

# Hospital Indemnity Insurance Monthly Rates

## Montana

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Hospital Indemnity Insurance Monthly Rates\*  
**Montana**

**\$200 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$12.21	\$15.84	\$18.77	\$23.87
<b>30-39</b>	\$12.15	\$16.52	\$19.25	\$25.21
<b>40-49</b>	\$10.07	\$14.45	\$14.82	\$20.22
<b>50-59</b>	\$11.91	\$18.55	\$15.68	\$22.82
<b>60-64</b>	\$13.06	\$21.62	\$16.27	\$25.00
<b>65-69</b>	\$14.96	\$25.55	\$18.35	\$28.94
<b>70-74</b>	\$18.17	\$31.49	\$21.72	\$35.04
<b>75-79</b>	\$23.39	\$41.21	\$27.24	\$45.06
<b>80-85</b>	\$33.84	\$60.38	\$38.53	\$65.07

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$13.21	\$17.82	\$21.40	\$27.85
<b>30-39</b>	\$13.34	\$18.96	\$22.20	\$29.80
<b>40-49</b>	\$11.34	\$17.03	\$17.27	\$24.23
<b>50-59</b>	\$13.94	\$22.65	\$18.64	\$27.97
<b>60-64</b>	\$15.72	\$26.99	\$19.73	\$31.20
<b>65-69</b>	\$18.34	\$32.29	\$22.57	\$36.52
<b>70-74</b>	\$22.37	\$39.92	\$26.79	\$44.34
<b>75-79</b>	\$29.05	\$52.55	\$33.84	\$57.35
<b>80-85</b>	\$42.29	\$77.32	\$48.13	\$83.16

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$13.80	\$18.97	\$22.94	\$30.17
<b>30-39</b>	\$14.04	\$20.39	\$23.93	\$32.49
<b>40-49</b>	\$12.09	\$18.54	\$18.70	\$26.58
<b>50-59</b>	\$15.93	\$26.38	\$21.46	\$32.64
<b>60-64</b>	\$19.21	\$33.51	\$24.18	\$38.74
<b>65-69</b>	\$22.59	\$40.30	\$27.84	\$45.55
<b>70-74</b>	\$27.60	\$49.88	\$33.08	\$55.36
<b>75-79</b>	\$34.09	\$62.36	\$39.72	\$68.00
<b>80-85</b>	\$47.28	\$87.32	\$53.79	\$93.83

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$14.41	\$20.18	\$24.56	\$32.60
<b>30-39</b>	\$14.77	\$21.88	\$25.73	\$35.31
<b>40-49</b>	\$18.02	\$28.17	\$28.29	\$40.65
<b>50-59</b>	\$24.15	\$40.65	\$32.73	\$50.36
<b>60-64</b>	\$26.28	\$46.48	\$33.18	\$53.73
<b>65-69</b>	\$31.14	\$56.15	\$38.41	\$63.43
<b>70-74</b>	\$38.09	\$69.57	\$45.69	\$77.17
<b>75-79</b>	\$47.20	\$87.16	\$55.00	\$94.96
<b>80-85</b>	\$52.49	\$97.77	\$59.70	\$104.98

\* 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 Indemnity Insurance Monthly Rates\*

Montana

**\$300 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$13.86	\$19.12	\$22.95	\$30.24
<b>30-39</b>	\$14.06	\$20.44	\$23.88	\$32.47
<b>40-49</b>	\$12.07	\$18.51	\$18.64	\$26.50
<b>50-59</b>	\$15.05	\$24.90	\$20.27	\$30.80
<b>60-64</b>	\$17.14	\$29.87	\$21.59	\$34.55
<b>65-69</b>	\$21.26	\$37.89	\$26.22	\$42.84
<b>70-74</b>	\$25.99	\$46.91	\$31.17	\$52.09
<b>75-79</b>	\$32.08	\$58.63	\$37.40	\$63.95
<b>80-85</b>	\$46.82	\$86.40	\$53.29	\$92.86

