

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product - 50%

Monthly Premium Rates - Base Plans

Issue Age	Hospital Indemnity Base Plans - Benefit Level - per \$50 unit (\$100 minimum daily benefit)										
	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days	15 days	20 days	31 days
18-49	1.50	1.70	2.00	2.20	2.40	2.50	2.60	2.70	2.90	3.00	3.10
50	1.60	1.90	2.20	2.40	2.60	2.70	2.80	2.90	3.10	3.20	3.30
51	1.70	2.00	2.30	2.50	2.70	2.80	3.00	3.10	3.30	3.50	3.60
52	1.80	2.20	2.50	2.70	2.90	3.00	3.10	3.30	3.60	3.70	3.80
53	1.90	2.30	2.60	2.80	3.00	3.10	3.30	3.40	3.70	3.80	3.90
54	2.00	2.40	2.70	2.90	3.20	3.30	3.40	3.50	3.80	4.00	4.10
55	2.10	2.40	2.80	3.10	3.30	3.40	3.50	3.70	4.00	4.10	4.20
56	2.10	2.50	2.90	3.20	3.40	3.50	3.70	3.80	4.20	4.30	4.40
57	2.20	2.60	3.10	3.30	3.50	3.70	3.80	4.00	4.30	4.40	4.60
58	2.30	2.80	3.20	3.50	3.70	3.90	4.00	4.10	4.50	4.70	4.80
59	2.50	2.90	3.40	3.60	3.90	4.00	4.20	4.30	4.70	4.90	5.00
60	2.60	3.10	3.50	3.80	4.10	4.20	4.40	4.60	5.00	5.10	5.30
61	2.70	3.20	3.70	4.00	4.30	4.40	4.60	4.80	5.20	5.40	5.60
62	2.80	3.40	3.90	4.20	4.50	4.60	4.80	5.00	5.50	5.60	5.80
63	3.00	3.50	4.10	4.40	4.70	4.90	5.10	5.30	5.70	5.90	6.10
64	3.10	3.70	4.30	4.60	4.90	5.10	5.30	5.50	6.00	6.20	6.40
65	3.30	3.90	4.50	4.80	5.10	5.30	5.60	5.80	6.30	6.50	6.70
66	3.30	3.90	4.50	4.90	5.20	5.40	5.60	5.80	6.30	6.60	6.80
67	3.40	4.00	4.60	4.90	5.30	5.50	5.70	5.90	6.40	6.60	6.80
68	3.50	4.10	4.70	5.10	5.50	5.70	5.90	6.10	6.60	6.90	7.10
69	3.60	4.30	4.90	5.30	5.70	5.90	6.10	6.40	6.90	7.20	7.40
70	3.80	4.40	5.10	5.50	5.90	6.10	6.40	6.60	7.20	7.40	7.60
71	3.90	4.60	5.30	5.70	6.20	6.40	6.60	6.90	7.40	7.70	7.90
72	4.10	4.80	5.50	6.00	6.40	6.60	6.90	7.10	7.70	8.00	8.20
73	4.20	5.00	5.70	6.20	6.60	6.90	7.10	7.40	8.00	8.30	8.50
74	4.30	5.10	5.90	6.40	6.80	7.10	7.30	7.60	8.20	8.50	8.80
75	4.50	5.30	6.10	6.60	7.00	7.30	7.60	7.90	8.50	8.80	9.10
76	4.60	5.50	6.30	6.80	7.30	7.50	7.80	8.10	8.80	9.10	9.40
77	4.80	5.60	6.50	7.00	7.50	7.80	8.10	8.40	9.10	9.40	9.70
78	4.90	5.80	6.60	7.10	7.70	7.90	8.20	8.60	9.30	9.60	9.90
79	5.00	5.90	6.80	7.30	7.80	8.10	8.40	8.70	9.50	9.80	10.10
80	5.10	6.00	6.90	7.40	8.00	8.30	8.60	8.90	9.70	10.00	10.40
81	5.20	6.10	7.00	7.60	8.20	8.50	8.80	9.10	9.90	10.30	10.60
82	5.30	6.20	7.20	7.80	8.30	8.60	9.00	9.30	10.10	10.50	10.80
83	5.40	6.30	7.30	7.90	8.50	8.80	9.10	9.40	10.20	10.70	11.00
84	5.50	6.40	7.40	8.00	8.60	8.90	9.20	9.60	10.40	10.80	11.10
85	5.50	6.50	7.50	8.10	8.70	9.00	9.40	9.70	10.50	11.00	11.30

Application Fee: \$25.00

Eligible for a 7% household discount if the policyholder lives in the same household with another person over the age of 18 years of age

Premium Modal Factors:

	Factor
Annual	12 x MBD
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product

Monthly Premium Rates - Riders

Issue Age	Hospital Confinement <i>Per \$500</i>	Cancer <i>Per \$1000</i>	Ambulance Transportation <i>\$200</i>
18-49	7.90	1.20	1.20
50	8.70	1.30	1.60
51	9.50	1.50	1.60
52	10.40	1.80	1.60
53	11.00	1.80	1.60
54	11.60	1.90	1.60
55	12.30	2.00	1.60
56	13.00	2.10	2.00
57	13.80	2.20	2.00
58	14.60	2.30	2.00
59	15.50	2.40	2.00
60	16.40	2.50	2.00
61	17.40	2.60	2.00
62	18.50	2.80	2.40
63	19.60	2.90	2.40
64	20.80	3.00	2.40
65	22.10	3.20	2.40
66	22.50	3.20	2.40
67	22.90	3.20	2.40
68	23.90	3.20	2.40
69	24.90	3.30	2.80
70	26.00	3.40	2.80
71	27.20	3.50	2.80
72	28.30	3.60	2.80
73	29.30	3.60	2.80
74	30.20	3.70	3.20
75	31.20	3.80	3.20
76	32.30	3.80	3.20
77	33.30	3.90	3.20
78	34.00	4.00	3.60
79	34.60	4.00	3.60
80	35.30	4.10	3.60
81	36.00	4.10	3.60
82	36.70	4.20	4.00
83	37.20	4.20	4.00
84	37.70	4.20	4.00
85	38.20	4.30	4.00

Eligible for a 7% household discount if the policyholder lives in the same household with another person over the age of 18 years of age

Premium Modal Factors:

	Factor
Annual	12 x MBD
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual