

## **Sample Rate Sheet**

Rate Sheet prepared by Web User on 5/15/2010 7:10:54 PM Kentucky Direct Premium Rates are Monthly for Industry Class C

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy benefits and limitations, please refer to the accompanying product brochure for each insurance policy listed below.

#### ACCIDENT INDEMNITY ADVANTAGE ACCIDENT ESSENTIALS - Series A-35B24

		Premium
18-64	INDIVIDUAL	\$29.12
18-64	HUSBAND WIFE	\$38.22
18-64	ONE-PARENT FAMILY	\$42.64
18-64	TWO-PARENT FAMILY	\$54.86

#### **HOSPITAL PROTECTION PLAN ONE - Series A46100**

	Individual		One Parent Family		Insured/Spouse		Two Parent Family	
Age	Premium	Total	Premium	Total	Premium	Total	Premium	Total
18-39	\$34.84	\$34.84	\$49.40	\$49.40	\$63.31	\$63.31	\$71.76	\$71.76
40-49	\$40.95	\$40.95	\$53.17	\$53.17	\$68.38	\$68.38	\$74.23	\$74.23
50-59	\$53.43	\$53.43	\$63.18	\$63.18	\$90.61	\$90.61	\$99.19	\$99.19
60-64	\$67.21	\$67.21	\$85.54	\$85.54	\$111.93	\$111.93	\$124.02	\$124.02

## PERSONAL SICKNESS INDEMNITY LEVEL ONE - Series A-45100

	Individual		One Parent Family		Insured/Spouse		Two Parent Family	
Age	Premium	Total	Premium	Total	Premium	Total	Premium	Total
18-39	\$29.40	\$29.40	\$37.60	\$37.60	\$45.70	\$45.70	\$50.20	\$50.20
40-49	\$34.80	\$34.80	\$42.40	\$42.40	\$49.90	\$49.90	\$55.80	\$55.80
50-59	\$46.20	\$46.20	\$55.30	\$55.30	\$64.30	\$64.30	\$69.70	\$69.70
60-64	\$60.40	\$60.40	\$71.20	\$71.20	\$81.90	\$81.90	\$84.60	\$84.60

# **TERM TO AGE 25 - Series A8848T25**

Age	Value	Premium
0-24	\$10,000.00	\$4.08

## **DENTAL STANDARD - Series A-81200**

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-49	\$39.90	\$76.80	\$77.80	\$116.10
50-64	\$47.90	\$92.20	\$93.40	\$139.30