

GROUP HOSPITAL INDEMNITY INSURANCE PLAN

Bi-Weekly Premium Rates

\$200 Daily Benefit*

Age	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

\$100 Daily Benefit

Age	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

Age	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

Age	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. Coverage for dependent children is equal to 40% of Member's elected daily benefit.

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