



RATE SHEET

City Of Wichita

| | | | |
|---------------------------|---------------------|----------------------|--------------------------------|
| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Simple Capped |
| 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 | Base Plan With Total Home Care Option | Base Plan With Simple Inflation Option | Base Plan With Total Home Care Simple Inflation Option |
| 18-30 | 5.00 | 7.60 | 11.10 | 16.90 |
| 31 | 5.00 | 7.60 | 11.30 | 17.00 |
| 32 | 5.00 | 7.70 | 11.50 | 17.40 |
| 33 | 5.30 | 7.90 | 11.90 | 17.70 |
| 34 | 5.40 | 8.20 | 12.60 | 18.80 |
| 35 | 5.60 | 8.40 | 13.00 | 19.30 |
| 36 | 5.70 | 8.60 | 13.40 | 20.10 |
| 37 | 5.90 | 8.90 | 13.80 | 20.70 |
| 38 | 6.20 | 9.30 | 14.70 | 21.80 |
| 39 | 6.50 | 9.60 | 15.30 | 22.80 |
| 40 | 6.60 | 9.90 | 15.60 | 23.40 |
| 41 | 7.00 | 10.30 | 16.60 | 24.70 |
| 42 | 7.20 | 10.80 | 17.40 | 25.90 |
| 43 | 7.50 | 11.30 | 18.40 | 27.20 |
| 44 | 8.10 | 12.00 | 20.10 | 29.30 |
| 45 | 8.60 | 12.60 | 21.00 | 30.60 |
| 46 | 8.90 | 13.30 | 22.20 | 32.30 |
| 47 | 9.30 | 13.80 | 23.10 | 33.80 |
| 48 | 9.80 | 14.70 | 24.40 | 36.00 |
| 49 | 10.20 | 15.40 | 25.60 | 38.10 |
| 50 | 10.70 | 16.10 | 26.90 | 39.80 |
| 51 | 11.40 | 17.30 | 28.40 | 42.40 |
| 52 | 12.10 | 18.30 | 30.20 | 44.90 |
| 53 | 12.90 | 19.60 | 32.30 | 48.10 |
| 54 | 13.30 | 20.30 | 33.30 | 49.80 |
| 55 | 14.10 | 21.50 | 35.10 | 51.90 |
| 56 | 15.20 | 23.10 | 37.20 | 55.10 |
| 57 | 16.10 | 24.50 | 39.50 | 58.30 |
| 58 | 17.30 | 26.20 | 42.40 | 62.40 |
| 59 | 18.30 | 27.80 | 44.90 | 66.00 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Simple Capped |
| 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 | Base Plan With Total Home Care Option | Base Plan With Simple Inflation Option | Base Plan With Total Home Care Simple Inflation Option |
| 60 | 19.80 | 29.80 | 48.40 | 70.40 |
| 61 | 21.40 | 32.00 | 52.00 | 75.00 |
| 62 | 23.70 | 35.00 | 56.90 | 81.30 |
| 63 | 25.90 | 37.90 | 62.00 | 87.70 |
| 64 | 28.30 | 40.90 | 67.00 | 94.20 |
| 65 | 32.20 | 45.80 | 76.10 | 104.90 |
| 66 | 35.70 | 49.80 | 83.40 | 113.20 |
| 67 | 39.80 | 54.60 | 92.00 | 123.20 |
| 68 | 43.90 | 59.50 | 100.60 | 132.90 |
| 69 | 48.80 | 65.00 | 111.00 | 144.50 |
| 70 | 54.00 | 71.10 | 121.10 | 155.90 |
| 71 | 60.00 | 77.70 | 133.30 | 169.60 |
| 72 | 66.60 | 85.30 | 147.00 | 185.00 |
| 73 | 74.00 | 93.70 | 160.60 | 200.00 |
| 74 | 81.60 | 102.40 | 176.20 | 217.30 |
| 75 | 98.60 | 122.30 | 209.70 | 256.60 |
| 76 | 108.10 | 132.90 | 228.60 | 277.20 |
| 77 | 118.80 | 144.80 | 247.80 | 298.00 |
| 78 | 130.40 | 157.40 | 269.80 | 321.80 |
| 79 | 143.00 | 171.30 | 291.30 | 345.20 |
| 80 | 157.40 | 186.70 | 318.00 | 373.50 |
| 81 | 173.30 | 203.80 | 348.10 | 405.00 |
| 82 | 192.30 | 224.50 | 379.70 | 439.50 |
| 83 | 212.30 | 246.60 | 416.40 | 479.50 |
| 84 | 234.10 | 270.40 | 451.90 | 518.00 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Simple Capped |
| Home Monthly Benefit | \$500 | Inflation Protection | |
| Facility Benefit Duration | 6 Years | | |
| Home Benefit | 50% | | |
| Lifetime Maximum | \$72,000 | | |
| 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 | Base Plan With Total Home Care Option | Base Plan With Simple Inflation Option | Base Plan With Total Home Care Simple Inflation Option |
| 18-30 | 6.30 | 10.00 | 14.20 | 21.80 |
| 31 | 6.60 | 10.20 | 14.60 | 22.40 |
| 32 | 6.70 | 10.40 | 15.20 | 23.40 |
| 33 | 6.80 | 10.50 | 15.80 | 24.10 |
| 34 | 7.00 | 10.80 | 16.20 | 24.80 |
| 35 | 7.40 | 11.30 | 16.90 | 25.80 |
| 36 | 7.50 | 11.50 | 17.70 | 27.00 |
| 37 | 7.90 | 12.00 | 18.40 | 27.80 |
| 38 | 8.40 | 12.70 | 19.50 | 29.60 |
| 39 | 8.60 | 13.00 | 20.30 | 30.50 |
