



Rates and Coverage Calculators

Kansas And Missouri

Effective October 1, 2018



Heritage Companies

Join us today: 1-816-322-6350

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Monthly Plan Costs



Monthly Medical Premium KS & MO

	Healthy100	Healthy100	HealthyChoice	HealthyChoice
	\$5,000	\$3,000	\$1,000	\$2,500
Employee Only- EE	\$531.60	\$588.32	\$659.55	\$580.40
Employee + Spouse- ES	\$1,089.77	\$1,206.05	\$1,352.07	\$1,189.82
Employee + Child(ren)- EC	\$1,020.66	\$1,129.57	\$1,266.33	\$1,114.37
Employee + Family- FA	\$1,578.84	\$1,747.30	\$1,958.86	\$1,723.80

Monthly Medical Premium KS & MO

	HealthyValue	HealthyValue	HealthyConsumer	HealthyConsumer
	\$6,850	\$3,500	\$6,500	\$3,500
Employee Only- EE	\$340.21	\$360.62	\$312.54	\$367.42
Employee + Spouse- ES	\$697.43	\$739.27	\$640.70	\$753.22
Employee + Child(ren)- EC	\$653.20	\$692.39	\$600.07	\$705.45
Employee + Family- FA	\$1,010.42	\$1,071.04	\$928.23	\$1,091.25

Monthly Dental Premium KS & MO

	Dental Care 1500
Employee Only- EE	\$32.86
Employee + Spouse- ES	\$71.37
Employee + Child(ren)- EC	\$84.24
Employee + Family- FA	\$99.15

Monthly Vision Premium KS & MO

	Vision Care 150
Employee Only- EE	\$8.25
Employee + Spouse- ES	\$19.70
Employee + Child(ren)- EC	\$17.83
Employee + Family- FA	\$34.75

Monthly Life Premium KS & MO

	\$10,000 Coverage
Employee Only- EE	\$1.60





VOLUNTARY LIFE INSURANCE WITH AD&D AND WITH PORTABILITY

Monthly Rates

Monthly Rate	<i>Employee Coverage Amount</i>												
	Employee Age	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000	\$300,000	\$0	
Per 1,000							UW Required	UW Required	UW Required	UW Required	UW Required		
\$0.085	Less than 30	\$0.85	\$2.13	\$4.25	\$8.50	\$12.75	\$14.88	\$17.00	\$19.13	\$21.25	\$25.50	\$0.00	
\$0.085	30-34	\$0.85	\$2.13	\$4.25	\$8.50	\$12.75	\$14.88	\$17.00	\$19.13	\$21.25	\$25.50	\$0.00	
\$0.115	35-39	\$1.15	\$2.88	\$5.75	\$11.50	\$17.25	\$20.13	\$23.00	\$25.88	\$28.75	\$34.50	\$0.00	
\$0.165	40-44	\$1.65	\$4.13	\$8.25	\$16.50	\$24.75	\$28.88	\$33.00	\$37.13	\$41.25	\$49.50	\$0.00	
\$0.235	45-49	\$2.35	\$5.88	\$11.75	\$23.50	\$35.25	\$41.13	\$47.00	\$52.88	\$58.75	\$70.50	\$0.00	
\$0.455	50-54	\$4.55	\$11.38	\$22.75	\$45.50	\$68.25	\$79.63	\$91.00	\$102.38	\$113.75	\$136.50	\$0.00	
\$0.695	55-59	\$6.95	\$17.38	\$34.75	\$69.50	\$104.25	\$121.63	\$139.00	\$156.38	\$173.75	\$208.50	\$0.00	
\$0.815	60-64	\$8.15	\$20.38	\$40.75	\$81.50	\$122.25	\$142.63	\$163.00	\$183.38	\$203.75	\$244.50	\$0.00	
\$1.415	65-69	\$14.15	\$35.38	\$70.75	\$141.50	\$212.25	\$247.63	\$283.00	\$318.38	\$353.75	\$424.50	\$0.00	

Monthly Rate	<i>Spouse Coverage Amount</i>												
	Spouse Age	\$5,000	\$10,000	\$25,000	\$35,000	\$50,000	\$75,000	\$90,000	\$100,000	\$125,000	\$150,000	\$0	
Per 1,000							UW Required	UW Required	UW Required	UW Required	UW Required		
\$0.085	Less than 30	\$0.43	\$0.85	\$2.13	\$2.98	\$4.25	\$6.38	\$7.65	\$8.50	\$10.63	\$12.75	\$0.00	
\$0.085	30-34	\$0.43	\$0.85	\$2.13	\$2.98	\$4.25	\$6.38	\$7.65	\$8.50	\$10.63	\$12.75	\$0.00	
\$0.115	35-39	\$0.58	\$1.15	\$2.88	\$4.03	\$5.75	\$8.63	\$10.35	\$11.50	\$14.38	\$17.25	\$0.00	
\$0.165	40-44	\$0.83	\$1.65	\$4.13	\$5.78	\$8.25	\$12.38	\$14.85	\$16.50	\$20.63	\$24.75	\$0.00	
\$0.235	45-49	\$1.18	\$2.35	\$5.88	\$8.23	\$11.75	\$17.63	\$21.15	\$23.50	\$29.38	\$35.25	\$0.00	
\$0.455	50-54	\$2.28	\$4.55	\$11.38	\$15.93	\$22.75	\$34.13	\$40.95	\$45.50	\$56.88	\$68.25	\$0.00	
\$0.695	55-59	\$3.48	\$6.95	\$17.38	\$24.33	\$34.75	\$52.13	\$62.55	\$69.50	\$86.88	\$104.25	\$0.00	
\$0.815	60-64	\$4.08	\$8.15	\$20.38	\$28.53	\$40.75	\$61.13	\$73.35	\$81.50	\$101.88	\$122.25	\$0.00	
\$1.415	65-69	\$7.08	\$14.15	\$35.38	\$49.53	\$70.75	\$106.13	\$127.35	\$141.50	\$176.88	\$212.25	\$0.00	

