

Hospital Indemnity Insurance Monthly Rates

Minnesota

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Hospital Indemnity Insurance Monthly Rates*
Minnesota

\$200 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$7.24	\$9.40	\$11.14	\$14.16
30-39	\$7.73	\$10.50	\$12.24	\$16.03
40-49	\$8.62	\$12.37	\$12.68	\$17.31
50-59	\$10.60	\$16.51	\$13.95	\$20.31
60-64	\$11.62	\$19.25	\$14.48	\$22.25
65-69	\$13.31	\$22.74	\$16.33	\$25.76
70-74	\$16.17	\$28.02	\$19.33	\$31.18
75-79	\$20.82	\$36.68	\$24.24	\$40.10
80-85	\$30.12	\$53.74	\$34.29	\$57.91

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$7.84	\$10.57	\$12.70	\$16.52
30-39	\$8.48	\$12.05	\$14.11	\$18.95
40-49	\$9.71	\$14.57	\$14.78	\$20.73
50-59	\$12.41	\$20.16	\$16.59	\$24.89
60-64	\$13.99	\$24.02	\$17.56	\$27.77
65-69	\$16.32	\$28.74	\$20.09	\$32.50
70-74	\$19.91	\$35.53	\$23.84	\$39.46
75-79	\$25.85	\$46.77	\$30.12	\$51.04
80-85	\$37.64	\$68.82	\$42.83	\$74.01

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.19	\$11.26	\$13.61	\$17.90
30-39	\$8.92	\$12.96	\$15.21	\$20.66
40-49	\$10.35	\$15.87	\$16.01	\$22.75
50-59	\$14.18	\$23.48	\$19.10	\$29.05
60-64	\$17.09	\$29.82	\$21.52	\$34.47
65-69	\$20.11	\$35.87	\$24.78	\$40.54
70-74	\$24.56	\$44.39	\$29.44	\$49.27
75-79	\$30.34	\$55.50	\$35.35	\$60.52
80-85	\$42.08	\$77.71	\$47.87	\$83.50

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.55	\$11.97	\$14.57	\$19.34
30-39	\$9.39	\$13.91	\$16.36	\$22.45
40-49	\$15.42	\$24.11	\$24.21	\$34.79
50-59	\$21.49	\$36.18	\$29.13	\$44.82
60-64	\$23.39	\$41.37	\$29.53	\$47.82
65-69	\$27.71	\$49.98	\$34.19	\$56.45
70-74	\$33.90	\$61.92	\$40.66	\$68.68
75-79	\$42.01	\$77.57	\$48.95	\$84.52
80-85	\$46.72	\$87.01	\$53.14	\$93.43

* 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*
Minnesota

\$300 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.22	\$11.34	\$13.61	\$17.94
30-39	\$8.94	\$12.99	\$15.18	\$20.64
40-49	\$10.33	\$15.84	\$15.95	\$22.68
50-59	\$13.40	\$22.16	\$18.04	\$27.42
60-64	\$15.26	\$26.59	\$19.21	\$30.75
65-69	\$18.92	\$33.72	\$23.33	\$38.13
70-74	\$23.13	\$41.75	\$27.74	\$46.36
75-79	\$28.55	\$52.18	\$33.28	\$56.92
80-85	\$41.67	\$76.89	\$47.43	\$82.65

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.12	\$13.11	\$15.96	\$21.48
30-39	\$10.07	\$15.32	\$17.99	\$25.02
40-49	\$11.96	\$19.15	\$19.09	\$27.82
50-59	\$16.11	\$27.63	\$22.00	\$34.29
60-64	\$18.80	\$33.75	\$23.82	\$39.03
65-69	\$23.69	\$43.23	\$29.28	\$48.81
70-74	\$29.03	\$53.63	\$34.88	\$59.47
75-79	\$36.10	\$67.33	\$42.09	\$73.32
80-85	\$52.95	\$99.51	\$60.24	\$106.80

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$10.60	\$15.55	\$19.06	\$25.91
30-39	\$13.95	\$21.68	\$25.53	\$35.86
40-49	\$16.79	\$27.42	\$27.21	\$40.09
50-59	\$22.36	\$38.97	\$30.73	\$48.43
60-64	\$25.54	\$46.42	\$32.44	\$53.66
65-69	\$27.89	\$51.40	\$34.51	\$58.01
70-74	\$34.23	\$63.83	\$41.14	\$70.74
75-79	\$42.69	\$80.28	\$49.78	\$87.37
80-85	\$59.61	\$112.85	\$67.79	\$121.04