| 40 | 9.00 | 13.70 | 21.80 | 32.70 |
| 41 | 9.30 | 14.20 | 23.00 | 34.30 |
| 42 | 9.80 | 14.90 | 23.90 | 35.80 |
| 43 | 10.10 | 15.30 | 25.00 | 37.40 |
| 44 | 10.70 | 16.10 | 26.20 | 39.10 |
| 45 | 11.50 | 17.20 | 28.10 | 41.70 |
| 46 | 11.90 | 18.00 | 29.20 | 43.70 |
| 47 | 12.40 | 18.90 | 30.90 | 46.20 |
| 48 | 13.10 | 20.00 | 32.60 | 48.90 |
| 49 | 13.50 | 20.90 | 33.80 | 51.30 |
| 50 | 14.30 | 22.10 | 35.60 | 54.00 |
| 51 | 14.90 | 23.20 | 37.20 | 56.80 |
| 52 | 15.70 | 24.70 | 39.10 | 60.00 |
| 53 | 16.90 | 26.40 | 42.10 | 64.60 |
| 54 | 17.60 | 27.70 | 43.90 | 67.40 |
| 55 | 18.80 | 29.60 | 46.50 | 71.00 |
| 56 | 20.00 | 31.40 | 49.10 | 75.00 |
| 57 | 21.30 | 33.40 | 52.30 | 79.70 |
| 58 | 22.80 | 35.90 | 56.00 | 84.90 |
| 59 | 24.20 | 38.10 | 58.80 | 89.70 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Simple Capped |
| Home Monthly Benefit | \$500 | Inflation Protection | |
| Facility Benefit Duration | 6 Years | | |
| Home Benefit | 50% | | |
| Lifetime Maximum | \$72,000 | | |
| 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 Simple Inflation | Base Plan With Total Home Care Simple Inflation |
| | Base Plan | Option | Option | Option |
| 60 | 26.00 | 40.80 | 63.20 | 95.80 |
| 61 | 28.10 | 43.90 | 67.90 | 102.50 |
| 62 | 30.80 | 47.80 | 74.20 | 111.30 |
| 63 | 33.80 | 52.10 | 80.20 | 119.70 |
| 64 | 36.60 | 56.10 | 86.80 | 128.70 |
| 65 | 41.50 | 62.70 | 97.90 | 143.00 |
| 66 | 46.10 | 68.70 | 107.30 | 154.80 |
| 67 | 51.20 | 75.10 | 118.70 | 169.00 |
| 68 | 56.70 | 82.10 | 129.60 | 182.30 |
| 69 | 62.60 | 89.40 | 142.10 | 197.50 |
| 70 | 69.30 | 97.90 | 155.30 | 213.80 |
| 71 | 77.00 | 107.50 | 170.40 | 232.80 |
| 72 | 85.30 | 117.80 | 187.30 | 253.30 |
| 73 | 94.00 | 128.80 | 204.20 | 273.80 |
| 74 | 104.10 | 141.30 | 224.40 | 298.00 |
| 75 | 125.20 | 168.70 | 265.90 | 351.20 |
| 76 | 137.50 | 183.60 | 290.30 | 380.00 |
| 77 | 150.90 | 199.90 | 313.50 | 408.30 |
| 78 | 165.40 | 217.50 | 341.60 | 441.60 |
| 79 | 181.30 | 236.60 | 368.70 | 473.90 |
| 80 | 198.90 | 257.60 | 401.50 | 512.10 |
| 81 | 218.60 | 280.90 | 438.00 | 554.60 |
| 82 | 242.00 | 309.20 | 477.70 | 602.40 |
| 83 | 266.90 | 339.60 | 522.60 | 656.50 |
| 84 | 293.40 | 371.90 | 565.80 | 709.00 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Home Care Level | Total Simple Capped |
| 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 | Base Plan With Total Home Care Option | Base Plan With Simple Inflation Option | Base Plan With Total Home Care Simple Inflation Option |
| 18-30 | 9.10 | 14.30 | 19.70 | 31.10 |
| 31 | 9.10 | 14.40 | 20.00 | 31.70 |
| 32 | 9.20 | 14.70 | 20.90 | 33.00 |
| 33 | 9.40 | 15.00 | 21.30 | 33.80 |
| 34 | 9.60 | 15.30 | 21.90 | 35.00 |
| 35 | 10.00 | 16.00 | 23.30 | 36.80 |
| 36 | 10.30 | 16.40 | 24.40 | 38.30 |
| 37 | 10.70 | 17.00 | 25.50 | 40.10 |
| 38 | 11.00 | 17.40 | 26.40 | 41.40 |
| 39 | 11.40 | 18.10 | 27.60 | 43.10 |
| 40 | 12.00 | 19.00 | 28.80 | 45.10 |
| 41 | 12.70 | 19.80 | 30.40 | 47.40 |
| 42 | 13.10 | 20.60 | 31.50 | 49.30 |
| 43 | 13.70 | 21.50 | 33.40 | 52.00 |
| 44 | 14.20 | 22.40 | 34.90 | 54.40 |
| 45 | 15.00 | 23.60 | 36.90 | 57.30 |
| 46 | 15.90 | 25.00 | 39.40 | 61.10 |
| 47 | 16.60 | 26.40 | 41.20 | 64.60 |
| 48 | 17.30 | 27.70 | 43.00 | 67.90 |
| 49 | 18.30 | 29.50 | 45.30 | 71.90 |
| 50 | 19.00 | 31.00 | 47.00 | 75.10 |
| 51 | 19.90 | 32.60 | 49.60 | 79.70 |
| 52 | 21.10 | 34.60 | 52.40 | 84.40 |
| 53 | 22.20 | 36.80 | 54.90 | 89.10 |
| 54 | 23.30 | 38.70 | 57.70 | 93.60 |
| 55 | 24.30 | 40.80 | 60.10 | 97.40 |
| 56 | 26.10 | 43.80 | 63.70 | 103.80 |
| 57 | 27.50 | 46.50 | 67.60 | 110.10 |
| 58 | 29.40 | 49.80 | 72.00 | 117.10 |
| 59 | 31.20 | 52.90 | 76.10 | 124.10 |



