

Hospital Indemnity Insurance Monthly Rates

Maryland

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Hospital Indemnity Insurance Monthly Rates*
Maryland

\$200 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.79	\$11.40	\$13.51	\$17.18
30-39	\$9.38	\$12.75	\$14.85	\$19.45
40-49	\$10.17	\$14.59	\$14.97	\$20.42
50-59	\$12.45	\$19.39	\$16.39	\$23.85
60-64	\$13.58	\$22.49	\$16.92	\$26.00
65-69	\$15.56	\$26.57	\$19.08	\$30.10
70-74	\$18.90	\$32.75	\$22.59	\$36.44
75-79	\$24.33	\$42.86	\$28.33	\$46.86
80-85	\$34.86	\$62.19	\$39.68	\$67.02

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.51	\$12.83	\$15.41	\$20.05
30-39	\$10.29	\$14.63	\$17.12	\$22.99
40-49	\$11.45	\$17.19	\$17.43	\$24.46
50-59	\$14.57	\$23.67	\$19.48	\$29.23
60-64	\$16.35	\$28.07	\$20.52	\$32.45
65-69	\$19.07	\$33.58	\$23.47	\$37.98
70-74	\$23.26	\$41.51	\$27.86	\$46.11
75-79	\$30.21	\$54.66	\$35.19	\$59.64
80-85	\$43.56	\$79.64	\$49.57	\$85.65

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.93	\$13.66	\$16.52	\$21.72
30-39	\$10.83	\$15.73	\$18.46	\$25.07
40-49	\$12.21	\$18.72	\$18.88	\$26.84
50-59	\$16.65	\$27.57	\$22.43	\$34.10
60-64	\$19.97	\$34.85	\$25.15	\$40.28
65-69	\$23.50	\$41.91	\$28.95	\$47.37
70-74	\$28.70	\$51.87	\$34.41	\$57.58
75-79	\$35.45	\$64.86	\$41.31	\$70.71
80-85	\$48.70	\$89.94	\$55.40	\$96.64

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$10.37	\$14.53	\$17.68	\$23.47
30-39	\$11.39	\$16.88	\$19.85	\$27.24
40-49	\$18.19	\$28.44	\$28.56	\$41.05
50-59	\$25.23	\$42.48	\$34.20	\$52.63
60-64	\$27.33	\$48.34	\$34.51	\$55.88
65-69	\$32.38	\$58.40	\$39.95	\$65.96
70-74	\$39.61	\$72.35	\$47.52	\$80.26
75-79	\$49.09	\$90.65	\$57.20	\$98.76
80-85	\$54.06	\$100.70	\$61.49	\$108.13

* To review monthly premiums for different benefit amounts, visit www.YourLifeSecure.com and login to your secure portal to run quotes.

Hospital Indemnity Insurance Monthly Rates*
Maryland

\$300 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.98	\$13.76	\$16.52	\$21.78
30-39	\$10.84	\$15.77	\$18.42	\$25.05
40-49	\$12.19	\$18.69	\$18.82	\$26.76
50-59	\$15.73	\$26.02	\$21.18	\$32.19
60-64	\$17.83	\$31.07	\$22.45	\$35.93
65-69	\$22.11	\$39.41	\$27.26	\$44.56
70-74	\$27.03	\$48.79	\$32.41	\$54.17
75-79	\$33.36	\$60.98	\$38.89	\$66.51
80-85	\$48.22	\$88.99	\$54.89	\$95.65

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$11.06	\$15.91	\$19.36	\$26.07
30-39	\$12.22	\$18.59	\$21.83	\$30.36
40-49	\$14.11	\$22.60	\$22.52	\$32.82
50-59	\$18.91	\$32.45	\$25.83	\$40.26
60-64	\$21.97	\$39.44	\$27.84	\$45.60
65-69	\$27.68	\$50.51	\$34.21	\$57.04
70-74	\$33.93	\$62.67	\$40.75	\$69.50
75-79	\$42.19	\$78.68	\$49.19	\$85.68
80-85	\$61.28	\$115.16	\$69.72	\$123.59

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.86	\$18.87	\$23.13	\$31.44
30-39	\$16.93	\$26.31	\$30.98	\$43.51
40-49	\$19.81	\$32.35	\$32.11	\$47.30
50-59	\$26.26	\$45.76	\$36.08	\$56.87
60-64	\$29.84	\$54.24	\$37.91	\$62.71
65-69	\$32.59	\$60.06	\$40.32	\$67.79
70-74	\$40.00	\$74.59	\$48.08	\$82.67
75-79	\$49.88	\$93.81	\$58.17	\$102.09
80-85	\$68.98	\$130.60	\$78.46	\$140.08

