

# Hospital Indemnity Insurance Monthly Rates

## Utah

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Hospital Indemnity Insurance Monthly Rates\*  
Utah

**\$200 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.26	\$10.82	\$12.81	\$16.38
<b>30-39</b>	\$8.83	\$12.11	\$14.10	\$18.57
<b>40-49</b>	\$9.90	\$14.33	\$14.68	\$20.14
<b>50-59</b>	\$12.23	\$19.23	\$16.23	\$23.75
<b>60-64</b>	\$13.51	\$22.58	\$16.97	\$26.22
<b>65-69</b>	\$15.51	\$26.73	\$19.17	\$30.41
<b>70-74</b>	\$18.81	\$32.88	\$22.66	\$36.75
<b>75-79</b>	\$24.18	\$42.99	\$28.38	\$47.22
<b>80-85</b>	\$34.78	\$62.63	\$39.92	\$67.79

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.71	\$11.80	\$14.16	\$18.47
<b>30-39</b>	\$9.44	\$13.46	\$15.75	\$21.20
<b>40-49</b>	\$10.82	\$16.31	\$16.53	\$23.25
<b>50-59</b>	\$13.86	\$22.62	\$18.60	\$27.98
<b>60-64</b>	\$15.69	\$27.05	\$19.76	\$31.33
<b>65-69</b>	\$18.32	\$32.39	\$22.62	\$36.70
<b>70-74</b>	\$22.32	\$40.01	\$26.83	\$44.52
<b>75-79</b>	\$28.98	\$52.65	\$33.88	\$57.55
<b>80-85</b>	\$42.08	\$77.25	\$48.05	\$83.23

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.00	\$12.40	\$14.99	\$19.74
<b>30-39</b>	\$9.81	\$14.29	\$16.76	\$22.79
<b>40-49</b>	\$11.39	\$17.51	\$17.66	\$25.13
<b>50-59</b>	\$15.63	\$25.94	\$21.10	\$32.13
<b>60-64</b>	\$18.88	\$33.01	\$23.82	\$38.21
<b>65-69</b>	\$22.22	\$39.73	\$27.43	\$44.95
<b>70-74</b>	\$27.13	\$49.14	\$32.59	\$54.61
<b>75-79</b>	\$33.50	\$61.43	\$39.11	\$67.05
<b>80-85</b>	\$46.39	\$85.88	\$52.89	\$92.39

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.30	\$13.03	\$15.85	\$21.06
<b>30-39</b>	\$10.21	\$15.14	\$17.80	\$24.44
<b>40-49</b>	\$16.78	\$26.25	\$26.35	\$37.89
<b>50-59</b>	\$23.39	\$39.41	\$31.73	\$48.83
<b>60-64</b>	\$25.47	\$45.08	\$32.18	\$52.12
<b>65-69</b>	\$30.18	\$54.47	\$37.25	\$61.54
<b>70-74</b>	\$36.92	\$67.47	\$44.31	\$74.86
<b>75-79</b>	\$45.75	\$84.53	\$53.34	\$92.12
<b>80-85</b>	\$50.86	\$94.78	\$57.87	\$101.79

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$50 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\*  
Utah

**\$300 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.34	\$12.91	\$15.49	\$20.44
<b>30-39</b>	\$10.16	\$14.80	\$17.29	\$23.54
<b>40-49</b>	\$11.78	\$18.11	\$18.22	\$25.94
<b>50-59</b>	\$15.33	\$25.41	\$20.68	\$31.46
<b>60-64</b>	\$17.54	\$30.64	\$22.13	\$35.46
<b>65-69</b>	\$21.79	\$38.92	\$26.91	\$44.04
<b>70-74</b>	\$26.60	\$48.12	\$31.95	\$53.48
<b>75-79</b>	\$32.82	\$60.11	\$38.32	\$65.61
<b>80-85</b>	\$47.71	\$88.22	\$54.39	\$94.90

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$10.10	\$14.54	\$17.69	\$23.83
<b>30-39</b>	\$11.16	\$17.00	\$19.96	\$27.77
<b>40-49</b>	\$13.28	\$21.28	\$21.21	\$30.92
<b>50-59</b>	\$17.91	\$30.75	\$24.47	\$38.18
<b>60-64</b>	\$20.96	\$37.65	\$26.57	\$43.55
<b>65-69</b>	\$26.42	\$48.25	\$32.67	\$54.51
<b>70-74</b>	\$32.36	\$59.83	\$38.90	\$66.37
<b>75-79</b>	\$40.22	\$75.09	\$46.93	\$81.80
<b>80-85</b>	\$58.89	\$110.78	\$67.04	\$118.92

