

Hospital Indemnity Insurance Monthly Rates

Oregon

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Hospital Indemnity Insurance Monthly Rates*
Oregon

\$200 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.71	\$11.30	\$13.39	\$17.02
30-39	\$9.29	\$12.63	\$14.71	\$19.27
40-49	\$10.12	\$14.52	\$14.89	\$20.32
50-59	\$12.39	\$19.30	\$16.31	\$23.73
60-64	\$13.45	\$22.27	\$16.76	\$25.75
65-69	\$15.38	\$26.26	\$18.86	\$29.75
70-74	\$18.54	\$32.12	\$22.16	\$35.74
75-79	\$23.86	\$42.03	\$27.78	\$45.96
80-85	\$34.52	\$61.59	\$39.30	\$66.37

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.42	\$12.71	\$15.27	\$19.86
30-39	\$10.20	\$14.49	\$16.96	\$22.78
40-49	\$11.40	\$17.11	\$17.35	\$24.35
50-59	\$14.50	\$23.56	\$19.39	\$29.09
60-64	\$16.19	\$27.80	\$20.32	\$32.14
65-69	\$18.85	\$33.20	\$23.20	\$37.54
70-74	\$22.81	\$40.72	\$27.32	\$45.23
75-79	\$29.63	\$53.61	\$34.52	\$58.49
80-85	\$43.14	\$78.87	\$49.09	\$84.82

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.84	\$13.53	\$16.37	\$21.52
30-39	\$10.73	\$15.58	\$18.29	\$24.83
40-49	\$12.15	\$18.63	\$18.79	\$26.71
50-59	\$16.57	\$27.44	\$22.32	\$33.94
60-64	\$19.78	\$34.51	\$24.90	\$39.90
65-69	\$23.22	\$41.43	\$28.62	\$46.82
70-74	\$28.15	\$50.88	\$33.74	\$56.47
75-79	\$34.77	\$63.61	\$40.51	\$69.35
80-85	\$48.22	\$89.06	\$54.86	\$95.70

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$10.28	\$14.40	\$17.52	\$23.26
30-39	\$11.29	\$16.72	\$19.67	\$26.98
40-49	\$18.10	\$28.31	\$28.42	\$40.85
50-59	\$25.11	\$42.28	\$34.04	\$52.38
60-64	\$27.07	\$47.88	\$34.17	\$55.34
65-69	\$32.01	\$57.72	\$39.49	\$65.20
70-74	\$38.85	\$70.96	\$46.60	\$78.72
75-79	\$48.14	\$88.90	\$56.10	\$96.86
80-85	\$53.54	\$99.72	\$60.90	\$107.08

* 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*
Oregon

\$300 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.88	\$13.64	\$16.37	\$21.57
30-39	\$10.74	\$15.62	\$18.25	\$24.82
40-49	\$12.13	\$18.60	\$18.73	\$26.63
50-59	\$15.65	\$25.90	\$21.08	\$32.04
60-64	\$17.66	\$30.77	\$22.24	\$35.58
65-69	\$21.86	\$38.95	\$26.95	\$44.04
70-74	\$26.51	\$47.85	\$31.79	\$53.13
75-79	\$32.72	\$59.81	\$38.14	\$65.23
80-85	\$47.76	\$88.12	\$54.35	\$94.72

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$10.96	\$15.76	\$19.18	\$25.83
30-39	\$12.11	\$18.42	\$21.63	\$30.08
40-49	\$14.04	\$22.49	\$22.41	\$32.67
50-59	\$18.82	\$32.29	\$25.70	\$40.07
60-64	\$21.76	\$39.06	\$27.57	\$45.16
65-69	\$27.36	\$49.93	\$33.82	\$56.38
70-74	\$33.27	\$61.47	\$39.97	\$68.16
75-79	\$41.37	\$77.16	\$48.24	\$84.03
80-85	\$60.69	\$114.04	\$69.04	\$122.39

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.74	\$18.70	\$22.92	\$31.15
30-39	\$16.78	\$26.07	\$30.69	\$43.11
40-49	\$19.72	\$32.20	\$31.95	\$47.07
50-59	\$26.13	\$45.54	\$35.90	\$56.59
60-64	\$29.56	\$53.72	\$37.54	\$62.11
65-69	\$32.22	\$59.37	\$39.86	\$67.01
70-74	\$39.23	\$73.15	\$47.15	\$81.08
75-79	\$48.92	\$92.00	\$57.05	\$100.13
80-85	\$68.31	\$129.33	\$77.70	\$138.72