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.82	\$22.15	\$27.32	\$37.45
30-39	\$18.03	\$28.55	\$33.70	\$47.75
40-49	\$22.98	\$38.19	\$37.76	\$56.15
50-59	\$33.52	\$59.21	\$46.30	\$73.67
60-64	\$37.46	\$68.81	\$47.68	\$79.54
65-69	\$45.26	\$84.09	\$56.04	\$94.87
70-74	\$55.60	\$104.50	\$66.86	\$115.76
75-79	\$69.52	\$131.62	\$81.07	\$143.17
80-85	\$77.04	\$146.74	\$87.60	\$157.31

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Hospital Indemnity Insurance Monthly Rates*
 Maryland

\$500 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.35	\$18.49	\$22.53	\$30.95
30-39	\$14.47	\$22.90	\$26.84	\$38.05
40-49	\$21.09	\$34.96	\$34.49	\$51.26
50-59	\$29.34	\$51.69	\$40.49	\$64.31
60-64	\$32.16	\$58.93	\$40.95	\$68.16
65-69	\$35.25	\$65.38	\$43.68	\$73.80
70-74	\$43.34	\$81.30	\$52.15	\$90.11
75-79	\$54.14	\$102.34	\$63.18	\$111.38
80-85	\$74.96	\$142.57	\$85.29	\$152.90

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$15.58	\$24.27	\$29.99	\$41.92
30-39	\$17.68	\$29.16	\$34.37	\$49.59
40-49	\$23.31	\$40.07	\$39.24	\$59.43
50-59	\$34.87	\$63.14	\$48.65	\$78.73
60-64	\$36.91	\$69.08	\$50.37	\$79.88
65-69	\$45.01	\$84.85	\$55.86	\$95.69
70-74	\$55.45	\$105.65	\$66.78	\$116.99
75-79	\$69.62	\$133.39	\$81.24	\$145.01
80-85	\$96.72	\$186.20	\$110.00	\$199.48

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$18.25	\$28.97	\$36.05	\$50.75
30-39	\$24.38	\$40.96	\$48.41	\$70.38
40-49	\$29.82	\$52.09	\$50.85	\$77.64
50-59	\$42.04	\$77.03	\$58.93	\$96.13
60-64	\$45.58	\$86.04	\$60.09	\$99.48
65-69	\$50.77	\$96.33	\$63.04	\$108.60
70-74	\$62.59	\$120.01	\$75.41	\$132.84
75-79	\$78.75	\$151.70	\$91.90	\$164.85
80-85	\$109.56	\$211.93	\$124.58	\$226.95

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$21.20	\$34.20	\$42.82	\$60.67
30-39	\$26.34	\$44.98	\$53.28	\$77.97
40-49	\$37.23	\$65.92	\$64.17	\$98.66
50-59	\$50.09	\$92.66	\$70.48	\$115.72
60-64	\$60.03	\$114.11	\$76.99	\$131.92
65-69	\$73.83	\$140.85	\$91.71	\$158.73
70-74	\$91.08	\$175.54	\$109.77	\$194.23
75-79	\$114.78	\$222.10	\$133.94	\$241.26
80-85	\$129.13	\$250.78	\$146.80	\$268.46

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Hospital Indemnity Insurance Monthly Rates*
Maryland

\$700 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.78	\$23.29	\$28.62	\$40.21
30-39	\$16.78	\$27.93	\$32.79	\$47.53
40-49	\$28.44	\$49.23	\$48.05	\$73.07
50-59	\$39.58	\$72.01	\$55.33	\$89.83
60-64	\$42.60	\$79.98	\$56.44	\$92.52
65-69	\$47.29	\$89.38	\$58.74	\$100.83
70-74	\$58.23	\$111.24	\$70.18	\$123.19
75-79	\$73.16	\$140.49	\$85.42	\$152.74
80-85	\$101.69	\$196.15	\$115.70	\$210.16

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$20.78	\$33.95	\$42.30	\$60.29
30-39	\$27.99	\$48.32	\$57.04	\$83.90
40-49	\$34.72	\$61.98	\$60.14	\$92.88
50-59	\$49.75	\$92.53	\$70.17	\$115.62
60-64	\$56.90	\$108.59	\$73.08	\$125.58
65-69	\$60.97	\$116.66	\$75.80	\$131.50
70-74	\$75.19	\$145.33	\$90.67	\$160.82
75-79	\$94.83	\$183.96	\$110.71	\$199.83
80-85	\$132.16	\$257.23	\$150.29	\$275.37