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$15.36	\$22.10	\$26.89	\$36.21
<b>30-39</b>	\$15.84	\$24.10	\$28.30	\$39.35
<b>40-49</b>	\$13.98	\$22.38	\$22.31	\$32.51
<b>50-59</b>	\$18.10	\$31.05	\$24.71	\$38.53
<b>60-64</b>	\$21.13	\$37.93	\$26.77	\$43.85
<b>65-69</b>	\$26.62	\$48.57	\$32.90	\$54.85
<b>70-74</b>	\$32.62	\$60.26	\$39.19	\$66.83
<b>75-79</b>	\$40.56	\$75.65	\$47.30	\$82.39
<b>80-85</b>	\$59.50	\$111.81	\$67.69	\$120.00

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$17.86	\$26.21	\$32.13	\$43.67
<b>30-39</b>	\$21.95	\$34.11	\$40.16	\$56.41
<b>40-49</b>	\$19.62	\$32.04	\$31.80	\$46.85
<b>50-59</b>	\$25.13	\$43.79	\$34.52	\$54.42
<b>60-64</b>	\$28.70	\$52.15	\$36.45	\$60.30
<b>65-69</b>	\$31.34	\$57.75	\$38.77	\$65.19
<b>70-74</b>	\$38.46	\$71.72	\$46.23	\$79.49
<b>75-79</b>	\$47.97	\$90.20	\$55.93	\$98.17
<b>80-85</b>	\$66.97	\$126.80	\$76.17	\$136.00

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$20.59	\$30.76	\$37.95	\$52.01
<b>30-39</b>	\$23.37	\$37.01	\$43.68	\$61.89
<b>40-49</b>	\$22.77	\$37.83	\$37.40	\$55.61
<b>50-59</b>	\$32.08	\$56.66	\$44.31	\$70.50
<b>60-64</b>	\$36.02	\$66.16	\$45.85	\$76.48
<b>65-69</b>	\$43.52	\$80.86	\$53.88	\$91.22
<b>70-74</b>	\$53.46	\$100.48	\$64.29	\$111.31
<b>75-79</b>	\$66.84	\$126.55	\$77.95	\$137.66
<b>80-85</b>	\$74.79	\$142.47	\$85.05	\$152.73

\* 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 Indemnity Insurance Monthly Rates\*  
**Montana**

**\$500 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$17.16	\$25.68	\$31.30	\$42.99
<b>30-39</b>	\$18.76	\$29.69	\$34.79	\$49.32
<b>40-49</b>	\$20.89	\$34.63	\$34.16	\$50.77
<b>50-59</b>	\$28.07	\$49.47	\$38.75	\$61.54
<b>60-64</b>	\$30.92	\$56.67	\$39.38	\$65.54
<b>65-69</b>	\$33.90	\$62.87	\$42.00	\$70.96
<b>70-74</b>	\$41.67	\$78.17	\$50.15	\$86.64
<b>75-79</b>	\$52.06	\$98.40	\$60.75	\$107.09
<b>80-85</b>	\$72.78	\$138.42	\$82.80	\$148.45

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$21.63	\$33.71	\$41.66	\$58.22
<b>30-39</b>	\$22.92	\$37.80	\$44.55	\$64.29
<b>40-49</b>	\$23.09	\$39.69	\$38.86	\$58.87
<b>50-59</b>	\$33.36	\$60.43	\$46.55	\$75.34
<b>60-64</b>	\$35.50	\$66.42	\$48.20	\$76.80
<b>65-69</b>	\$43.28	\$81.59	\$53.71	\$92.01
<b>70-74</b>	\$53.32	\$101.59	\$64.22	\$112.49
<b>75-79</b>	\$66.94	\$128.26	\$78.12	\$139.43
<b>80-85</b>	\$93.90	\$180.78	\$106.80	\$193.67

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$25.35	\$40.23	\$50.07	\$70.49
<b>30-39</b>	\$31.61	\$53.10	\$62.75	\$91.23
<b>40-49</b>	\$29.54	\$51.60	\$50.36	\$76.91
<b>50-59</b>	\$40.23	\$73.71	\$56.39	\$91.99
<b>60-64</b>	\$43.83	\$82.73	\$57.50	\$95.66
<b>65-69</b>	\$48.82	\$92.63	\$60.62	\$104.42
<b>70-74</b>	\$60.18	\$115.40	\$72.51	\$127.73
<b>75-79</b>	\$75.72	\$145.86	\$88.36	\$158.51
<b>80-85</b>	\$106.37	\$205.76	\$120.95	\$220.34

