

Hospital Indemnity Insurance Monthly Rates

Kansas

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Hospital Indemnity Insurance Monthly Rates*
Kansas

\$200 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.57	\$16.31	\$19.33	\$24.58
30-39	\$12.52	\$17.02	\$19.83	\$25.97
40-49	\$10.38	\$14.89	\$15.27	\$20.83
50-59	\$12.27	\$19.11	\$16.15	\$23.50
60-64	\$13.45	\$22.27	\$16.76	\$25.75
65-69	\$15.41	\$26.31	\$18.90	\$29.81
70-74	\$18.72	\$32.43	\$22.37	\$36.09
75-79	\$24.09	\$42.45	\$28.06	\$46.41
80-85	\$34.86	\$62.19	\$39.69	\$67.02

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$13.61	\$18.36	\$22.04	\$28.68
30-39	\$13.74	\$19.53	\$22.86	\$30.70
40-49	\$11.68	\$17.54	\$17.78	\$24.96
50-59	\$14.36	\$23.33	\$19.20	\$28.81
60-64	\$16.19	\$27.80	\$20.32	\$32.14
65-69	\$18.89	\$33.26	\$23.24	\$37.62
70-74	\$23.04	\$41.12	\$27.59	\$45.67
75-79	\$29.92	\$54.13	\$34.85	\$59.07
80-85	\$43.56	\$79.64	\$49.57	\$85.65

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
\$14.21	\$14.21	\$19.54	\$23.63	\$31.08
\$14.46	\$14.46	\$21.00	\$24.64	\$33.47
\$12.45	\$12.45	\$19.10	\$19.26	\$27.38
\$16.41	\$16.41	\$27.17	\$22.10	\$33.61
\$19.78	\$19.78	\$34.51	\$24.90	\$39.90
\$23.27	\$23.27	\$41.51	\$28.67	\$46.91
\$28.43	\$28.43	\$51.37	\$34.08	\$57.03
\$35.11	\$35.11	\$64.24	\$40.91	\$70.03
\$48.70	\$48.70	\$89.94	\$55.40	\$96.64

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.84	\$20.79	\$25.29	\$33.58
30-39	\$15.21	\$22.53	\$26.50	\$36.37
40-49	\$18.56	\$29.02	\$29.13	\$41.87
50-59	\$24.87	\$41.87	\$33.71	\$51.87
60-64	\$27.07	\$47.88	\$34.17	\$55.34
65-69	\$32.07	\$57.84	\$39.56	\$65.33
70-74	\$39.23	\$71.65	\$47.06	\$79.49
75-79	\$48.61	\$89.77	\$56.65	\$97.81
80-85	\$54.06	\$100.70	\$61.50	\$108.13

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Hospital Indemnity Insurance Monthly Rates*
Kansas

\$300 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.27	\$19.69	\$23.63	\$31.15
30-39	\$14.48	\$21.05	\$24.60	\$33.44
40-49	\$12.43	\$19.07	\$19.20	\$27.30
50-59	\$15.50	\$25.65	\$20.88	\$31.73
60-64	\$17.66	\$30.77	\$22.24	\$35.58
65-69	\$21.90	\$39.03	\$27.00	\$44.13
70-74	\$26.77	\$48.32	\$32.10	\$53.65
75-79	\$33.04	\$60.39	\$38.52	\$65.87
80-85	\$48.22	\$88.99	\$54.89	\$95.65

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$15.82	\$22.76	\$27.70	\$37.30
30-39	\$16.32	\$24.82	\$29.15	\$40.53
40-49	\$14.40	\$23.05	\$22.98	\$33.48
50-59	\$18.64	\$31.98	\$25.46	\$39.69
60-64	\$21.76	\$39.06	\$27.57	\$45.16
65-69	\$27.41	\$50.03	\$33.88	\$56.49
70-74	\$33.60	\$62.07	\$40.36	\$68.83
75-79	\$41.78	\$77.92	\$48.72	\$84.86
80-85	\$61.28	\$115.16	\$69.72	\$123.59

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$18.40	\$27.00	\$33.09	\$44.98
30-39	\$22.61	\$35.13	\$41.37	\$58.10
40-49	\$20.21	\$33.00	\$32.75	\$48.25
50-59	\$25.88	\$45.10	\$35.56	\$56.05
60-64	\$29.56	\$53.72	\$37.54	\$62.11
65-69	\$32.28	\$59.49	\$39.93	\$67.14
70-74	\$39.61	\$73.87	\$47.61	\$81.87
75-79	\$49.40	\$92.90	\$57.61	\$101.11
80-85	\$68.98	\$130.60	\$78.46	\$140.08

