

# Hospital Indemnity Insurance Monthly Rates

## Texas

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Hospital Indemnity Insurance Monthly Rates\*  
Texas

**\$200 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.31	\$10.81	\$12.81	\$16.31
<b>30-39</b>	\$8.87	\$12.09	\$14.08	\$18.48
<b>40-49</b>	\$9.91	\$14.26	\$14.62	\$19.98
<b>50-59</b>	\$12.20	\$19.06	\$16.11	\$23.48
<b>60-64</b>	\$13.41	\$22.27	\$16.75	\$25.79
<b>65-69</b>	\$15.37	\$26.33	\$18.90	\$29.87
<b>70-74</b>	\$18.67	\$32.43	\$22.37	\$36.14
<b>75-79</b>	\$24.02	\$42.43	\$28.04	\$46.46
<b>80-85</b>	\$34.68	\$62.06	\$39.59	\$66.97

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.92	\$12.05	\$14.47	\$18.84
<b>30-39</b>	\$9.66	\$13.74	\$16.08	\$21.60
<b>40-49</b>	\$11.06	\$16.62	\$16.85	\$23.66
<b>50-59</b>	\$14.14	\$23.01	\$18.93	\$28.43
<b>60-64</b>	\$15.96	\$27.45	\$20.06	\$31.75
<b>65-69</b>	\$18.63	\$32.85	\$22.95	\$37.17
<b>70-74</b>	\$22.71	\$40.59	\$27.24	\$45.11
<b>75-79</b>	\$29.50	\$53.43	\$34.40	\$58.34
<b>80-85</b>	\$42.91	\$78.55	\$48.88	\$84.52

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.28	\$12.78	\$15.45	\$20.32
<b>30-39</b>	\$10.12	\$14.71	\$17.26	\$23.45
<b>40-49</b>	\$11.74	\$18.02	\$18.17	\$25.84
<b>50-59</b>	\$16.10	\$26.67	\$21.69	\$33.01
<b>60-64</b>	\$19.41	\$33.90	\$24.46	\$39.20
<b>65-69</b>	\$22.84	\$40.77	\$28.16	\$46.10
<b>70-74</b>	\$27.90	\$50.46	\$33.46	\$56.02
<b>75-79</b>	\$34.45	\$63.08	\$40.17	\$68.80
<b>80-85</b>	\$47.77	\$88.28	\$54.38	\$94.89

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.66	\$13.54	\$16.47	\$21.88
<b>30-39</b>	\$10.61	\$15.73	\$18.50	\$25.38
<b>40-49</b>	\$17.43	\$27.26	\$27.37	\$39.35
<b>50-59</b>	\$24.30	\$40.92	\$32.95	\$50.70
<b>60-64</b>	\$26.45	\$46.80	\$33.40	\$54.10
<b>65-69</b>	\$31.34	\$56.53	\$38.67	\$63.86
<b>70-74</b>	\$38.34	\$70.04	\$46.00	\$77.70
<b>75-79</b>	\$47.51	\$87.75	\$55.37	\$95.61
<b>80-85</b>	\$52.83	\$98.41	\$60.10	\$105.68

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$15 will be provided - up to a maximum of 31 days per period of confinement.

\* 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\*  
Texas

**\$300 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.42	\$13.00	\$15.60	\$20.57
<b>30-39</b>	\$10.24	\$14.90	\$17.41	\$23.68
<b>40-49</b>	\$11.85	\$18.19	\$18.31	\$26.04
<b>50-59</b>	\$15.38	\$25.47	\$20.73	\$31.51
<b>60-64</b>	\$17.54	\$30.60	\$22.11	\$35.39
<b>65-69</b>	\$21.77	\$38.83	\$26.86	\$43.91
<b>70-74</b>	\$26.60	\$48.05	\$31.92	\$53.37
<b>75-79</b>	\$32.83	\$60.04	\$38.29	\$65.51
<b>80-85</b>	\$47.86	\$88.37	\$54.49	\$95.00

