

**State:** Arkansas **Filing Company:** Kanawha Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Indemnity Policy  
**Project Name/Number:** Hospital Indemnity Policy/90840

## Filing at a Glance

Company: Kanawha Insurance Company  
Product Name: Hospital Indemnity Policy  
State: Arkansas  
TOI: H14I Individual Health - Hospital Indemnity  
Sub-TOI: H14I.000 Health - Hospital Indemnity  
Filing Type: Rate  
Date Submitted: 08/09/2012  
SERFF Tr Num: HUMA-128626577  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: 01/01/2013  
Date Requested:  
Author(s): Lindsay Wendlandt, Troy Heuer  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 09/04/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Kanawha Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Indemnity Policy  
**Project Name/Number:** Hospital Indemnity Policy/90840

## General Information

Project Name: Hospital Indemnity Policy	Status of Filing in Domicile: Pending
Project Number: 90840	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 30%	Filing Status Changed: 09/04/2012
	State Status Changed: 09/04/2012
Deemer Date:	Created By: Troy Heuer
Submitted By: Troy Heuer	Corresponding Filing Tracking Number:

### Filing Description:

This filing is for a rate increase for a hospital indemnity policy form 90840 and 90841. This is the first rate change for this policy. This change will take place on 1/1/2013 for all policies that were in effect on or prior to 1/1/12. Policies that became effective after 1/1/2012 will be subject to rate increases 12 months after effective date. The change occurring will be a 30% rate increase. This is intended to help the poor experiencing plan cover its losses.

## Company and Contact

### Filing Contact Information

Troy Heuer, Actuarial Analyst	theuer@humana.com
1100 Employers Blvd.	920-337-5476 [Phone]
Green Bay, WI 54344	

### Filing Company Information

Kanawha Insurance Company	CoCode: 65110	State of Domicile: South
210 South White Street	Group Code: 119	Carolina
Lancaster, SC 29720	Group Name:	Company Type:
(800) 635-4252 ext. [Phone]	FEIN Number: 57-0380426	State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50 per rate filing form
Per Company:	No

Company	Amount	Date Processed	Transaction #
Kanawha Insurance Company	\$50.00	08/09/2012	61568187

**SERFF Tracking #:**

HUMA-128626577

**State Tracking #:****Company Tracking #:****State:**

Arkansas

**Filing Company:**

Kanawha Insurance Company

**TOI/Sub-TOI:**

H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

**Product Name:**

Hospital Indemnity Policy

**Project Name/Number:**

Hospital Indemnity Policy/90840

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/04/2012	09/04/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/22/2012	08/22/2012
Pending Industry Response	Rosalind Minor	08/17/2012	08/17/2012

#### Response Letters

Responded By	Created On	Date Submitted
Troy Heuer	08/28/2012	08/28/2012
Troy Heuer	08/22/2012	08/22/2012

**State:** Arkansas **Filing Company:** Kanawha Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
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## Disposition

Disposition Date: 09/04/2012

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 5% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kanawha Insurance Company	5.000%	5.000%	\$4,137	180	\$82,736	5.000%	5.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Letter in Response to Objection1	Approved-Closed	Yes
Rate (revised)	AR HI_rates v2	Approved-Closed	Yes
Rate	AR HI_rates	Replaced	Yes

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**State:** Arkansas **Filing Company:** Kanawha Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Indemnity Policy  
**Project Name/Number:** Hospital Indemnity Policy/90840

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/22/2012
Submitted Date	08/22/2012
Respond By Date	

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Dear Troy Heuer,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*- Letter in Response to Objection1 (Supporting Document)*

*Comments:*

*We appreciate your comments in your letter, but considering that there are only 180 policyholders in Arkansas, this small amount of business should not have an effect on your company's solvency.*

*Again, we request that you accept the 5% increase in lieu of disapproval.*

*Thank you for your cooperation in this matter.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Rosalind Minor*

SERFF Tracking #:

HUMA-128626577

State Tracking #:

Company Tracking #:

**State:** Arkansas **Filing Company:** Kanawha Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Indemnity Policy  
**Project Name/Number:** Hospital Indemnity Policy/90840

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 08/28/2012  
Submitted Date 08/28/2012

Dear Rosalind Minor,

### **Introduction:**

### **Response 1**

#### **Comments:**

Thank you for looking into our filing again The rate increase has been changed from 30% to 5%, and the filing has been updated accordingly. Please note, I am unable to change the filing description in SERFF, but it should read 5%, not 30%.

