



RATE SHEET
PUBLIC UTILITY DISTRICT NO. 2
OF GRANT COUNTY, WASHINGTON

| | | | |
|---------------------------|---------------------|----------------------|------------------------------------|
| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Compound Uncapped |
| Home Monthly Benefit | \$500 | Inflation Protection | |
| Facility Benefit Duration | 3 Years | | |
| Home Benefit | 50% | | |
| Lifetime Maximum | \$36,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|-----------------------------------|--------------------------------------|---|
| | | Base Plan With Total Home Care | Base Plan With Compound Inflation | Base Plan With Total Home Care Compound Inflation |
| | Base Plan | Option | Option | Option |
| 18-30 | 5.90 | 9.00 | 18.50 | 25.90 |
| 31 | 5.90 | 9.00 | 18.80 | 26.30 |
| 32 | 5.90 | 9.20 | 19.20 | 27.00 |
| 33 | 6.10 | 9.40 | 19.70 | 27.60 |
| 34 | 6.40 | 9.80 | 20.40 | 28.50 |
| 35 | 6.50 | 9.90 | 20.80 | 29.00 |
| 36 | 6.60 | 10.10 | 21.50 | 30.00 |
| 37 | 7.10 | 10.70 | 22.20 | 30.70 |
| 38 | 7.30 | 11.20 | 22.70 | 31.70 |
| 39 | 7.60 | 11.50 | 23.70 | 32.70 |
| 40 | 8.00 | 12.00 | 24.30 | 33.40 |
| 41 | 8.40 | 12.40 | 24.80 | 34.10 |
| 42 | 8.50 | 12.90 | 25.60 | 35.30 |
| 43 | 9.20 | 13.70 | 26.50 | 36.40 |
| 44 | 9.30 | 14.20 | 27.20 | 37.50 |
| 45 | 10.20 | 15.00 | 28.60 | 39.00 |
| 46 | 10.60 | 15.80 | 29.20 | 40.10 |
| 47 | 11.20 | 16.70 | 30.00 | 41.40 |
| 48 | 11.50 | 17.50 | 30.90 | 43.00 |
| 49 | 12.20 | 18.60 | 31.80 | 44.60 |
| 50 | 12.60 | 19.40 | 32.60 | 45.80 |
| 51 | 13.60 | 20.90 | 34.00 | 47.70 |
| 52 | 14.40 | 22.30 | 35.30 | 49.90 |
| 53 | 15.10 | 23.40 | 36.10 | 51.20 |
| 54 | 16.00 | 24.80 | 37.30 | 53.20 |
| 55 | 16.90 | 26.10 | 38.90 | 54.80 |
| 56 | 18.10 | 28.00 | 40.90 | 57.60 |
| 57 | 19.30 | 29.80 | 42.90 | 60.40 |
| 58 | 20.80 | 32.00 | 45.00 | 63.20 |
| 59 | 22.40 | 34.50 | 46.80 | 66.00 |



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| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Compound Uncapped |
| Home Monthly Benefit | \$500 | Inflation Protection | |
| Facility Benefit Duration | 3 Years | | |
| Home Benefit | 50% | | |
| Lifetime Maximum | \$36,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|-----------------------------------|--------------------------------------|---|
| | | Base Plan With Total Home Care | Base Plan With Compound Inflation | Base Plan With Total Home Care Compound Inflation |
| | Base Plan | Option | Option | Option |
| 60 | 24.10 | 36.70 | 49.40 | 69.30 |
| 61 | 26.10 | 39.60 | 52.80 | 73.80 |
| 62 | 28.90 | 43.30 | 57.10 | 79.20 |
| 63 | 31.90 | 47.30 | 60.90 | 84.10 |
| 64 | 34.90 | 51.20 | 65.60 | 90.00 |
| 65 | 39.80 | 57.40 | 72.90 | 98.60 |
| 66 | 44.00 | 62.10 | 79.00 | 105.30 |
| 67 | 49.00 | 68.10 | 86.10 | 113.60 |
| 68 | 54.30 | 74.40 | 93.00 | 121.40 |
| 69 | 60.20 | 81.20 | 101.00 | 130.40 |
| 70 | 66.70 | 88.60 | 108.50 | 138.90 |
| 71 | 74.30 | 97.40 | 119.20 | 150.80 |
| 72 | 82.10 | 106.30 | 129.10 | 161.90 |
| 73 | 91.20 | 116.70 | 140.00 | 174.20 |
| 74 | 100.50 | 127.40 | 151.40 | 187.00 |
| 75 | 121.60 | 152.50 | 179.50 | 219.60 |
| 76 | 133.30 | 165.40 | 194.50 | 235.90 |
| 77 | 146.30 | 179.80 | 209.40 | 251.90 |
| 78 | 160.60 | 195.60 | 226.70 | 270.40 |
| 79 | 176.20 | 212.80 | 243.70 | 289.00 |
| 80 | 193.40 | 231.40 | 263.70 | 310.50 |



