

# Hospital Indemnity Insurance Monthly Rates

## Washington

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Hospital Indemnity Insurance Monthly Rates\*  
Washington

**\$200 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$7.73	\$10.05	\$11.91	\$15.17
<b>30-39</b>	\$8.25	\$11.24	\$13.10	\$17.18
<b>40-49</b>	\$9.21	\$13.26	\$13.59	\$18.58
<b>50-59</b>	\$11.35	\$17.73	\$14.98	\$21.84
<b>60-64</b>	\$12.47	\$20.71	\$15.58	\$23.98
<b>65-69</b>	\$14.30	\$24.49	\$17.58	\$27.78
<b>70-74</b>	\$17.36	\$30.16	\$20.80	\$33.61
<b>75-79</b>	\$22.34	\$39.46	\$26.07	\$43.21
<b>80-85</b>	\$32.26	\$57.72	\$36.82	\$62.29

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.30	\$11.20	\$13.45	\$17.52
<b>30-39</b>	\$8.98	\$12.78	\$14.95	\$20.09
<b>40-49</b>	\$10.28	\$15.46	\$15.67	\$22.00
<b>50-59</b>	\$13.15	\$21.40	\$17.61	\$26.44
<b>60-64</b>	\$14.84	\$25.53	\$18.65	\$29.53
<b>65-69</b>	\$17.33	\$30.55	\$21.34	\$34.57
<b>70-74</b>	\$21.12	\$37.75	\$25.33	\$41.96
<b>75-79</b>	\$27.43	\$49.69	\$31.99	\$54.26
<b>80-85</b>	\$39.91	\$73.05	\$45.46	\$78.61

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.63	\$11.88	\$14.37	\$18.90
<b>30-39</b>	\$9.41	\$13.68	\$16.05	\$21.81
<b>40-49</b>	\$10.92	\$16.76	\$16.90	\$24.03
<b>50-59</b>	\$14.97	\$24.81	\$20.18	\$30.69
<b>60-64</b>	\$18.05	\$31.52	\$22.74	\$36.45
<b>65-69</b>	\$21.24	\$37.92	\$26.19	\$42.87
<b>70-74</b>	\$25.94	\$46.92	\$31.12	\$52.10
<b>75-79</b>	\$32.04	\$58.67	\$37.36	\$63.98
<b>80-85</b>	\$44.42	\$82.10	\$50.57	\$88.25

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.99	\$12.59	\$15.32	\$20.34
<b>30-39</b>	\$9.87	\$14.63	\$17.20	\$23.61
<b>40-49</b>	\$16.21	\$25.35	\$25.46	\$36.59
<b>50-59</b>	\$22.60	\$38.06	\$30.64	\$47.15
<b>60-64</b>	\$24.60	\$43.52	\$31.06	\$50.31
<b>65-69</b>	\$29.15	\$52.58	\$35.96	\$59.39
<b>70-74</b>	\$35.65	\$65.13	\$42.78	\$72.26
<b>75-79</b>	\$44.18	\$81.60	\$51.50	\$88.92
<b>80-85</b>	\$49.13	\$91.52	\$55.89	\$98.28

\* To review monthly premiums for different benefit amounts, visit [www.YourLifeSecure.com](http://www.YourLifeSecure.com) and login to your secure portal to run quotes.

Hospital Indemnity Insurance Monthly Rates\*  
Washington

**\$300 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$8.76	\$12.09	\$14.51	\$19.13
<b>30-39</b>	\$9.52	\$13.86	\$16.19	\$22.02
<b>40-49</b>	\$11.02	\$16.91	\$17.03	\$24.21
<b>50-59</b>	\$14.31	\$23.68	\$19.28	\$29.30
<b>60-64</b>	\$16.32	\$28.45	\$20.56	\$32.91
<b>65-69</b>	\$20.25	\$36.11	\$24.98	\$40.84
<b>70-74</b>	\$24.74	\$44.69	\$29.68	\$49.63
<b>75-79</b>	\$30.53	\$55.84	\$35.61	\$60.92
<b>80-85</b>	\$44.51	\$82.18	\$50.68	\$88.35

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$9.64	\$13.87	\$16.87	\$22.72
<b>30-39</b>	\$10.65	\$16.21	\$19.03	\$26.47
<b>40-49</b>	\$12.65	\$20.27	\$20.20	\$29.44
<b>50-59</b>	\$17.05	\$29.26	\$23.29	\$36.31
<b>60-64</b>	\$19.92	\$35.76	\$25.24	\$41.35
<b>65-69</b>	\$25.10	\$45.81	\$31.02	\$51.73
<b>70-74</b>	\$30.75	\$56.82	\$36.95	\$63.02
<b>75-79</b>	\$38.24	\$71.33	\$44.59	\$77.69
<b>80-85</b>	\$56.05	\$105.36	\$63.78	\$113.09

