

# Hospital Indemnity Insurance Monthly Rates

## Massachusetts

### Table of Contents

Daily Benefit Amounts	Page
\$200 .....	2
\$300 .....	3
\$500 .....	4
\$700 .....	5
\$900 .....	6

  

Optional Benefit Riders	
Emergency Room & Ambulance .....	7
Lump Sum Hospital Admission .....	7
Rehabilitation or Skilled Nursing Facility .....	8

Hospital Indemnity Insurance Monthly Rates\*  
**Massachusetts**

**\$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
65-69	\$14.96	\$25.55	\$18.35	\$28.94
70-74	\$18.17	\$31.49	\$21.72	\$35.04
75-79	\$23.39	\$41.21	\$27.24	\$45.06
80-85	\$33.84	\$60.38	\$38.53	\$65.07

**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
65-69	\$18.34	\$32.29	\$22.57	\$36.52
70-74	\$22.37	\$39.92	\$26.79	\$44.34
75-79	\$29.05	\$52.55	\$33.84	\$57.35
80-85	\$42.29	\$77.32	\$48.13	\$83.16

**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
65-69	\$22.59	\$40.30	\$27.84	\$45.55
70-74	\$27.60	\$49.88	\$33.08	\$55.36
75-79	\$34.09	\$62.36	\$39.72	\$68.00
80-85	\$47.28	\$87.32	\$53.79	\$93.83

**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
65-69	\$31.14	\$56.15	\$38.41	\$63.43
70-74	\$38.09	\$69.57	\$45.69	\$77.17
75-79	\$47.20	\$87.16	\$55.00	\$94.96
80-85	\$52.49	\$97.77	\$59.70	\$104.98

\* 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\*  
**Massachusetts**

**\$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
65-69	\$21.26	\$37.89	\$26.22	\$42.84
70-74	\$25.99	\$46.91	\$31.16	\$52.09
75-79	\$32.08	\$58.63	\$37.40	\$63.95
80-85	\$46.82	\$86.40	\$53.29	\$92.86

**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
65-69	\$26.62	\$48.57	\$32.89	\$54.85
70-74	\$32.62	\$60.26	\$39.19	\$66.82
75-79	\$40.56	\$75.65	\$47.30	\$82.39
80-85	\$59.50	\$111.81	\$67.69	\$120.00

**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
65-69	\$31.34	\$57.75	\$38.77	\$65.19
70-74	\$38.46	\$71.72	\$46.23	\$79.49
75-79	\$47.97	\$90.20	\$55.93	\$98.17
80-85	\$66.97	\$126.80	\$76.17	\$136.00

**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
65-69	\$43.52	\$80.86	\$53.88	\$91.22
70-74	\$53.46	\$100.48	\$64.29	\$111.31
75-79	\$66.84	\$126.55	\$77.95	\$137.66
80-85	\$74.79	\$142.47	\$85.05	\$152.73

\* 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\*  
**Massachusetts**

**\$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
65-69	\$33.90	\$62.86	\$42.00	\$70.96
70-74	\$41.67	\$78.17	\$50.15	\$86.64
75-79	\$52.06	\$98.40	\$60.75	\$107.09
80-85	\$72.78	\$138.42	\$82.80	\$148.45

**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
65-69	\$43.28	\$81.59	\$53.71	\$92.01
70-74	\$53.32	\$101.59	\$64.22	\$112.49
75-79	\$66.94	\$128.26	\$78.12	\$139.43
80-85	\$93.90	\$180.78	\$106.80	\$193.67

**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
65-69	\$48.82	\$92.63	\$60.62	\$104.42
70-74	\$60.18	\$115.40	\$72.51	\$127.73
75-79	\$75.72	\$145.86	\$88.36	\$158.51
80-85	\$106.37	\$205.76	\$120.95	\$220.34

**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
65-69	\$70.99	\$135.43	\$88.18	\$152.63
70-74	\$87.57	\$168.79	\$105.54	\$186.76
75-79	\$110.37	\$213.56	\$128.79	\$231.98
80-85	\$125.37	\$243.47	\$142.53	\$260.64

\* 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\*  
**Massachusetts**

**\$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
65-69	\$45.47	\$85.94	\$56.48	\$96.95
70-74	\$55.99	\$106.96	\$67.48	\$118.45
75-79	\$70.35	\$135.09	\$82.13	\$146.87
80-85	\$98.73	\$190.44	\$112.33	\$204.04

**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
65-69	\$58.62	\$112.18	\$72.89	\$126.44
70-74	\$72.30	\$139.74	\$87.19	\$154.63
75-79	\$91.19	\$176.88	\$106.45	\$192.14
80-85	\$128.31	\$249.74	\$145.92	\$267.35

**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
65-69	\$66.38	\$127.65	\$82.57	\$143.83
70-74	\$81.91	\$159.08	\$98.80	\$175.97
75-79	\$103.48	\$201.53	\$120.79	\$218.85
80-85	\$145.76	\$284.72	\$165.73	\$304.69

**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
65-69	\$96.85	\$186.98	\$120.49	\$210.62
70-74	\$119.55	\$233.09	\$144.23	\$257.77
75-79	\$151.23	\$295.50	\$176.52	\$320.80
80-85	\$172.20	\$337.35	\$195.76	\$360.91

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Hospital Indemnity Insurance Monthly Rates\*  
**Massachusetts**

**\$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
65-69	\$59.80	\$114.29	\$74.37	\$128.86
70-74	\$70.31	\$135.75	\$84.82	\$150.26
75-79	\$97.51	\$188.94	\$113.86	\$205.31
80-85	\$137.16	\$266.71	\$156.02	\$285.58

**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
65-69	\$73.84	\$142.54	\$91.91	\$160.61
70-74	\$91.27	\$177.90	\$110.15	\$196.78
75-79	\$115.43	\$225.50	\$134.78	\$244.86
80-85	\$162.72	\$318.71	\$185.03	\$341.02

**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
65-69	\$87.99	\$170.54	\$109.55	\$192.10
70-74	\$108.81	\$212.90	\$131.34	\$235.43
75-79	\$144.36	\$282.92	\$168.54	\$307.11
80-85	\$185.15	\$363.68	\$210.50	\$389.03

**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
65-69	\$122.49	\$238.16	\$152.53	\$268.19
70-74	\$151.53	\$297.38	\$182.91	\$328.76
75-79	\$192.08	\$377.44	\$224.25	\$409.61
80-85	\$229.47	\$451.77	\$260.84	\$483.14

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Hospital Indemnity Insurance Monthly Rates  
**Massachusetts**

**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
65-69	\$11.80	\$23.58	\$13.73	\$25.51
70-74	\$14.35	\$28.71	\$16.25	\$30.62
75-79	\$17.76	\$35.55	\$19.67	\$37.47
80-85	\$22.02	\$44.08	\$23.95	\$46.01

\*\* \$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	\$2.03	\$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
65-69	\$5.69	\$11.31	\$8.90	\$14.52
70-74	\$7.12	\$14.23	\$10.25	\$17.36
75-79	\$9.41	\$18.81	\$12.52	\$21.91
80-85	\$12.64	\$25.21	\$15.70	\$28.28

Hospital Indemnity Insurance Monthly Rates  
**Massachusetts**

**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