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$10.36	\$14.91	\$18.14	\$24.43
<b>30-39</b>	\$11.45	\$17.43	\$20.46	\$28.46
<b>40-49</b>	\$13.61	\$21.79	\$21.72	\$31.66
<b>50-59</b>	\$18.33	\$31.46	\$25.04	\$39.04
<b>60-64</b>	\$21.42	\$38.45	\$27.14	\$44.46
<b>65-69</b>	\$26.98	\$49.26	\$33.36	\$55.63
<b>70-74</b>	\$33.07	\$61.10	\$39.73	\$67.76
<b>75-79</b>	\$41.11	\$76.70	\$47.95	\$83.54
<b>80-85</b>	\$60.27	\$113.29	\$68.58	\$121.60

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$12.01	\$17.62	\$21.60	\$29.37
<b>30-39</b>	\$15.81	\$24.58	\$28.94	\$40.65
<b>40-49</b>	\$19.03	\$31.09	\$30.85	\$45.45
<b>50-59</b>	\$25.36	\$44.20	\$34.84	\$54.93
<b>60-64</b>	\$28.97	\$52.66	\$36.80	\$60.88
<b>65-69</b>	\$31.64	\$58.32	\$39.15	\$65.83
<b>70-74</b>	\$38.83	\$72.41	\$46.67	\$80.26
<b>75-79</b>	\$48.42	\$91.07	\$56.47	\$99.12
<b>80-85</b>	\$67.59	\$127.98	\$76.88	\$137.27

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$13.81	\$20.63	\$25.45	\$34.88
<b>30-39</b>	\$16.79	\$26.60	\$31.39	\$44.48
<b>40-49</b>	\$22.02	\$36.59	\$36.18	\$53.80
<b>50-59</b>	\$32.27	\$57.01	\$44.58	\$70.93
<b>60-64</b>	\$36.25	\$66.58	\$46.14	\$76.96
<b>65-69</b>	\$43.79	\$81.36	\$54.22	\$91.79
<b>70-74</b>	\$53.79	\$101.11	\$64.69	\$112.00
<b>75-79</b>	\$67.26	\$127.34	\$78.43	\$138.52
<b>80-85</b>	\$75.25	\$143.35	\$85.57	\$153.67

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$15 will be provided - up to a maximum of 31 days per period of confinement.

\* 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\*  
Texas

**\$500 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$11.60	\$17.37	\$21.16	\$29.07
<b>30-39</b>	\$13.59	\$21.51	\$25.21	\$35.75
<b>40-49</b>	\$20.38	\$33.80	\$33.34	\$49.56
<b>50-59</b>	\$28.51	\$50.25	\$39.35	\$62.52
<b>60-64</b>	\$31.43	\$57.62	\$40.03	\$66.65
<b>65-69</b>	\$34.46	\$63.93	\$42.71	\$72.18
<b>70-74</b>	\$42.36	\$79.48	\$50.98	\$88.10
<b>75-79</b>	\$52.90	\$100.04	\$61.75	\$108.89
<b>80-85</b>	\$73.90	\$140.62	\$84.11	\$150.83

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$14.55	\$22.68	\$28.03	\$39.18
<b>30-39</b>	\$16.53	\$27.26	\$32.12	\$46.36
<b>40-49</b>	\$22.41	\$38.54	\$37.73	\$57.16
<b>50-59</b>	\$33.69	\$61.03	\$47.01	\$76.09
<b>60-64</b>	\$35.86	\$67.11	\$48.70	\$77.61
<b>65-69</b>	\$43.73	\$82.45	\$54.27	\$92.99
<b>70-74</b>	\$53.87	\$102.65	\$64.88	\$113.67
<b>75-79</b>	\$67.63	\$129.59	\$78.93	\$140.89
<b>80-85</b>	\$94.83	\$182.60	\$107.86	\$195.63