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$29.45	\$47.50	\$59.48	\$84.26
<b>30-39</b>	\$34.15	\$58.31	\$69.07	\$101.07
<b>40-49</b>	\$36.87	\$65.29	\$63.56	\$97.72
<b>50-59</b>	\$47.93	\$88.67	\$67.45	\$110.74
<b>60-64</b>	\$57.72	\$109.72	\$74.03	\$126.85
<b>65-69</b>	\$70.99	\$135.43	\$88.18	\$152.63
<b>70-74</b>	\$87.57	\$168.79	\$105.54	\$186.76
<b>75-79</b>	\$110.37	\$213.56	\$128.79	\$231.98
<b>80-85</b>	\$125.37	\$243.47	\$142.53	\$260.64

\* 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 Indemnity Insurance Monthly Rates\*  
**Montana**

**\$700 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$20.53	\$32.34	\$39.74	\$55.85
<b>30-39</b>	\$21.75	\$36.20	\$42.50	\$61.61
<b>40-49</b>	\$28.17	\$48.76	\$47.59	\$72.37
<b>50-59</b>	\$37.87	\$68.91	\$52.95	\$85.96
<b>60-64</b>	\$40.96	\$76.90	\$54.01	\$88.96
<b>65-69</b>	\$45.47	\$85.94	\$56.48	\$96.95
<b>70-74</b>	\$55.99	\$106.96	\$67.48	\$118.45
<b>75-79</b>	\$70.35	\$135.09	\$82.13	\$146.87
<b>80-85</b>	\$98.73	\$190.44	\$112.33	\$204.04

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$28.86	\$47.15	\$58.74	\$83.74
<b>30-39</b>	\$36.28	\$62.64	\$73.94	\$108.76
<b>40-49</b>	\$34.38	\$61.39	\$59.57	\$92.00
<b>50-59</b>	\$47.61	\$88.54	\$67.15	\$110.65
<b>60-64</b>	\$54.71	\$104.42	\$70.27	\$120.75
<b>65-69</b>	\$58.62	\$112.18	\$72.89	\$126.44
<b>70-74</b>	\$72.30	\$139.74	\$87.19	\$154.63
<b>75-79</b>	\$91.19	\$176.88	\$106.45	\$192.15
<b>80-85</b>	\$128.31	\$249.74	\$145.92	\$267.35

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$31.31	\$52.00	\$65.23	\$93.50
<b>30-39</b>	\$39.69	\$69.63	\$82.42	\$121.95
<b>40-49</b>	\$38.04	\$68.80	\$66.61	\$103.53
<b>50-59</b>	\$53.33	\$100.10	\$75.50	\$125.17
<b>60-64</b>	\$59.04	\$113.42	\$75.92	\$131.15
<b>65-69</b>	\$66.38	\$127.65	\$82.57	\$143.83
<b>70-74</b>	\$81.91	\$159.08	\$98.80	\$175.97
<b>75-79</b>	\$103.48	\$201.53	\$120.79	\$218.85
<b>80-85</b>	\$145.76	\$284.72	\$165.73	\$304.69

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$33.88	\$57.06	\$71.99	\$103.72
<b>30-39</b>	\$41.71	\$74.19	\$88.02	\$130.89
<b>40-49</b>	\$47.83	\$87.49	\$84.53	\$132.09
<b>50-59</b>	\$59.32	\$112.18	\$84.24	\$140.36
<b>60-64</b>	\$78.06	\$150.77	\$100.49	\$174.33
<b>65-69</b>	\$96.85	\$186.98	\$120.49	\$210.62
<b>70-74</b>	\$119.55	\$233.09	\$144.23	\$257.77
<b>75-79</b>	\$151.23	\$295.50	\$176.52	\$320.80
<b>80-85</b>	\$172.20	\$337.35	\$195.76	\$360.91

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Hospital Indemnity Insurance Monthly Rates\*

Montana

**\$900 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$28.55	\$46.62	\$57.65	\$82.24
<b>30-39</b>	\$35.72	\$61.57	\$72.38	\$106.45
<b>40-49</b>	\$38.54	\$68.66	\$66.55	\$102.70
<b>50-59</b>	\$46.44	\$86.23	\$65.46	\$107.73
<b>60-64</b>	\$53.22	\$101.42	\$68.36	\$117.32
<b>65-69</b>	\$59.80	\$114.29	\$74.37	\$128.86
<b>70-74</b>	\$70.31	\$135.75	\$84.82	\$150.26
<b>75-79</b>	\$97.51	\$188.94	\$113.86	\$205.31
<b>80-85</b>	\$137.16	\$266.71	\$156.02	\$285.58