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$11.17	\$16.39	\$20.09	\$27.31
<b>30-39</b>	\$14.71	\$22.86	\$26.91	\$37.80
<b>40-49</b>	\$17.70	\$28.91	\$28.69	\$42.27
<b>50-59</b>	\$23.58	\$41.10	\$32.40	\$51.08
<b>60-64</b>	\$26.94	\$48.97	\$34.22	\$56.62
<b>65-69</b>	\$29.43	\$54.24	\$36.41	\$61.22
<b>70-74</b>	\$36.11	\$67.34	\$43.40	\$74.64
<b>75-79</b>	\$45.03	\$84.69	\$52.52	\$92.18
<b>80-85</b>	\$62.86	\$119.02	\$71.50	\$127.66

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$12.84	\$19.19	\$23.67	\$32.44
<b>30-39</b>	\$15.62	\$24.74	\$29.19	\$41.36
<b>40-49</b>	\$20.48	\$34.03	\$33.65	\$50.03
<b>50-59</b>	\$30.01	\$53.02	\$41.46	\$65.97
<b>60-64</b>	\$33.71	\$61.91	\$42.91	\$71.58
<b>65-69</b>	\$40.73	\$75.67	\$50.42	\$85.37
<b>70-74</b>	\$50.03	\$94.03	\$60.16	\$104.16
<b>75-79</b>	\$62.55	\$118.43	\$72.94	\$128.82
<b>80-85</b>	\$69.98	\$133.31	\$79.58	\$142.91

\* To review monthly premiums for different benefit amounts, visit [www.YourLifeSecure.com](http://www.YourLifeSecure.com) and login to your secure portal to run quotes.

Hospital Indemnity Insurance Monthly Rates\*  
Washington

**\$500 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$10.78	\$16.15	\$19.68	\$27.04
<b>30-39</b>	\$12.64	\$20.01	\$23.45	\$33.25
<b>40-49</b>	\$18.95	\$31.43	\$31.01	\$46.09
<b>50-59</b>	\$26.51	\$46.73	\$36.60	\$58.14
<b>60-64</b>	\$29.23	\$53.58	\$37.23	\$61.98
<b>65-69</b>	\$32.05	\$59.46	\$39.72	\$67.13
<b>70-74</b>	\$39.39	\$73.92	\$47.41	\$81.93
<b>75-79</b>	\$49.20	\$93.04	\$57.43	\$101.26
<b>80-85</b>	\$68.73	\$130.78	\$78.22	\$140.27

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$13.54	\$21.09	\$26.07	\$36.44
<b>30-39</b>	\$15.37	\$25.35	\$29.87	\$43.11
<b>40-49</b>	\$20.84	\$35.84	\$35.09	\$53.15
<b>50-59</b>	\$31.33	\$56.76	\$43.72	\$70.77
<b>60-64</b>	\$33.35	\$62.42	\$45.29	\$72.18
<b>65-69</b>	\$40.67	\$76.68	\$50.47	\$86.48
<b>70-74</b>	\$50.10	\$95.47	\$60.34	\$105.71
<b>75-79</b>	\$62.89	\$120.52	\$73.40	\$131.03
<b>80-85</b>	\$88.20	\$169.81	\$100.31	\$181.93

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$15.83	\$25.13	\$31.27	\$44.02
<b>30-39</b>	\$21.15	\$35.53	\$41.99	\$61.05
<b>40-49</b>	\$26.61	\$46.48	\$45.37	\$69.29
<b>50-59</b>	\$37.70	\$69.07	\$52.85	\$86.20
<b>60-64</b>	\$41.08	\$77.55	\$53.90	\$89.66
<b>65-69</b>	\$45.76	\$86.83	\$56.82	\$97.89
<b>70-74</b>	\$56.41	\$108.17	\$67.97	\$119.73
<b>75-79</b>	\$70.97	\$136.72	\$82.82	\$148.57
<b>80-85</b>	\$99.67	\$192.83	\$113.34	\$206.50