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|--|--|---|--|
| <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 6 Years 50% \$72,000 90 Days Professional | <u>Options</u> Home Care Level Inflation Protection | Total Compound Uncapped |
|--|--|---|--|

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|---------------|-----------|---------------------------------------|--|--|
| | Base Plan | Base Plan With Total Home Care Option | Base Plan With Compound Inflation Option | Base Plan With Total Home Care Compound Inflation Option |
| 18-30 | 7.70 | 12.00 | 24.40 | 34.70 |
| 31 | 7.80 | 12.10 | 25.10 | 35.50 |
| 32 | 8.00 | 12.50 | 25.60 | 36.40 |
| 33 | 8.40 | 12.90 | 26.80 | 37.70 |
| 34 | 8.50 | 13.10 | 27.10 | 38.20 |
| 35 | 8.90 | 13.70 | 28.10 | 39.60 |
| 36 | 9.00 | 13.80 | 28.50 | 40.20 |
| 37 | 9.60 | 14.60 | 29.80 | 41.70 |
| 38 | 9.80 | 15.00 | 30.40 | 42.70 |
| 39 | 10.20 | 15.60 | 31.10 | 43.60 |
| 40 | 10.80 | 16.30 | 32.30 | 45.00 |
| 41 | 11.00 | 16.90 | 32.90 | 46.20 |
| 42 | 11.80 | 17.80 | 34.40 | 48.00 |
| 43 | 12.20 | 18.60 | 35.40 | 49.30 |
| 44 | 12.50 | 19.10 | 36.10 | 50.40 |
| 45 | 13.40 | 20.20 | 37.60 | 52.30 |
| 46 | 14.10 | 21.50 | 38.90 | 54.30 |
| 47 | 14.60 | 22.50 | 39.50 | 55.80 |
| 48 | 15.50 | 23.90 | 40.70 | 57.70 |
| 49 | 16.10 | 25.10 | 42.00 | 59.90 |
| 50 | 16.90 | 26.50 | 43.10 | 61.80 |
| 51 | 17.90 | 28.30 | 44.80 | 64.60 |
| 52 | 19.00 | 30.10 | 46.40 | 66.90 |
| 53 | 20.10 | 31.90 | 47.80 | 69.50 |
| 54 | 21.30 | 33.80 | 49.60 | 72.10 |
| 55 | 22.60 | 36.00 | 51.30 | 74.30 |
| 56 | 24.10 | 38.40 | 53.70 | 77.90 |
| 57 | 25.80 | 41.10 | 56.10 | 81.50 |
| 58 | 27.50 | 43.90 | 58.70 | 85.50 |
| 59 | 29.40 | 47.00 | 61.40 | 89.50 |



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| <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 6 Years 50% \$72,000 90 Days Professional | <u>Options</u> Home Care Level Inflation Protection | Total Compound Uncapped |
|--|--|---|--|

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|---|--|---|
| | Base Plan | Base Plan With Total Home Care Option | Base Plan With Compound Inflation Option | Base Plan With Total Home Care Compound Inflation Option |
| 60 | 31.40 | 50.00 | 64.00 | 93.60 |
| 61 | 34.70 | 54.90 | 68.90 | 100.40 |
| 62 | 38.00 | 59.80 | 74.10 | 107.70 |
| 63 | 41.50 | 64.80 | 78.90 | 114.10 |
| 64 | 45.30 | 70.40 | 84.60 | 122.00 |
| 65 | 51.70 | 79.00 | 94.10 | 134.30 |
| 66 | 56.90 | 85.90 | 101.40 | 143.40 |
| 67 | 63.40 | 94.10 | 110.80 | 155.10 |
| 68 | 70.10 | 102.80 | 119.40 | 165.50 |
| 69 | 77.30 | 111.90 | 128.80 | 177.30 |
| 70 | 85.60 | 122.50 | 138.90 | 189.80 |
| 71 | 94.90 | 134.20 | 151.50 | 205.40 |
| 72 | 105.00 | 146.90 | 164.80 | 221.40 |
| 73 | 116.30 | 161.30 | 178.10 | 238.30 |
| 74 | 128.40 | 176.20 | 193.00 | 256.20 |
| 75 | 154.40 | 210.50 | 227.50 | 300.20 |
| 76 | 169.60 | 228.90 | 246.70 | 323.10 |
| 77 | 186.20 | 249.30 | 265.50 | 345.70 |
| 78 | 203.90 | 270.90 | 286.80 | 370.50 |
| 79 | 223.50 | 294.70 | 308.10 | 396.60 |
| 80 | 245.10 | 320.80 | 333.30 | 426.50 |