### **Related Objection 1**

Applies To:

- Letter in Response to Objection1 (Supporting Document)

Comments:

We appreciate your comments in your letter, but considering that there are only 180 policyholders in Arkansas, this small amount of business should not have an effect on your company's solvency.

Again, we request that you accept the 5% increase in lieu of disapproval.

Thank you for your cooperation in this matter.

### **Changed Items:**

#### **Supporting Document Schedule Item Changes**

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

SERFF Tracking #:

HUMA-128626577

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Kanawha Insurance Company

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name: Hospital Indemnity Policy

Project Name/Number: Hospital Indemnity Policy/90840

**Rate/Rule Schedule Item Changes**

Document Name	Affected Form Numbers	Rate Action*	Rate Action Information	Attachments
AR HI_rates v2	90840, 90841	Revised	Previous State Filing Number SKML-126108237 Percent Rate Change Request 5	
<i>Previous Version</i>				
AR HI_rates	90840, 90841	Revised	Previous State Filing Number SKML-126108237 Percent Rate Change Request 30	

**Conclusion:**

Thank you, and please let me know if you have an questions or concerns.

Sincerely,

Troy Heuer

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**State:** Arkansas **Filing Company:** Kanawha Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Indemnity Policy  
**Project Name/Number:** Hospital Indemnity Policy/90840

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/17/2012
Submitted Date	08/17/2012
Respond By Date	

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Dear Troy Heuer,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*- Health - Actuarial Justification (Supporting Document)*

*Comments:*

*It is the primary mission of the Arkansas Insurance Department to protect consumers. The majority of the companies have been filing rate increases on limited products in excess of 5%.*

*Our Department is requesting that the companies consider no more than a 5% increase on these limited products.*

*If you wish to accept the 5%, please send the adjusted rates and a post-submission update adjusting the rate increase to 5%.*

*We appreciate your understanding and cooperation.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Rosalind Minor*

**State:** Arkansas **Filing Company:** Kanawha Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Indemnity Policy  
**Project Name/Number:** Hospital Indemnity Policy/90840

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/22/2012
Submitted Date	08/22/2012

Dear Rosalind Minor,

### Introduction:

The following is in response to your Objection letter dated 8/17/2012.

### Response 1

#### Comments:

I have attached a letter responding to this objection under the Supporting Documentation tab.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments:

It is the primary mission of the Arkansas Insurance Department to protect consumers. The majority of the companies have been filing rate increases on limited products in excess of 5%.

Our Department is requesting that the companies consider no more than a 5% increase on these limited products.

If you wish to accept the 5%, please send the adjusted rates and a post-submission update adjusting the rate increase to 5%.

We appreciate your understanding and cooperation.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Letter in Response to Objection1

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

**SERFF Tracking #:**

HUMA-128626577

**State Tracking #:**

**Company Tracking #:**

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**State:**

Arkansas

**Filing Company:**

Kanawha Insurance Company

**TOI/Sub-TOI:**

H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

**Product Name:**

Hospital Indemnity Policy

**Project Name/Number:**

Hospital Indemnity Policy/90840

Sincerely,  
Troy Heuer

**State:** Arkansas **Filing Company:** Kanawha Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Indemnity Policy  
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## Post Submission Update Request Processed On 09/04/2012

Status: Allowed  
 Created By: Troy Heuer  
 Processed By: Rosalind Minor  
 Comments:

### Company Rate Information:

Company Name: Kanawha Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	5.000%	30.000%
Overall % Rate Impact	5.000%	30.000%
Written Premium Change for this Program	\$4137	\$24821
Maximum %Change (where required)	5.000%	30.000%
Minimum %Change (where required)	5.000%	30.000%

SERFF Tracking #:

