For Employees Only:} & & \\ \text{Rate for Plan 1 (3 Year Duration)} & \times & 1 \text{ (Based on Funded Amount)} = \text{Employer Paid Amount (B)} \\ & & \text{A MINUS B} = \text{EMPLOYEE'S COST} \end{array}$$

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	2.60	8.50	13.00	36.50
31	2.80	8.90	13.90	38.50
32	2.90	9.10	14.90	40.50
33	3.10	9.50	15.70	41.90
34	3.20	10.00	16.40	43.70
35	3.40	10.40	17.50	45.90
36	3.60	10.90	18.40	47.90
37	3.70	11.30	19.30	49.70
38	3.90	11.90	20.20	52.00
39	4.20	12.60	21.60	54.50
40	4.40	13.10	22.30	56.70
41	4.70	13.80	23.40	59.00
42	5.00	14.70	24.50	61.40
43	5.30	15.40	25.90	64.40
44	5.70	16.20	27.00	67.00
45	6.00	17.20	28.40	69.80
46	6.50	18.30	29.90	73.10
47	6.80	19.30	31.00	76.10
48	7.50	20.70	32.90	79.80
49	7.90	21.90	34.40	83.20
50	8.50	23.30	36.00	87.20
51	9.10	24.80	38.20	91.90
52	9.90	26.50	41.00	97.20
53	10.70	28.30	44.00	103.30
54	11.50	30.20	46.40	108.50
55	12.30	32.00	49.00	113.90
56	13.60	34.70	53.10	122.80
57	15.00	37.70	58.00	132.20
58	16.60	40.90	62.60	142.10
59	18.30	44.30	68.20	152.00



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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 Home Care Level Inflation Protection	\$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	20.30	48.20	74.00	163.40
61	22.50	52.30	80.80	175.50
62	25.10	56.90	88.90	189.00
63	27.90	61.90	97.90	204.10
64	31.10	67.30	108.50	220.00
65	36.10	75.40	125.40	245.70
66	40.30	82.10	138.30	265.40
67	45.00	89.50	151.80	285.20
68	50.20	97.50	167.40	307.50
69	55.90	106.20	184.10	332.00
70	62.00	115.40	200.80	355.70
71	72.50	131.10	231.40	399.30
72	82.80	146.60	261.40	441.80
73	93.00	162.00	288.20	480.70
74	103.30	177.60	316.40	522.00
75	113.80	193.30	341.30	557.10
76	125.70	210.80	372.40	599.40
77	139.10	230.30	404.00	643.60
78	154.10	251.90	441.20	694.70
79	170.10	274.50	477.40	743.90
80	187.30	298.70	518.30	800.60