

WORKSITE Hospital Indemnity Insurance Monthly Rates

Ohio

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Hospital Indemnity Insurance Monthly Rates*
Ohio

\$200 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$6.92	\$8.97	\$10.64	\$13.52
30-39	\$7.38	\$10.03	\$11.69	\$15.31
40-49	\$8.23	\$11.81	\$12.11	\$16.53
50-59	\$10.12	\$15.77	\$13.33	\$19.40
60-64	\$11.10	\$18.38	\$13.83	\$21.25
65-69	\$12.71	\$21.72	\$15.60	\$24.60

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$7.49	\$10.10	\$12.13	\$15.78
30-39	\$8.10	\$11.51	\$13.48	\$18.09
40-49	\$9.27	\$13.92	\$14.11	\$19.80
50-59	\$11.85	\$19.25	\$15.85	\$23.77
60-64	\$13.36	\$22.94	\$16.77	\$26.52
65-69	\$15.59	\$27.45	\$19.18	\$31.04

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$7.82	\$10.75	\$13.00	\$17.10
30-39	\$8.52	\$12.38	\$14.53	\$19.73
40-49	\$9.88	\$15.15	\$15.29	\$21.72
50-59	\$13.54	\$22.43	\$18.24	\$27.74
60-64	\$16.32	\$28.48	\$20.55	\$32.92
65-69	\$19.20	\$34.26	\$23.66	\$38.72

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.16	\$11.44	\$13.91	\$18.47
30-39	\$8.96	\$13.28	\$15.62	\$21.44
40-49	\$14.72	\$23.02	\$23.12	\$33.23
50-59	\$20.53	\$34.56	\$27.82	\$42.81
60-64	\$22.34	\$39.51	\$28.20	\$45.67
65-69	\$26.47	\$47.73	\$32.65	\$53.91

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Hospital Indemnity Insurance Monthly Rates*
Ohio

\$300 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$7.85	\$10.83	\$13.00	\$17.14
30-39	\$8.53	\$12.41	\$14.50	\$19.71
40-49	\$9.87	\$15.13	\$15.24	\$21.66
50-59	\$12.79	\$21.17	\$17.23	\$26.18
60-64	\$14.57	\$25.39	\$18.35	\$29.36
65-69	\$18.07	\$32.21	\$22.28	\$36.42

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$8.71	\$12.52	\$15.24	\$20.52
30-39	\$9.62	\$14.63	\$17.18	\$23.89
40-49	\$11.42	\$18.29	\$18.23	\$26.57
50-59	\$15.38	\$26.39	\$21.01	\$32.75
60-64	\$17.96	\$32.24	\$22.75	\$37.27
65-69	\$22.62	\$41.28	\$27.96	\$46.62

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$10.12	\$14.85	\$18.21	\$24.75
30-39	\$13.33	\$20.71	\$24.38	\$34.25
40-49	\$16.04	\$26.19	\$25.99	\$38.29
50-59	\$21.36	\$37.22	\$29.34	\$46.25
60-64	\$24.39	\$44.33	\$30.98	\$51.25
65-69	\$26.64	\$49.09	\$32.95	\$55.41

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$11.67	\$17.43	\$21.50	\$29.47
30-39	\$14.19	\$22.47	\$26.52	\$37.58
40-49	\$18.61	\$30.92	\$30.57	\$45.45
50-59	\$27.27	\$48.16	\$37.66	\$59.92
60-64	\$30.62	\$56.24	\$38.97	\$65.01
65-69	\$36.99	\$68.73	\$45.80	\$77.54

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Hospital Indemnity Insurance Monthly Rates*
Ohio

\$500 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$9.72	\$14.55	\$17.73	\$24.36
30-39	\$11.39	\$18.02	\$21.12	\$29.95
40-49	\$17.07	\$28.30	\$27.92	\$41.49
50-59	\$23.86	\$42.05	\$32.93	\$52.31
60-64	\$26.28	\$48.16	\$33.47	\$55.71
65-69	\$28.81	\$53.43	\$35.70	\$60.32

