

# HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product - Oregon 50%

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	1.50	1.70	2.00	2.20	2.40	2.50	2.60	2.70	2.90	3.00	3.10
50	1.60	1.90	2.20	2.40	2.60	2.70	2.80	2.90	3.10	3.20	3.30
51	1.70	2.00	2.30	2.50	2.70	2.80	3.00	3.10	3.30	3.50	3.60
52	1.80	2.20	2.50	2.70	2.90	3.00	3.10	3.30	3.60	3.70	3.80
53	1.90	2.30	2.60	2.80	3.00	3.10	3.30	3.40	3.70	3.80	3.90
54	2.00	2.40	2.70	2.90	3.20	3.30	3.40	3.50	3.80	4.00	4.10
55	2.10	2.40	2.80	3.10	3.30	3.40	3.50	3.70	4.00	4.10	4.20
56	2.10	2.50	2.90	3.20	3.40	3.50	3.70	3.80	4.20	4.30	4.40
57	2.20	2.60	3.10	3.30	3.50	3.70	3.80	4.00	4.30	4.40	4.60
58	2.30	2.80	3.20	3.50	3.70	3.90	4.00	4.10	4.50	4.70	4.80
59	2.50	2.90	3.40	3.60	3.90	4.00	4.20	4.30	4.70	4.90	5.00
60	2.60	3.10	3.50	3.80	4.10	4.20	4.40	4.60	5.00	5.10	5.30
61	2.70	3.20	3.70	4.00	4.30	4.40	4.60	4.80	5.20	5.40	5.60
62	2.80	3.40	3.90	4.20	4.50	4.60	4.80	5.00	5.50	5.60	5.80
63	3.00	3.50	4.10	4.40	4.70	4.90	5.10	5.30	5.70	5.90	6.10
64	3.10	3.70	4.30	4.60	4.90	5.10	5.30	5.50	6.00	6.20	6.40
65	3.30	3.90	4.50	4.80	5.10	5.30	5.60	5.80	6.30	6.50	6.70
66	3.30	3.90	4.50	4.90	5.20	5.40	5.60	5.80	6.30	6.60	6.80
67	3.40	4.00	4.60	4.90	5.30	5.50	5.70	5.90	6.40	6.60	6.80
68	3.50	4.10	4.70	5.10	5.50	5.70	5.90	6.10	6.60	6.90	7.10
69	3.60	4.30	4.90	5.30	5.70	5.90	6.10	6.40	6.90	7.20	7.40
70	3.80	4.40	5.10	5.50	5.90	6.10	6.40	6.60	7.20	7.40	7.60
71	3.90	4.60	5.30	5.70	6.20	6.40	6.60	6.90	7.40	7.70	7.90
72	4.10	4.80	5.50	6.00	6.40	6.60	6.90	7.10	7.70	8.00	8.20
73	4.20	5.00	5.70	6.20	6.60	6.90	7.10	7.40	8.00	8.30	8.50
74	4.30	5.10	5.90	6.40	6.80	7.10	7.30	7.60	8.20	8.50	8.80
75	4.50	5.30	6.10	6.60	7.00	7.30	7.60	7.90	8.50	8.80	9.10
76	4.60	5.50	6.30	6.80	7.30	7.50	7.80	8.10	8.80	9.10	9.40
77	4.80	5.60	6.50	7.00	7.50	7.80	8.10	8.40	9.10	9.40	9.70
78	4.90	5.80	6.60	7.10	7.70	7.90	8.20	8.60	9.30	9.60	9.90
79	5.00	5.90	6.80	7.30	7.80	8.10	8.40	8.70	9.50	9.80	10.10
80	5.10	6.00	6.90	7.40	8.00	8.30	8.60	8.90	9.70	10.00	10.40
81	5.20	6.10	7.00	7.60	8.20	8.50	8.80	9.10	9.90	10.30	10.60
82	5.30	6.20	7.20	7.80	8.30	8.60	9.00	9.30	10.10	10.50	10.80
83	5.40	6.30	7.30	7.90	8.50	8.80	9.10	9.40	10.20	10.70	11.00
84	5.50	6.40	7.40	8.00	8.60	8.90	9.20	9.60	10.40	10.80	11.10
85	5.50	6.50	7.50	8.10	8.70	9.00	9.40	9.70	10.50	11.00	11.30

