

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product - 60%

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	1.20	1.50	1.70	1.90	2.00	2.10	2.20	2.30	2.40	2.50	2.60
50	1.30	1.60	1.80	2.00	2.10	2.20	2.30	2.40	2.60	2.70	2.80
51	1.40	1.70	2.00	2.10	2.30	2.40	2.50	2.60	2.80	2.90	3.00
52	1.50	1.80	2.10	2.30	2.40	2.50	2.60	2.70	3.00	3.10	3.20
53	1.60	1.90	2.20	2.40	2.50	2.60	2.70	2.80	3.10	3.20	3.30
54	1.70	2.00	2.30	2.50	2.60	2.70	2.80	2.90	3.20	3.30	3.40
55	1.70	2.00	2.40	2.60	2.70	2.80	2.90	3.10	3.30	3.40	3.50
56	1.80	2.10	2.50	2.70	2.80	3.00	3.10	3.20	3.50	3.60	3.70
57	1.90	2.20	2.60	2.80	3.00	3.10	3.20	3.30	3.60	3.70	3.80
58	2.00	2.30	2.70	2.90	3.10	3.20	3.30	3.50	3.80	3.90	4.00
59	2.10	2.40	2.80	3.00	3.20	3.40	3.50	3.60	4.00	4.10	4.20
60	2.20	2.50	2.90	3.20	3.40	3.50	3.70	3.80	4.10	4.30	4.40
61	2.30	2.70	3.10	3.30	3.60	3.70	3.80	4.00	4.30	4.50	4.60
62	2.40	2.80	3.20	3.50	3.70	3.90	4.00	4.20	4.60	4.70	4.90
63	2.50	2.90	3.40	3.70	3.90	4.10	4.20	4.40	4.80	4.90	5.10
64	2.60	3.10	3.60	3.80	4.10	4.30	4.40	4.60	5.00	5.20	5.40
65	2.70	3.20	3.70	4.00	4.30	4.50	4.60	4.80	5.30	5.40	5.60
66	2.80	3.30	3.80	4.10	4.30	4.50	4.70	4.90	5.30	5.50	5.70
67	2.80	3.30	3.80	4.10	4.40	4.60	4.80	4.90	5.30	5.50	5.70
68	2.90	3.40	4.00	4.30	4.60	4.80	4.90	5.10	5.50	5.70	5.90
69	3.00	3.60	4.10	4.40	4.80	4.90	5.10	5.30	5.80	6.00	6.10
70	3.10	3.70	4.30	4.60	4.90	5.10	5.30	5.50	6.00	6.20	6.40
71	3.30	3.90	4.40	4.80	5.10	5.30	5.50	5.70	6.20	6.40	6.60
72	3.40	4.00	4.60	5.00	5.30	5.50	5.80	6.00	6.40	6.70	6.90
73	3.50	4.10	4.80	5.10	5.50	5.70	5.90	6.20	6.60	6.90	7.10
74	3.60	4.30	4.90	5.30	5.70	5.90	6.10	6.40	6.90	7.10	7.30
75	3.70	4.40	5.10	5.50	5.90	6.10	6.30	6.60	7.10	7.40	7.60
76	3.90	4.60	5.30	5.70	6.10	6.30	6.50	6.80	7.30	7.60	7.80
77	4.00	4.70	5.40	5.80	6.30	6.50	6.70	7.00	7.60	7.80	8.10
78	4.10	4.80	5.50	6.00	6.40	6.60	6.90	7.10	7.70	8.00	8.30
79	4.20	4.90	5.60	6.10	6.50	6.80	7.00	7.30	7.90	8.20	8.50
80	4.30	5.00	5.80	6.20	6.70	6.90	7.20	7.50	8.10	8.40	8.70
81	4.30	5.10	5.90	6.30	6.80	7.10	7.30	7.60	8.30	8.60	8.80
82	4.40	5.20	6.00	6.50	7.00	7.20	7.50	7.80	8.40	8.80	9.00
83	4.50	5.30	6.10	6.60	7.10	7.30	7.60	7.90	8.60	8.90	9.20
84	4.60	5.40	6.20	6.70	7.20	7.40	7.70	8.00	8.70	9.00	9.30
85	4.60	5.40	6.20	6.70	7.30	7.50	7.80	8.10	8.80	9.20	9.40