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$11.62	\$17.05	\$20.90	\$28.42
<b>30-39</b>	\$15.30	\$23.79	\$28.00	\$39.34
<b>40-49</b>	\$18.42	\$30.10	\$29.87	\$44.02
<b>50-59</b>	\$24.56	\$42.82	\$33.76	\$53.22
<b>60-64</b>	\$28.08	\$51.07	\$35.68	\$59.05
<b>65-69</b>	\$30.68	\$56.57	\$37.97	\$63.86
<b>70-74</b>	\$37.64	\$70.23	\$45.26	\$77.84
<b>75-79</b>	\$46.94	\$88.31	\$54.75	\$96.12
<b>80-85</b>	\$65.47	\$124.02	\$74.49	\$133.04

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$13.28	\$19.84	\$24.47	\$33.55
<b>30-39</b>	\$16.15	\$25.58	\$30.19	\$42.77
<b>40-49</b>	\$21.18	\$35.20	\$34.80	\$51.75
<b>50-59</b>	\$31.04	\$54.85	\$42.88	\$68.24
<b>60-64</b>	\$34.87	\$64.06	\$44.39	\$74.06
<b>65-69</b>	\$42.14	\$78.30	\$52.17	\$88.33
<b>70-74</b>	\$51.76	\$97.29	\$62.24	\$107.78
<b>75-79</b>	\$64.71	\$122.53	\$75.47	\$133.29
<b>80-85</b>	\$72.39	\$137.91	\$82.32	\$147.84

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$50 will be provided - up to a maximum of 31 days per period of confinement.

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Hospital Indemnity Insurance Monthly Rates\*  
Utah

**\$500 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$11.35	\$17.02	\$20.73	\$28.50
<b>30-39</b>	\$13.31	\$21.10	\$24.71	\$35.06
<b>40-49</b>	\$19.99	\$33.19	\$32.72	\$48.67
<b>50-59</b>	\$28.00	\$49.41	\$38.68	\$61.48
<b>60-64</b>	\$30.94	\$56.77	\$39.43	\$65.68
<b>65-69</b>	\$33.95	\$63.03	\$42.09	\$71.17
<b>70-74</b>	\$41.70	\$78.32	\$50.22	\$86.83
<b>75-79</b>	\$52.07	\$98.56	\$60.81	\$107.29
<b>80-85</b>	\$72.62	\$138.30	\$82.69	\$148.37

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$14.10	\$21.98	\$27.16	\$37.97
<b>30-39</b>	\$16.01	\$26.42	\$31.13	\$44.94
<b>40-49</b>	\$21.73	\$37.38	\$36.58	\$55.44
<b>50-59</b>	\$32.69	\$59.23	\$45.62	\$73.86
<b>60-64</b>	\$34.83	\$65.20	\$47.30	\$75.41
<b>65-69</b>	\$42.48	\$80.13	\$52.73	\$90.37
<b>70-74</b>	\$52.32	\$99.73	\$63.02	\$110.45
<b>75-79</b>	\$65.67	\$125.89	\$76.65	\$136.87
<b>80-85</b>	\$92.02	\$177.24	\$104.68	\$189.91

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$16.42	\$26.06	\$32.43	\$45.66
<b>30-39</b>	\$21.93	\$36.86	\$43.55	\$63.33
<b>40-49</b>	\$27.61	\$48.24	\$47.07	\$71.90
<b>50-59</b>	\$39.13	\$71.70	\$54.85	\$89.49
<b>60-64</b>	\$42.66	\$80.54	\$55.97	\$93.13
<b>65-69</b>	\$47.52	\$90.20	\$59.01	\$101.68
<b>70-74</b>	\$58.58	\$112.35	\$70.58	\$124.36
<b>75-79</b>	\$73.69	\$141.99	\$86.00	\$154.30
<b>80-85</b>	\$103.45	\$200.18	\$117.65	\$214.37

