

Hospital Recovery Insurance Monthly Rates* with Observation Coverage **NORTH CAROLINA**

\$7,000 Annual Benefit Bank \$200 Daily Benefit

lssue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.38	\$19.74	\$23.74	\$35.23
30-39	\$15.75	\$26.12	\$29.46	\$38.73
40-49	\$19.92	\$34.97	\$31.35	\$44.80
50-59	\$24.11	\$42.61	\$32.90	\$51.14
60-63	\$28.56	\$54.10	\$35.47	\$58.66
64	\$32.20	\$62.75	\$38.24	\$68.52

\$17,500 Annual Benefit Bank \$500 Daily Benefit

lssue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$18.91	\$35.19	\$42.91	\$60.54
30-39	\$23.79	\$43.35	\$50.03	\$71.08
40-49	\$32.80	\$61.94	\$55.76	\$86.24
50-59	\$42.75	\$82.43	\$62.23	\$105.11
60-63	\$56.78	\$113.27	\$71.49	\$127.95
64	\$70.97	\$144.76	\$85.14	\$158.14

\$24,500 Annual Benefit Bank \$700 Daily Benefit

lssue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$24.56	\$47.43	\$57.94	\$82.63
30-39	\$31.32	\$58.69	\$67.81	\$97.20
40-49	\$43.83	\$84.50	\$75.76	\$118.26
50-59	\$56.68	\$112.76	\$84.80	\$144.20
60-63	\$77.48	\$156.49	\$97.91	\$176.84
64	\$98.23	\$200.69	\$117.58	\$219.62

\$31,500 Annual Benefit Bank \$900 Daily Benefit

lssue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$30.22	\$59.66	\$72.99	\$104.71
30-39	\$38.84	\$74.03	\$85.59	\$123.31
40-49	\$58.48	\$114.21	\$102.10	\$160.32
50-59	\$74.34	\$151.63	\$112.76	\$190.73
60-63	\$99.92	\$203.28	\$126.51	\$229.75
64	\$126.43	\$260.38	\$152.31	\$285.40

* Each covered family member has access to his/her own Annual Benefit Bank amount (Daily Benefit Amount x 35). 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** and login to your secure portal to run quotes.



Hospital Recovery Insurance Optional Riders Monthly Rates* with Observation Coverage NORTH CAROLINA

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
18-29	\$4.25	\$8.42	\$10.27	\$15.56
30-39	\$4.25	\$8.42	\$10.27	\$15.56
40-49	\$4.25	\$8.42	\$10.27	\$15.56
50-59	\$5.01	\$9.95	\$10.91	\$16.97
60-63	\$6.33	\$12.65	\$11.96	\$19.10
64	\$8.04	\$16.05	\$14.04	\$22.05

Major Diagnostic Examination Benefit Rider

\$500 Per day, 1 Day Per Year Maximum

lssue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$13.91	\$27.83	\$22.30	\$36.22
30-39	\$13.91	\$27.83	\$22.30	\$36.22
40-49	\$13.91	\$27.83	\$22.30	\$36.22
50-59	\$23.12	\$46.43	\$30.00	\$53.30
60-63	\$33.40	\$67.14	\$39.90	\$73.65
64	\$37.50	\$75.00	\$44.44	\$81.94

Rehabilitation Facility Benefit Rider

\$100 Per Day, 15 Days Per Year Maximum

lssue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.16	\$0.32	\$0.19	\$0.35
30-39	\$0.16	\$0.32	\$0.19	\$0.35
40-49	\$0.16	\$0.32	\$0.19	\$0.35
50-59	\$0.36	\$0.73	\$0.39	\$0.76
60-63	\$0.61	\$1.23	\$0.64	\$1.26
64	\$0.85	\$1.71	\$0.88	\$1.74

* 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** and login to your secure portal to run quotes.