

# Hospital Indemnity Insurance Monthly Rates

## Wyoming

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Hospital Indemnity Insurance Monthly Rates\*  
Wyoming

**\$200 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.38	\$10.87	\$12.89	\$16.39
<b>30-39</b>	\$8.94	\$12.16	\$14.16	\$18.55
<b>40-49</b>	\$9.98	\$14.31	\$14.68	\$20.03
<b>50-59</b>	\$12.27	\$19.11	\$16.15	\$23.50
<b>60-64</b>	\$13.45	\$22.27	\$16.76	\$25.75
<b>65-69</b>	\$15.41	\$26.31	\$18.90	\$29.81
<b>70-74</b>	\$18.72	\$32.43	\$22.37	\$36.09
<b>75-79</b>	\$24.09	\$42.45	\$28.06	\$46.41
<b>80-85</b>	\$34.86	\$62.19	\$39.68	\$67.02

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.07	\$12.24	\$14.70	\$19.12
<b>30-39</b>	\$9.82	\$13.95	\$16.33	\$21.93
<b>40-49</b>	\$11.24	\$16.87	\$17.10	\$24.00
<b>50-59</b>	\$14.36	\$23.33	\$19.20	\$28.81
<b>60-64</b>	\$16.19	\$27.80	\$20.32	\$32.14
<b>65-69</b>	\$18.89	\$33.26	\$23.24	\$37.62
<b>70-74</b>	\$23.04	\$41.12	\$27.59	\$45.67
<b>75-79</b>	\$29.92	\$54.13	\$34.85	\$59.07
<b>80-85</b>	\$43.56	\$79.64	\$49.57	\$85.65

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.47	\$13.03	\$15.75	\$20.72
<b>30-39</b>	\$10.33	\$15.00	\$17.60	\$23.90
<b>40-49</b>	\$11.97	\$18.36	\$18.52	\$26.33
<b>50-59</b>	\$16.41	\$27.17	\$22.10	\$33.61
<b>60-64</b>	\$19.78	\$34.51	\$24.90	\$39.90
<b>65-69</b>	\$23.27	\$41.51	\$28.67	\$46.91
<b>70-74</b>	\$28.43	\$51.37	\$34.08	\$57.02
<b>75-79</b>	\$35.11	\$64.23	\$40.91	\$70.03
<b>80-85</b>	\$48.70	\$89.94	\$55.40	\$96.64

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.89	\$13.86	\$16.86	\$22.39
<b>30-39</b>	\$10.86	\$16.10	\$18.93	\$25.98
<b>40-49</b>	\$17.84	\$27.90	\$28.01	\$40.26
<b>50-59</b>	\$24.87	\$41.87	\$33.71	\$51.87
<b>60-64</b>	\$27.07	\$47.88	\$34.17	\$55.34
<b>65-69</b>	\$32.07	\$57.84	\$39.56	\$65.33
<b>70-74</b>	\$39.23	\$71.65	\$47.06	\$79.49
<b>75-79</b>	\$48.61	\$89.77	\$56.65	\$97.81
<b>80-85</b>	\$54.06	\$100.70	\$61.49	\$108.13

\* 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\*  
Wyoming

**\$300 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.52	\$13.13	\$15.76	\$20.77
<b>30-39</b>	\$10.34	\$15.04	\$17.57	\$23.89
<b>40-49</b>	\$11.96	\$18.34	\$18.46	\$26.25
<b>50-59</b>	\$15.50	\$25.65	\$20.88	\$31.73
<b>60-64</b>	\$17.66	\$30.77	\$22.24	\$35.58
<b>65-69</b>	\$21.90	\$39.03	\$27.00	\$44.13
<b>70-74</b>	\$26.77	\$48.32	\$32.10	\$53.65
<b>75-79</b>	\$33.04	\$60.39	\$38.52	\$65.87
<b>80-85</b>	\$48.22	\$88.99	\$54.89	\$95.65