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$36.80	\$62.12	\$77.84	\$112.35
<b>30-39</b>	\$43.21	\$76.92	\$90.93	\$135.35
<b>40-49</b>	\$41.71	\$76.31	\$73.61	\$115.07
<b>50-59</b>	\$54.41	\$102.88	\$73.50	\$128.72
<b>60-64</b>	\$59.56	\$115.01	\$76.70	\$133.02
<b>65-69</b>	\$73.84	\$142.54	\$91.91	\$160.61
<b>70-74</b>	\$91.27	\$177.90	\$110.15	\$196.78
<b>75-79</b>	\$115.43	\$225.50	\$134.78	\$244.86
<b>80-85</b>	\$162.72	\$318.71	\$185.03	\$341.02

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$40.21	\$68.86	\$86.85	\$125.94
<b>30-39</b>	\$47.59	\$85.90	\$101.81	\$152.28
<b>40-49</b>	\$46.40	\$85.83	\$82.65	\$129.87
<b>50-59</b>	\$66.30	\$126.30	\$94.43	\$158.11
<b>60-64</b>	\$80.87	\$157.00	\$104.25	\$181.54
<b>65-69</b>	\$87.99	\$170.54	\$109.55	\$192.10
<b>70-74</b>	\$108.81	\$212.90	\$131.34	\$235.43
<b>75-79</b>	\$144.36	\$282.92	\$168.54	\$307.11
<b>80-85</b>	\$185.15	\$363.68	\$210.50	\$389.03

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$43.79	\$75.91	\$96.27	\$140.16
<b>30-39</b>	\$54.03	\$98.67	\$117.23	\$176.07
<b>40-49</b>	\$60.46	\$112.88	\$108.54	\$171.31
<b>50-59</b>	\$79.68	\$152.74	\$113.78	\$191.29
<b>60-64</b>	\$98.26	\$191.59	\$126.75	\$221.51
<b>65-69</b>	\$122.49	\$238.16	\$152.53	\$268.19
<b>70-74</b>	\$151.53	\$297.39	\$182.91	\$328.76
<b>75-79</b>	\$192.09	\$377.44	\$224.25	\$409.61
<b>80-85</b>	\$229.47	\$451.77	\$260.84	\$483.15

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Hospital Indemnity Insurance Monthly Rates

Montana

OPTIONAL BENEFIT RIDERS

**Lump Sum Hospital Admission**

\$500\*\* (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$7.13	\$14.10	\$13.56	\$21.98
<b>30-39</b>	\$7.68	\$15.76	\$14.35	\$23.93
<b>40-49</b>	\$6.85	\$13.94	\$10.88	\$18.84
<b>50-59</b>	\$9.12	\$18.42	\$11.93	\$21.60
<b>60-64</b>	\$10.54	\$21.20	\$12.67	\$23.44
<b>65-69</b>	\$11.80	\$23.58	\$13.73	\$25.51
<b>70-74</b>	\$14.35	\$28.71	\$16.25	\$30.62
<b>75-79</b>	\$17.76	\$35.55	\$19.67	\$37.47
<b>80-85</b>	\$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
<b>18-29</b>	\$3.32	\$6.57	\$6.46	\$10.42
<b>30-39</b>	\$4.92	\$9.83	\$8.51	\$14.21
<b>40-49</b>	\$6.96	\$14.00	\$10.24	\$17.95
<b>50-59</b>	\$9.43	\$19.04	\$12.33	\$22.27
<b>60-64</b>	\$11.81	\$23.79	\$14.76	\$26.84
<b>65-69</b>	\$13.40	\$26.91	\$16.55	\$30.06
<b>70-74</b>	\$14.00	\$28.08	\$17.12	\$31.20
<b>75-79</b>	\$14.00	\$28.08	\$17.12	\$31.20
<b>80-85</b>	\$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
<b>18-29</b>	\$3.63	\$7.24	\$6.60	\$10.87
<b>30-39</b>	\$5.30	\$10.57	\$8.65	\$14.66
<b>40-49</b>	\$7.65	\$15.39	\$10.76	\$19.13
<b>50-59</b>	\$10.48	\$21.21	\$13.26	\$24.31
<b>60-64</b>	\$12.96	\$26.18	\$15.82	\$29.14
<b>65-69</b>	\$14.52	\$29.17	\$17.56	\$32.22
<b>70-74</b>	\$15.01	\$30.02	\$17.99	\$33.00
<b>75-79</b>	\$15.01	\$30.01	\$17.99	\$33.00
<b>80-85</b>	\$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
<b>18-29</b>	\$2.03	\$4.06	\$5.52	\$8.32
<b>30-39</b>	\$2.03	\$4.06	\$5.52	\$8.32
<b>40-49</b>	\$2.03	\$4.06	\$5.52	\$8.32
<b>50-59</b>	\$2.75	\$5.54	\$5.68	\$8.85
<b>60-64</b>	\$4.01	\$8.05	\$6.95	\$11.13
<b>65-69</b>	\$5.69	\$11.31	\$8.90	\$14.52
<b>70-74</b>	\$7.12	\$14.23	\$10.25	\$17.36
<b>75-79</b>	\$9.41	\$18.81	\$12.52	\$21.91
<b>80-85</b>	\$12.64	\$25.21	\$15.70	\$28.28

