

Hospital Indemnity Insurance Monthly Rates

Vermont

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Hospital Indemnity Insurance Monthly Rates*

Vermont

\$200 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$12.70	\$16.47	\$19.52	\$24.82
30-39	\$12.64	\$17.18	\$20.02	\$26.22
40-49	\$10.48	\$15.03	\$15.42	\$21.03
50-59	\$12.39	\$19.30	\$16.31	\$23.73
60-64	\$13.58	\$22.49	\$16.92	\$26.00
65-69	\$15.56	\$26.57	\$19.08	\$30.10
70-74	\$18.90	\$32.75	\$22.59	\$36.44
75-79	\$24.33	\$42.86	\$28.33	\$46.86
80-85	\$35.20	\$62.80	\$40.07	\$67.67

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$13.74	\$18.53	\$22.26	\$28.96
30-39	\$13.88	\$19.72	\$23.08	\$30.99
40-49	\$11.80	\$17.71	\$17.96	\$25.20
50-59	\$14.50	\$23.56	\$19.39	\$29.09
60-64	\$16.35	\$28.07	\$20.52	\$32.45
65-69	\$19.07	\$33.58	\$23.47	\$37.98
70-74	\$23.26	\$41.51	\$27.86	\$46.11
75-79	\$30.21	\$54.66	\$35.19	\$59.64
80-85	\$43.99	\$80.42	\$50.05	\$86.48

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.35	\$19.73	\$23.86	\$31.38
30-39	\$14.60	\$21.20	\$24.88	\$33.79
40-49	\$12.57	\$19.28	\$19.45	\$27.64
50-59	\$16.57	\$27.44	\$22.32	\$33.94
60-64	\$19.97	\$34.85	\$25.15	\$40.28
65-69	\$23.50	\$41.91	\$28.95	\$47.37
70-74	\$28.70	\$51.87	\$34.41	\$57.58
75-79	\$35.45	\$64.86	\$41.31	\$70.71
80-85	\$49.17	\$90.81	\$55.94	\$97.58

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.98	\$20.99	\$25.54	\$33.91
30-39	\$15.36	\$22.75	\$26.76	\$36.72
40-49	\$18.74	\$29.30	\$29.42	\$42.28
50-59	\$25.11	\$42.28	\$34.04	\$52.38
60-64	\$27.33	\$48.34	\$34.51	\$55.88
65-69	\$32.38	\$58.40	\$39.95	\$65.96
70-74	\$39.61	\$72.35	\$47.52	\$80.26
75-79	\$49.09	\$90.65	\$57.20	\$98.76
80-85	\$54.59	\$101.68	\$62.09	\$109.18

* 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*

Vermont

\$300 Daily Benefit Amount**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$14.41	\$19.88	\$23.86	\$31.45
30-39	\$14.62	\$21.26	\$24.84	\$33.77
40-49	\$12.55	\$19.25	\$19.39	\$27.56
50-59	\$15.65	\$25.90	\$21.08	\$32.04
60-64	\$17.83	\$31.07	\$22.45	\$35.93
65-69	\$22.11	\$39.41	\$27.26	\$44.56
70-74	\$27.03	\$48.79	\$32.41	\$54.17
75-79	\$33.36	\$60.98	\$38.89	\$66.51
80-85	\$48.69	\$89.85	\$55.42	\$96.58

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$15.98	\$22.98	\$27.97	\$37.66
30-39	\$16.48	\$25.06	\$29.43	\$40.93
40-49	\$14.54	\$23.28	\$23.20	\$33.81
50-59	\$18.82	\$32.29	\$25.70	\$40.07
60-64	\$21.97	\$39.44	\$27.84	\$45.60
65-69	\$27.68	\$50.51	\$34.21	\$57.04
70-74	\$33.93	\$62.67	\$40.75	\$69.50
75-79	\$42.19	\$78.68	\$49.19	\$85.68
80-85	\$61.88	\$116.28	\$70.39	\$124.79

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$18.58	\$27.26	\$33.41	\$45.42
30-39	\$22.83	\$35.47	\$41.77	\$58.66
40-49	\$20.41	\$33.32	\$33.07	\$48.72
50-59	\$26.13	\$45.54	\$35.90	\$56.59
60-64	\$29.84	\$54.24	\$37.91	\$62.71
65-69	\$32.59	\$60.06	\$40.32	\$67.79
70-74	\$40.00	\$74.59	\$48.08	\$82.67
75-79	\$49.88	\$93.81	\$58.17	\$102.09
80-85	\$69.65	\$131.87	\$79.22	\$141.44

