

Hospital Recovery Insurance Monthly Rates

For use in the state of: **PENNSYLVANIA**

**\$300 Daily Benefit**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$15.65	\$22.67	\$24.31	\$33.42
<b>30-39</b>	\$17.40	\$25.58	\$26.09	\$36.34
<b>40-49</b>	\$21.15	\$33.23	\$29.93	\$44.12
<b>50-59</b>	\$28.28	\$47.46	\$37.28	\$58.64
<b>60-64</b>	\$31.71	\$54.73	\$40.27	\$65.34
<b>65-69</b>	\$39.75	\$70.01	\$48.66	\$81.05
<b>70-74</b>	\$54.37	\$95.19	\$64.43	\$107.66

**\$500 Daily Benefit**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$19.91	\$31.61	\$34.37	\$49.52
<b>30-39</b>	\$22.85	\$36.48	\$37.33	\$54.42
<b>40-49</b>	\$29.18	\$49.33	\$43.83	\$67.47
<b>50-59</b>	\$41.02	\$73.01	\$56.04	\$91.63
<b>60-64</b>	\$47.00	\$85.37	\$61.27	\$103.05
<b>65-69</b>	\$59.86	\$110.30	\$74.71	\$128.70
<b>70-74</b>	\$81.51	\$149.55	\$98.28	\$170.34

**\$700 Daily Benefit**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$24.17	\$40.55	\$44.41	\$65.62
<b>30-39</b>	\$28.30	\$47.38	\$48.58	\$72.49
<b>40-49</b>	\$37.23	\$65.43	\$57.73	\$90.83
<b>50-59</b>	\$53.77	\$98.55	\$74.79	\$124.62
<b>60-64</b>	\$62.30	\$116.00	\$82.28	\$140.73
<b>65-69</b>	\$79.98	\$150.59	\$100.76	\$176.35
<b>70-74</b>	\$108.65	\$203.91	\$132.12	\$233.01

**\$900 Daily Benefit**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$28.43	\$49.49	\$54.45	\$81.73
<b>30-39</b>	\$33.75	\$58.28	\$59.83	\$90.57
<b>40-49</b>	\$45.27	\$81.53	\$71.63	\$114.19
<b>50-59</b>	\$66.52	\$124.09	\$93.55	\$157.60
<b>60-64</b>	\$77.59	\$146.63	\$103.28	\$178.46
<b>65-69</b>	\$100.09	\$190.88	\$126.82	\$224.00
<b>70-74</b>	\$135.79	\$258.27	\$165.97	\$295.68

In most instances, there will be a premium saving when spouses/partners apply together versus separately. The rates shown assume primary and spouse are in the same age bands. To review monthly premiums for different benefit amounts, visit [www.YourLifeSecure.com](http://www.YourLifeSecure.com) and login to your secure portal to run quotes.

Hospital Recovery Insurance Optional Riders Monthly Rates  
 For use in the state of: **PENNSYLVANIA**

**Emergency Room and Ambulance Benefit Rider**

**\$300 Per Emergency Room Visit, 1 Visit Per Year &**

**\$150 Ground, \$ 500 Air Per Day Ambulance, 1 Day Per Year Maximum**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$5.69	\$11.40	\$16.02	\$24.15
<b>30-39</b>	\$5.69	\$11.40	\$16.02	\$24.15
<b>40-49</b>	\$5.69	\$11.40	\$16.02	\$24.15
<b>50-59</b>	\$6.50	\$13.00	\$16.74	\$25.66
<b>60-64</b>	\$8.05	\$16.09	\$18.19	\$28.64
<b>65-69</b>	\$9.93	\$19.86	\$19.93	\$32.20
<b>70-74</b>	\$11.17	\$22.35	\$20.64	\$34.07

**Major Diagnostic Examination Benefit Rider**

**\$500 Per day, 1 Day Per Year Maximum**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.00	\$17.94	\$11.05	\$20.48
<b>30-39</b>	\$9.00	\$17.94	\$11.05	\$20.48
<b>40-49</b>	\$9.00	\$17.94	\$11.05	\$20.48
<b>50-59</b>	\$16.85	\$33.71	\$18.88	\$36.24
<b>60-64</b>	\$20.66	\$41.41	\$22.68	\$43.92
<b>65-69</b>	\$23.80	\$47.73	\$25.79	\$50.20
<b>70-74</b>	\$25.57	\$51.31	\$27.46	\$53.65

**Rehabilitation Facility Benefit Rider**

**\$100 Per Day, 15 Days Per Year Maximum**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$0.09	\$0.17	\$0.12	\$0.21
<b>30-39</b>	\$0.09	\$0.17	\$0.12	\$0.21
<b>40-49</b>	\$0.09	\$0.17	\$0.12	\$0.21
<b>50-59</b>	\$0.28	\$0.56	\$0.31	\$0.60
<b>60-64</b>	\$0.40	\$0.80	\$0.43	\$0.84
<b>65-69</b>	\$0.50	\$1.01	\$0.54	\$1.05
<b>70-74</b>	\$0.58	\$1.15	\$0.61	\$1.19

The rates shown assume primary and spouse are in the same age bands. To review monthly premiums for different benefit amounts, visit [www.YourLifeSecure.com](http://www.YourLifeSecure.com) and login to your secure portal to run quotes.