



MEDICO®
INSURANCE COMPANY

Medico Hospital Indemnity Insurance

MONTHLY AUTOMATIC BANK WITHDRAWAL PREMIUMS

BASE FORM - HIA63

Missouri

Rates Effective: February 1, 2019

Note: Enrollments using a credit or debit card for premium payments must be submitted electronically.
Paper applications cannot contain credit or debit card information.

Base Option - Hospital Confinement Benefit

Monthly - Automatic Bank Withdrawal - Rates Per \$25/Day Benefit

AVAILABLE UNITS - 4 to 24 (\$100 to \$600/Day in \$25 Increments)

Issue Age	SINGLE RATES							
	Maximum Hospital Confinement Period							
	6 Days		7 Days		8 Days		9 Days	
	Male	Female	Male	Female	Male	Female	Male	Female
40	\$0.83	\$0.87	\$0.92	\$0.97	\$1.01	\$1.06	\$1.09	\$1.15
41	\$0.85	\$0.88	\$0.95	\$0.99	\$1.04	\$1.08	\$1.13	\$1.17
42	\$0.88	\$0.90	\$0.98	\$1.01	\$1.07	\$1.10	\$1.16	\$1.19
43	\$0.90	\$0.92	\$1.01	\$1.03	\$1.10	\$1.12	\$1.19	\$1.22
44	\$0.93	\$0.94	\$1.04	\$1.05	\$1.14	\$1.15	\$1.23	\$1.24
45	\$0.96	\$0.96	\$1.06	\$1.07	\$1.17	\$1.17	\$1.26	\$1.26
46	\$1.00	\$0.99	\$1.11	\$1.10	\$1.22	\$1.20	\$1.32	\$1.30
47	\$1.04	\$1.02	\$1.16	\$1.13	\$1.27	\$1.24	\$1.38	\$1.34
48	\$1.09	\$1.04	\$1.21	\$1.16	\$1.33	\$1.28	\$1.44	\$1.38
49	\$1.13	\$1.07	\$1.26	\$1.20	\$1.38	\$1.31	\$1.49	\$1.42
50	\$1.17	\$1.10	\$1.31	\$1.23	\$1.43	\$1.35	\$1.55	\$1.46
51	\$1.22	\$1.13	\$1.36	\$1.26	\$1.49	\$1.39	\$1.61	\$1.50
52	\$1.26	\$1.16	\$1.41	\$1.30	\$1.54	\$1.42	\$1.67	\$1.54
53	\$1.31	\$1.19	\$1.45	\$1.33	\$1.59	\$1.46	\$1.72	\$1.58
54	\$1.35	\$1.22	\$1.50	\$1.36	\$1.65	\$1.49	\$1.78	\$1.62
55	\$1.39	\$1.25	\$1.55	\$1.40	\$1.70	\$1.53	\$1.84	\$1.66
56	\$1.43	\$1.29	\$1.60	\$1.43	\$1.75	\$1.57	\$1.89	\$1.70