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$18.36	\$29.62	\$37.08	\$52.53
<b>30-39</b>	\$22.81	\$38.95	\$46.14	\$67.52
<b>40-49</b>	\$33.16	\$58.71	\$57.16	\$87.88
<b>50-59</b>	\$44.83	\$82.94	\$63.08	\$103.57
<b>60-64</b>	\$53.99	\$102.63	\$69.24	\$118.65
<b>65-69</b>	\$66.40	\$126.68	\$82.48	\$142.76
<b>70-74</b>	\$81.91	\$157.88	\$98.72	\$174.69
<b>75-79</b>	\$103.23	\$199.75	\$120.47	\$216.99
<b>80-85</b>	\$117.25	\$227.72	\$133.31	\$243.78

\* To review monthly premiums for different benefit amounts, visit [www.YourLifeSecure.com](http://www.YourLifeSecure.com) and login to your secure portal to run quotes.

Hospital Indemnity Insurance Monthly Rates\*  
Washington

**\$700 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$12.88	\$20.29	\$24.93	\$35.04
<b>30-39</b>	\$14.62	\$24.34	\$28.57	\$41.42
<b>40-49</b>	\$25.49	\$44.14	\$43.08	\$65.52
<b>50-59</b>	\$35.67	\$64.91	\$49.87	\$80.98
<b>60-64</b>	\$38.60	\$72.49	\$50.90	\$83.86
<b>65-69</b>	\$42.86	\$81.03	\$53.24	\$91.40
<b>70-74</b>	\$52.77	\$100.82	\$63.60	\$111.66
<b>75-79</b>	\$66.29	\$127.33	\$77.40	\$138.44
<b>80-85</b>	\$92.98	\$179.40	\$105.80	\$192.22

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$18.04	\$29.47	\$36.71	\$52.34
<b>30-39</b>	\$24.29	\$41.95	\$49.51	\$72.84
<b>40-49</b>	\$31.00	\$55.36	\$53.71	\$82.96
<b>50-59</b>	\$44.65	\$83.05	\$62.98	\$103.78
<b>60-64</b>	\$51.33	\$97.97	\$65.93	\$113.30
<b>65-69</b>	\$55.00	\$105.26	\$68.39	\$118.64
<b>70-74</b>	\$67.83	\$131.12	\$81.80	\$145.09
<b>75-79</b>	\$85.54	\$165.95	\$99.87	\$180.27
<b>80-85</b>	\$120.34	\$234.25	\$136.86	\$250.77

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$19.54	\$32.45	\$40.71	\$58.36
<b>30-39</b>	\$26.54	\$46.56	\$55.11	\$81.55
<b>40-49</b>	\$34.24	\$61.94	\$59.97	\$93.21
<b>50-59</b>	\$49.94	\$93.74	\$70.70	\$117.22
<b>60-64</b>	\$55.29	\$106.23	\$71.11	\$122.83
<b>65-69</b>	\$62.17	\$119.56	\$77.33	\$134.72
<b>70-74</b>	\$76.71	\$148.99	\$92.53	\$164.81
<b>75-79</b>	\$96.91	\$188.75	\$113.13	\$204.97
<b>80-85</b>	\$136.49	\$266.63	\$155.19	\$285.33

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$21.12	\$35.57	\$44.88	\$64.66
<b>30-39</b>	\$27.86	\$49.55	\$58.79	\$87.42
<b>40-49</b>	\$43.00	\$78.66	\$76.01	\$118.76
<b>50-59</b>	\$55.47	\$104.90	\$78.77	\$131.25
<b>60-64</b>	\$73.00	\$141.00	\$93.97	\$163.02
<b>65-69</b>	\$90.57	\$174.86	\$112.68	\$196.97
<b>70-74</b>	\$111.80	\$217.98	\$134.87	\$241.06
<b>75-79</b>	\$141.42	\$276.34	\$165.08	\$300.00
<b>80-85</b>	\$161.03	\$315.47	\$183.06	\$337.50

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Hospital Indemnity Insurance Monthly Rates  
Washington

**\$900 Daily Benefit Amount**

**3 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$17.88	\$29.20	\$36.11	\$51.52
<b>30-39</b>	\$23.97	\$41.33	\$48.58	\$71.45
<b>40-49</b>	\$34.82	\$62.06	\$60.14	\$92.83
<b>50-59</b>	\$43.66	\$81.08	\$61.55	\$101.31
<b>60-64</b>	\$50.06	\$95.42	\$64.31	\$110.38
<b>65-69</b>	\$56.26	\$107.54	\$69.97	\$121.26
<b>70-74</b>	\$66.14	\$127.72	\$79.79	\$141.37
<b>75-79</b>	\$91.71	\$177.75	\$107.11	\$193.15
<b>80-85</b>	\$128.96	\$250.82	\$146.71	\$268.56