Hospital Indemnity Insurance Monthly Rates  
**Montana**

**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
<b>18-29</b>	\$0.33	\$0.67	\$0.38	\$0.71
<b>30-39</b>	\$0.33	\$0.67	\$0.38	\$0.71
<b>40-49</b>	\$1.00	\$1.99	\$1.04	\$2.05
<b>50-59</b>	\$2.49	\$4.97	\$2.52	\$5.00
<b>60-64</b>	\$2.93	\$5.83	\$2.94	\$5.85
<b>65-69</b>	\$5.08	\$10.03	\$5.10	\$10.05
<b>70-74</b>	\$7.24	\$14.40	\$7.26	\$14.42
<b>75-79</b>	\$11.12	\$22.10	\$11.14	\$22.12
<b>80-85</b>	\$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
<b>18-29</b>	\$0.42	\$0.83	\$0.46	\$0.88
<b>30-39</b>	\$0.42	\$0.83	\$0.46	\$0.88
<b>40-49</b>	\$1.09	\$2.18	\$1.11	\$2.20
<b>50-59</b>	\$2.33	\$4.65	\$2.34	\$4.67
<b>60-64</b>	\$4.06	\$8.09	\$4.07	\$8.10
<b>65-69</b>	\$5.20	\$10.28	\$5.20	\$10.28
<b>70-74</b>	\$8.04	\$15.99	\$8.05	\$16.00
<b>75-79</b>	\$12.34	\$24.54	\$12.35	\$24.54
<b>80-85</b>	\$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
<b>18-29</b>	\$0.66	\$1.34	\$0.76	\$1.42
<b>30-39</b>	\$0.66	\$1.34	\$0.76	\$1.42
<b>40-49</b>	\$2.00	\$3.98	\$2.08	\$4.10
<b>50-59</b>	\$4.98	\$9.94	\$5.04	\$10.00
<b>60-64</b>	\$5.86	\$11.66	\$5.88	\$11.70
<b>65-69</b>	\$10.16	\$20.06	\$10.20	\$20.10
<b>70-74</b>	\$14.48	\$28.80	\$14.52	\$28.84
<b>75-79</b>	\$22.24	\$44.20	\$22.28	\$44.24
<b>80-85</b>	\$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
<b>18-29</b>	\$0.84	\$1.66	\$0.92	\$1.76
<b>30-39</b>	\$0.84	\$1.66	\$0.92	\$1.76
<b>40-49</b>	\$2.18	\$4.36	\$2.22	\$4.40
<b>50-59</b>	\$4.66	\$9.30	\$4.68	\$9.34
<b>60-64</b>	\$8.12	\$16.18	\$8.14	\$16.20
<b>65-69</b>	\$10.40	\$20.56	\$10.40	\$20.56
<b>70-74</b>	\$16.08	\$31.98	\$16.10	\$32.00
<b>75-79</b>	\$24.68	\$49.08	\$24.70	\$49.08
<b>80-85</b>	\$34.86	\$69.20	\$34.88	\$69.20