57	\$1.47	\$1.32	\$1.64	\$1.47	\$1.80	\$1.61	\$1.95	\$1.74
58	\$1.51	\$1.35	\$1.69	\$1.51	\$1.85	\$1.65	\$2.00	\$1.78
59	\$1.55	\$1.38	\$1.73	\$1.54	\$1.90	\$1.69	\$2.05	\$1.83
60	\$1.59	\$1.42	\$1.78	\$1.58	\$1.95	\$1.73	\$2.11	\$1.87
61	\$1.63	\$1.45	\$1.82	\$1.61	\$2.00	\$1.77	\$2.16	\$1.91
62	\$1.67	\$1.48	\$1.87	\$1.65	\$2.04	\$1.81	\$2.21	\$1.96
63	\$1.72	\$1.52	\$1.92	\$1.70	\$2.10	\$1.86	\$2.27	\$2.01
64	\$1.77	\$1.56	\$1.97	\$1.74	\$2.16	\$1.91	\$2.33	\$2.07
65	\$1.81	\$1.60	\$2.02	\$1.79	\$2.22	\$1.96	\$2.40	\$2.12
66	\$1.86	\$1.65	\$2.07	\$1.83	\$2.27	\$2.01	\$2.46	\$2.17
67	\$1.91	\$1.69	\$2.13	\$1.88	\$2.33	\$2.06	\$2.52	\$2.23
68	\$1.97	\$1.74	\$2.20	\$1.94	\$2.41	\$2.12	\$2.60	\$2.30
69	\$2.03	\$1.79	\$2.27	\$2.00	\$2.48	\$2.19	\$2.69	\$2.37
70	\$2.10	\$1.85	\$2.34	\$2.06	\$2.56	\$2.25	\$2.77	\$2.44
71	\$2.16	\$1.90	\$2.41	\$2.12	\$2.64	\$2.32	\$2.85	\$2.51
72	\$2.22	\$1.95	\$2.48	\$2.18	\$2.72	\$2.38	\$2.94	\$2.58
73	\$2.31	\$2.03	\$2.57	\$2.26	\$2.82	\$2.47	\$3.05	\$2.68
74	\$2.40	\$2.10	\$2.67	\$2.34	\$2.93	\$2.56	\$3.17	\$2.77
75	\$2.48	\$2.17	\$2.77	\$2.42	\$3.03	\$2.65	\$3.28	\$2.87
76	\$2.57	\$2.25	\$2.86	\$2.50	\$3.14	\$2.74	\$3.39	\$2.97
77	\$2.66	\$2.32	\$2.96	\$2.59	\$3.24	\$2.84	\$3.51	\$3.07
78	\$2.76	\$2.40	\$3.07	\$2.67	\$3.37	\$2.93	\$3.64	\$3.17
79	\$2.86	\$2.48	\$3.18	\$2.76	\$3.49	\$3.03	\$3.77	\$3.28
80	\$2.96	\$2.56	\$3.29	\$2.85	\$3.61	\$3.12	\$3.90	\$3.38
81	\$3.05	\$2.64	\$3.40	\$2.94	\$3.73	\$3.22	\$4.04	\$3.48
82	\$3.15	\$2.72	\$3.52	\$3.03	\$3.85	\$3.32	\$4.17	\$3.59
83	\$3.26	\$2.80	\$3.63	\$3.12	\$3.98	\$3.42	\$4.30	\$3.70
84	\$3.36	\$2.88	\$3.75	\$3.21	\$4.11	\$3.52	\$4.44	\$3.81
85	\$3.47	\$2.97	\$3.87	\$3.31	\$4.24	\$3.63	\$4.59	\$3.92

