



New Hampshire Hospital Choice Bi-weekly rate

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

HOSPITAL CHOICE \$500

Age	INDIVIDUAL		ONE PARENT FAMILY		INSURED/SPOUSE		TWO PARENT FAMILY	
	Premium	Total	Premium	Total	Premium	Total	Premium	Total
18-49	\$9.66	\$9.66	\$12.72	\$12.72	\$12.72	\$12.72	\$14.52	\$14.52
50-59	\$9.96	\$9.96	\$13.02	\$13.02	\$13.44	\$13.44	\$14.82	\$14.82
60-75	\$10.26	\$10.26	\$13.32	\$13.32	\$13.80	\$13.80	\$15.12	\$15.12

HOSPITAL CHOICE \$1,000

Age	INDIVIDUAL		ONE PARENT FAMILY		INSURED/SPOUSE		TWO PARENT FAMILY	
	Premium	Total	Premium	Total	Premium	Total	Premium	Total
18-49	\$15.30	\$15.30	\$19.44	\$19.44	\$21.72	\$21.72	\$23.04	\$23.04
50-59	\$15.60	\$15.60	\$19.74	\$19.74	\$22.98	\$22.98	\$23.28	\$23.28
60-75	\$16.08	\$16.08	\$20.04	\$20.04	\$24.54	\$24.54	\$24.84	\$24.84

HOSPITAL CHOICE \$1,500

Age	INDIVIDUAL		ONE PARENT FAMILY		INSURED/SPOUSE		TWO PARENT FAMILY	
	Premium	Total	Premium	Total	Premium	Total	Premium	Total
18-49	\$21.72	\$21.72	\$26.94	\$26.94	\$31.62	\$31.62	\$31.92	\$31.92
50-59	\$21.96	\$21.96	\$27.24	\$27.24	\$33.42	\$33.42	\$33.72	\$33.72
60-75	\$22.98	\$22.98	\$27.54	\$27.54	\$36.36	\$36.36	\$36.66	\$36.66

HOSPITAL CHOICE \$2,000

Age	INDIVIDUAL		ONE PARENT FAMILY		INSURED/SPOUSE		TWO PARENT FAMILY	
	Premium	Total	Premium	Total	Premium	Total	Premium	Total
18-49	\$28.92	\$28.92	\$35.58	\$35.58	\$43.14	\$43.14	\$43.32	\$43.32
50-59	\$29.22	\$29.22	\$35.82	\$35.82	\$45.54	\$45.54	\$45.84	\$45.84
60-75	\$30.96	\$30.96	\$36.12	\$36.12	\$49.92	\$49.92	\$50.22	\$50.22

OPTIONAL RIDERS

Age	INDIVIDUAL		ONE PARENT FAMILY		INSURED/SPOUSE		TWO PARENT FAMILY	
	EBR	HSS	EBR	HSS	EBR	HSS	EBR	HSS
18-49	\$3.90	\$8.82	\$7.80	\$12.24	\$8.22	\$16.20	\$9.96	\$16.50
50-59	\$4.44	\$11.34	\$7.98	\$13.92	\$9.24	\$22.50	\$10.14	\$24.12
60-75	\$4.50	\$14.76	\$8.16	\$18.24	\$9.30	\$28.20	\$10.62	\$30.12

Extended Benefit Rider (Series B40050)
Hospital Stay and Surgical Care Rider (Series B40051)