

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product - South Carolina 55%

Monthly Premium Rates - Base Plans

Issue Age	Hospital Indemnity Base Plans - Benefit Level - per \$50 unit (\$100 minimum daily benefit)										
	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days	15 days	20 days	31 days
18-49	1.30	1.60	1.80	2.00	2.20	2.30	2.40	2.50	2.70	2.70	2.80
50	1.40	1.70	2.00	2.20	2.30	2.40	2.50	2.60	2.80	2.90	3.00
51	1.50	1.80	2.10	2.30	2.50	2.60	2.70	2.80	3.00	3.10	3.20
52	1.70	2.00	2.30	2.50	2.70	2.80	2.90	3.00	3.20	3.40	3.50
53	1.70	2.10	2.40	2.60	2.80	2.90	3.00	3.10	3.40	3.50	3.60
54	1.80	2.10	2.50	2.70	2.90	3.00	3.10	3.20	3.50	3.60	3.70
55	1.90	2.20	2.60	2.80	3.00	3.10	3.20	3.30	3.60	3.70	3.90
56	2.00	2.30	2.70	2.90	3.10	3.20	3.30	3.50	3.80	3.90	4.00
57	2.00	2.40	2.80	3.00	3.20	3.30	3.50	3.60	3.90	4.00	4.20
58	2.10	2.50	2.90	3.10	3.40	3.50	3.60	3.80	4.10	4.20	4.40
59	2.20	2.60	3.10	3.30	3.50	3.70	3.80	4.00	4.30	4.40	4.60
60	2.30	2.80	3.20	3.50	3.70	3.80	4.00	4.10	4.50	4.70	4.80
61	2.50	2.90	3.40	3.60	3.90	4.00	4.20	4.30	4.70	4.90	5.10
62	2.60	3.10	3.50	3.80	4.10	4.20	4.40	4.60	5.00	5.10	5.30
63	2.70	3.20	3.70	4.00	4.30	4.40	4.60	4.80	5.20	5.40	5.60
64	2.90	3.40	3.90	4.20	4.50	4.60	4.80	5.00	5.50	5.60	5.80
65	3.00	3.50	4.10	4.40	4.70	4.90	5.10	5.30	5.70	5.90	6.10
66	3.00	3.60	4.10	4.40	4.70	4.90	5.10	5.30	5.80	6.00	6.20
67	3.10	3.60	4.20	4.50	4.80	5.00	5.20	5.40	5.80	6.00	6.20
68	3.20	3.80	4.30	4.60	5.00	5.20	5.40	5.60	6.00	6.30	6.50
69	3.30	3.90	4.50	4.80	5.20	5.40	5.60	5.80	6.30	6.50	6.70
70	3.40	4.00	4.70	5.00	5.40	5.60	5.80	6.00	6.50	6.80	7.00
71	3.60	4.20	4.80	5.20	5.60	5.80	6.00	6.30	6.80	7.00	7.20
72	3.70	4.40	5.00	5.40	5.80	6.00	6.30	6.50	7.00	7.30	7.50
73	3.80	4.50	5.20	5.60	6.00	6.20	6.50	6.70	7.20	7.50	7.70
74	3.90	4.70	5.40	5.80	6.20	6.40	6.70	6.90	7.50	7.80	8.00
75	4.10	4.80	5.50	6.00	6.40	6.60	6.90	7.20	7.70	8.00	8.30
76	4.20	5.00	5.70	6.20	6.60	6.90	7.10	7.40	8.00	8.30	8.50
77	4.40	5.10	5.90	6.40	6.80	7.10	7.30	7.60	8.20	8.50	8.80
78	4.50	5.20	6.00	6.50	7.00	7.20	7.50	7.80	8.40	8.70	9.00
79	4.50	5.30	6.20	6.60	7.10	7.40	7.70	8.00	8.60	8.90	9.20
80	4.60	5.50	6.30	6.80	7.30	7.50	7.80	8.10	8.80	9.10	9.40
81	4.70	5.60	6.40	6.90	7.40	7.70	8.00	8.30	9.00	9.40	9.60
82	4.80	5.70	6.50	7.10	7.60	7.90	8.20	8.50	9.20	9.60	9.90
83	4.90	5.80	6.60	7.20	7.70	8.00	8.30	8.60	9.30	9.70	10.00
84	5.00	5.80	6.70	7.30	7.80	8.10	8.40	8.70	9.50	9.80	10.10
85	5.00	5.90	6.80	7.40	7.90	8.20	8.50	8.80	9.60	10.00	10.30

