

# Secure *Advantage*

HOSPITAL COVERAGE

Benefit	Platinum Level
<b>Daily Hospital Indemnity</b>	<b>90 Day</b> Maximum Benefit Period for each period of care: Daily Benefits from \$100 to \$500, in \$50 increments
<b>Durable Medical Equipment</b>	<b>\$400</b> per occurrence per calendar year (\$2,500 lifetime max)
<b>Ambulance</b>	<b>\$200</b> per occurrence (\$2,500 lifetime max)
<b>Emergency Room</b>	<b>\$250</b> per emergency room visit following an accident or injury
<b>Physician Visits</b>	<b>\$25</b> per visit, with a <b>\$75</b> calendar year max, for follow-up after a hospital stay
<b>Optional Lump Sum Cancer Rider</b>	<b>From \$1,000 up to \$10,000</b> (in \$1,000 increments) for a first diagnosis of cancer

**Premium Rates and Benefits Platinum Level**



Issue Age	Daily Hospital Benefit									Cancer Rider MBD Premium Per \$1000
	\$100	\$150	\$200	\$250	\$300	\$350	\$400	\$450	\$500	
18-49	\$20.40	\$27.20	\$34.00	\$40.70	\$47.50	\$54.30	\$61.10	\$68.00	\$75.00	\$1.30
50	23.20	30.90	38.60	46.30	54.10	61.80	69.50	77.40	85.20	1.40
51	24.10	32.10	40.20	48.20	56.30	64.30	72.30	80.50	88.70	1.50
52	25.20	33.60	41.90	50.30	58.70	67.10	75.50	84.00	92.60	1.50
53	26.10	34.80	43.50	52.20	60.80	69.60	78.30	87.20	96.00	1.60
54	27.00	36.00	45.00	54.00	63.00	72.00	81.10	90.30	99.50	1.70
55	27.90	37.30	46.60	55.90	65.20	74.50	83.90	93.40	102.90	1.90
56	28.90	38.50	48.10	57.70	67.40	77.00	86.70	96.50	106.30	2.00
57	29.80	39.70	49.70	59.60	69.60	79.50	89.50	99.60	109.80	2.10
58	31.00	41.30	51.70	62.00	72.30	82.70	93.00	103.60	114.20	2.20
59	32.20	42.90	53.60	64.40	75.10	85.90	96.60	107.60	118.60	2.30
60	33.40	44.50	55.60	66.70	77.90	89.00	100.20	111.60	123.00	2.50
61	34.60	46.10	57.60	69.10	80.60	92.20	103.70	115.50	127.40	2.60
62	35.80	47.70	59.60	71.50	83.40	95.40	107.30	119.50	131.80	2.70
63	37.10	49.40	61.70	74.10	86.40	98.80	111.20	123.80	136.50	2.80
64	38.40	51.10	63.90	76.70	89.40	102.20	115.00	128.10	141.30	2.90
65	39.70	52.80	66.00	79.20	92.40	105.70	118.90	132.40	146.00	3.10
66	40.90	54.60	68.20	81.80	95.40	109.10	122.70	136.70	150.70	3.20
67	42.20	56.30	70.40	84.40	98.40	112.50	126.60	141.00	155.40	3.30
68	43.90	58.50	73.10	87.70	102.30	116.90	131.50	146.50	161.50	3.40
69	45.50	60.70	75.90	91.00	106.10	121.30	136.50	152.00	167.50	3.40
70	47.10	62.90	78.60	94.30	109.90	125.70	141.40	157.50	173.60	3.50
71	48.80	65.00	81.30	97.50	113.80	130.10	146.30	163.00	179.60	3.50
72	50.40	67.20	84.00	100.80	117.60	134.40	151.30	168.50	185.60	3.60
73	51.90	69.30	86.60	103.90	121.20	138.60	155.90	173.60	191.30	3.60
74	53.50	71.30	89.20	107.00	124.80	142.70	160.50	178.80	197.00	3.70
75	55.00	73.40	91.70	110.10	128.40	146.80	165.20	183.90	202.70	3.70
76	56.60	75.40	94.30	113.20	132.10	150.90	169.80	189.10	208.40	3.80
77	58.10	77.50	96.90	116.30	135.70	155.00	174.40	194.30	214.10	3.80
78	59.30	79.10	98.90	118.70	138.40	158.20	178.00	198.20	218.50	3.80
79	60.50	80.70	100.90	121.00	141.20	161.40	181.60	202.20	222.90	3.80
80	61.70	82.30	102.80	123.40	144.00	164.60	185.10	206.20	227.30	3.80
81	62.90	83.80	104.80	125.80	146.70	167.70	188.70	210.20	231.70	3.80
82	64.10	85.40	106.80	128.20	149.50	170.90	192.30	214.20	236.10	3.80
83	65.30	87.00	108.80	130.60	152.40	174.10	195.90	218.30	240.60	3.80
84	66.50	88.70	110.80	133.10	155.30	177.40	199.60	222.40	245.20	3.80
85	67.80	90.40	112.90	135.60	158.20	180.80	203.40	226.60	249.90	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