

# Hospital Indemnity Insurance Monthly Rates

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\* For use in Georgia

## Hospital Indemnity Insurance Monthly Rates\*

## \$200 Daily Benefit Amount

## 3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.14	\$10.56	\$12.51	\$15.91
<b>30-39</b>	\$8.68	\$11.80	\$13.75	\$18.01
<b>40-49</b>	\$9.69	\$13.90	\$14.25	\$19.45
<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>	\$8.81	\$11.88	\$14.27	\$18.56
<b>30-39</b>	\$9.53	\$13.54	\$15.85	\$21.29
<b>40-49</b>	\$10.91	\$16.37	\$16.60	\$23.30
<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>	\$9.20	\$12.65	\$15.30	\$20.11
<b>30-39</b>	\$10.03	\$14.56	\$17.09	\$23.21
<b>40-49</b>	\$11.62	\$17.83	\$17.98	\$25.56
<b>50-59</b>	\$15.93	\$26.38	\$21.46	\$32.64
<b>60-64</b>	\$19.20	\$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>	\$9.61	\$13.45	\$16.37	\$21.73
<b>30-39</b>	\$10.55	\$15.63	\$18.38	\$25.22
<b>40-49</b>	\$17.32	\$27.09	\$27.20	\$39.09
<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.

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## Hospital Indemnity Insurance Monthly Rates\*

**\$300 Daily Benefit Amount****3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.24	\$12.75	\$15.30	\$20.16
<b>30-39</b>	\$10.04	\$14.60	\$17.06	\$23.19
<b>40-49</b>	\$11.61	\$17.80	\$17.93	\$25.48
<b>50-59</b>	\$15.05	\$24.90	\$20.27	\$30.80
<b>60-64</b>	\$17.14	\$29.87	\$21.59	\$34.54
<b>65-69</b>	\$21.26	\$37.89	\$26.22	\$42.84
<b>70-74</b>	\$25.99	\$46.91	\$31.16	\$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>	\$10.24	\$14.73	\$17.93	\$24.14
<b>30-39</b>	\$11.32	\$17.21	\$20.21	\$28.11
<b>40-49</b>	\$13.44	\$21.52	\$21.45	\$31.26
<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	\$32.89	\$54.85
<b>70-74</b>	\$32.62	\$60.26	\$39.19	\$66.82
<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>	\$11.91	\$17.47	\$21.42	\$29.11
<b>30-39</b>	\$15.68	\$24.36	\$28.69	\$40.29
<b>40-49</b>	\$18.87	\$30.81	\$30.58	\$45.05
<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>	\$13.72	\$20.51	\$25.30	\$34.68
<b>30-39</b>	\$16.69	\$26.44	\$31.20	\$44.21
<b>40-49</b>	\$21.89	\$36.37	\$35.96	\$53.47
<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

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## Hospital Indemnity Insurance Monthly Rates\*

**\$500 Daily Benefit Amount****3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$11.44	\$17.12	\$20.86	\$28.66
<b>30-39</b>	\$13.40	\$21.20	\$24.85	\$35.23
<b>40-49</b>	\$20.09	\$33.30	\$32.85	\$48.81
<b>50-59</b>	\$28.07	\$49.47	\$38.75	\$61.54
<b>60-64</b>	\$30.92	\$56.66	\$39.38	\$65.54
<b>65-69</b>	\$33.90	\$62.86	\$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>	\$14.42	\$22.47	\$27.77	\$38.82
<b>30-39</b>	\$16.37	\$27.00	\$31.82	\$45.92
<b>40-49</b>	\$22.20	\$38.17	\$37.37	\$56.60
<b>50-59</b>	\$33.36	\$60.42	\$46.55	\$75.34
<b>60-64</b>	\$35.49	\$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>	\$16.90	\$26.82	\$33.38	\$46.99
<b>30-39</b>	\$22.58	\$37.93	\$44.82	\$65.16
<b>40-49</b>	\$28.40	\$49.61	\$48.42	\$73.95
<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>	\$19.63	\$31.67	\$39.65	\$56.17
<b>30-39</b>	\$24.39	\$41.65	\$49.33	\$72.19
<b>40-49</b>	\$35.46	\$62.78	\$61.12	\$93.96
<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

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## Hospital Indemnity Insurance Monthly Rates\*

**\$700 Daily Benefit Amount****3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$13.69	\$21.56	\$26.50	\$37.23
<b>30-39</b>	\$15.54	\$25.86	\$30.36	\$44.01
<b>40-49</b>	\$27.08	\$46.88	\$45.76	\$69.59
<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>	\$19.24	\$31.43	\$39.16	\$55.82
<b>30-39</b>	\$25.91	\$44.74	\$52.81	\$77.68
<b>40-49</b>	\$33.06	\$59.03	\$57.28	\$88.46
<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	\$192.14
<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>	\$20.88	\$34.67	\$43.48	\$62.34
<b>30-39</b>	\$28.35	\$49.73	\$58.87	\$87.10
<b>40-49</b>	\$36.57	\$66.16	\$64.05	\$99.55
<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>	\$22.59	\$38.04	\$48.00	\$69.15
<b>30-39</b>	\$29.79	\$52.99	\$62.87	\$93.49
<b>40-49</b>	\$45.99	\$84.12	\$81.28	\$127.01
<b>50-59</b>	\$59.32	\$112.18	\$84.24	\$140.36
<b>60-64</b>	\$78.06	\$150.77	\$100.49	\$174.32
<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\*

