

# Secure *Advantage*

HOSPITAL COVERAGE

Benefit	Gold Level
Daily Hospital Indemnity	20 Day Maximum Benefit Period for each period of care: Daily Benefits from \$100 to \$500, in \$50 increments
Durable Medical Equipment	\$300 per occurrence per calendar year (\$2,500 lifetime max)
Ambulance	\$150 per occurrence (\$2,500 lifetime max)
Emergency Room	\$200 per emergency room visit following an accident or injury
Physician Visits	\$25 per visit, with a \$75 calendar year max, for follow-up after a hospital stay
Optional Lump Sum Cancer Rider	From \$1,000 up to \$10,000 (in \$1,000 increments) for a first diagnosis of cancer

**Premium Rates and Benefits Gold Level**





## Monthly Bank Draft Premiums – Gold Level

**Cancer  
Rider**  
MBD  
Premium  
Per \$1000

Issue Age	Daily Hospital Benefit									Cancer Rider MBD Premium Per \$1000
	\$100	\$150	\$200	\$250	\$300	\$350	\$400	\$450	\$500	
18-49	\$14.50	\$18.80	\$23.10	\$27.50	\$31.90	\$36.20	\$40.50	\$44.90	\$49.30	\$1.30
50	16.40	21.30	26.20	31.30	36.30	41.20	46.10	51.10	56.00	1.40
51	17.10	22.20	27.20	32.50	37.80	42.90	47.90	53.10	58.30	1.50
52	18.00	23.20	28.50	33.90	39.40	44.70	50.10	55.40	60.80	1.50
53	18.60	24.10	29.50	35.20	40.80	46.40	51.90	57.50	63.10	1.60
54	19.30	24.90	30.50	36.40	42.30	48.10	53.80	59.60	65.30	1.70
55	19.90	25.70	31.60	37.70	43.80	49.70	55.60	61.60	67.60	1.90
56	20.60	26.60	32.60	38.90	45.30	51.40	57.50	63.70	69.80	2.00
57	21.20	27.40	33.70	40.20	46.70	53.00	59.40	65.70	72.10	2.10
58	22.10	28.60	35.00	41.80	48.60	55.20	61.70	68.40	75.00	2.20
59	22.90	29.70	36.40	43.40	50.50	57.30	64.10	71.00	77.90	2.30
60	23.80	30.80	37.80	45.10	52.40	59.40	66.50	73.60	80.80	2.50
61	24.70	31.90	39.10	46.70	54.20	61.50	68.80	76.30	83.70	2.60
62	25.50	33.00	40.50	48.30	56.10	63.60	71.20	78.90	86.60	2.70
63	26.40	34.20	41.90	50.00	58.10	65.90	73.70	81.70	89.70	2.80
64	27.30	35.40	43.40	51.70	60.10	68.20	76.30	84.50	92.80	2.90
65	28.30	36.50	44.80	53.50	62.10	70.50	78.80	87.40	95.90	3.10
66	29.20	37.70	46.30	55.20	64.10	72.70	81.40	90.20	99.00	3.20
67	30.10	38.90	47.70	56.90	66.10	75.00	83.90	93.00	102.10	3.30
68	31.30	40.40	49.60	59.10	68.70	77.90	87.20	96.60	106.10	3.40
69	32.40	41.90	51.40	61.30	71.20	80.90	90.50	100.30	110.10	3.40
70	33.60	43.40	53.30	63.50	73.80	83.80	93.70	103.90	114.00	3.50
71	34.70	44.90	55.10	65.80	76.40	86.70	97.00	107.50	118.00	3.50
72	35.90	46.50	57.00	68.00	78.90	89.60	100.30	111.10	122.00	3.60
73	37.00	47.90	58.80	70.10	81.40	92.40	103.30	114.50	125.70	3.60
74	38.10	49.30	60.50	72.10	83.80	95.10	106.40	117.90	129.50	3.70
75	39.20	50.70	62.20	74.20	86.20	97.90	109.50	121.30	133.20	3.70
76	40.30	52.10	64.00	76.30	88.70	100.60	112.60	124.70	136.90	3.80
77	41.40	53.60	65.70	78.40	91.10	103.40	115.70	128.20	140.70	3.80
78	42.30	54.70	67.10	80.00	93.00	105.50	118.10	130.80	143.60	3.80
79	43.10	55.80	68.40	81.60	94.80	107.60	120.40	133.50	146.50	3.80
80	44.00	56.90	69.80	83.30	96.70	109.80	122.80	136.10	149.40	3.80
81	44.80	58.00	71.20	84.90	98.60	111.90	125.20	138.70	152.30	3.80
82	45.70	59.10	72.50	86.50	100.50	114.00	127.60	141.40	155.10	3.80
83	46.60	60.20	73.90	88.10	102.40	116.20	130.00	144.10	158.10	3.80
84	47.40	61.40	75.30	89.80	104.30	118.40	132.50	146.80	161.10	3.80
85	48.30	62.60	76.80	91.50	106.30	120.60	135.00	149.60	164.10	3.80

**To the initial premium, add a one time policy fee of \$25.**

Premium Modal Factors:	Factor
Annual	MBD x 12
Semi-Annual	Annual x .52
Quarterly	Annual x .265