



**Kansas University Teachers and Employees Association**

<b>BASE PLAN:</b>		<b>OPTIONS:</b>	
<b>FACILITY MONTHLY BENEFIT</b>	\$1000	<b>HOME MONTHLY BENEFIT</b>	\$500
<b>Facility Ben Duration</b>	3 YEARS	<b>HOME BENEFIT</b>	50%
<b>LIFETIME MAXIMUM</b>	\$36,000	<b>HOME CARE LEVEL</b>	<b>TOTAL</b>
<b>ELIMINATION PERIOD</b>	90 DAYS	<b>INFLATION PROTECTION</b>	<b>SIMPLE CAPPED</b>

**MONTHLY RATES**

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH SIMPLE INFLATION OPTION	BASE PLAN WITH TOTAL HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLATION TOTAL HOME CARE OPTION
18-30	1.70	5.20	5.70	15.70
31	1.80	5.30	6.00	16.50
32	1.80	5.30	6.10	16.90
33	2.10	6.00	6.50	17.90
34	2.20	6.30	6.80	18.70
35	2.20	6.30	7.00	19.30
36	2.40	7.00	7.50	21.00
37	2.70	7.80	8.00	22.10
38	3.00	8.50	8.50	23.60
39	3.10	9.20	8.90	25.10
40	3.30	9.60	9.40	26.10
41	3.40	10.10	9.90	27.20
42	3.70	10.70	10.60	29.10
43	3.80	11.30	11.00	30.50
44	4.10	12.30	11.60	32.20
45	4.40	12.90	12.30	34.00
46	4.80	13.90	13.30	36.30
47	5.30	15.30	14.20	38.70
48	5.60	16.50	15.10	41.10
49	6.00	17.50	16.00	43.20
50	6.40	18.70	16.90	45.60
51	7.10	20.40	18.20	48.70
52	7.60	22.10	19.60	52.40
53	8.20	23.80	20.80	55.20
54	9.20	26.40	22.60	59.60
55	9.70	27.90	24.00	62.60
56	11.10	31.40	26.30	68.10
57	12.20	34.70	28.40	73.50



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<b>LIFETIME MAXIMUM</b>	\$36,000	<b>HOME CARE LEVEL</b>	<b>TOTAL</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 TOTAL HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLATION TOTAL HOME CARE OPTION
58	13.60	38.10	31.00	79.40
59	15.30	42.70	33.90	86.20
60	16.80	46.60	36.40	91.90
61	19.00	52.80	39.90	100.50
62	21.60	58.80	43.50	108.70
63	24.20	65.00	47.50	117.10
64	27.30	72.50	51.70	126.60
65	32.10	84.80	58.00	141.20
66	35.90	93.00	62.60	151.00
67	40.10	102.70	67.70	161.80
68	44.80	112.80	73.40	173.20
69	50.20	125.00	79.70	187.00
70	55.90	136.30	86.30	199.10
71	65.50	157.60	97.70	222.90
72	74.90	178.00	108.90	246.00
73	84.50	198.20	120.20	269.00
74	94.20	216.90	131.70	289.80
75	104.00	237.00	143.20	312.20
76	115.00	256.80	155.60	334.00
77	127.70	281.00	169.60	359.60
78	141.80	308.10	185.30	388.90
79	156.70	337.80	201.70	419.70
80	172.90	367.10	219.40	451.30
81	191.10	399.80	238.80	485.20
82	210.70	434.00	259.80	520.50
83	233.10	476.50	283.70	564.90
84	255.30	513.80	307.80	604.60



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<b>FACILITY MONTHLY BENEFIT</b>	\$1000	<b>HOME MONTHLY BENEFIT</b>	\$500
<b>Facility Ben Duration</b>	6 YEARS	<b>HOME BENEFIT</b>	50%
<b>LIFETIME MAXIMUM</b>	\$72,000	<b>HOME CARE LEVEL</b>	TOTAL
<b>ELIMINATION PERIOD</b>	90 DAYS	<b>INFLATION PROTECTION</b>	SIMPLE CAPPED

**MONTHLY RATES**

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH SIMPLE INFLATION OPTION	BASE PLAN WITH TOTAL HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLATION TOTAL HOME CARE OPTION
18-30	2.30	6.80	6.80	19.00
31	2.30	6.80	7.00	19.60
32	2.70	7.60	7.50	20.80
33	2.90	8.20	7.90	21.70
34	2.90	8.30	8.20	22.70
35	3.00	9.10	8.50	23.80
36	3.20	9.40	9.00	24.80
37	3.40	9.90	9.50	26.40
38	3.60	10.50	9.90	27.70
39	3.90	11.50	10.50	29.30
40	4.10	12.10	11.10	30.90
41	4.30	12.70	11.60	32.30
42	4.70	13.70	12.60	34.90
43	5.20	15.10	13.40	37.00
44	5.30	15.80	14.10	39.20
45	5.70	16.80	14.90	41.30
46	6.00	17.90	15.80	43.50
47	6.70	19.60	16.90	46.40
48	7.10	20.80	18.10	49.20
49	7.70	22.60	19.20	52.30
50	8.30	24.00	20.60	55.70
51	9.10	26.50	22.20	59.80
52	9.70	28.10	23.60	62.90
53	10.70	30.90	25.40	67.40
54	11.60	33.40	27.30	72.20
55	12.70	36.20	29.30	76.50
56	14.00	39.90	31.90	83.40
57	15.60	44.00	34.80	90.10



