

INDIVIDUAL Hospital Indemnity Insurance Monthly Rates

Ohio

Table of Contents

Daily Benefit Amounts	Page
\$200	2
\$300	3
\$500	4
\$700	5
\$900	6

Optional Benefit Riders	Page
Outpatient Major Diagnostic Exam	7
Emergency Room & Ambulance	7
Lump Sum Hospital Admission	7
Outpatient Surgery	7
Rehabilitation or Skilled Nursing Facility	8

Hospital Indemnity Insurance Monthly Rates*
Ohio

\$200 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.14	\$10.56	\$12.51	\$15.91
30-39	\$8.68	\$11.80	\$13.75	\$18.01
40-49	\$9.69	\$13.90	\$14.25	\$19.45
50-59	\$11.91	\$18.55	\$15.68	\$22.82
60-64.4	\$13.06	\$21.62	\$16.27	\$25.00
64.5-66	\$14.96	\$25.55	\$18.35	\$28.94
67-69	\$15.71	\$26.83	\$19.27	\$30.39
70-74	\$18.17	\$31.49	\$21.72	\$35.04
75-79	\$23.39	\$41.21	\$27.24	\$45.06
80-85	\$33.84	\$60.38	\$38.53	\$65.07

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.81	\$11.88	\$14.27	\$18.56
30-39	\$9.53	\$13.54	\$15.85	\$21.29
40-49	\$10.91	\$16.37	\$16.60	\$23.30
50-59	\$13.94	\$22.65	\$18.64	\$27.97
60-64.4	\$15.72	\$26.99	\$19.73	\$31.20
64.5-66	\$18.34	\$32.29	\$22.57	\$36.52
67-69	\$19.26	\$33.91	\$23.70	\$38.35
70-74	\$22.37	\$39.92	\$26.79	\$44.34
75-79	\$29.05	\$52.55	\$33.84	\$57.35
80-85	\$42.29	\$77.32	\$48.13	\$83.16

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.20	\$12.65	\$15.30	\$20.11
30-39	\$10.03	\$14.56	\$17.09	\$23.21
40-49	\$11.62	\$17.83	\$17.98	\$25.56
50-59	\$15.93	\$26.38	\$21.46	\$32.64
60-64.4	\$19.20	\$33.51	\$24.18	\$38.74
64.5-66	\$22.59	\$40.30	\$27.84	\$45.55
67-69	\$23.72	\$42.32	\$29.23	\$47.82
70-74	\$27.60	\$49.88	\$33.08	\$55.36
75-79	\$34.09	\$62.36	\$39.72	\$68.00
80-85	\$47.28	\$87.32	\$53.79	\$93.83

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.61	\$13.45	\$16.37	\$21.73
30-39	\$10.55	\$15.63	\$18.38	\$25.22
40-49	\$17.32	\$27.09	\$27.20	\$39.09
50-59	\$24.15	\$40.65	\$32.73	\$50.36
60-64.4	\$26.28	\$46.48	\$33.18	\$53.73
64.5-66	\$31.14	\$56.15	\$38.41	\$63.43
67-69	\$32.69	\$58.96	\$40.33	\$66.60
70-74	\$38.09	\$69.57	\$45.69	\$77.17
75-79	\$47.20	\$87.16	\$55.00	\$94.96
80-85	\$52.49	\$97.77	\$59.70	\$104.98

* 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*
Ohio

\$300 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.24	\$12.75	\$15.30	\$20.16
30-39	\$10.04	\$14.60	\$17.06	\$23.19
40-49	\$11.61	\$17.80	\$17.93	\$25.48
50-59	\$15.05	\$24.90	\$20.27	\$30.80
60-64.4	\$17.14	\$29.87	\$21.59	\$34.54
64.5-66	\$21.26	\$37.89	\$26.22	\$42.84
67-69	\$22.33	\$39.79	\$27.53	\$44.99
70-74	\$25.99	\$46.91	\$31.16	\$52.09
75-79	\$32.08	\$58.63	\$37.40	\$63.95
80-85	\$46.82	\$86.40	\$53.29	\$92.86