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>\$25</i>	<i>\$200</i>	<i>\$1,000</i>	<i>\$1,500</i>
18-49	7.90	1.20	3.90	2.40	3.20	2.80	1.20	35.40	53.10
50	8.70	1.30	4.10	3.00	4.00	2.80	1.60	35.40	53.10
51	9.50	1.50	4.30	3.60	4.80	2.80	1.60	35.40	53.10
52	10.40	1.80	4.60	4.50	6.00	2.80	1.60	35.40	53.10
53	11.00	1.80	4.70	4.80	6.40	2.80	1.60	35.40	53.10
54	11.60	1.90	4.90	5.40	7.20	2.80	1.60	35.40	53.10
55	12.30	2.00	5.00	6.00	8.00	2.80	1.60	35.40	53.10
56	13.00	2.10	5.20	6.60	8.80	2.80	2.00	35.40	53.10
57	13.80	2.20	5.30	7.20	9.60	2.80	2.00	35.40	53.10
58	14.60	2.30	5.50	7.80	10.40	2.80	2.00	35.40	53.10
59	15.50	2.40	5.60	8.40	11.20	2.80	2.00	35.40	53.10
60	16.40	2.50	5.70	9.30	12.40	2.80	2.00	35.40	53.10
61	17.40	2.60	5.90	9.90	13.20	2.80	2.00	35.40	53.10
62	18.50	2.80	6.00	10.80	14.40	2.80	2.40	35.40	53.10
63	19.60	2.90	6.20	11.70	15.60	2.80	2.40	35.40	53.10
64	20.80	3.00	6.30	12.60	16.80	2.80	2.40	35.40	53.10
65	22.10	3.20	6.50	13.80	18.40	2.80	2.40	35.40	53.10
66	22.50	3.20	6.50	14.70	19.60	2.80	2.40	35.40	53.10
67	22.90	3.20	6.50	15.60	20.80	2.80	2.40	35.40	53.10
68	23.90	3.20	6.50	17.10	22.80	2.80	2.40	35.40	53.10
69	24.90	3.30	6.50	18.60	24.80	2.80	2.80	35.40	53.10
70	26.00	3.40	6.50	20.10	26.80	2.80	2.80	35.40	53.10
71	27.20	3.50	6.50	21.90	29.20	2.80	2.80	35.40	53.10
72	28.30	3.60	6.50	23.70	31.60	2.80	2.80	35.40	53.10
73	29.30	3.60	6.50	25.80	34.40	2.80	2.80	35.40	53.10
74	30.20	3.70	6.50	28.20	37.60	2.80	3.20	35.40	53.10
75	31.20	3.80	6.50	30.60	40.80	2.80	3.20	35.40	53.10
76	32.30	3.80	6.50	33.30	44.40	2.80	3.20	35.40	53.10
77	33.30	3.90	6.50	36.30	48.40	2.80	3.20	35.40	53.10
78	34.00	4.00	6.50	39.30	52.40	2.80	3.60	35.40	53.10
79	34.60	4.00	6.50	42.60	56.80	2.80	3.60	35.40	53.10
80	35.30	4.10	6.50	46.20	61.60	2.80	3.60	35.40	53.10
81	36.00	4.10	6.50	50.10	66.80	2.80	3.60	35.40	53.10
82	36.70	4.20	6.50	54.30	72.40	2.80	4.00	35.40	53.10
83	37.20	4.20	6.50	56.70	75.60	2.80	4.00	35.40	53.10
84	37.70	4.20	6.50	58.80	78.40	2.80	4.00	35.40	53.10
85	38.20	4.30	6.50	61.20	81.60	2.80	4.00	35.40	53.10

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