HUMA-128626577

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Kanawha Insurance Company

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name: Hospital Indemnity Policy

Project Name/Number: Hospital Indemnity Policy/90840

### Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing: SERFF

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kanawha Insurance Company	5.000%	5.000%	\$4,137	180	\$82,736	5.000%	5.000%

**SERFF Tracking #:**

HUMA-128626577

**State Tracking #:****Company Tracking #:****State:**

Arkansas

**Filing Company:**

Kanawha Insurance Company

**TOI/Sub-TOI:**

H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

**Product Name:**

Hospital Indemnity Policy

**Project Name/Number:**

Hospital Indemnity Policy/90840

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
1	Approved-Closed 09/04/2012	AR HI_rates v2	90840, 90841	Revised	Previous State Filing Number:	SKML-126108237	AR HI_rates v2.pdf
					Percent Rate Change Request:	5.000	

**EXHIBIT 2**

**FORM 90840 HOSPITAL INDEMNITY POLICY  
MONTHLY PREMIUM FOR SINGLE AND SINGLE PARENT COVERAGE  
PRIOR TO THE APPLICATION OF STATE SPECIFIC AREA FACTORS AND TIER FACTORS**

**Base Policy**

Issue	\$250		\$500		\$1,000		\$1,500		\$2,000	
	<u>Male</u>	<u>Female</u>								
<b>Age</b>										
<b>0-44</b>	11.96	18.72	13.65	23.04	17.04	31.66	20.44	40.28	23.83	48.90
<b>45-54</b>	13.66	14.63	16.92	17.70	23.41	23.85	29.92	30.00	36.43	36.14
<b>55-64</b>	16.53	16.85	21.27	21.20	30.77	29.88	40.28	38.57	49.78	47.25
<b>65-69</b>	18.46	19.29	23.04	23.78	32.17	32.78	41.32	41.78	50.46	50.79

**\$50 Optional Daily Benefit Rider**

Issue	\$250		\$500		\$1,000		\$1,500		\$2,000	
	<u>Male</u>	<u>Female</u>								
<b>Age</b>										
<b>0-44</b>	1.65	2.88	1.65	2.88	1.65	2.88	1.65	2.88	1.65	2.88
<b>45-54</b>	3.27	2.87	3.27	2.87	3.27	2.87	3.27	2.87	3.27	2.87
<b>55-64</b>	5.06	4.43	5.06	4.43	5.06	4.43	5.06	4.43	5.06	4.43
<b>65-69</b>	5.39	4.87	5.39	4.87	5.39	4.87	5.39	4.87	5.39	4.87

**\$100 Optional Daily Benefit Rider**

Issue	\$250		\$500		\$1,000		\$1,500		\$2,000	
	<u>Male</u>	<u>Female</u>								
<b>Age</b>										
<b>0-44</b>	3.03	5.76	3.03	5.76	3.03	5.76	3.03	5.76	3.03	5.76
<b>45-54</b>	6.54	5.72	6.54	5.72	6.54	5.72	6.54	5.72	6.54	5.72
<b>55-64</b>	10.11	8.86	10.11	8.86	10.11	8.86	10.11	8.86	10.11	8.86
<b>65-69</b>	10.76	9.74	10.76	9.74	10.76	9.74	10.76	9.74	10.76	9.74

**\$200 Optional Daily Benefit Rider**

Issue	\$250		\$500		\$1,000		\$1,500		\$2,000	
	<u>Male</u>	<u>Female</u>								
<b>Age</b>										
<b>0-44</b>	6.60	11.52	6.60	11.52	6.60	11.52	6.60	11.52	6.60	11.52
<b>45-54</b>	13.08	11.44	13.08	11.44	13.08	11.44	13.08	11.44	13.08	11.44
<b>55-64</b>	20.23	17.73	20.23	17.73	20.23	17.73	20.23	17.73	20.23	17.73
<b>65-69</b>	21.52	19.50	21.52	19.50	21.52	19.50	21.52	19.50	21.52	19.50

**FORM 90840 HOSPITAL INDEMNITY POLICY  
MONTHLY PERMIUMS FOR FAMILY COVERAGE  
PRIOR TO THE APPLICATION OF STATE SPECIFIC AREA FACTORS**