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<b>BASE PLAN:</b>		<b>OPTIONS:</b>	
<b>FACILITY MONTHLY BENEFIT</b>	<b>\$1000</b>	<b>HOME MONTHLY BENEFIT</b>	<b>\$500</b>
<b>Facility Ben Duration</b>	<b>6 YEARS</b>	<b>HOME BENEFIT</b>	<b>50%</b>
<b>LIFETIME MAXIMUM</b>	<b>\$72,000</b>	<b>HOME CARE LEVEL</b>	<b>TOTAL</b>
<b>ELIMINATION PERIOD</b>	<b>90 DAYS</b>	<b>INFLATION PROTECTION</b>	<b>SIMPLE CAPPED</b>

**MONTHLY RATES**

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH SIMPLE INFLATION OPTION	BASE PLAN WITH TOTAL HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLATION TOTAL HOME CARE OPTION
58	17.30	48.90	37.90	97.50
59	19.50	54.70	41.50	106.60
60	21.60	59.60	45.30	114.20
61	24.20	66.50	49.30	124.00
62	27.20	74.10	54.00	134.80
63	30.60	82.40	59.20	146.20
64	34.70	92.50	65.00	159.30
65	40.50	106.90	73.20	178.70
66	45.20	117.30	79.40	191.50
67	50.40	129.10	86.30	205.90
68	56.30	141.60	93.90	221.20
69	62.70	155.70	102.30	238.40
70	69.70	169.90	111.40	255.90
71	81.50	196.30	126.80	288.10
72	93.10	221.40	142.00	320.10
73	105.00	246.10	157.40	350.30
74	116.80	268.30	172.80	377.40
75	128.50	292.90	188.20	407.60
76	142.40	318.30	205.70	438.40
77	157.50	346.90	224.80	473.00
78	174.70	379.10	246.50	512.40
79	193.00	415.70	269.70	555.80
80	212.60	451.80	294.80	600.50
81	234.40	490.40	321.60	646.80
82	258.10	531.70	350.70	695.00
83	284.60	582.30	383.60	755.20
84	310.90	626.30	416.70	809.60



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<b>Facility Ben Duration</b>	<b>UNLIMITED</b>	<b>HOME BENEFIT</b>	<b>50%</b>
<b>LIFETIME MAXIMUM</b>	<b>UNLIMITED</b>	<b>HOME CARE LEVEL</b>	<b>TOTAL</b>
<b>ELIMINATION PERIOD</b>	<b>90 DAYS</b>	<b>INFLATION PROTECTION</b>	<b>SIMPLE CAPPED</b>

*MONTHLY RATES*

INSURANCE AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	BASE PLAN	BASE PLAN WITH SIMPLE INFLATION OPTION	BASE PLAN WITH TOTAL HOME CARE OPTION	BASE PLAN WITH SIMPLE INFLATION TOTAL HOME CARE OPTION
18-30	2.80	8.10	9.00	25.00
31	3.00	8.90	9.40	26.40
32	3.20	9.20	9.80	27.40
33	3.30	9.70	10.30	28.80
34	3.50	10.20	10.80	30.10
35	3.60	10.80	11.20	31.60
36	3.90	11.30	11.80	33.10
37	4.00	11.90	12.30	34.60
38	4.20	12.50	13.10	36.80
39	4.70	13.50	14.00	38.90
40	4.90	14.10	14.60	40.70
41	5.30	15.60	15.40	43.70
42	5.60	16.60	16.40	46.10
43	6.00	17.70	17.40	48.70
44	6.50	18.90	18.60	51.50
45	6.90	20.10	19.60	54.60
46	7.40	21.40	20.90	57.90
47	7.80	22.90	22.20	61.40
48	8.60	25.30	23.80	65.70
49	9.20	27.00	25.40	69.70
50	9.70	28.30	26.90	73.40
51	10.70	31.00	29.10	79.30
52	11.70	33.60	31.20	84.30
53	12.80	36.90	33.60	90.40
54	13.80	39.70	36.10	96.40
55	14.90	42.40	38.60	102.20
56	16.40	46.90	42.10	111.10
57	18.30	51.50	45.90	120.10



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<b>LIFETIME MAXIMUM</b>	<b>UNLIMITED</b>	<b>HOME CARE LEVEL</b>	<b>TOTAL</b>
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58	20.30	57.20	50.20	131.30
59	22.50	63.30	54.80	141.80
60	25.30	70.00	60.00	154.20
61	28.30	77.70	65.60	167.70
62	31.80	86.40	72.00	182.00
63	35.50	95.30	78.90	197.50
64	39.90	105.80	86.40	214.30
65	46.80	123.80	97.70	241.50
66	52.30	135.70	106.40	260.00
67	58.40	149.90	116.00	280.60
68	65.10	164.00	126.50	301.90
69	72.60	180.10	137.80	324.80
70	80.30	196.10	149.50	348.50
71	93.90	226.00	169.80	390.70
72	107.30	255.00	190.00	433.10
73	120.40	282.20	210.00	472.50
74	134.00	307.50	230.30	510.60
75	147.30	336.00	250.40	550.30
76	163.00	364.00	273.30	591.20
77	180.40	397.10	298.50	638.60
78	199.70	433.40	326.40	688.50
79	220.50	475.30	355.80	745.60
80	242.80	515.80	387.10	801.90
81	266.70	557.90	420.30	858.10
82	293.20	604.10	456.80	920.70
83	322.30	659.10	496.90	994.00
84	351.30	707.50	536.20	1059.30