Bank Draft	
Monthly	1
Quarterly	3.000
Semi-Annual	6.000
Annual	12.000

Direct Bill	
Monthly	N/A
Quarterly	3.240
Semi-Annual	6.240
Annual	12.000

Credit Card	
Monthly	1.032
Quarterly	3.096
Semi-Annual	6.180
Annual	12.360

An applicant is eligible for a household discount if he/she lives in the same household with another person over 18 years of age, regardless of whether both apply for coverage.

Household Discount Factor
.93

Base Option - Hospital Confinement Benefit

Monthly - Automatic Bank Withdrawal - Rates Per \$25/Day Benefit

AVAILABLE UNITS - 4 to 24 (\$100 to \$600/Day in \$25 Increments)

Issue Age	SINGLE RATES					
	Maximum Hospital Confinement Period					
	10 Days		21 Days		31 Days	
	Male	Female	Male	Female	Male	Female
40	\$1.17	\$1.23	\$1.72	\$1.80	\$1.94	\$2.04
41	\$1.20	\$1.25	\$1.77	\$1.84	\$2.00	\$2.08
42	\$1.24	\$1.28	\$1.82	\$1.88	\$2.06	\$2.12
43	\$1.28	\$1.30	\$1.88	\$1.91	\$2.12	\$2.16
44	\$1.31	\$1.33	\$1.93	\$1.95	\$2.18	\$2.20
45	\$1.35	\$1.35	\$1.99	\$1.99	\$2.24	\$2.24
46	\$1.41	\$1.39	\$2.08	\$2.05	\$2.35	\$2.31
47	\$1.47	\$1.44	\$2.17	\$2.11	\$2.45	\$2.38
48	\$1.54	\$1.48	\$2.26	\$2.17	\$2.55	\$2.45
49	\$1.60	\$1.52	\$2.35	\$2.23	\$2.65	\$2.52
50	\$1.66	\$1.56	\$2.44	\$2.29	\$2.76	\$2.59
51	\$1.72	\$1.60	\$2.53	\$2.36	\$2.86	\$2.66
52	\$1.78	\$1.64	\$2.62	\$2.42	\$2.96	\$2.73
53	\$1.84	\$1.69	\$2.71	\$2.48	\$3.06	\$2.80
54	\$1.91	\$1.73	\$2.80	\$2.54	\$3.17	\$2.87
55	\$1.97	\$1.77	\$2.89	\$2.60	\$3.27	\$2.94
56	\$2.03	\$1.82	\$2.98	\$2.67	\$3.36	\$3.02
57	\$2.08	\$1.86	\$3.06	\$2.74	\$3.46	\$3.10
58	\$2.14	\$1.91	\$3.14	\$2.81	\$3.55	\$3.17