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.26	\$19.10	\$23.61	\$32.99
30-39	\$13.92	\$22.95	\$27.05	\$39.03
40-49	\$18.87	\$32.44	\$31.76	\$48.11
50-59	\$28.36	\$51.36	\$39.57	\$64.04
60-64	\$30.17	\$56.46	\$40.97	\$65.28
65-69	\$36.79	\$69.35	\$45.65	\$78.21

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.36	\$22.80	\$28.37	\$39.94
30-39	\$19.19	\$32.24	\$38.10	\$55.39
40-49	\$24.14	\$42.17	\$41.16	\$62.86
50-59	\$34.20	\$62.65	\$47.93	\$78.19
60-64	\$37.26	\$70.32	\$48.88	\$81.31
65-69	\$41.50	\$78.73	\$51.52	\$88.76

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$16.69	\$26.92	\$33.70	\$47.75
30-39	\$20.73	\$35.40	\$41.93	\$61.36
40-49	\$30.14	\$53.36	\$51.95	\$79.87
50-59	\$40.74	\$75.37	\$57.33	\$94.13
60-64	\$49.06	\$93.26	\$62.92	\$107.82
65-69	\$60.34	\$115.12	\$74.96	\$129.73

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Hospital Indemnity Insurance Monthly Rates*
Ohio

\$700 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$11.63	\$18.33	\$22.52	\$31.65
30-39	\$13.21	\$21.98	\$25.81	\$37.41
40-49	\$23.02	\$39.85	\$38.90	\$59.15
50-59	\$32.19	\$58.57	\$45.01	\$73.07
60-64	\$34.82	\$65.37	\$45.91	\$75.62
65-69	\$38.65	\$73.05	\$48.01	\$82.41

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$16.35	\$26.72	\$33.29	\$47.45
30-39	\$22.03	\$38.03	\$44.89	\$66.03
40-49	\$28.10	\$50.18	\$48.69	\$75.19
50-59	\$40.46	\$75.26	\$57.08	\$94.05
60-64	\$46.51	\$88.75	\$59.73	\$102.64
65-69	\$49.83	\$95.35	\$61.96	\$107.47

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$17.74	\$29.47	\$36.96	\$52.99
30-39	\$24.09	\$42.27	\$50.04	\$74.04
40-49	\$31.09	\$56.23	\$54.44	\$84.62
50-59	\$45.33	\$85.08	\$64.18	\$106.40
60-64	\$50.18	\$96.41	\$64.53	\$111.48
65-69	\$56.43	\$108.51	\$70.18	\$122.26

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$19.20	\$32.34	\$40.80	\$58.77
30-39	\$25.32	\$45.04	\$53.44	\$79.47
40-49	\$39.09	\$71.50	\$69.09	\$107.96
50-59	\$50.42	\$95.35	\$71.60	\$119.31
60-64	\$66.35	\$128.16	\$85.41	\$148.18
65-69	\$82.32	\$158.93	\$102.41	\$179.03

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Hospital Indemnity Insurance Monthly Rates
Ohio

\$900 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$16.18	\$26.42	\$32.67	\$46.60
30-39	\$21.69	\$37.38	\$43.94	\$64.63
40-49	\$31.50	\$56.12	\$54.39	\$83.94
50-59	\$39.47	\$73.29	\$55.64	\$91.57
60-64	\$45.24	\$86.21	\$58.11	\$99.72
65-69	\$50.83	\$97.15	\$63.22	\$109.53

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$20.85	\$35.20	\$44.11	\$63.67
30-39	\$26.23	\$46.70	\$55.21	\$82.17
40-49	\$34.09	\$62.37	\$60.16	\$94.05
50-59	\$46.24	\$87.45	\$62.48	\$109.41
60-64	\$50.63	\$97.76	\$65.19	\$113.06
65-69	\$62.76	\$121.16	\$78.12	\$136.52

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$22.79	\$39.02	\$49.22	\$71.37
30-39	\$28.89	\$52.15	\$61.81	\$92.46
40-49	\$37.92	\$70.15	\$67.55	\$106.14
50-59	\$56.35	\$107.36	\$80.26	\$134.39
60-64	\$68.74	\$133.45	\$88.61	\$154.31
65-69	\$74.79	\$144.96	\$93.12	\$163.28

