



KEMPER SENIOR SOLUTIONS

Home Health Care Insurance Plan



Insurance Benefits Provided by **Reserve National Insurance Company**
A **Kemper Life & Health** Company

Home Health Care Rates

Kemper Home Health Care Benefits						
Issue Age	HHC-TX (Rev.) RATES		EBR-HHC-4 RATES		INF-HHC-TX-3 RATES	
	Home Health Care Policy with Prescription Drug Benefit Rider		OPTIONAL Extra Benefit Rider EBR-HHC-4		OPTIONAL Inflation Benefit Rider INF-HHC-TX-3	
	Monthly Bank Draft	Annual	Monthly Bank Draft	Annual	Monthly Bank Draft	Annual
41-45	\$ 26.95	\$ 323.45	\$ 8.90	\$106.55	\$22.75	\$273.25
46	\$ 27.45	\$ 329.00	\$ 8.90	\$107.10	\$22.95	\$275.45
47	\$ 27.95	\$ 335.05	\$ 9.00	\$108.20	\$23.10	\$277.10
48	\$ 28.40	\$ 340.60	\$ 9.05	\$108.75	\$23.30	\$279.30
49	\$ 28.95	\$ 347.20	\$ 9.10	\$109.30	\$23.45	\$281.50
50	\$ 29.50	\$ 353.85	\$ 9.20	\$110.40	\$23.60	\$283.20
51	\$ 30.10	\$ 361.00	\$ 9.25	\$110.95	\$23.80	\$285.40
52	\$ 30.75	\$ 368.75	\$ 9.35	\$112.05	\$23.90	\$287.05
53	\$ 31.35	\$ 375.90	\$ 9.40	\$112.60	\$24.05	\$288.70
54	\$ 32.05	\$ 384.20	\$ 9.50	\$113.70	\$24.25	\$290.90
55	\$ 32.75	\$ 393.00	\$ 9.50	\$114.25	\$24.40	\$292.55
56	\$ 33.55	\$ 402.40	\$ 9.60	\$115.35	\$24.50	\$294.20
57	\$ 34.35	\$ 411.80	\$ 9.70	\$116.45	\$24.65	\$295.85
58	\$ 35.20	\$ 422.25	\$ 9.80	\$117.60	\$24.80	\$297.55
59	\$ 36.10	\$ 433.30	\$ 9.85	\$118.15	\$24.95	\$299.20
60	\$ 37.15	\$ 445.45	\$ 9.95	\$119.25	\$25.05	\$300.85
61	\$ 38.25	\$ 458.70	\$10.05	\$120.90	\$25.25	\$303.05
62	\$ 39.45	\$ 473.05	\$10.15	\$122.00	\$25.35	\$304.15
63	\$ 40.70	\$ 487.95	\$10.25	\$123.10	\$25.50	\$305.80
64	\$ 42.05	\$ 504.50	\$10.35	\$124.20	\$25.60	\$307.45
65	\$ 43.60	\$ 523.30	\$10.45	\$125.30	\$25.70	\$308.55
66	\$ 45.30	\$ 543.70	\$10.55	\$126.40	\$25.80	\$309.65
67	\$ 47.10	\$ 565.25	\$10.65	\$128.05	\$25.90	\$310.80
68	\$ 49.00	\$ 587.85	\$10.75	\$129.15	\$25.95	\$311.35
69	\$ 51.05	\$ 612.70	\$10.85	\$130.25	\$25.95	\$311.35
70	\$ 53.30	\$ 639.20	\$11.00	\$131.95	\$25.95	\$311.35
71	\$ 55.65	\$ 667.90	\$11.10	\$133.05	\$25.90	\$310.80
72	\$ 58.40	\$ 700.50	\$11.20	\$134.15	\$25.80	\$309.65
73	\$ 61.40	\$ 736.35	\$11.25	\$135.25	\$25.70	\$308.55
74	\$ 64.55	\$ 774.45	\$11.35	\$136.35	\$25.60	\$306.90
75	\$ 67.75	\$ 813.10	\$11.50	\$138.00	\$25.40	\$304.70
76	\$ 71.15	\$ 853.40	\$11.60	\$139.10	\$25.15	\$301.95
77	\$ 74.70	\$ 896.45	\$11.70	\$140.20	\$24.90	\$298.65
78	\$ 78.45	\$ 941.15	\$11.80	\$141.30	\$24.55	\$294.75
79	\$ 82.25	\$ 986.95	\$11.90	\$142.95	\$24.20	\$290.35
80	\$ 86.15	\$1,033.90	\$12.00	\$144.05	\$23.75	\$284.85
81	\$ 89.35	\$1,072.00	\$11.95	\$143.50	\$22.95	\$275.45
82	\$ 93.65	\$1,123.85	\$12.10	\$145.20	\$22.50	\$269.95
83	\$ 98.10	\$1,176.85	\$12.30	\$147.40	\$21.95	\$263.30
84	\$102.60	\$1,230.95	\$12.40	\$149.05	\$21.35	\$256.15
85	\$107.10	\$1,285.05	\$12.60	\$151.25	\$20.65	\$247.85