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	6.60	1.00	3.30	2.10	2.80	2.30	1.20	29.60	44.40
50	7.20	1.10	3.40	2.40	3.20	2.30	1.20	29.60	44.40
51	7.90	1.30	3.60	3.00	4.00	2.30	1.20	29.60	44.40
52	8.70	1.50	3.80	3.60	4.80	2.30	1.20	29.60	44.40
53	9.20	1.50	3.90	3.90	5.20	2.30	1.60	29.60	44.40
54	9.70	1.60	4.10	4.50	6.00	2.30	1.60	29.60	44.40
55	10.30	1.70	4.20	4.80	6.40	2.30	1.60	29.60	44.40
56	10.90	1.80	4.30	5.40	7.20	2.30	1.60	29.60	44.40
57	11.50	1.80	4.50	6.00	8.00	2.30	1.60	29.60	44.40
58	12.20	1.90	4.60	6.60	8.80	2.30	1.60	29.60	44.40
59	12.90	2.00	4.70	7.20	9.60	2.30	1.60	29.60	44.40
60	13.70	2.10	4.80	7.80	10.40	2.30	1.60	29.60	44.40
61	14.60	2.20	4.90	8.40	11.20	2.30	1.60	29.60	44.40
62	15.40	2.30	5.00	9.00	12.00	2.30	2.00	29.60	44.40
63	16.40	2.40	5.20	9.90	13.20	2.30	2.00	29.60	44.40
64	17.40	2.50	5.30	10.50	14.00	2.30	2.00	29.60	44.40
65	18.40	2.60	5.40	11.40	15.20	2.30	2.00	29.60	44.40
66	18.80	2.60	5.40	12.30	16.40	2.30	2.00	29.60	44.40
67	19.10	2.60	5.40	12.90	17.20	2.30	2.00	29.60	44.40
68	20.00	2.70	5.40	14.10	18.80	2.30	2.00	29.60	44.40
69	20.80	2.80	5.40	15.30	20.40	2.30	2.00	29.60	44.40
70	21.70	2.80	5.40	16.80	22.40	2.30	2.40	29.60	44.40
71	22.70	2.90	5.40	18.30	24.40	2.30	2.40	29.60	44.40
72	23.70	3.00	5.40	19.80	26.40	2.30	2.40	29.60	44.40
73	24.40	3.00	5.40	21.60	28.80	2.30	2.40	29.60	44.40
74	25.20	3.10	5.40	23.40	31.20	2.30	2.40	29.60	44.40
75	26.10	3.20	5.40	25.50	34.00	2.30	2.80	29.60	44.40
76	26.90	3.20	5.40	27.90	37.20	2.30	2.80	29.60	44.40
77	27.80	3.30	5.40	30.30	40.40	2.30	2.80	29.60	44.40
78	28.40	3.30	5.40	32.70	43.60	2.30	2.80	29.60	44.40
79	28.90	3.40	5.40	35.70	47.60	2.30	2.80	29.60	44.40
80	29.50	3.40	5.40	38.70	51.60	2.30	3.20	29.60	44.40
81	30.00	3.40	5.40	42.00	56.00	2.30	3.20	29.60	44.40
82	30.60	3.50	5.40	45.30	60.40	2.30	3.20	29.60	44.40
83	31.00	3.50	5.40	47.10	62.80	2.30	3.20	29.60	44.40
84	31.50	3.50	5.40	49.20	65.60	2.30	3.20	29.60	44.40
85	31.90	3.60	5.40	51.00	68.00	2.30	3.20	29.60	44.40

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