**Base Policy**

<b>Issue</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>
<b>Age</b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>
<b>0-44</b>	57.22	68.42	90.82	113.24	135.64
<b>45-54</b>	52.75	64.56	88.15	111.76	135.35
<b>55-64</b>	62.25	79.21	113.12	147.04	180.95
<b>65-69</b>	70.40	87.31	121.13	154.97	188.82

**\$50 Optional Daily Benefit Rider**

<b>Issue</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>
<b>Age</b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>
<b>0-44</b>	8.44	8.44	8.44	8.44	8.44
<b>45-54</b>	11.43	11.43	11.43	11.43	11.43
<b>55-64</b>	17.70	17.70	17.70	17.70	17.70
<b>65-69</b>	19.13	19.13	19.13	19.13	19.13

**\$100 Optional Daily Benefit Rider**

<b>Issue</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>
<b>Age</b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>
<b>0-44</b>	16.89	16.89	16.89	16.89	16.89
<b>45-54</b>	22.87	22.87	22.87	22.87	22.87
<b>55-64</b>	35.38	35.38	35.38	35.38	35.38
<b>65-69</b>	38.24	38.24	38.24	38.24	38.24

**\$200 Optional Daily Benefit Rider**

<b>Issue</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>
<b>Age</b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>
<b>0-44</b>	33.80	33.80	33.80	33.80	33.80
<b>45-54</b>	45.75	45.75	45.75	45.75	45.75
<b>55-64</b>	70.81	70.81	70.81	70.81	70.81
<b>65-69</b>	76.51	76.51	76.51	76.51	76.51

SERFF Tracking #:

HUMA-128626577

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Kanawha Insurance Company

TOI/Sub-TOI:

H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name:

Hospital Indemnity Policy

Project Name/Number:

Hospital Indemnity Policy/90840

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Letter in Response to Objection1	Approved-Closed	09/04/2012
Comments:			
Attachment(s):			
Response Letter1.pdf			

Kanawha Insurance Company  
1100 Employers Blvd  
Green Bay, WI 54344

Rosalind Minor  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Dear Rosalind Minor,

It is understood that while on one hand the state has the responsibility to protect the consumers, but the state also has the responsibility to regulate company solvency for the good of all policyholders. This plan is clearly exhibiting poor experience, much worse than priced for. The experience of this plan justifies a rate increase well in excess of the 30% we are requesting, yet we are only requesting 30% to address some of the financial difficulties posed by this problem.

We hope that you take this response into consideration when reviewing the rate filing. Please feel free to contact me at 920.337.5476 if you have any questions or concerns.

Sincerely,

Troy Heuer  
Actuarial Analyst  
theuer@humana.com

**SERFF Tracking #:**

HUMA-128626577

**State Tracking #:****Company Tracking #:****State:**

Arkansas

**Filing Company:**

Kanawha Insurance Company

**TOI/Sub-TOI:**

H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

**Product Name:**

Hospital Indemnity Policy

**Project Name/Number:**

Hospital Indemnity Policy/90840

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/09/2012	Rate	AR HI_rates	08/28/2012	AR HI_rates.pdf (Superseded)

**EXHIBIT 2**

**FORM 90840 HOSPITAL INDEMNITY POLICY  
MONTHLY PREMIUM FOR SINGLE COVERAGE  
PRIOR TO THE APPLICATION OF STATE SPECIFIC AREA FACTORS AND TIER FACTORS**

**Base Policy**

Issue	\$250		\$500		\$1,000		\$1,500		\$2,000	
	<u>Male</u>	<u>Female</u>								
<b>Age</b>										
<b>0-44</b>	14.81	23.18	16.90	28.52	21.10	39.19	25.31	49.87	29.51	60.54
<b>45-54</b>	16.91	18.11	20.94	21.92	28.99	29.53	37.05	37.14	45.11	44.75
<b>55-64</b>	20.46	20.86	26.34	26.25	38.10	37.00	49.87	47.75	61.63	58.50
<b>65-69</b>	22.85	23.88	28.52	29.44	39.83	40.58	51.15	51.72	62.48	62.88