**\$900 Daily Benefit Amount****3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$19.03	\$31.08	\$38.43	\$54.83
<b>30-39</b>	\$25.52	\$43.98	\$51.70	\$76.03
<b>40-49</b>	\$37.06	\$66.02	\$63.99	\$98.75
<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>	\$24.54	\$41.41	\$51.89	\$74.90
<b>30-39</b>	\$30.86	\$54.94	\$64.95	\$96.68
<b>40-49</b>	\$40.11	\$73.37	\$70.78	\$110.65
<b>50-59</b>	\$54.41	\$102.88	\$73.50	\$128.72
<b>60-64</b>	\$59.56	\$115.01	\$76.70	\$133.01
<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>	\$26.81	\$45.91	\$57.90	\$83.96
<b>30-39</b>	\$33.99	\$61.35	\$72.72	\$108.77
<b>40-49</b>	\$44.62	\$82.52	\$79.47	\$124.88
<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>	\$29.19	\$50.61	\$64.18	\$93.44
<b>30-39</b>	\$38.59	\$70.48	\$83.74	\$125.77
<b>40-49</b>	\$58.14	\$108.54	\$104.37	\$164.72
<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	\$297.38	\$182.91	\$328.76
<b>75-79</b>	\$192.08	\$377.44	\$224.25	\$409.61
<b>80-85</b>	\$229.47	\$451.77	\$260.84	\$483.14

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## Hospital Indemnity Insurance Monthly Rates

## 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>	\$3.75	\$7.42	\$7.14	\$11.57
<b>30-39</b>	\$4.52	\$9.27	\$8.44	\$14.07
<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

**Outpatient Major Diagnostic Exam**

In VA: Not available

\$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

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

For use in the states of:

AK, AL, AR, AZ, CO, DC, DE, GA, HI, IA, IL, IN, KY, LA, ME, MI, MO, MS, ND, NE, NV, OK, RI, SC, SD, TN, VA, WI &amp; WV

## Hospital Indemnity Insurance Monthly Rates

## 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	\$9.98	\$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

For use in the states of:

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## Hospital Indemnity Insurance Monthly Rates\*

## For use in Georgia

## OPTIONAL BENEFIT RIDERS

## First Cancer Diagnosis Lump Sum

\$1,000 Benefit Amount

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$0.53	\$1.03	\$0.63	\$1.13
<b>30-39</b>	\$0.69	\$1.35	\$0.79	\$1.45
<b>40-49</b>	\$1.16	\$2.20	\$1.26	\$2.30
<b>50-59</b>	\$1.88	\$3.57	\$1.98	\$3.67
<b>60-64</b>	\$2.49	\$4.81	\$2.59	\$4.91
<b>65-69</b>	\$3.11	\$6.05	\$3.21	\$6.15
<b>70-74</b>	\$3.72	\$7.28	\$3.82	\$7.38
<b>75-79</b>	\$4.31	\$8.44	\$4.41	\$8.54
<b>80-85</b>	\$5.01	\$9.54	\$5.11	\$9.64

## First Cancer Diagnosis Lump Sum

\$5,000 Benefit Amount

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$2.65	\$5.15	\$3.15	\$5.65
<b>30-39</b>	\$3.45	\$6.75	\$3.95	\$7.25
<b>40-49</b>	\$5.80	\$11.00	\$6.30	\$11.50
<b>50-59</b>	\$9.40	\$17.85	\$9.90	\$18.35
<b>60-64</b>	\$12.45	\$24.05	\$12.95	\$24.55
<b>65-69</b>	\$15.55	\$30.25	\$16.05	\$30.75
<b>70-74</b>	\$18.60	\$36.40	\$19.10	\$36.90
<b>75-79</b>	\$21.55	\$42.20	\$22.05	\$42.70
<b>80-85</b>	\$25.05	\$47.70	\$25.55	\$48.20

## First Cancer Diagnosis Lump Sum

\$10,000 Benefit Amount

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$5.30	\$10.30	\$6.30	\$11.30
<b>30-39</b>	\$6.90	\$13.50	\$7.90	\$14.50
<b>40-49</b>	\$11.60	\$22.00	\$12.60	\$23.00
<b>50-59</b>	\$18.80	\$35.70	\$19.80	\$36.70
<b>60-64</b>	\$24.90	\$48.10	\$25.90	\$49.10
<b>65-69</b>	\$31.10	\$60.50	\$32.10	\$61.50
<b>70-74</b>	\$37.20	\$72.80	\$38.20	\$73.80
<b>75-79</b>	\$43.10	\$84.40	\$44.10	\$85.40
<b>80-85</b>	\$50.10	\$95.40	\$51.10	\$96.40