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$10.55	\$15.17	\$18.47	\$24.86
<b>30-39</b>	\$11.65	\$17.73	\$20.82	\$28.95
<b>40-49</b>	\$13.84	\$22.16	\$22.09	\$32.20
<b>50-59</b>	\$18.64	\$31.98	\$25.46	\$39.69
<b>60-64</b>	\$21.76	\$39.06	\$27.57	\$45.16
<b>65-69</b>	\$27.41	\$50.03	\$33.88	\$56.49
<b>70-74</b>	\$33.60	\$62.07	\$40.36	\$68.83
<b>75-79</b>	\$41.78	\$77.92	\$48.72	\$84.86
<b>80-85</b>	\$61.28	\$115.16	\$69.72	\$123.59

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$12.27	\$18.00	\$22.06	\$29.99
<b>30-39</b>	\$16.15	\$25.09	\$29.55	\$41.50
<b>40-49</b>	\$19.43	\$31.73	\$31.50	\$46.40
<b>50-59</b>	\$25.88	\$45.10	\$35.56	\$56.05
<b>60-64</b>	\$29.56	\$53.72	\$37.54	\$62.11
<b>65-69</b>	\$32.28	\$59.49	\$39.93	\$67.14
<b>70-74</b>	\$39.61	\$73.87	\$47.61	\$81.87
<b>75-79</b>	\$49.40	\$92.90	\$57.61	\$101.11
<b>80-85</b>	\$68.98	\$130.60	\$78.46	\$140.08

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$14.14	\$21.12	\$26.06	\$35.72
<b>30-39</b>	\$17.19	\$27.23	\$32.14	\$45.54
<b>40-49</b>	\$22.55	\$37.46	\$37.04	\$55.08
<b>50-59</b>	\$33.04	\$58.36	\$45.64	\$72.61
<b>60-64</b>	\$37.10	\$68.15	\$47.23	\$78.78
<b>65-69</b>	\$44.83	\$83.28	\$55.50	\$93.96
<b>70-74</b>	\$55.06	\$103.49	\$66.22	\$114.65
<b>75-79</b>	\$68.85	\$130.35	\$80.29	\$141.79
<b>80-85</b>	\$77.04	\$146.74	\$87.60	\$157.31

\* 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\*  
Wyoming

**\$500 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$11.78	\$17.63	\$21.49	\$29.52
<b>30-39</b>	\$13.80	\$21.84	\$25.60	\$36.29
<b>40-49</b>	\$20.69	\$34.30	\$33.84	\$50.28
<b>50-59</b>	\$28.92	\$50.95	\$39.91	\$63.38
<b>60-64</b>	\$31.85	\$58.36	\$40.56	\$67.51
<b>65-69</b>	\$34.92	\$64.75	\$43.26	\$73.09
<b>70-74</b>	\$42.92	\$80.51	\$51.65	\$89.24
<b>75-79</b>	\$53.62	\$101.36	\$62.57	\$110.31
<b>80-85</b>	\$74.96	\$142.57	\$85.29	\$152.90

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$14.85	\$23.15	\$28.61	\$39.98
<b>30-39</b>	\$16.86	\$27.81	\$32.78	\$47.30
<b>40-49</b>	\$22.87	\$39.31	\$38.49	\$58.30
<b>50-59</b>	\$34.37	\$62.24	\$47.95	\$77.60
<b>60-64</b>	\$36.56	\$68.41	\$49.65	\$79.11
<b>65-69</b>	\$44.58	\$84.04	\$55.32	\$94.77
<b>70-74</b>	\$54.92	\$104.64	\$66.14	\$115.86
<b>75-79</b>	\$68.95	\$132.11	\$80.46	\$143.62
<b>80-85</b>	\$96.72	\$186.20	\$110.00	\$199.48

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$17.41	\$27.63	\$34.38	\$48.40
<b>30-39</b>	\$23.25	\$39.06	\$46.16	\$67.12
<b>40-49</b>	\$29.26	\$51.10	\$49.88	\$76.17
<b>50-59</b>	\$41.44	\$75.92	\$58.09	\$94.75
<b>60-64</b>	\$45.15	\$85.21	\$59.23	\$98.52
<b>65-69</b>	\$50.29	\$95.41	\$62.43	\$107.56
<b>70-74</b>	\$61.99	\$118.86	\$74.69	\$131.56
<b>75-79</b>	\$77.99	\$150.24	\$91.01	\$163.26
<b>80-85</b>	\$109.56	\$211.93	\$124.58	\$226.95