**6 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$22.99	\$38.80	\$48.62	\$70.18
<b>30-39</b>	\$28.92	\$51.48	\$60.86	\$90.59
<b>40-49</b>	\$37.58	\$68.76	\$66.33	\$103.69
<b>50-59</b>	\$50.99	\$96.43	\$68.89	\$120.65
<b>60-64</b>	\$55.83	\$107.83	\$71.90	\$124.70
<b>65-69</b>	\$69.23	\$133.64	\$86.17	\$150.58
<b>70-74</b>	\$85.56	\$166.79	\$103.27	\$184.49
<b>75-79</b>	\$108.21	\$211.41	\$126.35	\$229.55
<b>80-85</b>	\$152.51	\$298.73	\$173.43	\$319.64

**10 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$25.09	\$42.96	\$54.19	\$78.58
<b>30-39</b>	\$31.81	\$57.42	\$68.06	\$101.80
<b>40-49</b>	\$41.76	\$77.24	\$74.38	\$116.88
<b>50-59</b>	\$62.06	\$118.22	\$88.39	\$147.99
<b>60-64</b>	\$75.71	\$146.98	\$97.59	\$169.96
<b>65-69</b>	\$82.38	\$159.66	\$102.56	\$179.84
<b>70-74</b>	\$101.87	\$199.31	\$122.95	\$220.40
<b>75-79</b>	\$135.14	\$264.86	\$157.78	\$287.50
<b>80-85</b>	\$173.31	\$340.42	\$197.03	\$364.15

**21 Days**

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$27.29	\$47.32	\$60.01	\$87.36
<b>30-39</b>	\$36.08	\$65.90	\$78.29	\$117.59
<b>40-49</b>	\$54.36	\$101.49	\$97.58	\$154.01
<b>50-59</b>	\$74.50	\$142.81	\$106.39	\$178.86
<b>60-64</b>	\$91.88	\$179.15	\$118.52	\$207.13
<b>65-69</b>	\$114.54	\$222.70	\$142.62	\$250.78
<b>70-74</b>	\$141.69	\$278.07	\$171.03	\$307.42
<b>75-79</b>	\$179.61	\$352.93	\$209.68	\$383.01
<b>80-85</b>	\$214.56	\$422.42	\$243.89	\$451.76

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Hospital Indemnity Insurance Monthly Rates  
Washington

OPTIONAL BENEFIT RIDERS

**Lump Sum Hospital Admission**

\$500\*\* (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$3.49	\$6.90	\$6.64	\$10.76
<b>30-39</b>	\$4.20	\$8.62	\$7.85	\$13.09
<b>40-49</b>	\$6.37	\$12.96	\$10.12	\$17.52
<b>50-59</b>	\$8.48	\$17.13	\$11.09	\$20.09
<b>60-64</b>	\$9.80	\$19.71	\$11.78	\$21.80
<b>65-69</b>	\$10.97	\$21.93	\$12.77	\$23.72
<b>70-74</b>	\$13.34	\$26.70	\$15.12	\$28.48
<b>75-79</b>	\$16.51	\$33.06	\$18.29	\$34.84
<b>80-85</b>	\$20.48	\$41.00	\$22.27	\$42.79

**Outpatient Surgery**

\$500\*\* (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$3.08	\$6.11	\$6.00	\$9.69
<b>30-39</b>	\$4.57	\$9.14	\$7.91	\$13.21
<b>40-49</b>	\$6.48	\$13.02	\$9.52	\$16.69
<b>50-59</b>	\$8.77	\$17.71	\$11.47	\$20.71
<b>60-64</b>	\$10.98	\$22.12	\$13.73	\$24.96
<b>65-69</b>	\$12.46	\$25.02	\$15.39	\$27.96
<b>70-74</b>	\$13.02	\$26.12	\$15.92	\$29.02
<b>75-79</b>	\$13.02	\$26.12	\$15.92	\$29.02
<b>80-85</b>	\$13.02	\$26.12	\$15.92	\$29.02

\*\* \$1,000 option is available for exactly double the premium amounts shown in this table

**Outpatient Major Diagnostic Exam**

\$500 Benefit Payout (one per calendar year)