Application Fee: \$25.00

Eligible for a 7% household discount if the policyholder lives in the same household with another person over the age of 18 years of age

Premium Modal Factors:

	Factor
Annual	12 x MBD
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product

Monthly Premium Rates - Riders

Issue Age	Hospital Confinement	Cancer	Outpatient Surgery	Skilled Nursing Maximum Benefit		Wellness	Ambulance Transportation	Dental Vision Maximum Benefit	
	<i>Per \$500</i>	<i>Per \$1000</i>	<i>Per \$100</i>	<i>\$150</i>	<i>\$200</i>	<i>Per \$25</i>	<i>\$200</i>	<i>\$1,000</i>	<i>\$1,500</i>
18-49	7.20	1.10	3.60	2.40	3.20	2.50	1.20	32.20	48.30
50	7.90	1.20	3.80	2.70	3.60	2.50	1.20	32.20	48.30
51	8.70	1.40	4.00	3.30	4.40	2.50	1.60	32.20	48.30
52	9.50	1.60	4.20	3.90	5.20	2.50	1.60	32.20	48.30
53	10.00	1.70	4.30	4.50	6.00	2.50	1.60	32.20	48.30
54	10.60	1.70	4.40	4.80	6.40	2.50	1.60	32.20	48.30
55	11.20	1.80	4.60	5.40	7.20	2.50	1.60	32.20	48.30
56	11.80	1.90	4.70	6.00	8.00	2.50	1.60	32.20	48.30
57	12.50	2.00	4.90	6.60	8.80	2.50	1.60	32.20	48.30
58	13.30	2.10	5.00	7.20	9.60	2.50	1.60	32.20	48.30
59	14.10	2.20	5.10	7.80	10.40	2.50	2.00	32.20	48.30
60	14.90	2.30	5.20	8.40	11.20	2.50	2.00	32.20	48.30
61	15.90	2.40	5.40	9.00	12.00	2.50	2.00	32.20	48.30
62	16.80	2.50	5.50	9.90	13.20	2.50	2.00	32.20	48.30
63	17.90	2.60	5.60	10.80	14.40	2.50	2.00	32.20	48.30
64	18.90	2.80	5.80	11.70	15.60	2.50	2.00	32.20	48.30
65	20.10	2.90	5.90	12.60	16.80	2.50	2.40	32.20	48.30
66	20.50	2.90	5.90	13.20	17.60	2.50	2.40	32.20	48.30
67	20.90	2.90	5.90	14.10	18.80	2.50	2.40	32.20	48.30
68	21.80	3.00	5.90	15.60	20.80	2.50	2.40	32.20	48.30
69	22.70	3.00	5.90	16.80	22.40	2.50	2.40	32.20	48.30
70	23.70	3.10	5.90	18.30	24.40	2.50	2.40	32.20	48.30
71	24.70	3.20	5.90	19.80	26.40	2.50	2.40	32.20	48.30
72	25.80	3.30	5.90	21.60	28.80	2.50	2.80	32.20	48.30
73	26.60	3.30	5.90	23.40	31.20	2.50	2.80	32.20	48.30
74	27.50	3.40	5.90	25.50	34.00	2.50	2.80	32.20	48.30
75	28.40	3.40	5.90	27.90	37.20	2.50	2.80	32.20	48.30
76	29.40	3.50	5.90	30.30	40.40	2.50	2.80	32.20	48.30
77	30.30	3.60	5.90	33.00	44.00	2.50	3.20	32.20	48.30
78	30.90	3.60	5.90	35.70	47.60	2.50	3.20	32.20	48.30
79	31.50	3.70	5.90	38.70	51.60	2.50	3.20	32.20	48.30
80	32.10	3.70	5.90	42.00	56.00	2.50	3.20	32.20	48.30
81	32.70	3.70	5.90	45.60	60.80	2.50	3.60	32.20	48.30
82	33.40	3.80	5.90	49.50	66.00	2.50	3.60	32.20	48.30
83	33.80	3.80	5.90	51.60	68.80	2.50	3.60	32.20	48.30
84	34.30	3.80	5.90	53.40	71.20	2.50	3.60	32.20	48.30
85	34.80	3.90	5.90	55.80	74.40	2.50	3.60	32.20	48.30

Application Fee: \$25.00

Eligible for a 7% household discount if the policyholder lives in the same household with another person over the age of 18 years of age

Premium Modal Factors:

	Factor
Annual	12 x MBD
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual