

Senior Choice monthly premiums for Florida

Our Hospital Indemnity insurance coverage is designed to pay the policyholder specific benefit amounts for a range of hospital-related services and costs. The Senior Choice product is designed for customers 50 and older, and includes benefits for: Ambulance transportation, emergency room (ER) visits, hospital admission, hospital confinement, observation room use, and skilled nursing facilities.

Senior Choice plan options

This product offers three plans with an increasing amount of benefits for your customers to choose from: Senior Choice Plan One (SC1), Senior Choice Plan Two (SC2), and Senior Choice Plan Three (SC3). Once a plan is selected, your customer can choose from various benefit amount options that determine how much the plan will reimburse the policyholder if a covered service or event occurs.

Benefit	SC1	SC2	SC3	Notes
Hospital Confinement (per day)	X	X	X	Daily benefit between \$100 and \$450, available in \$25 increments. 6 and 10-day benefit period available.
Observation Room		X	X	\$100 per day. Limited to 2 visits per year.
Skilled Nursing Facility (per day)		X	X	\$100 for days 21–100.
Hospital Admission			X	Option 1: \$250, Option 2: \$500, Option 3: \$750.
Ambulance (air)			X	Lump sum benefit \$150. Limited to 2 visits per year combined with ground.
Ambulance (ground)			X	Lump sum benefit \$150. Limited to 2 visits per year combined with air.
Emergency Room			X	Lump sum benefit \$50. Limited to 2 visits per year.

X means that the plan covers 100% of the benefit.

Senior Choice Plan One benefit amounts

Benefit	Benefit options
Hospital Confinement	\$100–\$450; choice of benefit in \$25 increments.

Senior Choice Plan Two benefit amounts

Benefit	Benefit options
Hospital Confinement	\$100–\$450; choice of benefit in \$25 increments.
Observation Room	\$100
Skilled Nursing Facility	\$100

Senior Choice Plan Three benefit amounts

Benefit	Benefit options
Hospital Confinement	\$100–\$450; choice of benefit in \$25 increments.
Hospital Admission	\$250–\$750; choice of benefit in \$250 increments.
Observation Room	\$100
Skilled Nursing Facility	\$100
Ambulance Transportation	\$150
Emergency Room Treatment	\$50

Hospital Confinement multiplier

Benefit amount	Multiplier	Benefit amount	Multiplier	Benefit amount	Multiplier
\$100	4	\$225	9	\$350	14
\$125	5	\$250	10	\$375	15
\$150	6	\$275	11	\$400	16
\$175	7	\$300	12	\$425	17
\$200	8	\$325	13	\$450	18

Modal factors

Mode	Bank draft/ Direct bill ¹
Quarterly	3.118
Semiannual	6.118
Annual	11.765

1. Direct bill is not available on a monthly payment mode.

Flexible Choice Hospital Indemnity
Senior Choice monthly premiums for Florida



How to calculate the premiums

All premiums are shown in monthly amounts. To change payment mode, use the modal factors listed on page one. All Hospital Confinement premiums on the next page are based on \$25 increments. Use the table on page one to find the correct multiplier to calculate your customer’s total premium below.

Due to rounding differences, the actual premium charged may differ from the premium shown in these marketing materials.

Senior Choice Plan One

Hospital Confinement premium ² (based on \$25 increments)	\$	_____
Multiplier	X	_____
Hospital Confinement premium total	= \$	_____
Cancer rider	+ \$	_____
Heart & Stroke rider	+ \$	_____
Specified Disease rider	+ \$	_____
Accident Indemnity rider	+ \$	_____
Senior Choice Option One subtotal	= \$	_____
Modal factor	X	_____
TOTAL	= \$	_____

Senior Choice Plan Two

Hospital Confinement premium ² (based on \$25 increments)	\$	_____
Multiplier	X	_____
Hospital Confinement premium total	= \$	_____
Observation Room and Skilled Nursing Facility ²	+ \$	_____
Cancer rider	+ \$	_____
Heart & Stroke rider	+ \$	_____
Specified Disease rider	+ \$	_____
Accident Indemnity rider	+ \$	_____
Senior Choice Option Two subtotal	= \$	_____
Modal factor	X	_____
TOTAL	= \$	_____