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$18.97	\$30.60	\$38.31	\$54.28
<b>30-39</b>	\$23.57	\$40.24	\$47.67	\$69.76
<b>40-49</b>	\$34.26	\$60.67	\$59.06	\$90.80
<b>50-59</b>	\$46.32	\$85.70	\$65.19	\$107.03
<b>60-64</b>	\$55.79	\$106.07	\$71.56	\$122.62
<b>65-69</b>	\$68.63	\$130.93	\$85.25	\$147.55
<b>70-74</b>	\$84.65	\$163.17	\$102.03	\$180.55
<b>75-79</b>	\$106.69	\$206.45	\$124.50	\$224.26
<b>80-85</b>	\$121.16	\$235.33	\$137.75	\$251.92

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$50 will be provided - up to a maximum of 31 days per period of confinement.

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Hospital Indemnity Insurance Monthly Rates\*  
Utah

**\$700 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$13.49	\$21.26	\$26.11	\$36.72
<b>30-39</b>	\$15.31	\$25.51	\$29.94	\$43.43
<b>40-49</b>	\$26.73	\$46.32	\$45.19	\$68.76
<b>50-59</b>	\$37.44	\$68.18	\$52.36	\$85.07
<b>60-64</b>	\$40.59	\$76.26	\$53.53	\$88.23
<b>65-69</b>	\$45.08	\$85.27	\$56.01	\$96.20
<b>70-74</b>	\$55.48	\$106.07	\$66.89	\$117.48
<b>75-79</b>	\$69.69	\$133.93	\$81.38	\$145.62
<b>80-85</b>	\$97.63	\$188.48	\$111.11	\$201.96

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$18.73	\$30.62	\$38.14	\$54.38
<b>30-39</b>	\$25.24	\$43.59	\$51.45	\$75.69
<b>40-49</b>	\$32.22	\$57.55	\$55.83	\$86.24
<b>50-59</b>	\$46.43	\$86.38	\$65.50	\$107.95
<b>60-64</b>	\$53.41	\$101.97	\$68.62	\$117.93
<b>65-69</b>	\$57.25	\$109.58	\$71.19	\$123.52
<b>70-74</b>	\$70.58	\$136.48	\$85.13	\$151.03
<b>75-79</b>	\$89.01	\$172.73	\$103.93	\$187.64
<b>80-85</b>	\$125.15	\$243.68	\$142.35	\$260.87

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$20.24	\$33.61	\$42.16	\$60.44
<b>30-39</b>	\$27.48	\$48.23	\$57.08	\$84.47
<b>40-49</b>	\$35.47	\$64.17	\$62.12	\$96.56
<b>50-59</b>	\$51.74	\$97.13	\$73.26	\$121.47
<b>60-64</b>	\$57.31	\$110.12	\$73.71	\$127.33
<b>65-69</b>	\$64.45	\$123.96	\$80.17	\$139.67
<b>70-74</b>	\$79.52	\$154.45	\$95.92	\$170.86
<b>75-79</b>	\$100.44	\$195.66	\$117.26	\$212.47
<b>80-85</b>	\$141.42	\$276.30	\$160.81	\$295.69

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$21.81	\$36.74	\$46.35	\$66.77
<b>30-39</b>	\$28.77	\$51.17	\$60.71	\$90.29
<b>40-49</b>	\$44.41	\$81.24	\$78.50	\$122.66
<b>50-59</b>	\$57.29	\$108.35	\$81.36	\$135.57
<b>60-64</b>	\$75.40	\$145.65	\$97.07	\$168.40
<b>65-69</b>	\$93.56	\$180.64	\$116.39	\$203.47
<b>70-74</b>	\$115.49	\$225.17	\$139.32	\$249.01
<b>75-79</b>	\$146.08	\$285.46	\$170.52	\$309.89
<b>80-85</b>	\$166.32	\$325.85	\$189.08	\$348.61

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$50 will be provided - up to a maximum of 31 days per period of confinement.