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.22	\$18.25	\$22.52	\$30.86
30-39	\$14.86	\$23.53	\$27.77	\$39.35
40-49	\$19.48	\$32.37	\$32.01	\$47.59
50-59	\$28.55	\$50.43	\$39.43	\$62.74
60-64	\$32.06	\$58.88	\$40.81	\$68.07
65-69	\$38.73	\$71.96	\$47.95	\$81.19
70-74	\$47.58	\$89.43	\$57.22	\$99.06
75-79	\$59.49	\$112.63	\$69.37	\$122.52
80-85	\$66.57	\$126.80	\$75.69	\$135.93

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Hospital Indemnity Insurance Monthly Rates*
Minnesota

\$500 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$10.18	\$15.24	\$18.57	\$25.51
30-39	\$11.92	\$18.87	\$22.12	\$31.36
40-49	\$17.88	\$29.63	\$29.24	\$43.45
50-59	\$24.99	\$44.03	\$34.48	\$54.77
60-64	\$27.52	\$50.43	\$35.04	\$58.33
65-69	\$30.17	\$55.95	\$37.38	\$63.16
70-74	\$37.09	\$69.57	\$44.63	\$77.11
75-79	\$46.33	\$87.58	\$54.06	\$95.31
80-85	\$64.77	\$123.19	\$73.70	\$132.12

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.84	\$20.00	\$24.72	\$34.55
30-39	\$14.57	\$24.03	\$28.32	\$40.87
40-49	\$19.76	\$33.97	\$33.26	\$50.38
50-59	\$29.69	\$53.78	\$41.43	\$67.05
60-64	\$31.59	\$59.11	\$42.90	\$68.36
65-69	\$38.52	\$72.61	\$47.80	\$81.89
70-74	\$47.45	\$90.41	\$57.15	\$100.11
75-79	\$59.58	\$114.15	\$69.53	\$124.09
80-85	\$83.57	\$160.89	\$95.05	\$172.37

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$15.04	\$23.87	\$29.71	\$41.82
30-39	\$20.09	\$33.75	\$39.89	\$58.00
40-49	\$25.28	\$44.15	\$43.10	\$65.81
50-59	\$35.81	\$65.60	\$50.19	\$81.87
60-64	\$39.01	\$73.63	\$51.18	\$85.13
65-69	\$43.45	\$82.44	\$53.95	\$92.94
70-74	\$53.56	\$102.70	\$64.54	\$113.68
75-79	\$67.39	\$129.82	\$78.64	\$141.07
80-85	\$94.67	\$183.12	\$107.65	\$196.10

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$17.47	\$28.18	\$35.29	\$49.99
30-39	\$21.71	\$37.07	\$43.91	\$64.25
40-49	\$31.56	\$55.87	\$54.39	\$83.63
50-59	\$42.66	\$78.92	\$60.03	\$98.56
60-64	\$51.37	\$97.65	\$65.88	\$112.89
65-69	\$63.18	\$120.53	\$78.48	\$135.84
70-74	\$77.94	\$150.22	\$93.93	\$166.22
75-79	\$98.23	\$190.07	\$114.63	\$206.46
80-85	\$111.58	\$216.69	\$126.85	\$231.97

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Hospital Indemnity Insurance Monthly Rates*
Minnesota

\$700 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.18	\$19.19	\$23.58	\$33.14
30-39	\$13.83	\$23.01	\$27.02	\$39.17
40-49	\$24.10	\$41.73	\$40.73	\$61.93
50-59	\$33.71	\$61.33	\$47.13	\$76.51
60-64	\$36.46	\$68.44	\$48.07	\$79.18
65-69	\$40.47	\$76.49	\$50.26	\$86.28
70-74	\$49.83	\$95.19	\$60.06	\$105.42
75-79	\$62.61	\$120.23	\$73.10	\$130.71
80-85	\$87.87	\$169.49	\$99.97	\$181.59

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$17.12	\$27.98	\$34.85	\$49.68
30-39	\$23.06	\$39.82	\$47.00	\$69.14
40-49	\$29.43	\$52.54	\$50.98	\$78.73
50-59	\$42.37	\$78.80	\$59.76	\$98.47
60-64	\$48.69	\$92.93	\$62.54	\$107.47
65-69	\$52.18	\$99.84	\$64.87	\$112.53
70-74	\$64.34	\$124.37	\$77.60	\$137.62
75-79	\$81.16	\$157.43	\$94.74	\$171.01
80-85	\$114.20	\$222.27	\$129.86	\$237.94