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$10.24	\$14.73	\$17.93	\$24.14
30-39	\$11.32	\$17.21	\$20.21	\$28.11
40-49	\$13.44	\$21.52	\$21.45	\$31.26
50-59	\$18.10	\$31.05	\$24.71	\$38.53
60-64.4	\$21.13	\$37.93	\$26.77	\$43.85
64.5-66	\$26.62	\$48.57	\$32.89	\$54.85
67-69	\$27.95	\$51.00	\$34.54	\$57.59
70-74	\$32.62	\$60.26	\$39.19	\$66.82
75-79	\$40.56	\$75.65	\$47.30	\$82.39
80-85	\$59.50	\$111.81	\$67.69	\$120.00

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$11.91	\$17.47	\$21.42	\$29.11
30-39	\$15.68	\$24.36	\$28.69	\$40.29
40-49	\$18.87	\$30.81	\$30.58	\$45.05
50-59	\$25.13	\$43.79	\$34.52	\$54.42
60-64.4	\$28.70	\$52.15	\$36.45	\$60.30
64.5-66	\$31.34	\$57.75	\$38.77	\$65.19
67-69	\$32.91	\$60.64	\$40.71	\$68.44
70-74	\$38.46	\$71.72	\$46.23	\$79.49
75-79	\$47.97	\$90.20	\$55.93	\$98.17
80-85	\$66.97	\$126.80	\$76.17	\$136.00

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$13.72	\$20.51	\$25.30	\$34.68
30-39	\$16.69	\$26.44	\$31.20	\$44.21
40-49	\$21.89	\$36.37	\$35.96	\$53.47
50-59	\$32.08	\$56.66	\$44.31	\$70.50
60-64.4	\$36.02	\$66.16	\$45.85	\$76.48
64.5-66	\$43.52	\$80.86	\$53.88	\$91.22
67-69	\$45.70	\$84.90	\$56.58	\$95.78
70-74	\$53.46	\$100.48	\$64.29	\$111.31
75-79	\$66.84	\$126.55	\$77.95	\$137.66
80-85	\$74.79	\$142.47	\$85.05	\$152.73

* 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*
Ohio

\$500 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$11.44	\$17.12	\$20.86	\$28.66
30-39	\$13.40	\$21.20	\$24.85	\$35.23
40-49	\$20.09	\$33.30	\$32.85	\$48.81
50-59	\$28.07	\$49.47	\$38.75	\$61.54
60-64.4	\$30.92	\$56.66	\$39.38	\$65.54
64.5-66	\$33.90	\$62.86	\$42.00	\$70.96
67-69	\$35.59	\$66.01	\$44.10	\$74.51
70-74	\$41.67	\$78.17	\$50.15	\$86.64
75-79	\$52.06	\$98.40	\$60.75	\$107.09
80-85	\$72.78	\$138.42	\$82.80	\$148.45

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.42	\$22.47	\$27.77	\$38.82
30-39	\$16.37	\$27.00	\$31.82	\$45.92
40-49	\$22.20	\$38.17	\$37.37	\$56.60
50-59	\$33.36	\$60.42	\$46.55	\$75.34
60-64.4	\$35.49	\$66.42	\$48.20	\$76.80
64.5-66	\$43.28	\$81.59	\$53.71	\$92.01
67-69	\$45.45	\$85.67	\$56.40	\$96.61
70-74	\$53.32	\$101.59	\$64.22	\$112.49
75-79	\$66.94	\$128.26	\$78.12	\$139.43
80-85	\$93.90	\$180.78	\$106.80	\$193.67

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$16.90	\$26.82	\$33.38	\$46.99
30-39	\$22.58	\$37.93	\$44.82	\$65.16
40-49	\$28.40	\$49.61	\$48.42	\$73.95
50-59	\$40.23	\$73.71	\$56.39	\$91.99
60-64.4	\$43.83	\$82.73	\$57.50	\$95.66
64.5-66	\$48.82	\$92.63	\$60.62	\$104.42
67-69	\$51.26	\$97.26	\$63.65	\$109.64
70-74	\$60.18	\$115.40	\$72.51	\$127.73
75-79	\$75.72	\$145.86	\$88.36	\$158.51
80-85	\$106.37	\$205.76	\$120.95	\$220.34