Senior Choice Plan Three

Hospital Confinement premium ² (based on \$25 increments)	\$	_____
Multiplier	X	_____
Hospital Confinement premium total	= \$	_____
Hospital Admission ²	+ \$	_____
Observation Room, Skilled Nursing Facility, Ambulance Transportation and Emergency Room Treatment ²	+ \$	_____
Cancer rider	+ \$	_____
Heart & Stroke rider	+ \$	_____
Specified Disease rider	+ \$	_____
Accident Indemnity rider	+ \$	_____
Senior Choice Option Three subtotal	= \$	_____
Modal factor	X	_____
TOTAL	= \$	_____

2. Benefit selection is required.

Flexible Choice Hospital Indemnity
Senior Choice monthly premiums for Florida



Plans One, Two and Three

Six or ten-day benefit included in all options. Choose one.

6-day Hospital Confinement
 Available from \$100–\$450 at increments of \$25.

Issue age	Individual	Couple	One parent family	Family
50	0.87	1.74	1.44	2.45
51	0.92	1.85	1.49	2.56
52	0.98	1.97	1.55	2.68
53	1.05	2.10	1.61	2.80
54	1.12	2.23	1.68	2.94
55	1.19	2.38	1.75	3.09
56	1.27	2.54	1.83	3.25
57	1.35	2.71	1.92	3.42
58	1.45	2.90	2.01	3.61
59	1.55	3.10	2.11	3.81
60	1.66	3.32	2.21	4.02
61	1.77	3.55	2.33	4.25
62	1.90	3.80	2.45	4.51
63	2.03	4.08	2.59	4.78
64	2.17	4.36	2.73	5.06
65	2.32	4.65	2.87	5.35
66	2.47	4.95	3.02	5.65
67	2.62	5.26	3.17	5.96
68	2.79	5.59	3.33	6.29
69	2.96	5.93	3.50	6.63
70	3.14	6.28	3.68	6.98
71	3.32	6.66	3.86	7.36
72	3.52	7.06	4.06	7.75
73	3.73	7.49	4.27	8.18
74	3.95	7.92	4.48	8.61
75	4.17	8.37	4.70	9.06
76	4.40	8.83	4.93	9.52
77	4.64	9.31	5.16	10.00
78	4.89	9.81	5.41	10.50
79	5.15	10.33	5.66	11.01
80	5.41	10.85	5.92	11.54
81	5.68	11.39	6.18	12.08
82	5.96	11.96	6.46	12.64
83	6.26	12.55	6.75	13.23
84	6.55	13.13	7.04	13.81
85	6.82	13.68	7.31	14.35

10-day Hospital Confinement
 Available from \$100–\$450 at increments of \$25.

Issue age	Individual	Couple	One parent family	Family
50	0.98	1.96	1.64	2.78
51	1.04	2.09	1.70	2.91
52	1.11	2.22	1.76	3.04
53	1.18	2.37	1.84	3.19
54	1.26	2.53	1.91	3.34
55	1.35	2.69	1.99	3.51
56	1.43	2.87	2.08	3.69
57	1.53	3.07	2.18	3.88
58	1.64	3.28	2.28	4.09
59	1.75	3.51	2.40	4.32
60	1.87	3.75	2.52	4.56
61	2.00	4.01	2.65	4.83
62	2.15	4.30	2.79	5.11
63	2.30	4.61	2.94	5.42
64	2.46	4.93	3.09	5.74
65	2.62	5.25	3.26	6.06
66	2.79	5.59	3.42	6.40
67	2.97	5.94	3.60	6.75
68	3.15	6.32	3.78	7.12
69	3.34	6.70	3.97	7.51
70	3.54	7.10	4.17	7.91
71	3.76	7.53	4.38	8.33
72	3.98	7.98	4.60	8.78
73	4.22	8.46	4.84	9.26
74	4.47	8.95	5.08	9.75
75	4.72	9.46	5.33	10.26
76	4.98	9.98	5.58	10.78
77	5.25	10.52	5.85	11.32
78	5.53	11.10	6.13	11.89
79	5.82	11.68	6.41	12.47
80	6.12	12.27	6.70	13.06
81	6.42	12.88	7.00	13.67
82	6.74	13.52	7.32	14.31
83	7.08	14.19	7.65	14.98
84	7.40	14.84	7.97	15.62
85	7.71	15.46	8.27	16.24