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$18.58	\$30.85	\$38.70	\$55.48
30-39	\$25.23	\$44.26	\$52.39	\$77.52
40-49	\$32.55	\$58.88	\$57.00	\$88.60
50-59	\$47.46	\$89.09	\$67.20	\$111.40
60-64	\$52.55	\$100.94	\$67.57	\$116.72
65-69	\$59.08	\$113.61	\$73.48	\$128.01
70-74	\$72.90	\$141.58	\$87.93	\$156.61
75-79	\$92.09	\$179.36	\$107.50	\$194.77
80-85	\$129.72	\$253.40	\$147.50	\$271.17

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$20.10	\$33.86	\$42.72	\$61.54
30-39	\$26.52	\$47.16	\$55.95	\$83.21
40-49	\$40.93	\$74.87	\$72.34	\$113.04
50-59	\$52.79	\$99.84	\$74.97	\$124.92
60-64	\$69.47	\$134.19	\$89.43	\$155.15
65-69	\$86.19	\$166.41	\$107.23	\$187.45
70-74	\$106.40	\$207.45	\$128.36	\$229.41
75-79	\$134.59	\$263.00	\$157.10	\$285.51
80-85	\$153.26	\$300.24	\$174.22	\$321.21

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Hospital Indemnity Insurance Monthly Rates*
Minnesota

\$900 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$16.94	\$27.66	\$34.20	\$48.80
30-39	\$22.71	\$39.14	\$46.01	\$67.67
40-49	\$32.98	\$58.76	\$56.95	\$87.89
50-59	\$41.33	\$76.74	\$58.26	\$95.88
60-64	\$47.36	\$90.26	\$60.84	\$104.41
65-69	\$53.22	\$101.72	\$66.19	\$114.69
70-74	\$62.57	\$120.82	\$75.49	\$133.73
75-79	\$86.78	\$168.16	\$101.34	\$182.72
80-85	\$122.07	\$237.38	\$138.86	\$254.17

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$21.84	\$36.86	\$46.18	\$66.66
30-39	\$27.47	\$48.90	\$57.80	\$86.04
40-49	\$35.70	\$65.30	\$62.99	\$98.48
50-59	\$48.42	\$91.56	\$65.42	\$114.56
60-64	\$53.01	\$102.36	\$68.26	\$118.38
65-69	\$65.72	\$126.86	\$81.80	\$142.94
70-74	\$81.23	\$158.33	\$98.04	\$175.14
75-79	\$102.73	\$200.70	\$119.96	\$217.92
80-85	\$144.82	\$283.65	\$164.68	\$303.51

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$23.86	\$40.86	\$51.53	\$74.73
30-39	\$30.25	\$54.61	\$64.72	\$96.81
40-49	\$39.71	\$73.45	\$70.73	\$111.14
50-59	\$59.01	\$112.41	\$84.04	\$140.71
60-64	\$71.98	\$139.73	\$92.78	\$161.57
65-69	\$78.31	\$151.78	\$97.50	\$170.97
70-74	\$96.84	\$189.48	\$116.89	\$209.53
75-79	\$128.48	\$251.80	\$150.00	\$273.32
80-85	\$164.79	\$323.67	\$187.34	\$346.23

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$25.98	\$45.04	\$57.12	\$83.16
30-39	\$34.35	\$62.73	\$74.52	\$111.93
40-49	\$51.74	\$96.60	\$92.89	\$146.60
50-59	\$70.92	\$135.93	\$101.26	\$170.24
60-64	\$87.45	\$170.52	\$112.81	\$197.15
65-69	\$109.02	\$211.97	\$135.75	\$238.69
70-74	\$134.86	\$264.67	\$162.79	\$292.60
75-79	\$170.96	\$335.92	\$199.58	\$364.55
80-85	\$204.22	\$402.08	\$232.15	\$430.00

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Hospital Indemnity Insurance Monthly Rates
Minnesota

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	\$3.34	\$6.60	\$6.35	\$10.29
30-39	\$4.02	\$8.25	\$7.51	\$12.53
40-49	\$6.10	\$12.40	\$9.69	\$16.77
50-59	\$8.12	\$16.39	\$10.62	\$19.22
60-64	\$9.38	\$18.87	\$11.27	\$20.86
65-69	\$10.50	\$20.98	\$12.22	\$22.70
70-74	\$12.77	\$25.55	\$14.47	\$27.25
75-79	\$15.80	\$31.64	\$17.51	\$33.35
80-85	\$19.60	\$39.23	\$21.31	\$40.95

