



The unexpected can happen.
 Be prepared with Hospital
 Confinement coverage.
Pays cash in time of need.



rates

\$

BASE PLAN

Proposed Insured's Age	INDIVIDUAL			INDIVIDUAL/SPOUSE			SINGLE PARENT FAMILY			FULL FAMILY		
	PLAN 1	PLAN 2	PLAN 3	PLAN 1	PLAN 2	PLAN 3	PLAN 1	PLAN 2	PLAN 3	PLAN 1	PLAN 2	PLAN 3
	18-29	\$ 14.50	\$ 36.52	\$ 58.83	\$ 28.94	\$ 72.90	\$ 117.37	\$ 32.02	\$ 87.46	\$ 137.56	\$ 41.12	\$ 109.35
30-39	\$ 16.82	\$ 41.56	\$ 66.34	\$ 33.72	\$ 83.20	\$ 132.89	\$ 34.68	\$ 94.04	\$ 147.64	\$ 49.30	\$ 129.02	\$ 203.88
40-49	\$ 19.50	\$ 48.04	\$ 76.14	\$ 39.02	\$ 96.08	\$ 152.27	\$ 32.78	\$ 87.18	\$ 136.79	\$ 50.26	\$ 129.23	\$ 203.63
50-59	\$ 20.46	\$ 52.85	\$ 83.37	\$ 40.96	\$ 105.79	\$ 166.91	\$ 30.74	\$ 83.11	\$ 130.28	\$ 51.00	\$ 135.33	\$ 212.67
60-64	\$ 26.58	\$ 71.53	\$ 113.69	\$ 53.20	\$ 143.14	\$ 227.53	\$ 40.52	\$ 108.20	\$ 173.03	\$ 63.56	\$ 173.71	\$ 274.84

\$

ANNUAL HOSPITAL ADMISSION RIDER

Proposed Insured's Age	INDIVIDUAL			INDIVIDUAL/SPOUSE			SINGLE PARENT FAMILY			FULL FAMILY		
	\$500	\$750	\$1,000	\$500	\$750	\$1,000	\$500	\$750	\$1,000	\$500	\$750	\$1,000
	18-29	\$ 4.10	\$ 6.15	\$ 8.20	\$ 8.10	\$ 12.15	\$ 16.20	\$ 7.80	\$ 11.70	\$ 15.60	\$ 10.90	\$ 16.35
30-39	\$ 5.20	\$ 7.80	\$ 10.40	\$ 10.50	\$ 15.75	\$ 21.00	\$ 8.70	\$ 13.05	\$ 17.40	\$ 13.50	\$ 20.25	\$ 27.00
40-49	\$ 6.30	\$ 9.45	\$ 12.60	\$ 12.50	\$ 18.75	\$ 25.00	\$ 8.80	\$ 13.20	\$ 17.60	\$ 14.80	\$ 22.20	\$ 29.60
50-59	\$ 8.10	\$ 12.15	\$ 16.20	\$ 16.10	\$ 24.15	\$ 32.20	\$ 10.00	\$ 15.00	\$ 20.00	\$ 18.00	\$ 27.00	\$ 36.00
60-64	\$ 13.70	\$ 20.55	\$ 27.40	\$ 27.50	\$ 41.25	\$ 55.00	\$ 16.60	\$ 24.90	\$ 33.20	\$ 29.60	\$ 44.40	\$ 59.20



HOSPITAL INTENSIVE CARE CONFINEMENT RIDER

Proposed Insured's Age	INDIVIDUAL			INDIVIDUAL/SPOUSE			SINGLE PARENT FAMILY			FULL FAMILY		
	\$200	\$400	\$600	\$200	\$400	\$600	\$200	\$400	\$600	\$200	\$400	\$600
18-29	\$ 2.20	\$ 4.40	\$ 6.60	\$ 4.40	\$ 8.80	\$ 13.20	\$ 6.20	\$ 12.40	\$ 18.60	\$ 7.24	\$ 14.48	\$ 21.72
30-39	\$ 2.24	\$ 4.48	\$ 6.72	\$ 4.48	\$ 8.96	\$ 13.44	\$ 6.28	\$ 12.56	\$ 18.84	\$ 8.00	\$ 16.00	\$ 24.00
40-49	\$ 2.24	\$ 4.48	\$ 6.72	\$ 4.52	\$ 9.04	\$ 13.56	\$ 5.28	\$ 10.56	\$ 15.84	\$ 7.12	\$ 14.24	\$ 21.36
50-59	\$ 2.20	\$ 4.40	\$ 6.60	\$ 4.36	\$ 8.72	\$ 13.08	\$ 4.52	\$ 9.04	\$ 13.56	\$ 6.68	\$ 13.36	\$ 20.04
60-64	\$ 2.88	\$ 5.76	\$ 8.64	\$ 5.76	\$ 11.52	\$ 17.28	\$ 5.24	\$ 10.48	\$ 15.72	\$ 8.16	\$ 16.32	\$ 24.48

HEART ATTACK, STROKE, COMA OR PARALYSIS RIDER

Proposed Insured's Age	INDIVIDUAL		INDIVIDUAL/SPOUSE		SINGLE PARENT FAMILY		FULL FAMILY	
	\$1,000/\$500	\$2,000/\$1,000	\$1,000/\$500	\$2,000/\$1,000	\$1,000/\$500	\$2,000/\$1,000	\$1,000/\$500	\$2,000/\$1,000
18-29	\$.10	\$.20	\$.20	\$.40	\$.10	\$.20	\$.16	\$.32
30-39	\$.26	\$.52	\$.52	\$ 1.04	\$.26	\$.52	\$.52	\$ 1.04
40-49	\$.60	\$ 1.20	\$ 1.20	\$ 2.40	\$.60	\$ 1.20	\$ 1.20	\$ 2.40
50-59	\$ 1.02	\$ 2.04	\$ 2.06	\$ 4.12	\$ 1.02	\$ 2.04	\$ 2.06	\$ 4.12
60-64	\$ 2.00	\$ 4.00	\$ 4.00	\$ 8.00	\$ 2.00	\$ 4.00	\$ 4.00	\$ 8.00

1 select PLAN

PLAN 1 PLAN 2 PLAN 3

2 select STATUS

INDIVIDUAL INDIVIDUAL/SPOUSE
 SINGLE PARENT FAMILY FULL FAMILY

3 calculate PREMIUM

\$ _____ BASE PLAN

\$ _____ ANNUAL HOSPITAL ADMISSION RIDER

\$500 \$750 \$1,000

\$ _____ HOSPITAL INTENSIVE CARE CONFINEMENT RIDER

\$200 \$400 \$600

\$ _____ HEART ATTACK, STROKE, COMA OR PARALYSIS RIDER

\$1,000/\$500 \$2,000/\$1,000

\$ _____ **TOTAL**

US Able Life
Live life. You're covered.®

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