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Hospital Indemnity Insurance Monthly Rates\*  
Utah

**\$900 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$18.66	\$30.50	\$37.70	\$53.80
<b>30-39</b>	\$25.03	\$43.17	\$50.73	\$74.64
<b>40-49</b>	\$36.39	\$64.87	\$62.85	\$97.04
<b>50-59</b>	\$45.66	\$84.83	\$64.38	\$106.00
<b>60-64</b>	\$52.42	\$99.95	\$67.35	\$115.63
<b>65-69</b>	\$58.92	\$112.68	\$73.30	\$127.06
<b>70-74</b>	\$69.25	\$133.79	\$83.57	\$148.09
<b>75-79</b>	\$96.01	\$186.17	\$112.15	\$202.31
<b>80-85</b>	\$134.88	\$262.44	\$153.48	\$281.03

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$23.85	\$40.26	\$50.44	\$72.82
<b>30-39</b>	\$30.00	\$53.42	\$63.14	\$94.00
<b>40-49</b>	\$39.01	\$71.38	\$68.84	\$107.64
<b>50-59</b>	\$52.94	\$100.14	\$71.53	\$125.29
<b>60-64</b>	\$58.00	\$112.04	\$74.70	\$129.57
<b>65-69</b>	\$71.93	\$138.88	\$89.53	\$156.49
<b>70-74</b>	\$88.89	\$173.30	\$107.29	\$191.70
<b>75-79</b>	\$112.41	\$219.65	\$131.27	\$238.50
<b>80-85</b>	\$158.35	\$310.23	\$180.09	\$331.96

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$25.96	\$44.46	\$56.07	\$81.31
<b>30-39</b>	\$32.92	\$59.42	\$70.42	\$105.35
<b>40-49</b>	\$43.22	\$79.95	\$76.98	\$120.98
<b>50-59</b>	\$64.24	\$122.39	\$91.50	\$153.22
<b>60-64</b>	\$78.39	\$152.21	\$101.06	\$176.00
<b>65-69</b>	\$85.31	\$165.36	\$106.21	\$186.26
<b>70-74</b>	\$105.48	\$206.41	\$127.32	\$228.24
<b>75-79</b>	\$139.93	\$274.28	\$163.38	\$297.72
<b>80-85</b>	\$179.41	\$352.44	\$203.98	\$377.01

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$28.18	\$48.85	\$61.96	\$90.20
<b>30-39</b>	\$37.26	\$68.04	\$80.84	\$121.42
<b>40-49</b>	\$56.13	\$104.79	\$100.76	\$159.03
<b>50-59</b>	\$76.93	\$147.47	\$109.86	\$184.70
<b>60-64</b>	\$94.88	\$185.01	\$122.40	\$213.91
<b>65-69</b>	\$118.28	\$229.99	\$147.29	\$258.99
<b>70-74</b>	\$146.32	\$287.18	\$176.62	\$317.48
<b>75-79</b>	\$185.48	\$364.48	\$216.54	\$395.54
<b>80-85</b>	\$221.56	\$436.22	\$251.85	\$466.51

NOTE: If a covered person exhausts the number of hospital days selected, an additional cash benefit of \$50 will be provided - up to a maximum of 31 days per period of confinement.

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Hospital Indemnity Insurance Monthly Rates  
Utah

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>	\$3.57	\$7.05	\$6.78	\$10.99
<b>30-39</b>	\$4.29	\$8.81	\$8.02	\$13.37
<b>40-49</b>	\$6.51	\$13.24	\$10.34	\$17.90
<b>50-59</b>	\$8.67	\$17.50	\$11.33	\$20.52
<b>60-64</b>	\$10.01	\$20.14	\$12.03	\$22.27
<b>65-69</b>	\$11.21	\$22.40	\$13.04	\$24.23
<b>70-74</b>	\$13.63	\$27.28	\$15.44	\$29.09
<b>75-79</b>	\$16.87	\$33.77	\$18.69	\$35.59
<b>80-85</b>	\$20.92	\$41.88	\$22.75	\$43.71

**Outpatient Surgery**

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

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$3.15	\$6.24	\$6.13	\$9.90
<b>30-39</b>	\$4.67	\$9.34	\$8.08	\$13.50
<b>40-49</b>	\$6.61	\$13.30	\$9.73	\$17.05
<b>50-59</b>	\$8.96	\$18.09	\$11.71	\$21.16
<b>60-64</b>	\$11.22	\$22.60	\$14.02	\$25.50
<b>65-69</b>	\$12.73	\$25.56	\$15.72	\$28.56
<b>70-74</b>	\$13.30	\$26.68	\$16.27	\$29.64
<b>75-79</b>	\$13.30	\$26.68	\$16.27	\$29.64
<b>80-85</b>	\$13.30	\$26.68	\$16.27	\$29.64