**\$50 Optional Daily Benefit Rider**

Issue	\$250		\$500		\$1,000		\$1,500		\$2,000	
	<u>Male</u>	<u>Female</u>								
<b>Age</b>										
<b>0-44</b>	2.04	3.56	2.04	3.56	2.04	3.56	2.04	3.56	2.04	3.56
<b>45-54</b>	4.04	3.55	4.04	3.55	4.04	3.55	4.04	3.55	4.04	3.55
<b>55-64</b>	6.27	5.49	6.27	5.49	6.27	5.49	6.27	5.49	6.27	5.49
<b>65-69</b>	6.67	6.03	6.67	6.03	6.67	6.03	6.67	6.03	6.67	6.03

**\$100 Optional Daily Benefit Rider**

Issue	\$250		\$500		\$1,000		\$1,500		\$2,000	
	<u>Male</u>	<u>Female</u>								
<b>Age</b>										
<b>0-44</b>	4.08	7.14	4.08	7.14	4.08	7.14	4.08	7.14	4.08	7.14
<b>45-54</b>	8.10	7.08	8.10	7.08	8.10	7.08	8.10	7.08	8.10	7.08
<b>55-64</b>	12.52	10.97	12.52	10.97	12.52	10.97	12.52	10.97	12.52	10.97
<b>65-69</b>	13.33	12.06	13.33	12.06	13.33	12.06	13.33	12.06	13.33	12.06

**\$200 Optional Daily Benefit Rider**

Issue	\$250		\$500		\$1,000		\$1,500		\$2,000	
	<u>Male</u>	<u>Female</u>								
<b>Age</b>										
<b>0-44</b>	8.18	14.26	8.18	14.26	8.18	14.26	8.18	14.26	8.18	14.26
<b>45-54</b>	16.20	14.17	16.20	14.17	16.20	14.17	16.20	14.17	16.20	14.17
<b>55-64</b>	25.05	21.96	25.05	21.96	25.05	21.96	25.05	21.96	25.05	21.96
<b>65-69</b>	26.65	24.14	26.65	24.14	26.65	24.14	26.65	24.14	26.65	24.14

**FORM 90840 HOSPITAL INDEMNITY POLICY  
MONTHLY PERMIUMS FOR FAMILY COVERAGE  
PRIOR TO THE APPLICATION OF STATE SPECIFIC AREA FACTORS**

**Base Policy**

<b>Issue</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>
<b><u>Age</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>
<b>0-44</b>	70.85	84.71	112.45	140.21	167.95
<b>45-54</b>	65.31	79.94	109.15	138.37	167.58
<b>55-64</b>	77.08	98.07	140.06	182.05	224.04
<b>65-69</b>	87.17	108.11	149.98	191.88	233.79

**\$50 Optional Daily Benefit Rider**

<b>Issue</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>
<b><u>Age</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>
<b>0-44</b>	10.45	10.45	10.45	10.45	10.45
<b>45-54</b>	14.16	14.16	14.16	14.16	14.16
<b>55-64</b>	21.92	21.92	21.92	21.92	21.92
<b>65-69</b>	23.68	23.68	23.68	23.68	23.68

**\$100 Optional Daily Benefit Rider**

<b>Issue</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>
<b><u>Age</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>
<b>0-44</b>	20.92	20.92	20.92	20.92	20.92
<b>45-54</b>	28.31	28.31	28.31	28.31	28.31
<b>55-64</b>	43.81	43.81	43.81	43.81	43.81
<b>65-69</b>	47.34	47.34	47.34	47.34	47.34

**\$200 Optional Daily Benefit Rider**

<b>Issue</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>
<b><u>Age</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>	<b><u>Unisex</u></b>
<b>0-44</b>	41.84	41.84	41.84	41.84	41.84
<b>45-54</b>	56.64	56.64	56.64	56.64	56.64
<b>55-64</b>	87.67	87.67	87.67	87.67	87.67
<b>65-69</b>	94.73	94.73	94.73	94.73	94.73