## First Cancer Diagnosis Lump Sum

\$20,000 Benefit Amount

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$10.60	\$20.60	\$12.60	\$22.60
<b>30-39</b>	\$13.80	\$27.00	\$15.80	\$29.00
<b>40-49</b>	\$23.20	\$44.00	\$25.20	\$46.00
<b>50-59</b>	\$37.60	\$71.40	\$39.60	\$73.40
<b>60-64</b>	\$49.80	\$96.20	\$51.80	\$98.20
<b>65-69</b>	\$62.20	\$121.00	\$64.20	\$123.00
<b>70-74</b>	\$74.40	\$145.60	\$76.40	\$147.60
<b>75-79</b>	\$86.20	\$168.80	\$88.20	\$170.80
<b>80-85</b>	\$100.20	\$190.80	\$102.20	\$192.80

\* 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\*

## For use in Georgia

## OPTIONAL BENEFIT RIDERS

## Outpatient Rehabilitation Therapy

## 15 Days

\$50 Per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$4.18	\$7.38	\$6.88	\$10.09
<b>30-39</b>	\$4.44	\$7.85	\$7.15	\$10.56
<b>40-49</b>	\$4.70	\$8.33	\$7.41	\$11.04
<b>50-59</b>	\$4.96	\$8.80	\$7.67	\$11.51
<b>60-64</b>	\$5.22	\$9.28	\$7.93	\$11.99
<b>65-69</b>	\$5.48	\$9.76	\$8.19	\$12.46
<b>70-74</b>	\$5.51	\$9.78	\$8.22	\$12.49
<b>75-79</b>	\$5.51	\$9.86	\$8.22	\$12.57
<b>80-85</b>	\$5.63	\$10.05	\$8.34	\$12.76

## Outpatient Rehabilitation Therapy

## 30 Days

\$50 Per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$5.02	\$8.86	\$8.26	\$12.11
<b>30-39</b>	\$5.33	\$9.42	\$8.58	\$12.67
<b>40-49</b>	\$5.64	\$10.00	\$8.89	\$13.25
<b>50-59</b>	\$5.95	\$10.56	\$9.20	\$13.81
<b>60-64</b>	\$6.26	\$11.14	\$9.52	\$14.39
<b>65-69</b>	\$6.58	\$11.71	\$9.83	\$14.95
<b>70-74</b>	\$6.61	\$11.74	\$9.86	\$14.99
<b>75-79</b>	\$6.61	\$11.83	\$9.86	\$15.08
<b>80-85</b>	\$6.76	\$12.06	\$10.01	\$15.31

## Outpatient Rehabilitation Therapy

## 15 Days

\$100 Per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.36	\$14.76	\$13.76	\$20.18
<b>30-39</b>	\$8.88	\$15.70	\$14.30	\$21.12
<b>40-49</b>	\$9.40	\$16.66	\$14.82	\$22.08
<b>50-59</b>	\$9.92	\$17.60	\$15.34	\$23.02
<b>60-64</b>	\$10.44	\$18.56	\$15.86	\$23.98
<b>65-69</b>	\$10.96	\$19.52	\$16.38	\$24.92
<b>70-74</b>	\$11.02	\$19.56	\$16.44	\$24.98
<b>75-79</b>	\$11.02	\$19.72	\$16.44	\$25.14
<b>80-85</b>	\$11.26	\$20.10	\$16.68	\$25.52

## Outpatient Rehabilitation Therapy

## 30 Days

\$100 Per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$10.03	\$17.71	\$16.51	\$24.22
<b>30-39</b>	\$10.66	\$18.84	\$17.16	\$25.34
<b>40-49</b>	\$11.28	\$19.99	\$17.78	\$26.50
<b>50-59</b>	\$11.90	\$21.12	\$18.41	\$27.62
<b>60-64</b>	\$12.53	\$22.27	\$19.03	\$28.78
<b>65-69</b>	\$13.15	\$23.42	\$19.66	\$29.90
<b>70-74</b>	\$13.22	\$23.47	\$19.73	\$29.98
<b>75-79</b>	\$13.22	\$23.66	\$19.73	\$30.17
<b>80-85</b>	\$13.51	\$24.12	\$20.02	\$30.62

\* 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\*

## For use in Georgia

## OPTIONAL BENEFIT RIDERS

**Accidental Injury**

\$1,000 Annual Benefit Bank

Issue Ages	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-85</b>	\$8.23	\$8.97	\$10.08	\$10.85

**Accidental Injury**

\$2,000 Annual Benefit Bank

Issue Ages	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-85</b>	\$10.88	\$12.05	\$13.81	\$15.35

**Accidental Injury**

\$3,000 Annual Benefit Bank

Issue Ages	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-85</b>	\$13.52	\$15.12	\$17.53	\$19.84

**Accidental Injury**

\$4,000 Annual Benefit Bank

Issue Ages	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-85</b>	\$16.17	\$18.20	\$21.26	\$24.33

**Accidental Injury**

\$5,000 Annual Benefit Bank

Issue Ages	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-85</b>	\$18.81	\$21.27	\$24.98	\$28.82

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