\*\* \$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>	\$3.45	\$6.88	\$6.27	\$10.33
<b>30-39</b>	\$5.03	\$10.04	\$8.22	\$13.92
<b>40-49</b>	\$7.27	\$14.62	\$10.22	\$18.17
<b>50-59</b>	\$9.96	\$20.15	\$12.60	\$23.09
<b>60-64</b>	\$12.31	\$24.87	\$15.03	\$27.68
<b>65-69</b>	\$13.79	\$27.72	\$16.68	\$30.61
<b>70-74</b>	\$14.26	\$28.52	\$17.09	\$31.35
<b>75-79</b>	\$14.26	\$28.51	\$17.09	\$31.35
<b>80-85</b>	\$14.26	\$28.51	\$17.09	\$31.35

**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>	\$1.93	\$3.85	\$5.24	\$7.90
<b>30-39</b>	\$1.93	\$3.85	\$5.24	\$7.90
<b>40-49</b>	\$1.93	\$3.85	\$5.24	\$7.90
<b>50-59</b>	\$2.61	\$5.26	\$5.39	\$8.41
<b>60-64</b>	\$3.81	\$7.65	\$6.60	\$10.58
<b>65-69</b>	\$5.40	\$10.74	\$8.45	\$13.79
<b>70-74</b>	\$6.77	\$13.52	\$9.74	\$16.49
<b>75-79</b>	\$8.94	\$17.87	\$11.89	\$20.82
<b>80-85</b>	\$12.00	\$23.95	\$14.92	\$26.86

Hospital Indemnity Insurance Monthly Rates  
Utah

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	\$0.32	\$0.63	\$0.36	\$0.67
30-39	\$0.32	\$0.63	\$0.36	\$0.67
40-49	\$0.95	\$1.89	\$0.99	\$1.94
50-59	\$2.36	\$4.72	\$2.39	\$4.75
60-64	\$2.78	\$5.54	\$2.80	\$5.56
65-69	\$4.82	\$9.53	\$4.84	\$9.55
70-74	\$6.88	\$13.68	\$6.90	\$13.70
75-79	\$10.56	\$20.99	\$10.58	\$21.01
80-85	\$15.91	\$31.58	\$15.93	\$31.60

**Rehabilitation or Skilled  
Nursing Facility: 21-100 Days**

\$100 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.40	\$0.79	\$0.44	\$0.83
30-39	\$0.40	\$0.79	\$0.44	\$0.83
40-49	\$1.04	\$2.07	\$1.05	\$2.09
50-59	\$2.21	\$4.42	\$2.22	\$4.43
60-64	\$3.86	\$7.69	\$3.87	\$7.70
65-69	\$4.94	\$9.76	\$4.94	\$9.77
70-74	\$7.64	\$15.19	\$7.65	\$15.20
75-79	\$11.73	\$23.31	\$11.74	\$23.32
80-85	\$16.56	\$32.87	\$16.57	\$32.87

**Rehabilitation or Skilled  
Nursing Facility: 1-20 Days**

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.64	\$1.26	\$0.72	\$1.34
30-39	\$0.64	\$1.26	\$0.72	\$1.34
40-49	\$1.90	\$3.78	\$1.98	\$3.88
50-59	\$4.72	\$9.44	\$4.78	\$9.50
60-64	\$5.56	\$11.08	\$5.60	\$11.12
65-69	\$9.64	\$19.06	\$9.68	\$19.10
70-74	\$13.76	\$27.36	\$13.80	\$27.40
75-79	\$21.12	\$41.98	\$21.16	\$42.02
80-85	\$31.82	\$63.16	\$31.86	\$63.20

**Rehabilitation or Skilled  
Nursing Facility: 21-100 Days**

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.80	\$1.58	\$0.88	\$1.66
30-39	\$0.80	\$1.58	\$0.88	\$1.66
40-49	\$2.08	\$4.14	\$2.10	\$4.18
50-59	\$4.42	\$8.84	\$4.44	\$8.86
60-64	\$7.72	\$15.38	\$7.74	\$15.40
65-69	\$9.88	\$19.52	\$9.88	\$19.54
70-74	\$15.28	\$30.38	\$15.30	\$30.40
75-79	\$23.46	\$46.62	\$23.48	\$46.64
80-85	\$33.12	\$65.74	\$33.14	\$65.74