

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
Hospital Indemnity Plan Form H-0180
Attained Age Monthly Rate for One Unit with CY Deductible of \$1,000

Age	\$100,000				\$250,000				\$1,000,000			
	NTU		STD		NTU		STD		NTU		STD	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Dependent Child (0-25)	32.40	32.40	32.40	32.40	36.00	36.00	36.00	36.00	41.40	41.40	41.40	41.40
25 and under	51.03	46.17	56.70	51.30	56.70	51.30	63.00	57.00	65.21	59.00	72.45	65.55
26	51.88	46.94	57.65	52.16	57.65	52.16	64.05	57.95	66.29	59.98	73.66	66.64
27	52.73	47.71	58.60	53.02	58.60	53.02	65.10	58.90	67.38	60.97	74.87	67.73
28	53.58	48.48	59.55	53.88	59.55	53.88	66.15	59.85	68.47	61.96	76.08	68.82
29	54.43	49.25	60.50	54.74	60.50	54.74	67.20	60.80	69.56	62.95	77.29	69.91
30	55.28	50.02	61.43	55.58	61.43	55.58	68.25	61.75	70.64	63.92	78.49	71.01
31	56.13	50.79	62.37	56.43	62.37	56.43	69.30	62.70	71.73	64.90	79.70	72.11
32	56.98	51.56	63.32	57.29	63.32	57.29	70.35	63.65	72.82	65.88	80.91	73.21
33	57.83	52.33	64.27	58.15	64.27	58.15	71.40	64.60	73.91	66.86	82.12	74.31
34	58.68	53.10	65.22	59.01	65.22	59.01	72.45	65.55	75.00	67.84	83.33	75.41
35	59.54	53.87	66.15	59.85	66.15	59.85	73.50	66.50	76.07	68.83	84.53	76.48
36	61.41	55.56	68.23	61.73	68.23	61.73	75.81	68.59	78.46	70.99	87.18	78.88
37	63.29	57.26	70.31	63.61	70.31	63.61	78.12	70.68	80.85	73.15	89.84	81.29
38	65.17	58.96	72.39	65.49	72.39	65.49	80.43	72.77	83.24	75.31	92.50	83.70
39	67.05	60.66	74.47	67.37	74.47	67.37	82.74	74.86	85.63	77.47	95.16	86.11
40	68.89	62.33	76.55	69.26	76.55	69.26	85.05	76.95	88.03	79.65	97.81	88.49
41	71.10	64.33	79.00	71.48	79.00	71.48	87.78	79.42	90.86	82.20	100.95	91.33
42	73.31	66.33	81.46	73.71	81.46	73.71	90.51	81.89	93.69	84.75	104.09	94.17
43	75.52	68.33	83.92	75.94	83.92	75.94	93.24	84.36	96.52	87.30	107.23	97.01
44	77.73	70.33	86.38	78.17	86.38	78.17	95.97	86.83	99.35	89.85	110.37	99.85
45	79.95	72.33	88.83	80.37	88.83	80.37	98.70	89.30	102.15	92.43	113.51	102.70
46	82.89	75.87	92.10	84.30	92.10	84.30	102.33	93.67	105.91	96.95	117.68	107.72
47	85.83	79.41	95.37	88.23	95.37	88.23	105.96	98.04	109.67	101.47	121.86	112.75
48	88.77	82.95	98.64	92.16	98.64	92.16	109.59	102.41	113.43	105.99	126.04	117.78
49	91.71	86.49	101.91	96.09	101.91	96.09	113.22	106.78	117.19	110.51	130.22	122.81
50	94.65	90.03	105.17	100.04	105.17	100.04	116.85	111.15	120.94	115.04	134.38	127.82
51	97.75	94.06	108.61	104.51	108.61	104.51	120.68	116.12	124.90	120.18	138.78	133.54
52	100.85	98.09	112.06	108.99	112.06	108.99	124.51	121.09	128.86	125.32	143.18	139.26
53	103.95	102.12	115.51	113.47	115.51	113.47	128.34	126.06	132.82	130.46	147.58	144.98
54	107.05	106.15	118.96	117.95	118.96	117.95	132.17	131.03	136.78	135.60	151.98	150.70
55	110.16	110.16	122.40	122.40	122.40	122.40	136.00	136.00	140.76	140.76	156.40	156.40
56	114.03	115.36	126.70	128.18	126.70	128.18	140.78	142.42	145.71	147.40	161.90	163.78
57	117.90	120.56	131.00	133.96	131.00	133.96	145.56	148.84	150.66	154.04	167.40	171.16
58	121.77	125.76	135.30	139.74	135.30	139.74	150.34	155.26	155.61	160.68	172.90	178.54
59	125.64	130.96	139.60	145.52	139.60	145.52	155.12	161.68	160.56	167.32	178.40	185.92
60	129.52	136.16	143.91	151.29	143.91	151.29	159.90	168.10	165.50	173.98	183.89	193.32
61	133.47	141.93	148.30	157.70	148.30	157.70	164.78	175.22	170.55	181.35	189.50	201.50
62	137.42	147.70	152.69	164.11	152.69	164.11	169.66	182.34	175.60	188.72	195.12	209.69
63	141.37	153.47	157.08	170.52	157.08	170.52	174.54	189.46	180.65	196.09	200.74	217.88
64	145.32	159.24	161.47	176.93	161.47	176.93	179.42	196.58	185.70	203.46	206.36	226.07

PREMIUM MODAL FACTORS: QUARTERLY (3.0), SEMIANNUAL (6.0), ANNUAL (12.0)

NTU - Non Tobacco User Rates, STD - Tobacco User Rates

Please add one time non-refundable and non-commissionable application fee of \$30.00

Factors to convert from \$1,000 deductible to \$2,500 deductible and \$5,000 deductible

	<u>\$2,500 Deductible</u>	<u>\$5,000 Deductible</u>
Factor	0.73	0.57