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$20.22	\$32.62	\$40.84	\$57.86
<b>30-39</b>	\$25.12	\$42.90	\$50.81	\$74.36
<b>40-49</b>	\$36.52	\$64.66	\$62.95	\$96.78
<b>50-59</b>	\$49.37	\$91.33	\$69.47	\$114.06
<b>60-64</b>	\$59.45	\$113.01	\$76.25	\$130.65
<b>65-69</b>	\$73.12	\$139.49	\$90.83	\$157.21
<b>70-74</b>	\$90.20	\$173.86	\$108.71	\$192.36
<b>75-79</b>	\$113.68	\$219.97	\$132.66	\$238.94
<b>80-85</b>	\$129.13	\$250.78	\$146.80	\$268.46

\* 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\*

Wyoming

**\$700 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$14.10	\$22.21	\$27.29	\$38.35
<b>30-39</b>	\$16.00	\$26.63	\$31.27	\$45.33
<b>40-49</b>	\$27.89	\$48.29	\$47.14	\$71.68
<b>50-59</b>	\$39.01	\$70.98	\$54.54	\$88.54
<b>60-64</b>	\$42.19	\$79.21	\$55.63	\$91.63
<b>65-69</b>	\$46.84	\$88.52	\$58.17	\$99.86
<b>70-74</b>	\$57.67	\$110.17	\$69.51	\$122.00
<b>75-79</b>	\$72.46	\$139.14	\$84.59	\$151.27
<b>80-85</b>	\$101.69	\$196.15	\$115.70	\$210.16

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$19.82	\$32.38	\$40.34	\$57.50
<b>30-39</b>	\$26.69	\$46.08	\$54.40	\$80.02
<b>40-49</b>	\$34.05	\$60.80	\$59.00	\$91.12
<b>50-59</b>	\$49.03	\$91.20	\$69.16	\$113.96
<b>60-64</b>	\$56.35	\$107.55	\$72.38	\$124.38
<b>65-69</b>	\$60.38	\$115.54	\$75.08	\$130.23
<b>70-74</b>	\$74.47	\$143.94	\$89.80	\$159.27
<b>75-79</b>	\$93.92	\$182.19	\$109.64	\$197.91
<b>80-85</b>	\$132.16	\$257.23	\$150.29	\$275.37

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$21.50	\$35.71	\$44.79	\$64.21
<b>30-39</b>	\$29.20	\$51.22	\$60.64	\$89.72
<b>40-49</b>	\$37.67	\$68.14	\$65.97	\$102.53
<b>50-59</b>	\$54.93	\$103.10	\$77.77	\$128.93
<b>60-64</b>	\$60.81	\$116.82	\$78.20	\$135.08
<b>65-69</b>	\$68.38	\$131.48	\$85.04	\$148.15
<b>70-74</b>	\$84.37	\$163.85	\$101.76	\$181.25
<b>75-79</b>	\$106.58	\$207.58	\$124.42	\$225.41
<b>80-85</b>	\$150.13	\$293.26	\$170.70	\$313.83

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$23.26	\$39.18	\$49.44	\$71.22
<b>30-39</b>	\$30.69	\$54.58	\$64.76	\$96.30
<b>40-49</b>	\$47.37	\$86.65	\$83.72	\$130.82
<b>50-59</b>	\$61.10	\$115.55	\$86.77	\$144.57
<b>60-64</b>	\$80.40	\$155.29	\$103.50	\$179.55
<b>65-69</b>	\$99.75	\$192.59	\$124.10	\$216.94
<b>70-74</b>	\$123.14	\$240.08	\$148.55	\$265.50
<b>75-79</b>	\$155.77	\$304.37	\$181.82	\$330.42
<b>80-85</b>	\$177.36	\$347.47	\$201.63	\$371.74

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Hospital Indemnity Insurance Monthly Rates  
Wyoming