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$21.41	\$31.99	\$39.47	\$54.09
30-39	\$24.30	\$38.49	\$45.43	\$64.37
40-49	\$23.68	\$39.34	\$38.90	\$57.84
50-59	\$33.36	\$58.93	\$46.08	\$73.32
60-64	\$37.46	\$68.81	\$47.68	\$79.54
65-69	\$45.26	\$84.09	\$56.04	\$94.87
70-74	\$55.60	\$104.50	\$66.86	\$115.76
75-79	\$69.52	\$131.62	\$81.07	\$143.17
80-85	\$77.78	\$148.17	\$88.45	\$158.84

* 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*

Vermont

\$500 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$17.84	\$26.71	\$32.55	\$44.71
30-39	\$19.51	\$30.87	\$36.19	\$51.30
40-49	\$21.72	\$36.01	\$35.53	\$52.80
50-59	\$29.20	\$51.45	\$40.30	\$64.00
60-64	\$32.16	\$58.93	\$40.95	\$68.16
65-69	\$35.25	\$65.38	\$43.68	\$73.80
70-74	\$43.34	\$81.30	\$52.15	\$90.11
75-79	\$54.14	\$102.34	\$63.18	\$111.38
80-85	\$75.69	\$143.95	\$86.12	\$154.39

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$22.50	\$35.06	\$43.33	\$60.55
30-39	\$23.84	\$39.32	\$46.33	\$66.86
40-49	\$24.01	\$41.28	\$40.42	\$61.22
50-59	\$34.70	\$62.84	\$48.41	\$78.35
60-64	\$36.91	\$69.08	\$50.13	\$79.88
65-69	\$45.01	\$84.85	\$55.86	\$95.69
70-74	\$55.45	\$105.65	\$66.78	\$116.99
75-79	\$69.62	\$133.39	\$81.24	\$145.01
80-85	\$97.66	\$188.01	\$111.07	\$201.42

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$26.36	\$41.84	\$52.07	\$73.31
30-39	\$32.87	\$55.22	\$65.26	\$94.88
40-49	\$30.72	\$53.66	\$52.38	\$79.98
50-59	\$41.84	\$76.66	\$58.65	\$95.67
60-64	\$45.58	\$86.04	\$59.80	\$99.48
65-69	\$50.77	\$96.33	\$63.04	\$108.60
70-74	\$62.59	\$120.02	\$75.41	\$132.84
75-79	\$78.75	\$151.70	\$91.90	\$164.85
80-85	\$110.62	\$213.99	\$125.79	\$229.16

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$30.62	\$49.40	\$61.86	\$87.63
30-39	\$35.51	\$60.64	\$71.83	\$105.11
40-49	\$38.35	\$67.90	\$66.10	\$101.63
50-59	\$49.85	\$92.22	\$70.14	\$115.17
60-64	\$60.03	\$114.11	\$76.99	\$131.92
65-69	\$73.83	\$140.85	\$91.71	\$158.73
70-74	\$91.08	\$175.54	\$109.77	\$194.23
75-79	\$114.78	\$222.10	\$133.94	\$241.26
80-85	\$130.38	\$253.21	\$148.23	\$271.06

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Hospital Indemnity Insurance Monthly Rates*

Vermont

\$700 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$21.35	\$33.64	\$41.33	\$58.08
30-39	\$22.62	\$37.65	\$44.20	\$64.08
40-49	\$29.29	\$50.71	\$49.50	\$75.27
50-59	\$39.39	\$71.67	\$55.07	\$89.40
60-64	\$42.60	\$79.98	\$56.17	\$92.52
65-69	\$47.29	\$89.38	\$58.74	\$100.83
70-74	\$58.23	\$111.24	\$70.18	\$123.19
75-79	\$73.16	\$140.49	\$85.42	\$152.74
80-85	\$102.68	\$198.06	\$116.82	\$212.20

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$30.01	\$49.04	\$61.09	\$87.09
30-39	\$37.73	\$65.14	\$76.90	\$113.11
40-49	\$35.76	\$63.85	\$61.95	\$95.68
50-59	\$49.51	\$92.08	\$69.83	\$115.07
60-64	\$56.90	\$108.59	\$73.08	\$125.58
65-69	\$60.97	\$116.66	\$75.80	\$131.50
70-74	\$75.19	\$145.33	\$90.67	\$160.82
75-79	\$94.84	\$183.96	\$110.71	\$199.83
80-85	\$133.44	\$259.73	\$151.75	\$278.04