Outpatient Surgery

\$500** (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$2.95	\$5.85	\$5.74	\$9.27
30-39	\$4.38	\$8.75	\$7.57	\$12.65
40-49	\$6.20	\$12.46	\$9.12	\$15.97
50-59	\$8.40	\$16.95	\$10.97	\$19.82
60-64	\$10.51	\$21.17	\$13.14	\$23.89
65-69	\$11.92	\$23.95	\$14.73	\$26.75
70-74	\$12.46	\$24.99	\$15.24	\$27.77
75-79	\$12.46	\$24.99	\$15.24	\$27.77
80-85	\$12.46	\$24.99	\$15.24	\$27.77

** \$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	\$3.23	\$6.44	\$5.87	\$9.67
30-39	\$4.72	\$9.40	\$7.70	\$13.05
40-49	\$6.81	\$13.70	\$9.58	\$17.03
50-59	\$9.33	\$18.88	\$11.80	\$21.63
60-64	\$11.53	\$23.30	\$14.08	\$25.93
65-69	\$12.92	\$25.97	\$15.63	\$28.67
70-74	\$13.36	\$26.72	\$16.01	\$29.37
75-79	\$13.36	\$26.71	\$16.01	\$29.37
80-85	\$13.36	\$26.71	\$16.01	\$29.37

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	\$1.81	\$3.61	\$4.91	\$7.41
30-39	\$1.81	\$3.61	\$4.91	\$7.41
40-49	\$1.81	\$3.61	\$4.91	\$7.41
50-59	\$2.45	\$4.93	\$5.05	\$7.88
60-64	\$3.57	\$7.17	\$6.18	\$9.91
65-69	\$5.06	\$10.06	\$7.92	\$12.92
70-74	\$6.34	\$12.66	\$9.12	\$15.45
75-79	\$8.38	\$16.74	\$11.14	\$19.50
80-85	\$11.25	\$22.44	\$13.97	\$25.17

Hospital Indemnity Insurance Monthly Rates
Minnesota

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	\$0.30	\$0.59	\$0.33	\$0.63
30-39	\$0.30	\$0.59	\$0.33	\$0.63
40-49	\$0.89	\$1.77	\$0.93	\$1.82
50-59	\$2.21	\$4.42	\$2.24	\$4.45
60-64	\$2.60	\$5.19	\$2.62	\$5.20
65-69	\$4.52	\$8.93	\$4.53	\$8.95
70-74	\$6.45	\$12.82	\$6.46	\$12.84
75-79	\$9.90	\$19.67	\$9.91	\$19.68
80-85	\$14.91	\$29.59	\$14.92	\$29.60

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

\$100 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.37	\$0.74	\$0.41	\$0.78
30-39	\$0.37	\$0.74	\$0.41	\$0.78
40-49	\$0.97	\$1.94	\$0.99	\$1.96
50-59	\$2.07	\$4.14	\$2.08	\$4.15
60-64	\$3.61	\$7.20	\$3.62	\$7.21
65-69	\$4.63	\$9.15	\$4.63	\$9.15
70-74	\$7.15	\$14.23	\$7.16	\$14.24
75-79	\$10.98	\$21.84	\$10.99	\$21.84
80-85	\$15.51	\$30.79	\$15.52	\$30.80

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

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.60	\$1.18	\$0.66	\$1.26
30-39	\$0.60	\$1.18	\$0.66	\$1.26
40-49	\$1.78	\$3.54	\$1.86	\$3.64
50-59	\$4.42	\$8.84	\$4.48	\$8.90
60-64	\$5.20	\$10.38	\$5.24	\$10.40
65-69	\$9.04	\$17.86	\$9.06	\$17.90
70-74	\$12.90	\$25.64	\$12.92	\$25.68
75-79	\$19.80	\$39.34	\$19.82	\$39.36
80-85	\$29.82	\$59.18	\$29.84	\$59.20

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

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.74	\$1.48	\$0.82	\$1.56
30-39	\$0.74	\$1.48	\$0.82	\$1.56
40-49	\$1.94	\$3.88	\$1.98	\$3.92
50-59	\$4.14	\$8.28	\$4.16	\$8.30
60-64	\$7.22	\$14.40	\$7.24	\$14.42
65-69	\$9.26	\$18.30	\$9.26	\$18.30
70-74	\$14.30	\$28.46	\$14.32	\$28.48
75-79	\$21.96	\$43.68	\$21.98	\$43.68
80-85	\$31.02	\$61.58	\$31.04	\$61.60