



**RATE SHEET
AEROVIRONMENT, INC.**

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

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 Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	2.70	4.10	12.90	17.80
31	2.70	4.10	13.10	18.10
32	2.70	4.20	13.30	18.50
33	2.80	4.30	13.80	19.10
34	2.90	4.40	13.90	19.30
35	3.00	4.50	14.50	20.00
36	3.10	4.70	14.80	20.40
37	3.30	4.90	15.30	20.90
38	3.40	5.10	15.60	21.50
39	3.60	5.30	16.40	22.30
40	3.70	5.40	16.80	23.00
41	3.80	5.70	17.30	23.60
42	4.10	6.10	17.80	24.30
43	4.20	6.20	18.30	24.90
44	4.40	6.50	19.00	25.90
45	4.60	6.80	19.60	26.50
46	4.90	7.20	20.10	27.40
47	5.10	7.50	20.60	28.30
48	5.30	8.00	21.20	29.20
49	5.60	8.50	21.90	30.30
50	5.90	8.90	22.40	31.20
51	6.30	9.50	23.20	32.40
52	6.60	10.00	24.10	33.80
53	7.00	10.70	24.70	34.80
54	7.40	11.30	25.50	36.00
55	7.80	11.90	26.90	37.50
56	8.30	12.70	28.00	39.20
57	9.00	13.70	29.30	41.00
58	9.50	14.50	30.60	42.80
59	10.20	15.60	32.10	44.90



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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Home, Comm-Based and Immediate Family Member Care	Base Plan With Compound Inflation	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
	Base Plan	Option	Option	Option
60	11.10	16.70	33.70	47.00
61	12.00	18.00	36.10	50.10
62	13.20	19.70	38.90	53.70
63	14.40	21.30	41.40	56.90
64	15.90	23.20	44.50	60.80
65	18.10	25.90	49.40	66.60
66	20.00	28.10	53.50	71.10
67	22.20	30.70	58.30	76.80
68	24.60	33.60	62.70	81.60
69	27.30	36.60	68.20	87.80
70	30.10	39.90	73.30	93.60
71	33.50	43.70	80.20	101.20
72	37.10	47.90	87.30	109.10
73	41.10	52.50	94.60	117.40
74	45.40	57.40	102.50	126.20
75	54.70	68.40	121.20	148.00
76	60.10	74.40	131.30	159.00
77	65.90	80.80	141.30	169.80
78	72.30	88.00	152.90	182.10
79	79.30	95.60	164.40	194.60
80	87.10	104.00	177.90	209.10



**RATE SHEET
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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 Home and Community- Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	3.60	5.60	17.00	23.90
31	3.70	5.70	17.60	24.60
32	3.80	5.80	17.90	25.10
33	3.90	5.90	18.60	25.90
34	3.90	6.00	18.90	26.40
35	4.10	6.20	19.40	27.00
36	4.30	6.40	19.90	27.60
37	4.40	6.60	20.70	28.60
38	4.60	6.90	21.30	29.50
39	4.80	7.20	21.80	30.20
40	4.90	7.40	22.60	31.10
41	5.10	7.70	22.90	31.80
42	5.40	8.10	23.80	32.90
43	5.60	8.50	24.60	33.80
44	6.00	8.90	25.30	34.90
45	6.30	9.30	26.00	35.90
46	6.50	9.80	26.90	37.20
47	6.90	10.40	27.30	38.10
48	7.20	10.90	28.30	39.70
49	7.50	11.50	29.00	40.90
50	7.80	12.10	29.70	42.20
51	8.20	12.80	30.60	43.80
52	8.80	13.70	31.70	45.40
53	9.30	14.60	32.70	47.10
54	9.80	15.30	33.90	48.90
55	10.40	16.30	35.40	50.70
56	11.00	17.40	36.80	52.90
57	11.90	18.70	38.30	55.40
58	12.70	20.00	40.20	58.10
59	13.50	21.30	42.00	60.70



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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 Home and Community- Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
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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 Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	14.50	22.90	43.90	63.70
61	15.80	24.80	47.10	68.20
62	17.30	27.10	50.40	72.90
63	18.90	29.40	53.70	77.30
64	20.70	31.90	57.70	82.80
65	23.50	35.70	63.80	90.70
66	26.00	39.00	69.10	97.30
67	28.80	42.60	75.20	104.90
68	31.70	46.30	81.00	111.90
69	35.10	50.60	87.50	120.00
70	38.80	55.30	94.20	128.30
71	43.10	60.70	102.90	139.00
72	47.70	66.40	111.80	149.70
73	52.70	72.80	120.60	160.90
74	58.10	79.50	130.80	173.20
75	69.90	95.00	154.20	202.90
76	76.70	103.20	167.20	218.40
77	84.20	112.30	179.80	233.40
78	92.20	122.10	194.20	250.30
79	101.10	132.90	208.60	267.90
80	110.80	144.50	225.50	287.90



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

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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	7.50	11.90	23.00	33.40
31	7.50	12.00	23.50	34.10
32	7.80	12.30	24.20	35.00
33	7.90	12.50	24.80	35.80
34	8.10	12.80	25.20	36.40
35	8.30	13.10	25.70	37.20
36	8.60	13.50	26.50	38.20
37	9.00	14.10	27.30	39.30
38	9.30	14.50	28.00	40.30
39	9.60	15.00	28.90	41.40
40	10.00	15.70	29.60	42.60
41	10.60	16.40	30.70	43.90
42	10.90	17.00	31.40	45.00
43	11.40	17.80	32.40	46.30
44	12.00	18.60	33.40	47.80
45	12.60	19.60	34.30	49.20
46	13.20	20.70	35.50	51.00
47	13.70	21.70	36.20	52.50
48	14.50	23.10	37.50	54.70
49	15.10	24.20	38.20	56.30
50	15.90	25.70	39.30	58.30
51	16.60	27.10	40.50	60.50
52	17.60	28.80	41.90	62.90
53	18.60	30.60	43.30	65.50
54	19.50	32.40	44.50	67.70
55	20.50	34.20	45.80	69.40
56	21.80	36.60	47.70	72.50
57	23.30	39.10	49.80	76.20
58	24.80	41.80	51.90	79.70
59	26.50	44.80	54.20	83.60



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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 Home and Community- Based Care	<u>Options</u> Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
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Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	28.30	48.00	56.40	87.50
61	30.90	52.20	60.30	93.60
62	33.50	56.80	64.50	100.20
63	36.60	61.70	68.50	106.50
64	39.70	67.00	73.00	113.60
65	44.90	74.80	80.80	124.70
66	49.70	81.70	87.40	133.90
67	54.90	89.10	94.70	143.90
68	60.70	97.30	102.00	153.70
69	66.90	106.10	110.30	165.10
70	73.90	115.80	118.80	176.60
71	81.80	126.70	129.30	190.70
72	90.40	138.40	140.20	205.10
73	99.40	151.00	151.10	220.20
74	109.40	164.50	163.20	236.00
75	131.30	195.80	192.10	275.90
76	144.20	213.00	208.30	297.10
77	157.90	231.40	223.80	317.20
78	172.70	251.40	241.30	339.70
79	188.90	272.90	259.00	363.20
80	206.60	296.20	279.50	389.70