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$17.02	\$27.02	\$33.62	\$47.34
<b>30-39</b>	\$22.74	\$38.21	\$45.15	\$65.64
<b>40-49</b>	\$28.62	\$49.98	\$48.79	\$74.50
<b>50-59</b>	\$40.54	\$74.27	\$56.82	\$92.69
<b>60-64</b>	\$44.17	\$83.38	\$57.95	\$96.41
<b>65-69</b>	\$49.21	\$93.37	\$61.10	\$105.26
<b>70-74</b>	\$60.65	\$116.31	\$73.08	\$128.74
<b>75-79</b>	\$76.31	\$147.01	\$89.05	\$159.76
<b>80-85</b>	\$107.18	\$207.34	\$121.88	\$222.04

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$19.74	\$31.85	\$39.87	\$56.49
<b>30-39</b>	\$24.53	\$41.88	\$49.61	\$72.60
<b>40-49</b>	\$35.66	\$63.13	\$61.46	\$94.50
<b>50-59</b>	\$48.21	\$89.18	\$67.83	\$111.37
<b>60-64</b>	\$58.05	\$110.35	\$74.45	\$127.58
<b>65-69</b>	\$71.40	\$136.21	\$88.69	\$153.51
<b>70-74</b>	\$88.08	\$169.77	\$106.15	\$187.84
<b>75-79</b>	\$111.00	\$214.79	\$129.53	\$233.32
<b>80-85</b>	\$126.08	\$244.86	\$143.34	\$262.13

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$15 will be provided - up to a maximum of 31 days per period of confinement.

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Hospital Indemnity Insurance Monthly Rates\*  
Texas

**\$700 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$13.85	\$21.82	\$26.81	\$37.68
<b>30-39</b>	\$15.72	\$26.17	\$30.72	\$44.54
<b>40-49</b>	\$27.41	\$47.46	\$46.32	\$70.46
<b>50-59</b>	\$38.35	\$69.80	\$53.62	\$87.07
<b>60-64</b>	\$41.51	\$77.95	\$54.73	\$90.17
<b>65-69</b>	\$46.09	\$87.13	\$57.24	\$98.28
<b>70-74</b>	\$56.74	\$108.41	\$68.39	\$120.06
<b>75-79</b>	\$71.28	\$136.91	\$83.23	\$148.86
<b>80-85</b>	\$99.98	\$192.91	\$113.77	\$206.69

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$19.39	\$31.69	\$39.48	\$56.28
<b>30-39</b>	\$26.12	\$45.11	\$53.24	\$78.32
<b>40-49</b>	\$33.33	\$59.53	\$57.75	\$89.20
<b>50-59</b>	\$48.01	\$89.30	\$67.72	\$111.59
<b>60-64</b>	\$55.19	\$105.34	\$70.89	\$121.83
<b>65-69</b>	\$59.14	\$113.18	\$73.54	\$127.57
<b>70-74</b>	\$72.93	\$140.98	\$87.96	\$156.01
<b>75-79</b>	\$91.98	\$178.45	\$107.38	\$193.84
<b>80-85</b>	\$129.40	\$251.89	\$147.16	\$269.65

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$21.01	\$34.90	\$43.77	\$62.75
<b>30-39</b>	\$28.54	\$50.07	\$59.26	\$87.69
<b>40-49</b>	\$36.82	\$66.61	\$64.48	\$100.23
<b>50-59</b>	\$53.70	\$100.79	\$76.02	\$126.04
<b>60-64</b>	\$59.46	\$114.22	\$76.46	\$132.08
<b>65-69</b>	\$66.85	\$128.56	\$83.15	\$144.86
<b>70-74</b>	\$82.49	\$160.21	\$99.50	\$177.22
<b>75-79</b>	\$104.20	\$202.96	\$121.64	\$220.39
<b>80-85</b>	\$146.76	\$286.69	\$166.87	\$306.80