59	\$2.20	\$1.96	\$3.23	\$2.88	\$3.65	\$3.25
60	\$2.25	\$2.00	\$3.31	\$2.94	\$3.74	\$3.33
61	\$2.31	\$2.05	\$3.40	\$3.01	\$3.84	\$3.40
62	\$2.37	\$2.09	\$3.48	\$3.08	\$3.93	\$3.48
63	\$2.43	\$2.15	\$3.58	\$3.16	\$4.04	\$3.58
64	\$2.50	\$2.21	\$3.67	\$3.25	\$4.15	\$3.67
65	\$2.56	\$2.27	\$3.77	\$3.33	\$4.26	\$3.77
66	\$2.63	\$2.33	\$3.87	\$3.42	\$4.37	\$3.86
67	\$2.70	\$2.38	\$3.96	\$3.50	\$4.48	\$3.96
68	\$2.79	\$2.46	\$4.09	\$3.61	\$4.63	\$4.08
69	\$2.87	\$2.53	\$4.23	\$3.72	\$4.78	\$4.21
70	\$2.96	\$2.61	\$4.36	\$3.84	\$4.92	\$4.33
71	\$3.05	\$2.68	\$4.49	\$3.95	\$5.07	\$4.46
72	\$3.14	\$2.76	\$4.62	\$4.06	\$5.22	\$4.58
73	\$3.27	\$2.86	\$4.80	\$4.21	\$5.42	\$4.76
74	\$3.39	\$2.97	\$4.98	\$4.36	\$5.63	\$4.93
75	\$3.51	\$3.07	\$5.16	\$4.52	\$5.83	\$5.10
76	\$3.63	\$3.18	\$5.34	\$4.67	\$6.03	\$5.28
77	\$3.75	\$3.28	\$5.52	\$4.82	\$6.24	\$5.45
78	\$3.90	\$3.39	\$5.73	\$4.99	\$6.47	\$5.64
79	\$4.04	\$3.50	\$5.93	\$5.15	\$6.70	\$5.82
80	\$4.18	\$3.62	\$6.14	\$5.32	\$6.94	\$6.01
81	\$4.32	\$3.73	\$6.35	\$5.48	\$7.17	\$6.19
82	\$4.46	\$3.84	\$6.55	\$5.64	\$7.41	\$6.38
83	\$4.60	\$3.95	\$6.77	\$5.81	\$7.65	\$6.57
84	\$4.75	\$4.07	\$6.99	\$5.99	\$7.90	\$6.77
85	\$4.91	\$4.20	\$7.22	\$6.17	\$8.16	\$6.97

Bank Draft	
Monthly	1
Quarterly	3.000
Semi-Annual	6.000
Annual	12.000

Direct Bill	
Monthly	N/A
Quarterly	3.240
Semi-Annual	6.240
Annual	12.000

Credit Card	
Monthly	1.032
Quarterly	3.096
Semi-Annual	6.180
Annual	12.360

An applicant is eligible for a household discount if he/she lives in the same household with another person over 18 years of age, regardless of whether both apply for coverage.