**\$900 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$19.60	\$32.01	\$39.58	\$56.47
<b>30-39</b>	\$26.28	\$45.30	\$53.25	\$78.32
<b>40-49</b>	\$38.17	\$68.00	\$65.91	\$101.71
<b>50-59</b>	\$47.83	\$88.81	\$67.42	\$110.97
<b>60-64</b>	\$54.82	\$104.46	\$70.41	\$120.84
<b>65-69</b>	\$61.59	\$117.72	\$76.60	\$132.73
<b>70-74</b>	\$72.42	\$139.82	\$87.37	\$154.76
<b>75-79</b>	\$100.43	\$194.61	\$117.28	\$211.47
<b>80-85</b>	\$141.27	\$274.72	\$160.70	\$294.15

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$25.27	\$42.65	\$53.45	\$77.15
<b>30-39</b>	\$31.79	\$56.59	\$66.90	\$99.58
<b>40-49</b>	\$41.31	\$75.58	\$72.90	\$113.97
<b>50-59</b>	\$56.04	\$105.97	\$75.71	\$132.58
<b>60-64</b>	\$61.35	\$118.46	\$79.00	\$137.01
<b>65-69</b>	\$76.06	\$146.82	\$94.66	\$165.43
<b>70-74</b>	\$94.01	\$183.24	\$113.46	\$202.69
<b>75-79</b>	\$118.89	\$232.27	\$138.83	\$252.20
<b>80-85</b>	\$167.60	\$328.27	\$190.58	\$351.25

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$27.61	\$47.29	\$59.64	\$86.48
<b>30-39</b>	\$35.01	\$63.19	\$74.90	\$112.04
<b>40-49</b>	\$45.96	\$85.00	\$81.85	\$128.62
<b>50-59</b>	\$68.29	\$130.09	\$97.26	\$162.85
<b>60-64</b>	\$83.30	\$161.71	\$107.38	\$186.99
<b>65-69</b>	\$90.63	\$175.66	\$112.84	\$197.86
<b>70-74</b>	\$112.08	\$219.29	\$135.28	\$242.49
<b>75-79</b>	\$148.69	\$291.41	\$173.60	\$316.32
<b>80-85</b>	\$190.71	\$374.59	\$216.81	\$400.70

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$30.07	\$52.12	\$66.11	\$96.24
<b>30-39</b>	\$39.75	\$72.59	\$86.25	\$129.54
<b>40-49</b>	\$59.88	\$111.80	\$107.50	\$169.66
<b>50-59</b>	\$82.07	\$157.32	\$117.19	\$197.02
<b>60-64</b>	\$101.21	\$197.34	\$130.56	\$228.16
<b>65-69</b>	\$126.16	\$245.31	\$157.10	\$276.24
<b>70-74</b>	\$156.07	\$306.31	\$188.39	\$338.63
<b>75-79</b>	\$197.85	\$388.76	\$230.97	\$421.90
<b>80-85</b>	\$236.35	\$465.32	\$268.67	\$497.64

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Hospital Indemnity Insurance Monthly Rates  
Wyoming

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>	\$3.87	\$7.64	\$7.35	\$11.91
<b>30-39</b>	\$4.65	\$9.55	\$8.69	\$14.50
<b>40-49</b>	\$7.06	\$14.35	\$11.21	\$19.40
<b>50-59</b>	\$9.40	\$18.97	\$12.29	\$22.25
<b>60-64</b>	\$10.85	\$21.83	\$13.05	\$24.14
<b>65-69</b>	\$12.15	\$24.28	\$14.14	\$26.27
<b>70-74</b>	\$14.78	\$29.57	\$16.74	\$31.54
<b>75-79</b>	\$18.29	\$36.62	\$20.26	\$38.59
<b>80-85</b>	\$22.68	\$45.41	\$24.67	\$47.39

**Outpatient Surgery**

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

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$3.41	\$6.77	\$6.65	\$10.73
<b>30-39</b>	\$5.07	\$10.12	\$8.76	\$14.63
<b>40-49</b>	\$7.17	\$14.42	\$10.55	\$18.49
<b>50-59</b>	\$9.72	\$19.61	\$12.70	\$22.94
<b>60-64</b>	\$12.16	\$24.50	\$15.20	\$27.65
<b>65-69</b>	\$13.80	\$27.72	\$17.04	\$30.96
<b>70-74</b>	\$14.42	\$28.92	\$17.64	\$32.14
<b>75-79</b>	\$14.42	\$28.92	\$17.64	\$32.14
<b>80-85</b>	\$14.42	\$28.92	\$17.64	\$32.14