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$19.63	\$31.67	\$39.65	\$56.17
30-39	\$24.39	\$41.65	\$49.33	\$72.19
40-49	\$35.46	\$62.78	\$61.12	\$93.96
50-59	\$47.93	\$88.67	\$67.45	\$110.74
60-64.4	\$57.72	\$109.72	\$74.03	\$126.85
64.5-66	\$70.99	\$135.43	\$88.18	\$152.63
67-69	\$74.54	\$142.20	\$92.59	\$160.26
70-74	\$87.57	\$168.79	\$105.54	\$186.76
75-79	\$110.37	\$213.56	\$128.79	\$231.98
80-85	\$125.37	\$243.47	\$142.53	\$260.64

* 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*
Ohio

\$700 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$13.69	\$21.56	\$26.50	\$37.23
30-39	\$15.54	\$25.86	\$30.36	\$44.01
40-49	\$27.08	\$46.88	\$45.76	\$69.59
50-59	\$37.87	\$68.91	\$52.95	\$85.96
60-64.4	\$40.96	\$76.90	\$54.01	\$88.96
64.5-66	\$45.47	\$85.94	\$56.48	\$96.95
67-69	\$47.75	\$90.24	\$59.30	\$101.79
70-74	\$55.99	\$106.96	\$67.48	\$118.45
75-79	\$70.35	\$135.09	\$82.13	\$146.87
80-85	\$98.73	\$190.44	\$112.33	\$204.04

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$19.24	\$31.43	\$39.16	\$55.82
30-39	\$25.91	\$44.74	\$52.81	\$77.68
40-49	\$33.06	\$59.03	\$57.28	\$88.46
50-59	\$47.61	\$88.54	\$67.15	\$110.65
60-64.4	\$54.71	\$104.42	\$70.27	\$120.75
64.5-66	\$58.62	\$112.18	\$72.89	\$126.44
67-69	\$61.56	\$117.79	\$76.53	\$132.76
70-74	\$72.30	\$139.74	\$87.19	\$154.63
75-79	\$91.19	\$176.88	\$106.45	\$192.14
80-85	\$128.31	\$249.74	\$145.92	\$267.35

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$20.88	\$34.67	\$43.48	\$62.34
30-39	\$28.35	\$49.73	\$58.87	\$87.10
40-49	\$36.57	\$66.16	\$64.05	\$99.55
50-59	\$53.33	\$100.10	\$75.50	\$125.17
60-64.4	\$59.04	\$113.42	\$75.92	\$131.15
64.5-66	\$66.38	\$127.65	\$82.57	\$143.83
67-69	\$69.70	\$134.04	\$86.70	\$151.02
70-74	\$81.91	\$159.08	\$98.80	\$175.97
75-79	\$103.48	\$201.53	\$120.79	\$218.85
80-85	\$145.76	\$284.72	\$165.73	\$304.69

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$22.59	\$38.04	\$48.00	\$69.15
30-39	\$29.79	\$52.99	\$62.87	\$93.49
40-49	\$45.99	\$84.12	\$81.28	\$127.01
50-59	\$59.32	\$112.18	\$84.24	\$140.36
60-64.4	\$78.06	\$150.77	\$100.49	\$174.32
64.5-66	\$96.85	\$186.98	\$120.49	\$210.62
67-69	\$101.69	\$196.33	\$126.51	\$221.15
70-74	\$119.55	\$233.09	\$144.23	\$257.77
75-79	\$151.23	\$295.50	\$176.52	\$320.80
80-85	\$172.20	\$337.35	\$195.76	\$360.91

* 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
Ohio

\$900 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$19.03	\$31.08	\$38.43	\$54.83
30-39	\$25.52	\$43.98	\$51.70	\$76.03
40-49	\$37.06	\$66.02	\$63.99	\$98.75
50-59	\$46.44	\$86.23	\$65.46	\$107.73
60-64.4	\$53.22	\$101.42	\$68.36	\$117.32
64.5-66	\$59.80	\$114.29	\$74.37	\$128.86
67-69	\$62.79	\$120.00	\$78.09	\$135.31
70-74	\$70.31	\$135.75	\$84.82	\$150.26
75-79	\$97.51	\$188.94	\$113.86	\$205.31
80-85	\$137.16	\$266.71	\$156.02	\$285.58

