Hospital Recovery Insurance Monthly Rates*
with Observation Coverage
PENNSYLVANIA

$200 Daily Benefit

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$14.06	$22.42	$26.96	$40.01
30-39	$17.89	$29.66	$33.46	$43.98
40-49	$22.62	$39.71	$35.60	$50.87
50-59	$27.39	$48.40	$37.36	$58.07
60-63	$32.44	$61.44	$40.29	$66.62
64-69	$36.56	$71.26	$43.43	$77.81
70-74	$46.21	$88.59	$52.84	$94.86
75-79	$56.81	$111.75	$63.51	$118.08
80-85	$70.32	$138.85	$77.28	$145.27

$500 Daily Benefit

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$21.48	$39.97	$48.73	$68.75
30-39	$27.02	$49.23	$56.81	$80.72
40-49	$37.25	$70.34	$63.32	$97.93
50-59	$48.55	$93.61	$70.67	$119.37
60-63	$64.48	$128.63	$81.18	$145.31
64-69	$80.60	$164.40	$96.68	$179.59
70-74	$105.05	$213.86	$120.48	$228.58
75-79	$132.95	$271.51	$148.75	$286.26
80-85	$165.61	$338.97	$181.97	$353.84

$700 Daily Benefit

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$33.47	$53.87	$65.80	$93.83
30-39	$35.57	$66.66	$77.01	$110.38
40-49	$49.78	$95.96	$86.04	$134.30
50-59	$64.37	$128.06	$96.30	$163.75
60-63	$87.99	$177.72	$111.19	$200.83
64-69	$111.55	$227.91	$133.52	$249.41
70-74	$144.84	$296.84	$166.21	$317.18
75-79	$183.67	$377.33	$205.55	$397.67
80-85	$229.12	$471.50	$251.72	$491.97

$900 Daily Benefit

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$34.32	$67.75	$82.89	$118.91
30-39	$44.11	$84.07	$97.20	$140.04
40-49	$66.41	$129.70	$115.95	$182.06
50-59	$84.42	$172.20	$128.06	$216.60
60-63	$113.48	$230.86	$143.66	$260.92
64-69	$143.58	$295.70	$172.97	$324.11
70-74	$187.56	$385.91	$215.29	$412.24
75-79	$238.26	$491.19	$266.63	$517.49
80-85	$297.68	$614.62	$327.00	$641.09

* In most instances, there will be a premium saving when spouses/partners apply together versus separately. The rates shown assume primary and spouse are in the same age bands. To review monthly premiums for different benefit amounts, visit **www.YourLifeSecure.com** and login to your secure portal to run quotes.

LIFESECURE INSURANCE COMPANY

Hospital Recovery Insurance Optional Riders Monthly Rates*
with Observation Coverage
PENNSYLVANIA

Emergency Room and Ambulance Benefit Rider
$300 Per Emergency Room Visit, 1 Visit Per Year &

$150 Ground, $ 500 Air Per Day Ambulance, 1 Day Per Year Maximum

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$4.25	$8.42	$10.27	$15.56
30-39	$4.25	$8.42	$10.27	$15.56
40-49	$4.25	$8.42	$10.27	$15.56
50-59	$5.01	$9.95	$10.91	$16.97
60-63	$6.33	$12.65	$11.96	$19.10
64-69	$8.04	$16.05	$14.04	$22.05
70-74	$9.85	$19.68	$15.38	$25.20
75-79	$12.47	$24.90	$17.93	$30.37
80-85	$15.97	$31.88	$21.36	$37.28

Major Diagnostic Examination Benefit Rider
$500 Per day, 1 Day Per Year Maximum

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$13.91	$27.83	$22.30	$36.22
30-39	$13.91	$27.83	$22.30	$36.22
40-49	$13.91	$27.83	$22.30	$36.22
50-59	$23.12	$46.43	$30.00	$53.30
60-63	$33.40	$67.14	$39.90	$73.65
64-69	$37.50	$75.00	$44.44	$81.94
70-74	$37.50	$75.00	$44.44	$81.38
75-79	$37.50	$75.00	$44.44	$81.32
80-85	$37.50	$75.00	$44.44	$81.23

Rehabilitation Facility Benefit Rider
$100 Per Day, 15 Days Per Year Maximum

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	$0.16	$0.32	$0.19	$0.35
30-39	$0.16	$0.32	$0.19	$0.35
40-49	$0.16	$0.32	$0.19	$0.35
50-59	$0.36	$0.73	$0.39	$0.76
60-63	$0.61	$1.23	$0.64	$1.26
64-69	$0.85	$1.71	$0.88	$1.74
70-74	$1.34	$2.69	$1.36	$2.71
75-79	$2.08	$4.17	$2.10	$4.20
80-85	$3.16	$6.35	$3.18	$6.37

* The rates shown assume primary and spouse are in the same age bands. To review monthly premiums for different benefit amounts, visit **www.YourLifeSecure.com** and login to your secure portal to run quotes.