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$21.21	\$31.69	\$39.09	\$53.57
30-39	\$24.07	\$38.12	\$44.99	\$63.75
40-49	\$23.45	\$38.96	\$38.52	\$57.28
50-59	\$33.04	\$58.36	\$45.64	\$72.61
60-64	\$37.10	\$68.15	\$47.22	\$78.78
65-69	\$44.82	\$83.28	\$55.50	\$93.96
70-74	\$55.06	\$103.49	\$66.22	\$114.65
75-79	\$68.85	\$130.35	\$80.29	\$141.79
80-85	\$77.04	\$146.74	\$87.60	\$157.31

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Hospital Indemnity Insurance Monthly Rates*
Kansas

\$500 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$17.67	\$26.45	\$32.24	\$44.28
30-39	\$19.32	\$30.58	\$35.84	\$50.80
40-49	\$21.51	\$35.67	\$35.19	\$52.29
50-59	\$28.92	\$50.95	\$39.91	\$63.38
60-64	\$31.85	\$58.36	\$40.56	\$67.51
65-69	\$34.92	\$64.75	\$43.26	\$73.09
70-74	\$42.92	\$80.51	\$51.65	\$89.24
75-79	\$53.62	\$101.36	\$62.57	\$110.31
80-85	\$74.96	\$142.57	\$85.29	\$152.90

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$22.28	\$34.72	\$42.91	\$59.97
30-39	\$23.61	\$38.94	\$45.89	\$66.22
40-49	\$23.78	\$40.88	\$40.03	\$60.63
50-59	\$34.37	\$62.24	\$47.95	\$77.60
60-64	\$36.56	\$68.41	\$49.65	\$79.11
65-69	\$44.58	\$84.04	\$55.32	\$94.77
70-74	\$54.92	\$104.64	\$66.14	\$115.86
75-79	\$68.95	\$132.11	\$80.46	\$143.62
80-85	\$96.72	\$186.20	\$110.00	\$199.48

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$26.11	\$41.44	\$51.57	\$72.60
30-39	\$32.55	\$54.69	\$64.63	\$93.97
40-49	\$30.43	\$53.14	\$51.87	\$79.21
50-59	\$41.44	\$75.92	\$58.09	\$94.75
60-64	\$45.15	\$85.21	\$59.23	\$98.52
65-69	\$50.29	\$95.41	\$62.43	\$107.56
70-74	\$61.99	\$118.86	\$74.69	\$131.56
75-79	\$77.99	\$150.24	\$91.01	\$163.26
80-85	\$109.56	\$211.93	\$124.58	\$226.95

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$30.33	\$48.93	\$61.26	\$86.79
30-39	\$35.17	\$60.06	\$71.14	\$104.10
40-49	\$37.98	\$67.25	\$65.47	\$100.65
50-59	\$49.37	\$91.33	\$69.47	\$114.06
60-64	\$59.45	\$113.01	\$76.25	\$130.65
65-69	\$73.12	\$139.49	\$90.83	\$157.21
70-74	\$90.20	\$173.86	\$108.71	\$192.36
75-79	\$113.68	\$219.97	\$132.66	\$238.94
80-85	\$129.13	\$250.78	\$146.81	\$268.46

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Hospital Indemnity Insurance Monthly Rates*

Kansas

\$700 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$21.15	\$33.31	\$40.94	\$57.52
30-39	\$22.40	\$37.29	\$43.78	\$63.46
40-49	\$29.01	\$50.22	\$49.02	\$74.54
50-59	\$39.01	\$70.98	\$54.54	\$88.54
60-64	\$42.19	\$79.21	\$55.63	\$91.63
65-69	\$46.84	\$88.52	\$58.17	\$99.86
70-74	\$57.67	\$110.17	\$69.51	\$122.00
75-79	\$72.46	\$139.14	\$84.59	\$151.28
80-85	\$101.69	\$196.15	\$115.70	\$210.16

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$29.73	\$48.57	\$60.51	\$86.25
30-39	\$37.37	\$64.52	\$76.16	\$112.02
40-49	\$35.42	\$63.24	\$61.36	\$94.76
50-59	\$49.03	\$91.20	\$69.16	\$113.96
60-64	\$56.35	\$107.55	\$72.38	\$124.38
65-69	\$60.38	\$115.54	\$75.07	\$130.23
70-74	\$74.47	\$143.94	\$89.80	\$159.27
75-79	\$93.92	\$182.19	\$109.64	\$197.91
80-85	\$132.16	\$257.23	\$150.29	\$275.37