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$22.55	\$37.44	\$46.96	\$67.32
30-39	\$30.61	\$53.71	\$63.58	\$94.07
40-49	\$38.40	\$69.47	\$67.25	\$104.53
50-59	\$55.73	\$104.60	\$78.90	\$130.80
60-64	\$61.40	\$117.95	\$78.96	\$136.39
65-69	\$69.04	\$132.76	\$85.87	\$149.59
70-74	\$85.19	\$165.44	\$102.75	\$183.01
75-79	\$107.62	\$209.59	\$125.62	\$227.60
80-85	\$150.13	\$293.26	\$170.70	\$313.83

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$24.39	\$41.09	\$51.84	\$74.68
30-39	\$32.18	\$57.23	\$67.90	\$100.97
40-49	\$48.29	\$88.33	\$85.34	\$133.36
50-59	\$61.99	\$117.23	\$88.03	\$146.68
60-64	\$81.18	\$156.80	\$104.51	\$181.30
65-69	\$100.72	\$194.46	\$125.31	\$219.05
70-74	\$124.34	\$242.41	\$149.99	\$268.08
75-79	\$157.28	\$307.32	\$183.58	\$333.63
80-85	\$177.36	\$347.47	\$201.63	\$371.74

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Hospital Indemnity Insurance Monthly Rates
Maryland

\$900 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$20.55	\$33.57	\$41.51	\$59.21
30-39	\$27.56	\$47.50	\$55.83	\$82.12
40-49	\$38.91	\$69.32	\$67.19	\$103.69
50-59	\$48.53	\$90.11	\$68.40	\$112.58
60-64	\$55.35	\$105.48	\$71.10	\$122.01
65-69	\$62.19	\$118.86	\$77.35	\$134.02
70-74	\$73.12	\$141.18	\$88.21	\$156.27
75-79	\$101.41	\$196.50	\$118.42	\$213.52
80-85	\$141.27	\$274.72	\$160.70	\$294.15

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$26.50	\$44.73	\$56.04	\$80.90
30-39	\$33.33	\$59.34	\$70.15	\$104.41
40-49	\$42.11	\$77.04	\$74.32	\$116.18
50-59	\$56.85	\$107.51	\$76.44	\$134.51
60-64	\$61.94	\$119.61	\$79.77	\$138.34
65-69	\$76.79	\$148.24	\$95.58	\$167.03
70-74	\$94.92	\$185.02	\$114.56	\$204.65
75-79	\$120.05	\$234.52	\$140.18	\$254.65
80-85	\$167.60	\$328.27	\$190.58	\$351.25

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$28.95	\$49.58	\$62.53	\$90.68
30-39	\$36.71	\$66.26	\$78.54	\$117.48
40-49	\$46.85	\$86.65	\$83.44	\$131.12
50-59	\$69.28	\$131.99	\$98.68	\$165.22
60-64	\$84.11	\$163.28	\$108.42	\$188.81
65-69	\$91.51	\$177.37	\$113.93	\$199.78
70-74	\$113.17	\$221.42	\$136.59	\$244.84
75-79	\$150.13	\$294.24	\$175.28	\$319.39
80-85	\$190.71	\$374.59	\$216.81	\$400.70

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$31.53	\$54.65	\$69.31	\$100.91
30-39	\$41.68	\$76.12	\$90.43	\$135.83
40-49	\$61.04	\$113.97	\$109.58	\$172.96
50-59	\$83.27	\$159.61	\$118.90	\$199.89
60-64	\$102.19	\$199.25	\$131.82	\$230.37
65-69	\$127.39	\$247.69	\$158.63	\$278.92
70-74	\$157.59	\$309.28	\$190.22	\$341.91
75-79	\$199.77	\$392.54	\$233.21	\$425.99
80-85	\$236.35	\$465.32	\$268.67	\$497.64

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Hospital Indemnity Insurance Monthly Rates
Maryland

OPTIONAL BENEFIT RIDERS

Lump Sum Hospital Admission

\$500** (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$3.75	\$7.42	\$7.14	\$11.57
30-39	\$4.52	\$9.27	\$8.44	\$14.07
40-49	\$6.85	\$13.94	\$10.88	\$18.84
50-59	\$9.12	\$18.42	\$11.93	\$21.60
60-64	\$10.54	\$21.20	\$12.67	\$23.44
65-69	\$11.80	\$23.58	\$13.73	\$25.51
70-74	\$14.35	\$28.71	\$16.25	\$30.62
75-79	\$17.76	\$35.55	\$19.67	\$37.47
80-85	\$22.02	\$44.08	\$23.95	\$46.01

Outpatient Surgery

\$500** (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$3.32	\$6.57	\$6.46	\$10.42
30-39	\$4.92	\$9.83	\$8.51	\$14.21
40-49	\$6.96	\$14.00	\$10.24	\$17.95
50-59	\$9.43	\$19.04	\$12.33	\$22.27
60-64	\$11.81	\$23.79	\$14.76	\$26.84
65-69	\$13.40	\$26.91	\$16.55	\$30.06
70-74	\$14.00	\$28.08	\$17.12	\$31.20
75-79	\$14.00	\$28.08	\$17.12	\$31.20
80-85	\$14.00	\$28.08	\$17.12	\$31.20