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$32.57	\$54.08	\$67.84	\$97.24
30-39	\$41.27	\$72.41	\$85.71	\$126.82
40-49	\$39.56	\$71.56	\$69.27	\$107.67
50-59	\$55.46	\$104.10	\$78.52	\$130.18
60-64	\$61.40	\$117.96	\$78.96	\$136.39
65-69	\$69.04	\$132.76	\$85.87	\$149.58
70-74	\$85.19	\$165.44	\$102.75	\$183.01
75-79	\$107.62	\$209.59	\$125.62	\$227.60
80-85	\$151.59	\$296.11	\$172.35	\$316.87

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$35.24	\$59.35	\$74.87	\$107.87
30-39	\$43.38	\$77.15	\$91.54	\$136.12
40-49	\$49.74	\$90.99	\$87.91	\$137.37
50-59	\$61.69	\$116.67	\$87.61	\$145.97
60-64	\$81.18	\$156.80	\$104.51	\$181.30
65-69	\$100.72	\$194.46	\$125.31	\$219.05
70-74	\$124.34	\$242.41	\$149.99	\$268.08
75-79	\$157.28	\$307.32	\$183.58	\$333.63
80-85	\$179.09	\$350.85	\$203.59	\$375.35

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Hospital Indemnity Insurance Monthly Rates Vermont

\$900 Daily Benefit Amount

3 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$29.69	\$48.49	\$59.95	\$85.53
30-39	\$37.15	\$64.04	\$75.27	\$110.71
40-49	\$40.08	\$71.41	\$69.21	\$106.81
50-59	\$48.30	\$89.68	\$68.08	\$112.04
60-64	\$55.35	\$105.48	\$71.10	\$122.01
65-69	\$62.19	\$118.86	\$77.35	\$134.02
70-74	\$73.12	\$141.18	\$88.21	\$156.27
75-79	\$101.41	\$196.50	\$118.42	\$213.52
80-85	\$142.64	\$277.38	\$162.27	\$297.00

6 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$38.28	\$64.60	\$80.95	\$116.85
30-39	\$44.94	\$80.00	\$94.57	\$140.76
40-49	\$43.38	\$79.36	\$76.55	\$119.68
50-59	\$56.58	\$107.00	\$76.44	\$133.87
60-64	\$61.94	\$119.61	\$79.77	\$138.34
65-69	\$76.79	\$148.24	\$95.58	\$167.03
70-74	\$94.92	\$185.02	\$114.56	\$204.65
75-79	\$120.05	\$234.52	\$140.18	\$254.65
80-85	\$169.23	\$331.45	\$192.43	\$354.66

10 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$41.82	\$71.62	\$90.33	\$130.98
30-39	\$49.49	\$89.33	\$105.88	\$158.37
40-49	\$48.26	\$89.26	\$85.95	\$135.06
50-59	\$68.95	\$131.35	\$98.20	\$164.43
60-64	\$84.11	\$163.28	\$108.42	\$188.81
65-69	\$91.51	\$177.37	\$113.93	\$199.78
70-74	\$113.17	\$221.42	\$136.59	\$244.84
75-79	\$150.13	\$294.24	\$175.28	\$319.39
80-85	\$192.56	\$378.22	\$218.91	\$404.59

21 Days

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$45.54	\$78.94	\$100.12	\$145.76
30-39	\$56.19	\$102.62	\$121.92	\$183.11
40-49	\$62.88	\$117.40	\$112.88	\$178.16
50-59	\$82.87	\$158.84	\$118.33	\$198.94
60-64	\$102.19	\$199.25	\$131.82	\$230.37
65-69	\$127.39	\$247.69	\$158.63	\$278.92
70-74	\$157.59	\$309.28	\$190.22	\$341.91
75-79	\$199.77	\$392.54	\$233.21	\$425.99
80-85	\$238.64	\$469.84	\$271.27	\$502.47

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Hospital Indemnity Insurance Monthly Rates

Vermont

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	\$7.13	\$14.10	\$13.56	\$21.98
30-39	\$7.68	\$15.76	\$14.35	\$23.93
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

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

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
65-69	\$14.52	\$29.17	\$17.56	\$32.22
70-74	\$15.01	\$30.02	\$17.99	\$33.00
75-79	\$15.01	\$30.01	\$17.99	\$33.00
80-85	\$15.01	\$30.01	\$17.99	\$33.00

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 Vermont

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