Policy Form Series HHC-TX (Rev.) with Rider PD-2, and Rider Form Series EBR-HHC-4 Form numbers and availability may vary by state.

FOR USE IN TEXAS ONLY

Kemper Home Health Care Benefits

NON-FORFEITURE BENEFIT RIDER RATES						
Issue Age	OPTIONAL Non-Forfeiture Benefit Rider for HHC-TX (Rev.)		OPTIONAL Non-Forfeiture Benefit Rider for EBR-HHC-4		OPTIONAL Non-Forfeiture Benefit Rider for INF-HHC-TX-3	
	Monthly Bank Draft	Annual	Monthly Bank Draft	Annual	Monthly Bank Draft	Annual
41-45	\$1.40	\$16.60	\$0.65	\$ 7.75	\$0.35	\$4.40
46	\$1.45	\$17.15	\$0.65	\$ 7.75	\$0.35	\$4.40
47	\$1.45	\$17.15	\$0.65	\$ 7.75	\$0.35	\$4.40
48	\$1.50	\$17.70	\$0.65	\$ 7.75	\$0.35	\$4.40
49	\$1.55	\$18.25	\$0.70	\$ 8.30	\$0.35	\$4.40
50	\$1.55	\$18.25	\$0.70	\$ 8.30	\$0.35	\$4.40
51	\$1.60	\$18.80	\$0.70	\$ 8.30	\$0.40	\$4.95
52	\$1.60	\$19.35	\$0.70	\$ 8.30	\$0.40	\$4.95
53	\$1.65	\$19.90	\$0.70	\$ 8.30	\$0.40	\$4.95
54	\$1.70	\$20.45	\$0.70	\$ 8.30	\$0.40	\$4.95
55	\$1.75	\$21.00	\$0.70	\$ 8.30	\$0.40	\$4.95
56	\$1.85	\$22.10	\$0.70	\$ 8.30	\$0.40	\$4.95
57	\$1.90	\$22.65	\$0.70	\$ 8.30	\$0.45	\$5.50
58	\$2.00	\$23.75	\$0.75	\$ 8.85	\$0.45	\$5.50
59	\$2.05	\$24.30	\$0.75	\$ 8.85	\$0.45	\$5.50
60	\$2.15	\$25.40	\$0.75	\$ 8.85	\$0.45	\$5.50
61	\$2.20	\$26.50	\$0.75	\$ 8.85	\$0.45	\$5.50
62	\$2.25	\$27.05	\$0.75	\$ 8.85	\$0.45	\$5.50
63	\$2.35	\$28.15	\$0.75	\$ 8.85	\$0.50	\$6.05
64	\$2.45	\$29.25	\$0.80	\$ 9.40	\$0.50	\$6.05
65	\$2.55	\$30.40	\$0.80	\$ 9.40	\$0.50	\$6.05
66	\$2.65	\$31.50	\$0.80	\$ 9.40	\$0.50	\$6.05
67	\$2.75	\$32.60	\$0.80	\$ 9.40	\$0.50	\$6.05
68	\$2.85	\$34.25	\$0.80	\$ 9.40	\$0.50	\$6.05
69	\$3.00	\$35.90	\$0.80	\$ 9.40	\$0.50	\$6.05
70	\$3.10	\$37.00	\$0.85	\$ 9.95	\$0.50	\$6.05
71	\$3.25	\$38.65	\$0.85	\$ 9.95	\$0.50	\$6.05
72	\$3.35	\$40.30	\$0.85	\$ 9.95	\$0.50	\$6.05
73	\$3.50	\$41.95	\$0.85	\$ 9.95	\$0.50	\$6.05
74	\$3.65	\$43.65	\$0.85	\$ 9.95	\$0.50	\$6.05
75	\$3.75	\$44.75	\$0.85	\$10.50	\$0.50	\$6.05
76	\$3.90	\$46.40	\$0.85	\$10.50	\$0.50	\$6.05
77	\$4.00	\$48.05	\$0.85	\$10.50	\$0.45	\$5.50
78	\$4.20	\$50.25	\$0.85	\$10.50	\$0.45	\$5.50
79	\$4.35	\$51.90	\$0.85	\$10.50	\$0.45	\$5.50
80	\$4.50	\$53.55	\$0.90	\$11.05	\$0.45	\$5.50
81	\$4.55	\$54.65	\$0.90	\$11.05	\$0.40	\$4.95
82	\$4.75	\$56.85	\$0.90	\$11.05	\$0.40	\$4.95
83	\$4.95	\$59.10	\$0.90	\$11.05	\$0.40	\$4.95
84	\$5.05	\$60.20	\$0.90	\$11.05	\$0.40	\$4.95
85	\$5.15	\$61.85	\$0.95	\$11.60	\$0.40	\$4.95