NO MEDICAL QUESTIONS REQUIRED FOR BELOW AMOUNTS
Coverage Limit with no Medical Questions

Employee*: \$150,000
 Spouse*: \$50,000

Rates for DEPENDENT CHILD(REN)

Coverage Available:
 \$10,000 6 months and older \$ 2.00
 \$250 15 days to 6 months
 No coverage 0 - 14 days



Disability Insurance

Voluntary Short-Term Disability Coverage

You have the opportunity to enroll in Voluntary Short-Term Disability insurance. Voluntary Short-Term Disability insurance helps to replace your income if you are sick or injured and cannot work.

Short-Term Disability Employee Paid



- Weekly benefit: 60% of weekly earnings to a maximum benefit of \$2,308 per week
- Elimination period: injury - 7 days, sickness - 7 days
- Benefit Duration: 90 Days
- Features: Rehabilitation and return to work assistance program, guaranteed insurability, maternity benefits, minimum weekly benefit of \$15

Rates

Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-99
Rate	0.0324	0.0306	0.0282	0.027	0.0282	0.0312	0.0378	0.0456	0.0516	0.057	0.0618

To Calculate Your Monthly STD Cost

$$\frac{\text{Your Annual Earnings}}{52} = \text{Your Weekly Earnings} \times .60 = \text{Weekly benefit Max} \times \text{Your age based rate} = \text{Monthly cost}$$

Voluntary Long-Term Disability Coverage

You have the opportunity to increase your coverage by enrolling in Voluntary Long-Term Disability insurance. This protects a portion of your income if you become partially or totally disabled for a long period of time.

Long-Term Disability Employee Paid



- Protects a portion of your income if you become partially or totally disabled for a long period of time.
- Monthly Benefit: 60% of monthly earnings to a maximum benefit of \$5,000 per month.
- Definition of Disability: 2 year regular occupation, zero-day residual, accelerated elimination period, work incentive benefit during the first 12 months of disability payments.
- Elimination period: 90 days
- Benefit duration: To Age 65
- Waiver of premium for employees receiving LTD benefits
- Pre-Existing Condition Clause: 12/12/24

Rates

Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-99
Rate	0.0018	0.0026	0.0037	0.0053	0.0095	0.0126	0.0176	0.0156	0.095	0.0652	0.067

To Calculate Your Monthly LTD Cost

$$\frac{\text{Annual salary Maximum} = \$200,000}{12} \times \text{Your age based rate} = \text{Your annual cost} / 12 = \text{Cost per month}$$



Accident and Critical Illness

Accident Plan and Rates

On-the-job or off-the-job accident-only insurance for active lifestyles or children.

Health Maintenance Screening Benefit of \$50 and \$500 Automobile Accident Benefit



Monthly Rates

Employee Only	\$18.24
Employee and Spouse	\$27.28
Employee and Child(ren)	\$31.70
Employee and Family	\$48.84

Critical Illness Plan and Rates

Catastrophic coverage such as heart attack, stroke, paralysis, burns, renal failure, heart transplant, coronary bypass, angioplasties, stints, organ transplant or cancer

Guaranteed Issue up to \$20,000 for Employees and \$10,000 on Spouses



	<30	30-39	40-49	50-59	60-70
\$5,000	\$3.45	\$6.05	\$10.65	\$21.35	\$39.45
\$10,000	\$6.90	\$12.10	\$21.30	\$42.70	\$78.90
\$15,000	\$10.35	\$18.15	\$31.95	\$64.05	\$118.35
\$20,000	\$13.80	\$24.20	\$42.60	\$85.40	\$157.80
\$25,000	\$17.25	\$30.25	\$53.25	\$106.75	\$197.25
\$30,000	\$20.70	\$36.30	\$63.90	\$128.10	\$236.70
\$35,000	\$24.15	\$42.35	\$74.55	\$149.45	\$276.15
\$40,000	\$27.60	\$48.40	\$85.20	\$170.80	\$315.60
\$45,000	\$31.05	\$54.45	\$95.85	\$192.15	\$355.05
\$50,000	\$34.50	\$60.50	\$106.50	\$213.50	\$394.50



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