** \$1,000 option is available for exactly double the premium amounts shown in this table

Outpatient Major Diagnostic Exam

\$500 Benefit Payout (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$3.63	\$7.24	\$6.60	\$10.87
30-39	\$5.30	\$10.57	\$8.65	\$14.66
40-49	\$7.65	\$15.39	\$10.76	\$19.13
50-59	\$10.48	\$21.21	\$13.26	\$24.31
60-64	\$12.96	\$26.18	\$15.82	\$29.14
65-69	\$14.52	\$29.17	\$17.56	\$32.22
70-74	\$15.01	\$30.02	\$17.99	\$33.00
75-79	\$15.01	\$30.01	\$17.99	\$33.00
80-85	\$15.01	\$30.01	\$17.99	\$33.00

Emergency Room and Ambulance

ER: \$150 per day, up to 2 days per calendar year.
Ambulance: \$150 (Ground) **or** \$500 (Air),
one per calendar year

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$2.03	\$4.06	\$5.52	\$8.32
30-39	\$2.03	\$4.06	\$5.52	\$8.32
40-49	\$2.03	\$4.06	\$5.52	\$8.32
50-59	\$2.75	\$5.54	\$5.68	\$8.85
60-64	\$4.01	\$8.05	\$6.95	\$11.13
65-69	\$5.69	\$11.31	\$8.90	\$14.52
70-74	\$7.12	\$14.23	\$10.25	\$17.36
75-79	\$9.41	\$18.81	\$12.52	\$21.91
80-85	\$12.64	\$25.21	\$15.70	\$28.28

Hospital Indemnity Insurance Monthly Rates
Maryland

OPTIONAL BENEFIT RIDERS

**Rehabilitation or Skilled
 Nursing Facility: 1-20 Days**

\$100 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.33	\$0.67	\$0.38	\$0.71
30-39	\$0.33	\$0.67	\$0.38	\$0.71
40-49	\$1.00	\$1.99	\$1.04	\$2.05
50-59	\$2.49	\$4.97	\$2.52	\$5.00
60-64	\$2.93	\$5.83	\$2.94	\$5.85
65-69	\$5.08	\$10.03	\$5.10	\$10.05
70-74	\$7.24	\$14.40	\$7.26	\$14.42
75-79	\$11.12	\$22.10	\$11.14	\$22.12
80-85	\$16.75	\$33.24	\$16.77	\$33.26

**Rehabilitation or Skilled
 Nursing Facility: 21-100 Days**

\$100 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.42	\$0.83	\$0.46	\$0.88
30-39	\$0.42	\$0.83	\$0.46	\$0.88
40-49	\$1.09	\$2.18	\$1.11	\$2.20
50-59	\$2.33	\$4.65	\$2.34	\$4.67
60-64	\$4.06	\$8.09	\$4.07	\$8.10
65-69	\$5.20	\$10.28	\$5.20	\$10.28
70-74	\$8.04	\$15.99	\$8.05	\$16.00
75-79	\$12.34	\$24.54	\$12.35	\$24.54
80-85	\$17.43	\$34.60	\$17.44	\$34.60

**Rehabilitation or Skilled
 Nursing Facility: 1-20 Days**

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.66	\$1.34	\$0.76	\$1.42
30-39	\$0.66	\$1.34	\$0.76	\$1.42
40-49	\$2.00	\$3.98	\$2.08	\$4.10
50-59	\$4.98	\$9.94	\$5.04	\$10.00
60-64	\$5.86	\$11.66	\$5.88	\$11.70
65-69	\$10.16	\$20.06	\$10.20	\$20.10
70-74	\$14.48	\$28.80	\$14.52	\$28.84
75-79	\$22.24	\$44.20	\$22.28	\$44.24
80-85	\$33.50	\$66.48	\$33.54	\$66.52

**Rehabilitation or Skilled
 Nursing Facility: 21-100 Days**

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.84	\$1.66	\$0.92	\$1.76
30-39	\$0.84	\$1.66	\$0.92	\$1.76
40-49	\$2.18	\$4.36	\$2.22	\$4.40
50-59	\$4.66	\$9.30	\$4.68	\$9.34
60-64	\$8.12	\$16.18	\$8.14	\$16.20
65-69	\$10.40	\$20.56	\$10.40	\$20.56
70-74	\$16.08	\$31.98	\$16.10	\$32.00
75-79	\$24.68	\$49.08	\$24.70	\$49.08
80-85	\$34.86	\$69.20	\$34.88	\$69.20