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.69	\$21.95	\$27.07	\$37.10
30-39	\$17.86	\$28.29	\$33.39	\$47.30
40-49	\$22.87	\$38.01	\$37.58	\$55.88
50-59	\$33.36	\$58.93	\$46.08	\$73.32
60-64	\$37.10	\$68.15	\$47.23	\$78.78
65-69	\$44.74	\$83.12	\$55.39	\$93.77
70-74	\$54.53	\$102.49	\$65.57	\$113.53
75-79	\$68.18	\$129.09	\$79.51	\$140.41
80-85	\$76.29	\$145.32	\$86.75	\$155.78

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Hospital Indemnity Insurance Monthly Rates*
Oregon

\$500 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.24	\$18.32	\$22.32	\$30.67
30-39	\$14.34	\$22.69	\$26.59	\$37.70
40-49	\$20.99	\$34.79	\$34.33	\$51.01
50-59	\$29.20	\$51.45	\$40.30	\$64.00
60-64	\$31.85	\$58.36	\$40.56	\$67.51
65-69	\$34.85	\$64.62	\$43.17	\$72.95
70-74	\$42.51	\$79.73	\$51.15	\$88.37
75-79	\$53.10	\$100.37	\$61.96	\$109.23
80-85	\$74.23	\$141.19	\$84.46	\$151.42

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$15.43	\$24.05	\$29.72	\$41.53
30-39	\$17.52	\$28.89	\$34.05	\$49.14
40-49	\$23.20	\$39.88	\$39.05	\$59.15
50-59	\$34.70	\$62.84	\$48.41	\$78.35
60-64	\$36.56	\$68.41	\$49.65	\$79.11
65-69	\$44.49	\$83.87	\$55.21	\$94.59
70-74	\$54.38	\$103.62	\$65.50	\$114.74
75-79	\$68.28	\$130.82	\$79.68	\$142.22
80-85	\$95.78	\$184.39	\$108.94	\$197.54

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$18.08	\$28.70	\$35.72	\$50.28
30-39	\$24.16	\$40.58	\$47.96	\$69.72
40-49	\$29.68	\$51.84	\$50.60	\$77.28
50-59	\$41.84	\$76.66	\$58.65	\$95.67
60-64	\$45.15	\$85.21	\$59.23	\$98.52
65-69	\$50.19	\$95.22	\$62.31	\$107.35
70-74	\$61.39	\$117.71	\$73.96	\$130.28
75-79	\$77.23	\$148.78	\$90.13	\$161.68
80-85	\$108.49	\$209.87	\$123.37	\$224.75

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$21.00	\$33.88	\$42.43	\$60.11
30-39	\$26.10	\$44.56	\$52.79	\$77.25
40-49	\$37.05	\$65.60	\$63.87	\$98.19
50-59	\$49.85	\$92.22	\$70.14	\$115.17
60-64	\$59.45	\$113.01	\$76.25	\$130.65
65-69	\$72.98	\$139.22	\$90.65	\$156.90
70-74	\$89.33	\$172.17	\$107.65	\$190.50
75-79	\$112.58	\$217.83	\$131.37	\$236.62
80-85	\$127.87	\$248.34	\$145.38	\$265.85

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Hospital Indemnity Insurance Monthly Rates*
Oregon

\$700 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.64	\$23.07	\$28.35	\$39.84
30-39	\$16.62	\$27.67	\$32.49	\$47.09
40-49	\$28.30	\$48.99	\$47.82	\$72.72
50-59	\$39.39	\$71.67	\$55.07	\$89.40
60-64	\$42.19	\$79.21	\$55.63	\$91.63
65-69	\$46.75	\$88.35	\$58.06	\$99.66
70-74	\$57.11	\$109.10	\$68.83	\$120.82
75-79	\$71.76	\$137.79	\$83.77	\$149.81
80-85	\$100.70	\$194.25	\$114.57	\$208.12