Household Discount Factor
.93

Optional Riders

Monthly - Automatic Bank Withdrawal Rates

Issue Age	SINGLE RATES					
	Ambulance		Urgent Care		Lump Sum Cancer	
	\$250/Day 4 Days Per Year		\$50/Day 4 Days Per Year		Per \$500 Benefit Available Units: 2, 5, 10, 15 or 20	
	Male	Female	Male	Female	Male	Female
40	\$1.83	\$1.94	\$5.22	\$5.22	\$0.39	\$0.45
41	\$1.89	\$1.98	\$5.17	\$5.16	\$0.42	\$0.47
42	\$1.94	\$2.01	\$5.11	\$5.11	\$0.44	\$0.49
43	\$2.00	\$2.05	\$5.06	\$5.06	\$0.47	\$0.51
44	\$2.05	\$2.08	\$5.01	\$5.00	\$0.49	\$0.53
45	\$2.10	\$2.12	\$4.96	\$4.95	\$0.52	\$0.55
46	\$2.19	\$2.17	\$4.93	\$4.92	\$0.56	\$0.57
47	\$2.28	\$2.23	\$4.90	\$4.89	\$0.61	\$0.60
48	\$2.37	\$2.29	\$4.87	\$4.86	\$0.65	\$0.62
49	\$2.45	\$2.34	\$4.84	\$4.83	\$0.70	\$0.65
50	\$2.54	\$2.40	\$4.82	\$4.80	\$0.74	\$0.67
51	\$2.63	\$2.46	\$4.79	\$4.77	\$0.79	\$0.70
52	\$2.72	\$2.51	\$4.76	\$4.74	\$0.83	\$0.72
53	\$2.80	\$2.57	\$4.73	\$4.71	\$0.88	\$0.74
54	\$2.90	\$2.63	\$4.71	\$4.69	\$0.92	\$0.77
55	\$2.98	\$2.68	\$4.68	\$4.66	\$0.97	\$0.79
56	\$3.08	\$2.77	\$4.65	\$4.63	\$1.02	\$0.82
57	\$3.19	\$2.86	\$4.63	\$4.60	\$1.07	\$0.84
58	\$3.29	\$2.94	\$4.60	\$4.58	\$1.13	\$0.86
59	\$3.40	\$3.03	\$4.57	\$4.55	\$1.18	\$0.89
60	\$3.50	\$3.12	\$4.55	\$4.52	\$1.23	\$0.91
61	\$3.60	\$3.20	\$4.52	\$4.50	\$1.29	\$0.93
62	\$3.70	\$3.29	\$4.50	\$4.47	\$1.34	\$0.95
63	\$3.81	\$3.38	\$4.47	\$4.44	\$1.39	\$0.97
64	\$3.92	\$3.47	\$4.44	\$4.41	\$1.44	\$0.99
65	\$4.02	\$3.55	\$4.42	\$4.38	\$1.49	\$1.01
66	\$4.13	\$3.64	\$4.39	\$4.35	\$1.54	\$1.02
67	\$4.23	\$3.73	\$4.36	\$4.32	\$1.59	\$1.04
68	\$4.37	\$3.85	\$4.35	\$4.31	\$1.64	\$1.06
69	\$4.50	\$3.96	\$4.35	\$4.30	\$1.69	\$1.08
70	\$4.63	\$4.08	\$4.34	\$4.29	\$1.74	\$1.09
71	\$4.77	\$4.19	\$4.33	\$4.28	\$1.79	\$1.11
72	\$4.90	\$4.31	\$4.32	\$4.26	\$1.84	\$1.13
73	\$5.09	\$4.47	\$4.33	\$4.27	\$1.88	\$1.15
74	\$5.28	\$4.63	\$4.34	\$4.28	\$1.92	\$1.18
75	\$5.47	\$4.79	\$4.35	\$4.28	\$1.96	\$1.20
76	\$5.65	\$4.95	\$4.37	\$4.29	\$2.01	\$1.22
77	\$5.84	\$5.10	\$4.38	\$4.30	\$2.05	\$1.24
78	\$6.06	\$5.28	\$4.39	\$4.30	\$2.08	\$1.26
79	\$6.28	\$5.45	\$4.41	\$4.31	\$2.11	\$1.27
80	\$6.49	\$5.62	\$4.42	\$4.31		
81	\$6.70	\$5.79	\$4.43	\$4.32		
82	\$6.92	\$5.95	\$4.45	\$4.32		
83	\$7.14	\$6.13	\$4.46	\$4.33		
84	\$7.37	\$6.31	\$4.48	\$4.34		
85	\$7.61	\$6.50	\$4.49	\$4.34		