\*\* \$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>	\$3.74	\$7.46	\$6.79	\$11.20
<b>30-39</b>	\$5.46	\$10.88	\$8.91	\$15.10
<b>40-49</b>	\$7.88	\$15.86	\$11.08	\$19.70
<b>50-59</b>	\$10.80	\$21.85	\$13.66	\$25.04
<b>60-64</b>	\$13.35	\$26.96	\$16.30	\$30.01
<b>65-69</b>	\$14.95	\$30.05	\$18.09	\$33.18
<b>70-74</b>	\$15.46	\$30.92	\$18.53	\$33.99
<b>75-79</b>	\$15.46	\$30.91	\$18.53	\$33.99
<b>80-85</b>	\$15.46	\$30.91	\$18.53	\$33.99

**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>	\$2.09	\$4.18	\$5.69	\$8.57
<b>30-39</b>	\$2.09	\$4.18	\$5.69	\$8.57
<b>40-49</b>	\$2.09	\$4.18	\$5.69	\$8.57
<b>50-59</b>	\$2.83	\$5.71	\$5.85	\$9.11
<b>60-64</b>	\$4.13	\$8.29	\$7.16	\$11.47
<b>65-69</b>	\$5.86	\$11.64	\$9.17	\$14.95
<b>70-74</b>	\$7.34	\$14.65	\$10.56	\$17.88
<b>75-79</b>	\$9.69	\$19.38	\$12.89	\$22.57
<b>80-85</b>	\$13.01	\$25.97	\$16.17	\$29.13

Hospital Indemnity Insurance Monthly Rates  
Wyoming

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	\$0.34	\$0.69	\$0.39	\$0.73
30-39	\$0.34	\$0.69	\$0.39	\$0.73
40-49	\$1.03	\$2.05	\$1.07	\$2.11
50-59	\$2.56	\$5.11	\$2.59	\$5.15
60-64	\$3.01	\$6.00	\$3.03	\$6.02
65-69	\$5.23	\$10.33	\$5.25	\$10.36
70-74	\$7.46	\$14.84	\$7.48	\$14.85
75-79	\$11.45	\$22.76	\$11.47	\$22.78
80-85	\$17.25	\$34.24	\$17.27	\$34.26

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

\$100 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.43	\$0.86	\$0.47	\$0.90
30-39	\$0.43	\$0.86	\$0.47	\$0.90
40-49	\$1.13	\$2.25	\$1.14	\$2.27
50-59	\$2.40	\$4.79	\$2.41	\$4.81
60-64	\$4.18	\$8.34	\$4.19	\$8.34
65-69	\$5.35	\$10.58	\$5.36	\$10.59
70-74	\$8.28	\$16.47	\$8.29	\$16.48
75-79	\$12.71	\$25.27	\$12.72	\$25.28
80-85	\$17.95	\$35.64	\$17.96	\$35.64

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

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.68	\$1.38	\$0.78	\$1.46
30-39	\$0.68	\$1.38	\$0.78	\$1.46
40-49	\$2.06	\$4.10	\$2.14	\$4.22
50-59	\$5.12	\$10.22	\$5.18	\$10.30
60-64	\$6.02	\$12.00	\$6.06	\$12.04
65-69	\$10.46	\$20.66	\$10.50	\$20.72
70-74	\$14.92	\$29.68	\$14.96	\$29.70
75-79	\$22.90	\$45.52	\$22.94	\$45.56
80-85	\$34.50	\$68.48	\$34.54	\$68.52

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

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.86	\$1.72	\$0.94	\$1.80
30-39	\$0.86	\$1.72	\$0.94	\$1.80
40-49	\$2.26	\$4.50	\$2.28	\$4.54
50-59	\$4.80	\$9.58	\$4.82	\$9.62
60-64	\$8.36	\$16.68	\$8.38	\$16.68
65-69	\$10.70	\$21.16	\$10.72	\$21.18
70-74	\$16.56	\$32.94	\$16.58	\$32.96
75-79	\$25.42	\$50.54	\$25.44	\$50.56
80-85	\$35.90	\$71.28	\$35.92	\$71.28