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$24.81	\$43.01	\$54.55	\$79.42
30-39	\$32.80	\$59.91	\$71.18	\$106.90
40-49	\$49.42	\$92.26	\$88.71	\$140.01
50-59	\$67.73	\$129.83	\$96.71	\$162.59
60-64	\$83.52	\$162.85	\$107.74	\$188.28
65-69	\$104.12	\$202.44	\$129.65	\$227.96

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LIFESECURE INSURANCE COMPANY



Hospital Indemnity Insurance Monthly Rates

Ohio

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	\$3.19	\$6.31	\$6.07	\$9.83
30-39	\$3.84	\$7.88	\$7.17	\$11.96
40-49	\$5.83	\$11.84	\$9.25	\$16.01
50-59	\$7.75	\$15.66	\$10.14	\$18.36
60-64	\$8.96	\$18.02	\$10.77	\$19.92
65-69	\$10.03	\$20.04	\$11.67	\$21.68

Outpatient Surgery

\$500** (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$2.82	\$5.59	\$5.49	\$8.86
30-39	\$4.18	\$8.35	\$7.23	\$12.08
40-49	\$5.92	\$11.90	\$8.71	\$15.26
50-59	\$8.02	\$16.18	\$10.48	\$18.93
60-64	\$10.04	\$20.22	\$12.55	\$22.82
65-69	\$11.39	\$22.87	\$14.07	\$25.55

** \$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	\$3.09	\$6.15	\$5.61	\$9.24
30-39	\$4.50	\$8.98	\$7.35	\$12.46
40-49	\$6.50	\$13.08	\$9.15	\$16.26
50-59	\$8.91	\$18.03	\$11.27	\$20.66
60-64	\$11.02	\$22.25	\$13.45	\$24.77
65-69	\$12.34	\$24.80	\$14.93	\$27.39

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	\$1.72	\$3.45	\$4.69	\$7.07
30-39	\$1.72	\$3.45	\$4.69	\$7.07
40-49	\$1.72	\$3.45	\$4.69	\$7.07
50-59	\$2.34	\$4.71	\$4.83	\$7.52
60-64	\$3.41	\$6.84	\$5.90	\$9.46
65-69	\$4.84	\$9.61	\$7.56	\$12.34

Hospital Indemnity Insurance Monthly Rates
Ohio

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	\$0.28	\$0.57	\$0.32	\$0.60
30-39	\$0.28	\$0.57	\$0.32	\$0.60
40-49	\$0.85	\$1.69	\$0.89	\$1.74
50-59	\$2.11	\$4.22	\$2.14	\$4.25
60-64	\$2.49	\$4.96	\$2.50	\$4.97
65-69	\$4.31	\$8.53	\$4.33	\$8.55

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

\$100 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.56	\$1.14	\$0.64	\$1.20
30-39	\$0.56	\$1.14	\$0.64	\$1.20
40-49	\$1.70	\$3.38	\$1.78	\$3.48
50-59	\$4.22	\$8.44	\$4.28	\$8.50
60-64	\$4.98	\$9.92	\$5.00	\$9.94
65-69	\$8.62	\$17.06	\$8.66	\$17.10

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

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.35	\$0.71	\$0.39	\$0.74
30-39	\$0.35	\$0.71	\$0.39	\$0.74
40-49	\$0.93	\$1.85	\$0.94	\$1.87
50-59	\$1.98	\$3.96	\$1.99	\$3.97
60-64	\$3.45	\$6.88	\$3.46	\$6.89
65-69	\$4.42	\$8.74	\$4.42	\$8.74

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

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.70	\$1.42	\$0.78	\$1.48
30-39	\$0.70	\$1.42	\$0.78	\$1.48
40-49	\$1.86	\$3.70	\$1.88	\$3.74
50-59	\$3.96	\$7.92	\$3.98	\$7.94
60-64	\$6.90	\$13.76	\$6.92	\$13.78
65-69	\$8.84	\$17.48	\$8.84	\$17.48