

Hospital Indemnity Insurance Plan 2024 Bi-Weekly Group Rates*

\$200 Daily Benefit

Member's Age at Issue	Member	Member & Spouse	Member, Spouse & Children**	Member & Children**
18-29	\$9.76	\$19.36	\$23.68	\$13.92
30-39	11.36	22.88	27.04	15.68
40-49	14.24	28.64	32.96	18.56
50-59	17.60	35.36	39.52	21.92
*60-69	23.20	46.40	50.56	27.36

*Daily benefits will be reduced to \$100 at age 70. Premiums do not reduce.

\$100 Daily Benefit

Member's Age at Issue	Member	Member & Spouse	Member, Spouse & Children**	Member & Children**
18-29	\$4.88	\$9.68	\$11.84	\$6.96
30-39	5.68	11.44	13.52	7.84
40-49	7.12	14.32	16.48	9.28
50-59	8.80	17.68	19.76	10.96
*60-69	11.60	23.20	25.28	13.68

\$75 Daily Benefit

Member's Age at Issue	Member	Member & Spouse	Member, Spouse & Children**	Member & Children**
18-29	\$3.66	\$7.26	\$8.88	\$5.22
30-39	4.26	8.58	10.14	5.88
40-49	5.34	10.74	12.36	6.96
50-59	6.60	13.26	14.82	8.22
*60-69	8.70	17.40	18.96	10.26

\$50 Daily Benefit

Member's Age at Issue	Member	Member & Spouse	Member, Spouse & Children**	Member & Children**
18-29	\$2.44	\$4.84	\$5.92	\$3.48
30-39	2.84	5.72	6.76	3.92
40-49	3.56	7.16	8.24	4.64
50-59	4.40	8.84	9.88	5.48
*60-69	5.80	11.60	12.64	6.84

Daily benefits will be reduced to \$100 at age 70. Premiums do not reduce.

New York Life reserves the right to change the rates on any premium due date and on any date which benefits are changed.

*Rates are current as of 2020

**Coverage for dependent child(ren) is equal to 40% of member's elected daily benefit.