

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product - OHIO 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

You are eligible for a 7% Household Premium Discount if: (1) you reside with your partner, who owns or is issued a Heartland National Hospital Confinement Indemnity policy, or (2) for the past year you have resided with at least one, but not more than three, other adults who are age 18 and older, who own or are issued a Heartland National Hospital Indemnity Policy.

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

Premium Modal Factors:

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