

Secure *Advantage*

HOSPITAL COVERAGE

Benefit	Silver Level
Daily Hospital Indemnity	10 Day Maximum Benefit Period for each period of care: Daily Benefits from \$100 to \$500, in \$50 increments
Durable Medical Equipment	\$200 per occurrence per calendar year (\$2,500 lifetime max)
Ambulance	\$100 per occurrence (\$2,500 lifetime max)
Emergency Room	\$150 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 Silver Level





Monthly Bank Draft Premiums – Silver 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	\$10.30	\$13.30	\$16.30	\$19.30	\$22.30	\$25.40	\$28.50	\$31.60	\$34.70	\$1.30
50	11.70	15.10	18.50	22.00	25.40	28.90	32.40	35.90	39.40	1.40
51	12.20	15.70	19.20	22.80	26.40	30.10	33.70	37.40	41.00	1.50
52	12.80	16.50	20.20	23.90	27.60	31.40	35.20	39.00	42.80	1.50
53	13.20	17.10	20.90	24.80	28.70	32.60	36.50	40.50	44.40	1.60
54	13.70	17.70	21.70	25.70	29.70	33.70	37.80	41.90	46.00	1.70
55	14.20	18.30	22.40	26.50	30.70	34.90	39.10	43.40	47.60	1.90
56	14.60	18.90	23.10	27.40	31.70	36.10	40.40	44.80	49.20	2.00
57	15.10	19.50	23.90	28.30	32.70	37.20	41.70	46.30	50.80	2.10
58	15.70	20.30	24.80	29.40	34.10	38.70	43.40	48.10	52.80	2.20
59	16.30	21.00	25.80	30.60	35.40	40.20	45.00	49.90	54.80	2.30
60	16.90	21.80	26.70	31.70	36.70	41.70	46.70	51.80	56.90	2.50
61	17.50	22.60	27.70	32.80	38.00	43.10	48.30	53.60	58.90	2.60
62	18.10	23.40	28.70	34.00	39.30	44.60	50.00	55.40	60.90	2.70
63	18.70	24.20	29.70	35.20	40.70	46.20	51.80	57.40	63.10	2.80
64	19.40	25.00	30.70	36.40	42.10	47.80	53.60	59.40	65.30	2.90
65	20.00	25.90	31.80	37.60	43.50	49.40	55.40	61.40	67.50	3.10
66	20.70	26.70	32.80	38.90	44.90	51.00	57.20	63.40	69.70	3.20
67	21.30	27.60	33.90	40.10	46.30	52.60	59.00	65.40	71.90	3.30
68	22.20	28.70	35.20	41.70	48.10	54.70	61.30	68.00	74.70	3.40
69	23.00	29.70	36.50	43.20	49.90	56.80	63.60	70.50	77.50	3.40
70	23.80	30.80	37.80	44.80	51.80	58.80	65.90	73.10	80.30	3.50
71	24.70	31.90	39.10	46.30	53.60	60.90	68.20	75.60	83.10	3.50
72	25.50	32.90	40.40	47.90	55.40	62.90	70.50	78.20	85.90	3.60
73	26.30	34.00	41.60	49.40	57.10	64.90	72.60	80.60	88.50	3.60
74	27.00	35.00	42.90	50.80	58.80	66.80	74.80	83.00	91.20	3.70
75	27.80	36.00	44.10	52.30	60.50	68.70	77.00	85.40	93.80	3.70
76	28.60	37.00	45.40	53.80	62.20	70.60	79.10	87.80	96.40	3.80
77	29.40	38.00	46.60	55.20	63.90	72.60	81.30	90.20	99.00	3.80
78	30.00	38.80	47.60	56.40	65.20	74.10	83.00	92.00	101.10	3.80
79	30.60	39.60	48.50	57.50	66.50	75.60	84.60	93.90	103.10	3.80
80	31.20	40.30	49.50	58.60	67.80	77.00	86.30	95.70	105.20	3.80
81	31.80	41.10	50.50	59.80	69.10	78.50	88.00	97.60	107.20	3.80
82	32.30	41.90	51.40	60.90	70.40	80.00	89.70	99.50	109.20	3.80
83	32.90	42.60	52.40	62.00	71.70	81.50	91.40	101.30	111.30	3.80
84	33.50	43.40	53.40	63.20	73.00	83.10	93.10	103.30	113.40	3.80
85	34.10	44.20	54.40	64.40	74.40	84.60	94.90	105.20	115.60	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