

**2018 Hospital Indemnity Insurance Plan
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

Rates are current as of 2018.

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

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