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$32.25	\$53.56	\$67.18	\$96.31
30-39	\$40.88	\$71.71	\$84.89	\$125.60
40-49	\$39.18	\$70.87	\$68.61	\$106.64
50-59	\$54.93	\$103.10	\$77.77	\$128.93
60-64	\$60.81	\$116.82	\$78.20	\$135.08
65-69	\$68.37	\$131.48	\$85.04	\$148.15
70-74	\$84.37	\$163.85	\$101.76	\$181.25
75-79	\$106.58	\$207.58	\$124.42	\$225.41
80-85	\$150.13	\$293.26	\$170.70	\$313.83

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$34.90	\$58.78	\$74.15	\$106.83
30-39	\$42.96	\$76.41	\$90.66	\$134.82
40-49	\$49.26	\$90.11	\$87.07	\$136.05
50-59	\$61.10	\$115.55	\$86.77	\$144.57
60-64	\$80.40	\$155.29	\$103.50	\$179.55
65-69	\$99.75	\$192.59	\$124.10	\$216.94
70-74	\$123.14	\$240.08	\$148.55	\$265.50
75-79	\$155.77	\$304.37	\$181.82	\$330.42
80-85	\$177.36	\$347.47	\$201.63	\$371.74

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Hospital Indemnity Insurance Monthly Rates*
Kansas

\$900 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$29.40	\$48.02	\$59.38	\$84.71
30-39	\$36.79	\$63.42	\$74.55	\$109.64
40-49	\$39.69	\$70.72	\$68.54	\$105.78
50-59	\$47.83	\$88.82	\$67.42	\$110.97
60-64	\$54.82	\$104.46	\$70.41	\$120.84
65-69	\$61.59	\$117.72	\$76.60	\$132.73
70-74	\$72.42	\$139.82	\$87.37	\$154.76
75-79	\$100.43	\$194.61	\$117.28	\$211.47
80-85	\$141.27	\$274.72	\$160.70	\$294.15

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$37.91	\$63.98	\$80.17	\$115.72
30-39	\$44.51	\$79.23	\$93.66	\$139.41
40-49	\$42.96	\$78.60	\$75.82	\$118.53
50-59	\$56.04	\$105.97	\$75.71	\$132.58
60-64	\$61.35	\$118.46	\$79.00	\$137.01
65-69	\$76.06	\$146.82	\$94.66	\$165.43
70-74	\$94.01	\$183.24	\$113.46	\$202.69
75-79	\$118.89	\$232.27	\$138.83	\$252.20
80-85	\$167.60	\$328.27	\$190.58	\$351.25

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$41.42	\$70.93	\$89.46	\$129.72
30-39	\$49.02	\$88.47	\$104.86	\$156.85
40-49	\$47.79	\$88.40	\$85.13	\$133.77
50-59	\$68.29	\$130.09	\$97.26	\$162.85
60-64	\$83.30	\$161.71	\$107.37	\$186.99
65-69	\$90.63	\$175.66	\$112.84	\$197.86
70-74	\$112.08	\$219.29	\$135.28	\$242.49
75-79	\$148.69	\$291.41	\$173.60	\$316.32
80-85	\$190.71	\$374.59	\$216.81	\$400.70

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$45.10	\$78.19	\$99.16	\$144.36
30-39	\$55.65	\$101.63	\$120.75	\$181.35
40-49	\$62.27	\$116.27	\$111.80	\$176.45
50-59	\$82.07	\$157.32	\$117.19	\$197.02
60-64	\$101.21	\$197.34	\$130.56	\$228.16
65-69	\$126.16	\$245.31	\$157.10	\$276.24
70-74	\$156.07	\$306.31	\$188.39	\$338.63
75-79	\$197.85	\$388.76	\$230.97	\$421.90
80-85	\$236.35	\$465.32	\$268.67	\$497.64

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Hospital Indemnity Insurance Monthly Rates*
Kansas

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	\$7.35	\$14.52	\$13.96	\$22.64
30-39	\$7.91	\$16.23	\$14.78	\$24.64
40-49	\$7.06	\$14.35	\$11.21	\$19.40
50-59	\$9.40	\$18.97	\$12.29	\$22.25
60-64	\$10.85	\$21.83	\$13.05	\$24.14
65-69	\$12.15	\$24.28	\$14.14	\$26.27
70-74	\$14.78	\$29.57	\$16.74	\$31.54
75-79	\$18.29	\$36.62	\$20.26	\$38.59
80-85	\$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
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
65-69	\$13.40	\$26.91	\$16.55	\$30.06
70-74	\$14.00	\$28.08	\$17.12	\$31.20
75-79	\$14.00	\$28.08	\$17.12	\$31.20
80-85	\$14.00	\$28.08	\$17.12	\$31.20

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

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

Hospital Indemnity Insurance Monthly Rates
Kansas

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