

Hospital Indemnity Insurance Monthly Rates

California

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Hospital Indemnity Insurance Monthly Rates*
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\$200 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.14	\$10.56	\$12.51	\$15.91
30-39	\$8.68	\$11.80	\$13.75	\$18.01
40-49	\$9.69	\$13.90	\$14.25	\$19.45
50-59	\$11.91	\$18.55	\$15.68	\$22.82
60-64	\$13.06	\$21.62	\$16.27	\$25.00

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.81	\$11.88	\$14.27	\$18.56
30-39	\$9.53	\$13.54	\$15.85	\$21.29
40-49	\$10.91	\$16.37	\$16.60	\$23.30
50-59	\$13.94	\$22.65	\$18.64	\$27.97
60-64	\$15.72	\$26.99	\$19.73	\$31.20

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.20	\$12.65	\$15.30	\$20.11
30-39	\$10.03	\$14.56	\$17.09	\$23.21
40-49	\$11.62	\$17.83	\$17.98	\$25.56
50-59	\$15.93	\$26.38	\$21.46	\$32.64
60-64	\$19.20	\$33.51	\$24.18	\$38.74

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.61	\$13.45	\$16.37	\$21.73
30-39	\$10.55	\$15.63	\$18.38	\$25.22
40-49	\$17.32	\$27.09	\$27.20	\$39.09
50-59	\$24.15	\$40.65	\$32.73	\$50.36
60-64	\$26.28	\$46.48	\$33.18	\$53.73

* 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*
California

\$300 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.24	\$12.75	\$15.30	\$20.16
30-39	\$10.04	\$14.60	\$17.06	\$23.19
40-49	\$11.61	\$17.80	\$17.93	\$25.48
50-59	\$15.05	\$24.90	\$20.27	\$30.80
60-64	\$17.14	\$29.87	\$21.59	\$34.54

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$10.24	\$14.73	\$17.93	\$24.14
30-39	\$11.32	\$17.21	\$20.21	\$28.11
40-49	\$13.44	\$21.52	\$21.45	\$31.26
50-59	\$18.10	\$31.05	\$24.71	\$38.53
60-64	\$21.13	\$37.93	\$26.77	\$43.85

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$11.91	\$17.47	\$21.42	\$29.11
30-39	\$15.68	\$24.36	\$28.69	\$40.29
40-49	\$18.87	\$30.81	\$30.58	\$45.05
50-59	\$25.13	\$43.79	\$34.52	\$54.42
60-64	\$28.70	\$52.15	\$36.45	\$60.30

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$13.72	\$20.51	\$25.30	\$34.68
30-39	\$16.69	\$26.44	\$31.20	\$44.21
40-49	\$21.89	\$36.37	\$35.96	\$53.47
50-59	\$32.08	\$56.66	\$44.31	\$70.50
60-64	\$36.02	\$66.16	\$45.85	\$76.48

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Hospital Indemnity Insurance Monthly Rates*
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\$500 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$11.44	\$17.12	\$20.86	\$28.66
30-39	\$13.40	\$21.20	\$24.85	\$35.23
40-49	\$20.09	\$33.30	\$32.85	\$48.81
50-59	\$28.07	\$49.47	\$38.75	\$61.54
60-64	\$30.92	\$56.66	\$39.38	\$65.54

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.42	\$22.47	\$27.77	\$38.82
30-39	\$16.37	\$27.00	\$31.82	\$45.92
40-49	\$22.20	\$38.17	\$37.37	\$56.60
50-59	\$33.36	\$60.42	\$46.55	\$75.34
60-64	\$35.49	\$66.42	\$48.20	\$76.80

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$16.90	\$26.82	\$33.38	\$46.99
30-39	\$22.58	\$37.93	\$44.82	\$65.16
40-49	\$28.40	\$49.61	\$48.42	\$73.95
50-59	\$40.23	\$73.71	\$56.39	\$91.99
60-64	\$43.83	\$82.73	\$57.50	\$95.66

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$19.63	\$31.67	\$39.65	\$56.17
30-39	\$24.39	\$41.65	\$49.33	\$72.19
40-49	\$35.46	\$62.78	\$61.12	\$93.96
50-59	\$47.93	\$88.67	\$67.45	\$110.74
60-64	\$57.72	\$109.72	\$74.03	\$126.85

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Hospital Indemnity Insurance Monthly Rates*
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\$700 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$13.69	\$21.56	\$26.50	\$37.23
30-39	\$15.54	\$25.86	\$30.36	\$44.01
40-49	\$27.08	\$46.88	\$45.76	\$69.59
50-59	\$37.87	\$68.91	\$52.95	\$85.96
60-64	\$40.96	\$76.90	\$54.01	\$88.96

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$19.24	\$31.43	\$39.16	\$55.82
30-39	\$25.91	\$44.74	\$52.81	\$77.68
40-49	\$33.06	\$59.03	\$57.28	\$88.46
50-59	\$47.61	\$88.54	\$67.15	\$110.65
60-64	\$54.71	\$104.42	\$70.27	\$120.75

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$20.88	\$34.67	\$43.48	\$62.34
30-39	\$28.35	\$49.73	\$58.87	\$87.10
40-49	\$36.57	\$66.16	\$64.05	\$99.55
50-59	\$53.33	\$100.10	\$75.50	\$125.17
60-64	\$59.04	\$113.42	\$75.92	\$131.15

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$22.59	\$38.04	\$48.00	\$69.15
30-39	\$29.79	\$52.99	\$62.87	\$93.49
40-49	\$45.99	\$84.12	\$81.28	\$127.01
50-59	\$59.32	\$112.18	\$84.24	\$140.36
60-64	\$78.06	\$150.77	\$100.49	\$174.32

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Hospital Indemnity Insurance Monthly Rates
California

\$900 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$19.03	\$31.08	\$38.43	\$54.83
30-39	\$25.52	\$43.98	\$51.70	\$76.03
40-49	\$37.06	\$66.02	\$63.99	\$98.75
50-59	\$46.44	\$86.23	\$65.46	\$107.73
60-64	\$53.22	\$101.42	\$68.36	\$117.32

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$24.54	\$41.41	\$51.89	\$74.90
30-39	\$30.86	\$54.94	\$64.95	\$96.68
40-49	\$40.11	\$73.37	\$70.78	\$110.65
50-59	\$54.41	\$102.88	\$73.50	\$128.72
60-64	\$59.56	\$115.01	\$76.70	\$133.01

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$26.81	\$45.91	\$57.90	\$83.96
30-39	\$33.99	\$61.35	\$72.72	\$108.77
40-49	\$44.62	\$82.52	\$79.47	\$124.88
50-59	\$66.30	\$126.30	\$94.43	\$158.11
60-64	\$80.87	\$157.00	\$104.25	\$181.54

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$29.19	\$50.61	\$64.18	\$93.44
30-39	\$38.59	\$70.48	\$83.74	\$125.77
40-49	\$58.14	\$108.54	\$104.37	\$164.72
50-59	\$79.68	\$152.74	\$113.78	\$191.29
60-64	\$98.26	\$191.59	\$126.75	\$221.51

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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

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

** \$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

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

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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

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

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

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