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$20.59	\$33.64	\$41.90	\$59.73
30-39	\$27.73	\$47.87	\$56.51	\$83.12
40-49	\$34.55	\$61.69	\$59.86	\$92.44
50-59	\$49.51	\$92.08	\$69.83	\$115.07
60-64	\$56.35	\$107.55	\$72.38	\$124.38
65-69	\$60.27	\$115.32	\$74.93	\$129.98
70-74	\$73.74	\$142.54	\$88.93	\$157.73
75-79	\$93.01	\$180.42	\$108.58	\$195.99
80-85	\$130.88	\$254.74	\$148.83	\$272.69

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$22.34	\$37.09	\$46.53	\$66.70
30-39	\$30.33	\$53.21	\$62.99	\$93.20
40-49	\$38.22	\$69.13	\$66.93	\$104.03
50-59	\$55.46	\$104.10	\$78.52	\$130.18
60-64	\$60.81	\$116.82	\$81.02	\$135.08
65-69	\$68.24	\$131.23	\$84.88	\$147.86
70-74	\$83.55	\$162.26	\$100.78	\$179.49
75-79	\$105.55	\$205.56	\$123.21	\$223.22
80-85	\$148.67	\$290.41	\$169.04	\$310.78

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$24.17	\$40.71	\$51.36	\$73.99
30-39	\$31.88	\$56.70	\$67.27	\$100.04
40-49	\$48.06	\$87.91	\$84.94	\$132.72
50-59	\$61.69	\$116.67	\$87.61	\$145.97
60-64	\$80.40	\$155.29	\$103.50	\$179.55
65-69	\$99.56	\$192.22	\$123.86	\$216.52
70-74	\$121.94	\$237.75	\$147.11	\$262.92
75-79	\$154.25	\$301.41	\$180.05	\$327.21
80-85	\$175.64	\$344.10	\$199.67	\$368.13

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Hospital Indemnity Insurance Monthly Rates
Oregon

\$900 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$20.36	\$33.26	\$41.12	\$58.66
30-39	\$27.30	\$47.06	\$55.32	\$81.36
40-49	\$38.72	\$68.99	\$66.87	\$103.19
50-59	\$48.30	\$89.68	\$68.08	\$112.04
60-64	\$54.82	\$104.46	\$70.41	\$120.84
65-69	\$61.47	\$117.49	\$76.45	\$132.47
70-74	\$71.71	\$138.46	\$86.52	\$153.26
75-79	\$99.46	\$192.72	\$116.14	\$209.41
80-85	\$139.90	\$272.05	\$159.14	\$291.29

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$26.25	\$44.31	\$55.52	\$80.15
30-39	\$33.02	\$58.79	\$69.50	\$103.44
40-49	\$41.91	\$76.68	\$73.96	\$115.63
50-59	\$56.58	\$107.00	\$76.44	\$133.87
60-64	\$61.35	\$118.46	\$79.00	\$137.01
65-69	\$75.91	\$146.53	\$94.48	\$165.10
70-74	\$93.10	\$181.46	\$112.36	\$200.72
75-79	\$117.74	\$230.01	\$137.48	\$249.75
80-85	\$165.97	\$325.08	\$188.73	\$347.84

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$28.69	\$49.12	\$61.95	\$89.84
30-39	\$36.37	\$65.65	\$77.81	\$116.39
40-49	\$46.63	\$86.24	\$83.04	\$130.49
50-59	\$68.95	\$131.35	\$98.20	\$164.43
60-64	\$83.30	\$161.71	\$107.38	\$186.99
65-69	\$90.46	\$175.32	\$112.62	\$197.47
70-74	\$110.99	\$217.16	\$133.97	\$240.13
75-79	\$147.24	\$288.58	\$171.91	\$313.25
80-85	\$188.86	\$370.95	\$214.70	\$396.81

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$31.23	\$54.15	\$68.67	\$99.98
30-39	\$41.30	\$75.41	\$89.60	\$134.57
40-49	\$60.75	\$113.43	\$109.06	\$172.13
50-59	\$82.87	\$158.84	\$118.33	\$198.94
60-64	\$101.21	\$197.34	\$130.56	\$228.16
65-69	\$125.92	\$244.83	\$156.80	\$275.70
70-74	\$154.56	\$303.33	\$186.56	\$335.34
75-79	\$195.93	\$384.99	\$228.73	\$417.80
80-85	\$234.05	\$460.81	\$266.06	\$492.81

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Hospital Indemnity Insurance Monthly Rates
Oregon

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
Oregon

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