Flexible Choice Hospital Indemnity
Senior Choice monthly premiums for Florida



Plan Two

Hospital Observation and Skilled Nursing Facility

Issue age	Individual	Couple	One parent family	Family
50	2.04	4.06	2.63	4.78
51	2.16	4.31	2.76	5.03
52	2.30	4.58	2.89	5.30
53	2.44	4.87	3.04	5.59
54	2.60	5.19	3.20	5.91
55	2.78	5.54	3.37	6.26
56	2.97	5.92	3.56	6.64
57	3.18	6.35	3.78	7.06
58	3.42	6.82	4.01	7.53
59	3.67	7.33	4.27	8.05
60	3.96	7.90	4.56	8.61
61	4.27	8.53	4.88	9.24
62	4.63	9.23	5.23	9.95
63	5.02	10.02	5.63	10.73
64	5.44	10.84	6.05	11.56
65	5.87	11.72	6.49	12.43
66	6.34	12.65	6.96	13.36
67	6.84	13.64	7.47	14.35
68	7.38	14.72	8.01	15.43
69	7.97	15.89	8.60	16.60
70	8.60	17.15	9.25	17.86
71	9.30	18.54	9.95	19.25
72	10.08	20.08	10.73	20.79
73	10.94	21.81	11.61	22.51
74	11.86	23.62	12.53	24.33
75	12.83	25.56	13.51	26.27
76	13.88	27.66	14.57	28.36
77	15.03	29.95	15.74	30.65
78	16.30	32.49	17.02	33.18
79	17.63	35.13	18.36	35.83
80	19.04	37.94	19.78	38.63
81	20.55	40.95	21.30	41.65
82	22.21	44.26	22.98	44.95
83	24.04	47.90	24.81	48.59
84	25.81	51.42	26.59	52.11
85	27.50	54.80	28.30	55.49

Flexible Choice Hospital Indemnity
Senior Choice monthly premiums for Florida



Plan Three

Hospital Admission
 \$250 benefit

Issue age	Individual	Couple	One parent family	Family
50	3.15	6.30	5.52	9.26
51	3.32	6.65	5.69	9.60
52	3.51	7.02	5.87	9.98
53	3.71	7.43	6.07	10.37
54	3.92	7.85	6.27	10.80
55	4.14	8.31	6.50	11.25
56	4.39	8.80	6.74	11.74
57	4.65	9.33	7.00	12.27
58	4.94	9.90	7.28	12.84
59	5.24	10.51	7.58	13.45
60	5.57	11.16	7.91	14.10
61	5.92	11.86	8.25	14.80
62	6.30	12.63	8.63	15.56
63	6.71	13.45	9.04	16.38
64	7.13	14.29	9.45	17.22
65	7.56	15.15	9.88	18.08
66	8.00	16.04	10.32	18.96
67	8.46	16.95	10.77	19.88
68	8.94	17.91	11.25	20.83
69	9.43	18.90	11.73	21.81
70	9.94	19.92	12.24	22.84
71	10.48	21.00	12.77	23.91
72	11.05	22.15	13.34	25.05
73	11.66	23.37	13.94	26.26
74	12.28	24.61	14.55	27.51
75	12.92	25.90	15.19	28.79
76	13.59	27.24	15.85	30.12
77	14.30	28.65	16.54	31.53
78	15.04	30.15	17.28	33.02
79	15.80	31.68	18.03	34.54
80	16.59	33.25	18.80	36.11
81	17.41	34.89	19.61	37.74
82	18.27	36.62	20.47	39.46
83	19.19	38.46	21.37	41.29
84	20.07	40.23	22.25	43.05
85	20.92	41.93	23.09	44.74