SEE THE POLICY AND/OR OUTLINE OF COVERAGE FOR LIMITATIONS AND EXCLUSIONS.

Agent Instructions

APPLICATION AND ACCOMPANYING FORMS

- Refer to the information furnished to you by your supervisor, which reflects the proper application and other forms required to be used with this policy in Texas.
- Applicant is not eligible for this policy if he/she answers “yes” to questions 4, 5 or 6 on the application. Also, this policy is not appropriate for an applicant who answers “yes” to question 3.
- Each applicant for this policy who is eligible for Medicare must be furnished the “Guide to Health Insurance for People with Medicare” and sign the “Important Notice to Persons on Medicare” at the time of application. This signed Important Notice must be submitted to the Home Office with the application.
- The Home Office may call applicants for this policy to review the application with the applicant. Agents should advise each applicant that they may receive a telephone call.
- This policy will not be issued to replace any other policy.
- All applications will be either issued or declined without the use of any rate-up or elimination of a person’s pre-existing condition.
- You may fax completed applications and other required forms to 800.222.8662.

UNDERWRITING INSTRUCTIONS

- Available to individuals ages 41 through 85. Age at last birthday determines rate to be used.
- An individual is NOT ELIGIBLE for this policy if he/she is:
 - currently living in a nursing home or assisted living center or currently receiving home health care or similar type benefits; or
 - physically unable to perform routine activities such as bathing, dressing, eating, toileting or transferring to or from a bed or chair
- This plan may be written in combination with any other coverage.
- A full annual premium or authorized monthly bank draft must be collected with the application. COD cases and other premium modes are not acceptable.
- All checks must be made payable to Kemper Senior Solutions. Agents may not cash checks under any circumstances. Money orders will be accepted for the annual mode only. If cash is collected, you should purchase a money order for the gross annual premium and submit it with the application. Net premium submissions are not acceptable.
- The Policy will be renewed on bank draft. Therefore, you must complete the bank draft authorization portion of the application and furnish a voided check on the account to be drafted. Deposit slips, etc. are not acceptable.
- **EFFECTIVE DATE OF POLICY:** If the applicant pays annual, you may request the effective date to be the date of application. If the applicant pays monthly, the effective date will be a future date that is selected or the date of issue (which is determined by the Home Office). Do not select date of application for the effective date if the applicant pays monthly.