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$24.54	\$41.41	\$51.89	\$74.90
30-39	\$30.86	\$54.94	\$64.95	\$96.68
40-49	\$40.11	\$73.37	\$70.78	\$110.65
50-59	\$54.41	\$102.88	\$73.50	\$128.72
60-64.4	\$59.56	\$115.01	\$76.70	\$133.01
64.5-66	\$73.84	\$142.54	\$91.91	\$160.61
67-69	\$77.53	\$149.67	\$96.50	\$168.64
70-74	\$91.27	\$177.90	\$110.15	\$196.78
75-79	\$115.43	\$225.50	\$134.78	\$244.86
80-85	\$162.72	\$318.71	\$185.03	\$341.02

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$26.81	\$45.91	\$57.90	\$83.96
30-39	\$33.99	\$61.35	\$72.72	\$108.77
40-49	\$44.62	\$82.52	\$79.47	\$124.88
50-59	\$66.30	\$126.30	\$94.43	\$158.11
60-64.4	\$80.87	\$157.00	\$104.25	\$181.54
64.5-66	\$87.99	\$170.54	\$109.55	\$192.10
67-69	\$92.39	\$179.07	\$115.03	\$201.70
70-74	\$108.81	\$212.90	\$131.34	\$235.43
75-79	\$144.36	\$282.92	\$168.54	\$307.11
80-85	\$185.15	\$363.68	\$210.50	\$389.03

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$29.19	\$50.61	\$64.18	\$93.44
30-39	\$38.59	\$70.48	\$83.74	\$125.77
40-49	\$58.14	\$108.54	\$104.37	\$164.72
50-59	\$79.68	\$152.74	\$113.78	\$191.29
60-64.4	\$98.26	\$191.59	\$126.75	\$221.51
64.5-66	\$122.49	\$238.16	\$152.53	\$268.19
67-69	\$128.61	\$250.07	\$160.15	\$281.60
70-74	\$151.53	\$297.38	\$182.91	\$328.76
75-79	\$192.08	\$377.44	\$224.25	\$409.61
80-85	\$229.47	\$451.77	\$260.84	\$483.14

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

LIFESECURE INSURANCE COMPANY



Hospital Indemnity Insurance Monthly Rates

Ohio

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
60-64.4	\$10.54	\$21.20	\$12.67	\$23.44
64.5-66	\$11.80	\$23.58	\$13.73	\$25.51
67-69	\$12.39	\$24.76	\$14.42	\$26.78
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
60-64.4	\$11.81	\$23.79	\$14.76	\$26.84
64.5-66	\$13.40	\$26.91	\$16.55	\$30.06
67-69	\$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
60-64.4	\$12.96	\$26.18	\$15.82	\$29.14
64.5-66	\$14.52	\$29.17	\$17.56	\$32.22
67-69	\$15.01	\$30.02	\$17.99	\$33.00
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	\$4.01	\$8.05	\$6.95	\$11.13
64.5-66	\$5.69	\$11.31	\$8.90	\$14.52
67-69	\$5.97	\$11.87	\$9.34	\$15.24
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
Ohio

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
60-64.4	\$2.93	\$5.83	\$2.94	\$5.85
64.5-66	\$5.08	\$10.03	\$5.10	\$10.05
67-69	\$5.33	\$10.53	\$5.35	\$10.56
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	\$4.06	\$8.09	\$4.07	\$8.10
64.5-66	\$5.20	\$10.28	\$5.20	\$10.28
67-69	\$5.46	\$10.79	\$5.46	\$10.80
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
60-64.4	\$5.86	\$11.66	\$5.88	\$11.70
64.5-66	\$10.16	\$20.06	\$10.20	\$20.10
67-69	\$10.66	\$21.06	\$10.70	\$21.12
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
60-64.4	\$8.12	\$16.18	\$8.14	\$16.20
64.5-66	\$10.40	\$20.56	\$10.40	\$20.56
67-69	\$10.92	\$21.58	\$10.92	\$21.60
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