Hospital Admission
 \$500 benefit

Issue age	Individual	Couple	One parent family	Family
50	6.29	12.61	11.04	18.51
51	6.64	13.30	11.37	19.21
52	7.01	14.05	11.74	19.95
53	7.41	14.85	12.13	20.75
54	7.83	15.70	12.55	21.60
55	8.29	16.61	12.99	22.51
56	8.78	17.59	13.48	23.48
57	9.30	18.65	14.00	24.54
58	9.88	19.80	14.57	25.69
59	10.49	21.02	15.17	26.90
60	11.14	22.33	15.81	28.20
61	11.84	23.73	16.51	29.60
62	12.60	25.25	17.26	31.12
63	13.42	26.90	18.08	32.76
64	14.26	28.58	18.91	34.44
65	15.12	30.30	19.76	36.16
66	16.00	32.07	20.64	37.92
67	16.92	33.91	21.55	39.75
68	17.87	35.82	22.49	41.66
69	18.86	37.79	23.47	43.62
70	19.88	39.85	24.48	45.67
71	20.96	42.01	25.55	47.82
72	22.10	44.29	26.68	50.10
73	23.32	46.73	27.88	52.53
74	24.56	49.23	29.10	55.01
75	25.85	51.80	30.37	57.58
76	27.18	54.48	31.69	60.24
77	28.59	57.31	33.08	63.06
78	30.09	60.30	34.55	66.04
79	31.61	63.36	36.06	69.08
80	33.18	66.50	37.61	72.21
81	34.81	69.78	39.22	75.47
82	36.54	73.24	40.93	78.92
83	38.38	76.91	42.75	82.58
84	40.15	80.46	44.50	86.11
85	41.84	83.85	46.18	89.49

Flexible Choice Hospital Indemnity
Senior Choice monthly premiums for Florida



Plan Three

Hospital Admission
 \$750 benefit

Issue age	Individual	Couple	One parent family	Family
50	9.44	18.91	16.55	27.77
51	9.96	19.96	17.06	28.81
52	10.52	21.07	17.61	29.93
53	11.12	22.28	18.20	31.12
54	11.75	23.55	18.82	32.40
55	12.43	24.92	19.49	33.76
56	13.16	26.39	20.21	35.23
57	13.95	27.98	21.00	36.81
58	14.81	29.70	21.85	38.53
59	15.73	31.53	22.75	40.35
60	16.70	33.49	23.72	42.30
61	17.76	35.59	24.76	44.40
62	18.89	37.88	25.89	46.68
63	20.13	40.35	27.12	49.15
64	21.39	42.87	28.36	51.66
65	22.68	45.45	29.64	54.23
66	24.00	48.11	30.96	56.88
67	25.38	50.86	32.32	59.63
68	26.81	53.73	33.74	62.48
69	28.29	56.69	35.20	65.43
70	29.83	59.77	36.73	68.51
71	31.44	63.01	38.32	71.73
72	33.15	66.44	40.02	75.15
73	34.98	70.10	41.81	78.79
74	36.84	73.84	43.66	82.52
75	38.77	77.70	45.56	86.36
76	40.78	81.72	47.54	90.37
77	42.89	85.96	49.62	94.59
78	45.13	90.45	51.83	99.06
79	47.41	95.03	54.09	103.62
80	49.77	99.75	56.41	108.32
81	52.22	104.66	58.83	113.21
82	54.81	109.86	61.40	118.38
83	57.57	115.37	64.12	123.87
84	60.22	120.69	66.75	129.16
85	62.76	125.78	69.27	134.23