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

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
|------------------|-----------|---|--|---|
| | Base Plan | Base Plan With Total Home Care Option | Base Plan With Simple Inflation Option | Base Plan With Total Home Care Simple Inflation Option |
| 60 | 33.50 | 56.60 | 81.10 | 132.00 |
| 61 | 36.30 | 61.20 | 87.20 | 141.70 |
| 62 | 39.40 | 66.50 | 94.50 | 153.10 |
| 63 | 43.30 | 72.70 | 102.40 | 165.80 |
| 64 | 46.50 | 78.00 | 109.70 | 177.20 |
| 65 | 52.80 | 87.40 | 123.80 | 197.20 |
| 66 | 58.40 | 95.40 | 135.40 | 213.60 |
| 67 | 64.80 | 104.30 | 149.40 | 232.80 |
| 68 | 71.60 | 114.00 | 162.60 | 250.70 |
| 69 | 79.10 | 124.40 | 178.90 | 272.10 |
| 70 | 87.40 | 135.80 | 195.30 | 294.40 |
| 71 | 96.70 | 148.70 | 213.60 | 319.90 |
| 72 | 106.80 | 162.50 | 234.10 | 346.90 |
| 73 | 117.60 | 177.30 | 254.60 | 373.80 |
| 74 | 129.70 | 193.50 | 278.40 | 405.00 |
| 75 | 155.70 | 230.40 | 329.50 | 476.20 |
| 76 | 170.90 | 250.50 | 359.90 | 515.10 |
| 77 | 187.60 | 272.60 | 388.70 | 553.30 |
| 78 | 205.10 | 296.20 | 422.30 | 597.20 |
| 79 | 224.50 | 321.70 | 455.80 | 641.00 |
| 80 | 245.70 | 349.40 | 494.60 | 690.30 |
| 81 | 269.40 | 380.00 | 538.80 | 745.80 |
| 82 | 297.50 | 416.80 | 586.10 | 807.50 |
| 83 | 327.20 | 456.00 | 639.50 | 876.50 |
| 84 | 358.60 | 497.10 | 690.30 | 943.10 |