

# HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product - North Dakota

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

## 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	Lump Sum Hospital Confinement <i>Per \$500</i>	Cancer <i>Per \$1000</i>	Outpatient Surgery <i>Per \$100</i>	Wellness <i>Per \$25</i>	Ambulance Transportation <i>\$200</i>
18-49	7.20	1.10	3.60	2.50	1.20
50	7.90	1.20	3.80	2.50	1.20
51	8.70	1.40	4.00	2.50	1.60
52	9.50	1.60	4.20	2.50	1.60
53	10.00	1.70	4.30	2.50	1.60
54	10.60	1.70	4.40	2.50	1.60
55	11.20	1.80	4.60	2.50	1.60
56	11.80	1.90	4.70	2.50	1.60
57	12.50	2.00	4.90	2.50	1.60
58	13.30	2.10	5.00	2.50	1.60
59	14.10	2.20	5.10	2.50	2.00
60	14.90	2.30	5.20	2.50	2.00
61	15.90	2.40	5.40	2.50	2.00
62	16.80	2.50	5.50	2.50	2.00
63	17.90	2.60	5.60	2.50	2.00
64	18.90	2.80	5.80	2.50	2.00
65	20.10	2.90	5.90	2.50	2.40
66	20.50	2.90	5.90	2.50	2.40
67	20.90	2.90	5.90	2.50	2.40
68	21.80	3.00	5.90	2.50	2.40
69	22.70	3.00	5.90	2.50	2.40
70	23.70	3.10	5.90	2.50	2.40
71	24.70	3.20	5.90	2.50	2.40
72	25.80	3.30	5.90	2.50	2.80
73	26.60	3.30	5.90	2.50	2.80
74	27.50	3.40	5.90	2.50	2.80
75	28.40	3.40	5.90	2.50	2.80
76	29.40	3.50	5.90	2.50	2.80
77	30.30	3.60	5.90	2.50	3.20
78	30.90	3.60	5.90	2.50	3.20
79	31.50	3.70	5.90	2.50	3.20
80	32.10	3.70	5.90	2.50	3.20
81	32.70	3.70	5.90	2.50	3.60
82	33.40	3.80	5.90	2.50	3.60
83	33.80	3.80	5.90	2.50	3.60
84	34.30	3.80	5.90	2.50	3.60
85	34.80	3.90	5.90	2.50	3.60

Application Fee: \$25.00

#### Premium Modal Factors:

	Factor
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