Bank Draft	
Monthly	1
Quarterly	3.000
Semi-Annual	6.000
Annual	12.000

Direct Bill	
Monthly	N/A
Quarterly	3.240
Semi-Annual	6.240
Annual	12.000

Credit Card	
Monthly	1.032
Quarterly	3.096
Semi-Annual	6.180
Annual	12.360

An applicant is eligible for a household discount if he/she lives in the same household with another person over 18 years of age, regardless of whether both apply for coverage.

Household Discount Factor
.93

Optional Riders

Monthly - Automatic Bank Withdrawal Rates

Issue Age	SINGLE RATES					
	Lump Sum Hospital Confinement Per \$50 Benefit - Available Units: 5, 10 or 15					
	1 Confinement		2 Confinements		3 Confinements	
	Male	Female	Male	Female	Male	Female
40	\$0.53	\$0.56	\$0.61	\$0.64	\$0.69	\$0.72
41	\$0.55	\$0.57	\$0.63	\$0.65	\$0.71	\$0.74
42	\$0.57	\$0.58	\$0.65	\$0.67	\$0.73	\$0.76
43	\$0.58	\$0.59	\$0.67	\$0.68	\$0.76	\$0.77
44	\$0.60	\$0.61	\$0.69	\$0.70	\$0.78	\$0.79
45	\$0.62	\$0.62	\$0.71	\$0.71	\$0.80	\$0.80
46	\$0.65	\$0.64	\$0.75	\$0.74	\$0.85	\$0.83
47	\$0.68	\$0.66	\$0.79	\$0.76	\$0.89	\$0.86
48	\$0.72	\$0.69	\$0.82	\$0.79	\$0.93	\$0.89
49	\$0.75	\$0.71	\$0.86	\$0.81	\$0.97	\$0.92
50	\$0.78	\$0.73	\$0.90	\$0.84	\$1.01	\$0.95
51	\$0.81	\$0.75	\$0.94	\$0.87	\$1.06	\$0.98
52	\$0.85	\$0.78	\$0.97	\$0.89	\$1.10	\$1.01
53	\$0.88	\$0.80	\$1.01	\$0.92	\$1.14	\$1.04
54	\$0.91	\$0.82	\$1.05	\$0.94	\$1.18	\$1.07
55	\$0.94	\$0.85	\$1.08	\$0.97	\$1.22	\$1.10
56	\$0.98	\$0.88	\$1.13	\$1.01	\$1.27	\$1.14
57	\$1.02	\$0.91	\$1.17	\$1.04	\$1.32	\$1.18
58	\$1.05	\$0.94	\$1.21	\$1.08	\$1.37	\$1.22
59	\$1.09	\$0.97	\$1.25	\$1.12	\$1.41	\$1.26
60	\$1.13	\$1.00	\$1.29	\$1.15	\$1.46	\$1.30
61	\$1.16	\$1.04	\$1.34	\$1.19	\$1.51	\$1.34
62	\$1.20	\$1.07	\$1.38	\$1.23	\$1.56	\$1.38
63	\$1.24	\$1.10	\$1.43	\$1.27	\$1.61	\$1.43
64	\$1.29	\$1.14	\$1.48	\$1.31	\$1.67	\$1.48
65	\$1.33	\$1.18	\$1.53	\$1.35	\$1.72	\$1.53
66	\$1.37	\$1.22	\$1.58	\$1.40	\$1.78	\$1.58
67	\$1.42	\$1.25	\$1.63	\$1.44	\$1.84	\$1.63
68	\$1.47	\$1.30	\$1.69	\$1.50	\$1.91	\$1.69
69	\$1.53	\$1.35	\$1.75	\$1.55	\$1.98	\$1.75
70	\$1.58	\$1.40	\$1.82	\$1.60	\$2.05	\$1.81
71	\$1.64	\$1.45	\$1.88	\$1.66	\$2.12	\$1.87
72	\$1.69	\$1.49	\$1.94	\$1.71	\$2.19	\$1.94
73	\$1.77	\$1.55	\$2.03	\$1.79	\$2.29	\$2.02
74	\$1.84	\$1.62	\$2.11	\$1.86	\$2.38	\$2.10
75	\$1.91	\$1.68	\$2.20	\$1.93	\$2.48	\$2.18
76	\$1.99	\$1.74	\$2.28	\$2.00	\$2.58	\$2.26
77	\$2.06	\$1.80	\$2.36	\$2.07	\$2.67	\$2.34
78	\$2.14	\$1.87	\$2.46	\$2.14	\$2.78	\$2.42
79	\$2.22	\$1.93	\$2.55	\$2.22	\$2.88	\$2.50
80	\$2.31	\$2.00	\$2.65	\$2.29	\$2.99	\$2.59
81	\$2.39	\$2.06	\$2.74	\$2.37	\$3.10	\$2.67
82	\$2.47	\$2.13	\$2.84	\$2.44	\$3.21	\$2.76
83	\$2.56	\$2.19	\$2.94	\$2.52	\$3.32	\$2.85
84	\$2.65	\$2.26	\$3.04	\$2.60	\$3.43	\$2.94
85	\$2.74	\$2.34	\$3.14	\$2.68	\$3.55	\$3.03

Bank Draft	
Monthly	1
Quarterly	3.000
Semi-Annual	6.000
Annual	12.000

Direct Bill	
Monthly	N/A
Quarterly	3.240
Semi-Annual	6.240
Annual	12.000

Credit Card	
Monthly	1.032
Quarterly	3.096
Semi-Annual	6.180
Annual	12.360

An applicant is eligible for a household discount if he/she lives in the same household with another person over 18 years of age, regardless of whether both apply for coverage.