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| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Compound Uncapped |
| Home Monthly Benefit | \$500 | Inflation Protection | |
| Facility Benefit Duration | Unlimited | | |
| Home Benefit | 50% | | |
| Lifetime Maximum | Unlimited | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|-----------------------------------|--------------------------------------|---|
| | | Base Plan With Total Home Care | Base Plan With Compound Inflation | Base Plan With Total Home Care Compound Inflation |
| | Base Plan | Option | Option | Option |
| 18-30 | 10.60 | 17.10 | 32.70 | 48.20 |
| 31 | 10.60 | 17.30 | 33.40 | 49.30 |
| 32 | 11.00 | 17.80 | 34.70 | 50.90 |
| 33 | 11.20 | 18.00 | 35.30 | 51.70 |
| 34 | 11.50 | 18.60 | 36.10 | 53.00 |
| 35 | 11.90 | 19.20 | 37.10 | 54.30 |
| 36 | 12.10 | 19.50 | 37.90 | 55.40 |
| 37 | 12.90 | 20.50 | 39.40 | 57.30 |
| 38 | 13.10 | 21.00 | 40.20 | 58.60 |
| 39 | 13.60 | 21.60 | 41.30 | 60.00 |
| 40 | 14.20 | 22.70 | 42.40 | 61.70 |
| 41 | 14.90 | 23.70 | 43.80 | 63.70 |
| 42 | 15.40 | 24.50 | 45.00 | 65.40 |
| 43 | 16.10 | 25.60 | 46.30 | 67.20 |
| 44 | 16.90 | 27.00 | 47.90 | 69.50 |
| 45 | 18.00 | 28.40 | 49.60 | 71.90 |
| 46 | 18.80 | 29.90 | 50.70 | 73.90 |
| 47 | 19.40 | 31.30 | 51.70 | 76.10 |
| 48 | 20.40 | 33.20 | 53.60 | 79.50 |
| 49 | 21.30 | 34.80 | 54.90 | 82.00 |
| 50 | 22.80 | 37.40 | 56.70 | 85.20 |
| 51 | 23.80 | 39.40 | 58.40 | 88.30 |
| 52 | 25.00 | 41.80 | 60.10 | 91.60 |
| 53 | 26.60 | 44.60 | 62.50 | 95.60 |
| 54 | 27.80 | 47.00 | 64.10 | 98.80 |
| 55 | 29.50 | 49.90 | 66.60 | 101.70 |
| 56 | 31.30 | 53.30 | 69.10 | 106.20 |
| 57 | 33.30 | 57.00 | 72.10 | 111.40 |
| 58 | 35.80 | 61.40 | 75.60 | 117.20 |
| 59 | 38.00 | 65.30 | 78.50 | 122.30 |



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| <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 Professional | <u>Options</u> Home Care Level Inflation Protection | Total Compound Uncapped |
|--|---|---|------------------------------------|

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|---|--|---|
| | Base Plan | Base Plan With Total Home Care Option | Base Plan With Compound Inflation Option | Base Plan With Total Home Care Compound Inflation Option |
| 60 | 40.90 | 70.30 | 82.00 | 128.40 |
| 61 | 44.70 | 76.60 | 87.80 | 137.50 |
| 62 | 48.50 | 83.10 | 93.90 | 147.30 |
| 63 | 53.20 | 90.70 | 100.00 | 156.80 |
| 64 | 57.60 | 98.20 | 106.40 | 167.00 |
| 65 | 65.30 | 109.90 | 118.00 | 183.60 |
| 66 | 72.30 | 120.20 | 128.00 | 197.30 |
| 67 | 80.10 | 131.10 | 138.80 | 212.30 |
| 68 | 88.80 | 143.50 | 149.80 | 227.00 |
| 69 | 97.80 | 156.30 | 161.70 | 243.50 |
| 70 | 108.00 | 170.50 | 174.10 | 260.40 |
| 71 | 119.70 | 186.70 | 189.50 | 281.30 |
| 72 | 132.10 | 203.70 | 205.80 | 302.50 |
| 73 | 145.30 | 222.30 | 221.70 | 325.00 |
| 74 | 160.10 | 242.40 | 239.50 | 348.10 |
| 75 | 192.30 | 288.60 | 281.80 | 406.90 |
| 76 | 211.20 | 313.90 | 305.90 | 438.50 |
| 77 | 231.60 | 341.30 | 329.00 | 468.30 |
| 78 | 253.10 | 370.70 | 354.40 | 501.10 |
| 79 | 277.00 | 402.40 | 380.60 | 536.10 |
| 80 | 303.20 | 436.80 | 410.80 | 575.20 |