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$22.71	\$38.25	\$48.26	\$69.52
<b>30-39</b>	\$29.95	\$53.28	\$63.21	\$94.00
<b>40-49</b>	\$46.24	\$84.58	\$81.73	\$127.70
<b>50-59</b>	\$59.65	\$112.80	\$84.70	\$141.13
<b>60-64</b>	\$78.49	\$151.61	\$101.04	\$175.29
<b>65-69</b>	\$97.39	\$188.02	\$121.16	\$211.79
<b>70-74</b>	\$120.22	\$234.38	\$145.03	\$259.20
<b>75-79</b>	\$152.07	\$297.14	\$177.50	\$322.58
<b>80-85</b>	\$173.15	\$339.21	\$196.83	\$362.90

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$15 will be provided - up to a maximum of 31 days per period of confinement.

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Hospital Indemnity Insurance Monthly Rates\*  
Texas

**\$900 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$19.23	\$31.40	\$38.82	\$55.39
<b>30-39</b>	\$25.78	\$44.44	\$52.23	\$76.83
<b>40-49</b>	\$37.45	\$66.73	\$64.67	\$99.81
<b>50-59</b>	\$46.95	\$87.19	\$66.18	\$108.93
<b>60-64</b>	\$53.83	\$102.60	\$69.15	\$118.69
<b>65-69</b>	\$60.49	\$115.64	\$75.24	\$130.39
<b>70-74</b>	\$71.11	\$137.33	\$85.80	\$152.01
<b>75-79</b>	\$98.62	\$191.13	\$115.17	\$207.69
<b>80-85</b>	\$138.66	\$269.69	\$157.75	\$288.78

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$24.72	\$41.72	\$52.28	\$75.46
<b>30-39</b>	\$31.09	\$55.36	\$65.44	\$97.40
<b>40-49</b>	\$40.41	\$73.94	\$71.32	\$111.50
<b>50-59</b>	\$54.83	\$103.69	\$74.07	\$129.73
<b>60-64</b>	\$60.04	\$115.94	\$77.32	\$134.09
<b>65-69</b>	\$74.44	\$143.70	\$92.65	\$161.92
<b>70-74</b>	\$92.01	\$179.34	\$111.04	\$198.38
<b>75-79</b>	\$116.35	\$227.32	\$135.87	\$246.83
<b>80-85</b>	\$163.99	\$321.21	\$186.48	\$343.70

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$26.98	\$46.20	\$58.27	\$84.49
<b>30-39</b>	\$34.21	\$61.74	\$73.18	\$109.46
<b>40-49</b>	\$44.90	\$83.05	\$79.98	\$125.68
<b>50-59</b>	\$66.73	\$127.12	\$95.04	\$159.13
<b>60-64</b>	\$81.41	\$158.05	\$104.94	\$182.75
<b>65-69</b>	\$88.58	\$171.68	\$110.28	\$193.38
<b>70-74</b>	\$109.53	\$214.32	\$132.21	\$236.99
<b>75-79</b>	\$145.31	\$284.80	\$169.65	\$309.14
<b>80-85</b>	\$186.35	\$366.05	\$211.86	\$391.56

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$29.35	\$50.88	\$64.52	\$93.94
<b>30-39</b>	\$38.80	\$70.86	\$84.18	\$126.44
<b>40-49</b>	\$58.45	\$109.13	\$104.93	\$165.61
<b>50-59</b>	\$80.11	\$153.56	\$114.39	\$192.32
<b>60-64</b>	\$98.80	\$192.63	\$127.44	\$222.72
<b>65-69</b>	\$123.16	\$239.46	\$153.36	\$269.66
<b>70-74</b>	\$152.35	\$299.00	\$183.90	\$330.55
<b>75-79</b>	\$193.13	\$379.49	\$225.46	\$411.84
<b>80-85</b>	\$230.71	\$454.22	\$262.25	\$485.76

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$15 will be provided - up to a maximum of 31 days per period of confinement.

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Hospital Indemnity Insurance Monthly Rates  
Texas

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

\*\* \$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  
Texas

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