Household Discount Factor
.93

Optional Riders

Monthly - Automatic Bank Withdrawal Rates

Issue Age	SINGLE RATES			
	Outpatient Therapy and Chiropractic Services \$50 per Day for Outpatient Therapy \$50 per Day for Chiropractic Care			
	15 Days for Therapy 5 Visits for Chiropractic		30 Days for Therapy 5 Visits for Chiropractic	
	Male	Female	Male	Female
40	\$4.80	\$4.98	\$5.38	\$5.60
41	\$4.83	\$4.98	\$5.41	\$5.60
42	\$4.85	\$4.98	\$5.45	\$5.61
43	\$4.87	\$4.98	\$5.49	\$5.61
44	\$4.90	\$4.97	\$5.52	\$5.62
45	\$4.92	\$4.97	\$5.56	\$5.62
46	\$4.97	\$4.99	\$5.62	\$5.64
47	\$5.02	\$5.00	\$5.69	\$5.66
48	\$5.07	\$5.01	\$5.76	\$5.68
49	\$5.13	\$5.02	\$5.82	\$5.70
50	\$5.18	\$5.04	\$5.89	\$5.72
51	\$5.23	\$5.05	\$5.95	\$5.74
52	\$5.28	\$5.06	\$6.02	\$5.76
53	\$5.33	\$5.08	\$6.09	\$5.77
54	\$5.38	\$5.09	\$6.15	\$5.79
55	\$5.43	\$5.10	\$6.22	\$5.81
56	\$5.46	\$5.12	\$6.26	\$5.83
57	\$5.49	\$5.13	\$6.30	\$5.85
58	\$5.52	\$5.15	\$6.34	\$5.88
59	\$5.55	\$5.16	\$6.38	\$5.90
60	\$5.58	\$5.17	\$6.42	\$5.92
61	\$5.61	\$5.19	\$6.47	\$5.94
62	\$5.65	\$5.20	\$6.51	\$5.96
63	\$5.67	\$5.22	\$6.54	\$5.98
64	\$5.69	\$5.23	\$6.57	\$6.00
65	\$5.71	\$5.24	\$6.60	\$6.02
66	\$5.74	\$5.26	\$6.63	\$6.04
67	\$5.76	\$5.27	\$6.66	\$6.06
68	\$5.80	\$5.30	\$6.72	\$6.10
69	\$5.85	\$5.33	\$6.77	\$6.14
70	\$5.89	\$5.37	\$6.83	\$6.18
71	\$5.93	\$5.40	\$6.88	\$6.23
72	\$5.98	\$5.43	\$6.94	\$6.27
73	\$6.05	\$5.49	\$7.03	\$6.34
74	\$6.13	\$5.55	\$7.12	\$6.41
75	\$6.20	\$5.61	\$7.22	\$6.48
76	\$6.28	\$5.67	\$7.31	\$6.55
77	\$6.35	\$5.72	\$7.40	\$6.63
78	\$6.44	\$5.78	\$7.50	\$6.70
79	\$6.52	\$5.85	\$7.60	\$6.78
80	\$6.60	\$5.91	\$7.70	\$6.85
81	\$6.69	\$5.97	\$7.81	\$6.93
82	\$6.77	\$6.03	\$7.91	\$7.00
83	\$6.85	\$6.09	\$8.01	\$7.08
84	\$6.94	\$6.15	\$8.12	\$7.16
85	\$7.03	\$6.22	\$8.22	\$7.24

Bank Draft	
Monthly	1
Quarterly	3.000
Semi-Annual	6.000
Annual	12.000

Direct Bill	
Monthly	N/A
Quarterly	3.240
Semi-Annual	6.240
Annual	12.000

Credit Card	
Monthly	1.032
Quarterly	3.096
Semi-Annual	6.180
Annual	12.360

An applicant is eligible for a household discount if he/she lives in the same household with another person over 18 years of age, regardless of whether both apply for coverage.