**Hospital Observation, Skilled Nursing Facility,
 Ambulance and Emergency Room**

Issue age	Individual	Couple	One parent family	Family
50	3.72	7.43	6.55	10.90
51	3.93	7.84	6.75	11.31
52	4.15	8.28	6.97	11.76
53	4.39	8.77	7.21	12.24
54	4.66	9.30	7.48	12.77
55	4.95	9.88	7.77	13.35
56	5.27	10.53	8.09	14.00
57	5.64	11.25	8.45	14.72
58	6.04	12.06	8.86	15.52
59	6.48	12.95	9.30	16.41
60	6.98	13.94	9.80	17.40
61	7.53	15.04	10.35	18.50
62	8.15	16.28	10.97	19.73
63	8.85	17.67	11.67	21.12
64	9.57	19.10	12.40	22.55
65	10.32	20.59	13.15	24.04
66	11.10	22.16	13.94	25.60
67	11.93	23.80	14.77	27.24
68	12.81	25.55	15.66	28.99
69	13.75	27.42	16.60	30.85
70	14.76	29.44	17.62	32.87
71	15.87	31.65	18.74	35.07
72	17.09	34.08	19.96	37.50
73	18.44	36.77	21.32	40.18
74	19.86	39.61	22.75	43.02
75	21.38	42.63	24.28	46.03
76	23.01	45.89	25.92	49.28
77	24.80	49.45	27.72	52.84
78	26.77	53.38	29.70	56.76
79	28.83	57.48	31.77	60.85
80	31.00	61.81	33.95	65.17
81	33.33	66.46	36.30	69.82
82	35.89	71.55	38.86	74.90
83	38.69	77.15	41.68	80.48
84	41.41	82.56	44.41	85.89
85	44.01	87.76	47.03	91.07

Riders

All rates shown are for the benefit amount of \$1,000
 Riders are available in benefit amounts from \$5,000–\$50,000.

Lump Sum Cancer and Recurrence Rider³

Issue age	Individual	Couple	One parent family	Family
50–54	1.50	2.60	1.55	2.70
55–59	1.95	3.45	2.05	3.55
60–64	2.50	4.45	2.60	4.50
65–69	3.05	5.40	3.15	5.50
70–74	3.50	6.20	3.60	6.25
75–79	3.60	6.35	3.70	6.45
80–84	3.70	6.55	3.75	6.60
85	3.80	6.70	3.85	6.75
Payroll	N/A	N/A	N/A	N/A

Lump Sum Heart Attack, Stroke and Restoration Rider³

Issue age	Individual	Couple	One parent family	Family
50–54	1.35	2.40	1.40	2.45
55–59	1.80	3.20	1.85	3.25
60–64	2.40	4.25	2.45	4.30
65–69	3.15	5.50	3.20	5.55
70–74	4.05	7.10	4.10	7.15
75–79	4.95	8.75	5.00	8.80
80–84	5.80	10.30	5.85	10.35
85	6.60	11.70	6.65	11.75
Payroll	N/A	N/A	N/A	N/A

Specified Disease Rider⁴

Issue age	Premium
Child	0.10
18–29	0.14
30–34	0.16
35–39	0.16
40–44	0.18
45–49	0.19
50–54	0.22
55–59	0.26
60–64	0.28
65–69	0.32
70–74	0.39
75–80	0.44

Need to find a rider rate not listed?

Find the issue age of the applicant. Multiply the rate shown by the desired benefit amount per thousand to find your rate.

Example

\$15K Cancer benefit for a 55-year old individual.

$\$1.95 \times 15 = \29.25 per month.

3. Premiums for the base policy, Lump Sum Cancer and Recurrence rider, Lump Sum Heart Attack, Stroke and Restoration rider, and Accident Fixed Indemnity rider are calculated based on the oldest applicant.
 4. Premiums for the Specified Disease rider are calculated and determined for each person insured and based on each applicant’s age. A dependent child is allowed the child rate up to age 26.

Flexible Choice Hospital Indemnity
Senior Choice monthly premiums for Florida



Accident Fixed Indemnity rider³

Issue age	Prime				Advantage				Supreme			
	Individual	Couple	One parent family	Family	Individual	Couple	One parent family	Family	Individual	Couple	One parent family	Family
50-54	9.00	15.50	18.25	24.50	10.50	18.00	21.25	28.50	13.25	22.75	26.75	36.00
55-59	10.25	17.50	20.50	27.75	12.00	20.25	23.75	32.00	15.25	26.00	30.50	41.25
60-64	12.00	20.50	24.25	32.75	13.75	23.50	27.75	37.25	18.00	30.75	36.00	48.75
65-69	16.50	28.00	33.00	44.50	18.50	31.50	37.00	50.00	24.75	42.00	49.50	67.00
70-74	22.00	37.25	44.00	59.25	24.25	41.25	48.50	65.50	33.25	56.50	66.50	89.75