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$3.38	\$6.73	\$6.13	\$10.11
<b>30-39</b>	\$4.93	\$9.83	\$8.04	\$13.63
<b>40-49</b>	\$7.11	\$14.32	\$10.01	\$17.79
<b>50-59</b>	\$9.75	\$19.73	\$12.33	\$22.61
<b>60-64</b>	\$12.05	\$24.35	\$14.71	\$27.10
<b>65-69</b>	\$13.50	\$27.13	\$16.33	\$29.96
<b>70-74</b>	\$13.96	\$27.92	\$16.73	\$30.69
<b>75-79</b>	\$13.96	\$27.91	\$16.73	\$30.69
<b>80-85</b>	\$13.96	\$27.91	\$16.73	\$30.69

**Emergency Room and Ambulance**

ER: \$150 per day, up to 2 days per calendar year.  
Ambulance: \$150 (Ground) **or** \$500 (Air),  
one per calendar year

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
<b>18-29</b>	\$1.89	\$3.77	\$5.13	\$7.74
<b>30-39</b>	\$1.89	\$3.77	\$5.13	\$7.74
<b>40-49</b>	\$1.89	\$3.77	\$5.13	\$7.74
<b>50-59</b>	\$2.56	\$5.15	\$5.28	\$8.23
<b>60-64</b>	\$3.73	\$7.49	\$6.46	\$10.35
<b>65-69</b>	\$5.29	\$10.51	\$8.28	\$13.50
<b>70-74</b>	\$6.62	\$13.23	\$9.53	\$16.14
<b>75-79</b>	\$8.75	\$17.49	\$11.64	\$20.38
<b>80-85</b>	\$11.75	\$23.45	\$14.60	\$26.30

Hospital Indemnity Insurance Monthly Rates  
Washington

OPTIONAL BENEFIT RIDERS

**Rehabilitation or Skilled  
Nursing Facility: 1-20 Days**

\$100 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.31	\$0.62	\$0.35	\$0.66
30-39	\$0.31	\$0.62	\$0.35	\$0.66
40-49	\$0.93	\$1.85	\$0.97	\$1.90
50-59	\$2.31	\$4.62	\$2.34	\$4.65
60-64	\$2.72	\$5.42	\$2.74	\$5.44
65-69	\$4.72	\$9.33	\$4.74	\$9.35
70-74	\$6.73	\$13.40	\$6.75	\$13.41
75-79	\$10.34	\$20.55	\$10.36	\$20.57
80-85	\$15.58	\$30.91	\$15.59	\$30.93

**Rehabilitation or Skilled  
Nursing Facility: 21-100 Days**

\$100 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.39	\$0.78	\$0.43	\$0.81
30-39	\$0.39	\$0.78	\$0.43	\$0.81
40-49	\$1.02	\$2.03	\$1.03	\$2.05
50-59	\$2.17	\$4.33	\$2.18	\$4.34
60-64	\$3.78	\$7.53	\$3.79	\$7.53
65-69	\$4.83	\$9.56	\$4.84	\$9.56
70-74	\$7.48	\$14.87	\$7.49	\$14.88
75-79	\$11.48	\$22.82	\$11.49	\$22.82
80-85	\$16.21	\$32.18	\$16.22	\$32.18

**Rehabilitation or Skilled  
Nursing Facility: 1-20 Days**

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.62	\$1.24	\$0.70	\$1.32
30-39	\$0.62	\$1.24	\$0.70	\$1.32
40-49	\$1.86	\$3.70	\$1.94	\$3.80
50-59	\$4.62	\$9.24	\$4.68	\$9.30
60-64	\$5.44	\$10.84	\$5.48	\$10.88
65-69	\$9.44	\$18.66	\$9.48	\$18.70
70-74	\$13.46	\$26.80	\$13.50	\$26.82
75-79	\$20.68	\$41.10	\$20.72	\$41.14
80-85	\$31.16	\$61.82	\$31.18	\$61.86

**Rehabilitation or Skilled  
Nursing Facility: 21-100 Days**

\$200 per day

Issue Age Bands	Self	Self + Spouse	Self + Child(ren)	Self + Family
18-29	\$0.78	\$1.56	\$0.86	\$1.62
30-39	\$0.78	\$1.56	\$0.86	\$1.62
40-49	\$2.04	\$4.06	\$2.06	\$4.10
50-59	\$4.34	\$8.66	\$4.36	\$8.68
60-64	\$7.56	\$15.06	\$7.58	\$15.06
65-69	\$9.66	\$19.12	\$9.68	\$19.12
70-74	\$14.96	\$29.74	\$14.98	\$29.76
75-79	\$22.96	\$45.64	\$22.98	\$45.64
80-85	\$32.42	\$64.36	\$32.44	\$64.36