Household Discount Factor
.93

Optional Riders

Monthly - Automatic Bank Withdrawal Rates

Issue Age	SINGLE RATES			
	Skilled Nursing Facility Per \$50 Benefit Confinement Days 1 through 50		Outpatient Surgery Per \$50 Benefit 2 Days per Year	
	Available Units: 2, 3 or 4		Available Units: 5, 10, 15 or 20	
	Male	Female	Male	Female
40	\$0.58	\$0.49	\$0.97	\$1.03
41	\$0.63	\$0.54	\$1.00	\$1.05
42	\$0.67	\$0.58	\$1.03	\$1.07
43	\$0.72	\$0.63	\$1.06	\$1.09
44	\$0.76	\$0.67	\$1.09	\$1.11
45	\$0.81	\$0.72	\$1.12	\$1.13
46	\$0.91	\$0.84	\$1.16	\$1.15
47	\$1.02	\$0.97	\$1.20	\$1.18
48	\$1.12	\$1.09	\$1.24	\$1.20
49	\$1.22	\$1.22	\$1.28	\$1.22
50	\$1.32	\$1.34	\$1.32	\$1.24
51	\$1.43	\$1.47	\$1.35	\$1.27
52	\$1.53	\$1.59	\$1.39	\$1.29
53	\$1.63	\$1.72	\$1.43	\$1.31
54	\$1.74	\$1.84	\$1.47	\$1.33
55	\$1.84	\$1.97	\$1.51	\$1.35
56	\$2.00	\$2.21	\$1.54	\$1.38
57	\$2.15	\$2.45	\$1.58	\$1.41
58	\$2.31	\$2.69	\$1.61	\$1.43
59	\$2.46	\$2.93	\$1.65	\$1.46
60	\$2.62	\$3.17	\$1.68	\$1.49
61	\$2.77	\$3.41	\$1.72	\$1.51
62	\$2.93	\$3.66	\$1.75	\$1.54
63	\$3.15	\$3.96	\$1.77	\$1.55
64	\$3.36	\$4.27	\$1.79	\$1.56
65	\$3.58	\$4.58	\$1.81	\$1.58
66	\$3.80	\$4.89	\$1.83	\$1.59
67	\$4.02	\$5.20	\$1.85	\$1.60
68	\$4.31	\$5.64	\$1.86	\$1.62
69	\$4.61	\$6.08	\$1.88	\$1.63
70	\$4.91	\$6.52	\$1.89	\$1.64
71	\$5.20	\$6.96	\$1.91	\$1.65
72	\$5.50	\$7.39	\$1.92	\$1.66
73	\$5.94	\$8.14	\$1.94	\$1.68
74	\$6.38	\$8.88	\$1.96	\$1.69
75	\$6.83	\$9.63	\$1.98	\$1.70
76	\$7.27	\$10.37	\$2.00	\$1.71
77	\$7.71	\$11.12	\$2.01	\$1.73
78	\$8.28	\$12.05	\$2.03	\$1.74
79	\$8.85	\$12.99	\$2.05	\$1.75
80	\$9.42	\$13.92	\$2.06	\$1.76
81	\$9.99	\$14.86	\$2.08	\$1.77
82	\$10.56	\$15.79	\$2.09	\$1.78
83	\$11.16	\$16.79	\$2.11	\$1.79
84	\$11.79	\$17.84	\$2.12	\$1.80
85	\$12.47	\$18.97	\$2.14	\$1.81

Bank Draft	
Monthly	1
Quarterly	3.000
Semi-Annual	6.000
Annual	12.000

Direct Bill	
Monthly	N/A
Quarterly	3.240
Semi-Annual	6.240
Annual	12.000

Credit Card	
Monthly	1.032
Quarterly	3.096
Semi-Annual	6.180
Annual	12.360

An applicant is eligible for a household discount if he/she lives in the same household with another person over 18 years of age, regardless of whether both apply for coverage.

Household Discount Factor
.93

UNDERWRITING GUIDELINES

A63 HOSPITAL INDEMNITY PRODUCT

Underwriting Guidelines: The Underwriting Guidelines were developed with an emphasis on predictability. The health questions were structured to be as “black and white” as possible.

- If the applicant answers “Yes” to any question 1-9 in Part B of the application, the applicant will not be eligible for coverage.

A Personal Health Interview (PHI) will not be required at this time.

Attending Physician Statement (APS) will not be required at this time.

Underwriting Hotline: 1-800-626-2068 – We encourage the producer to utilize the Underwriting Hotline. The underwriters taking the calls are able to access our records to see if the applicant currently has or has applied for coverage in the past. They can also answer questions about medications or medical conditions.

Rate Structure: The premium rates shown in the Rate Guide are for single applicants. An applicant qualifies for the Household Discount if he/she lives in the same household with another person over 18 years of age, regardless of whether both sign up for coverage with Medico Insurance Company. To calculate the Household Discount, multiply the single premium rates by 0.93.

Conversion Rules: An Indemnity Benefit Policy cannot be converted from any other policy form.