

How Our Plans Work

We'll provide you with claim forms to complete and send in. You attach copies of your receipts for the items listed below and we issue you a check to use as you see fit. This coverage provides benefits in a stated amount for confinement in a hospital, regardless of the hospital expenses actually incurred by the insured, due to such confinement.

Benefits are paid in a lump sum directly to the insured.

Hospital SafeGuard PremierSM pays you (per calendar year):

Hospital		Hospital SafeGuard Premier SM Plan A:		Hospital SafeGuard Premier SM Plan B:	
Inpatient Hospital Confinement (paid per 24 hours)	\$500 per day for 31 days		\$1,000 per day for 31 days		
Intensive Care Unit (ICU) Confinement (paid per 24 hours)	Additional \$500 per day for 10 days ¹		Additional \$1,000 per day for 10 days ¹		
Emergency Room	\$100 per visit, 1 visit				
Ambulance					
Air Ambulance	\$500 per transport	2 transport limit	\$500 per transport	2 transport limit	
Ground Ambulance	\$100 per transport		\$100 per transport		
Outpatient/Office Visit					
Urgent Care Center	\$50 per visit, 1 visit				
Surgical Services (per day actual surgery occurs)					
Anesthesia Services	\$100 per day, 2 days during which anesthesia is administered				
Doctor Office Surgery	\$100 per surgery	2 surgery limit (If more than 1 surgery takes place on the same day, only the larger benefit will be paid.)	\$100 per surgery	2 surgery limit (If more than 1 surgery takes place on the same day, only the larger benefit will be paid.)	
Inpatient Surgery	\$1,000 per surgery		\$1,000 per surgery		
Outpatient Surgery	\$500 per surgery		\$500 per surgery		

Hospital SafeGuardSM pays you (per calendar year):

Hospital	Hospital SafeGuard SM Plan A:	Hospital SafeGuard SM Plan B:
Inpatient Hospital Confinement (paid per 24 hours)	\$1,000 per day for 31 days	\$2,000 per day for 7 days
Intensive Care Unit (ICU) Confinement (paid per 24 hours)	Additional \$1,000 per day for 10 days ¹	Additional \$2,000 per day for 7 days ¹

¹ ICU Confinement benefit amount must match Inpatient Hospital Confinement benefit amount. If you are in ICU Confinement within the allotted days of Hospital Confinement, you receive both the Inpatient Hospital Confinement benefit and the ICU Confinement benefit to the maximum. If the Inpatient Hospital Confinement maximum is exhausted prior to an ICU stay, then you only receive the ICU Confinement benefit (not the additional Inpatient Hospital Confinement benefit) to the maximum.

HOSPITAL SAFEGUARD PLAN A

AGE	NON TOBACCO	TOBACCO
18-19	\$12.56 - \$12.82	Run Quote
20-21	\$13.08 - \$13.29	Run Quote
22-23	\$13.51 - \$13.73	Run Quote
24-25	\$13.94 - \$14.17	Run Quote
26-27	\$14.39 - \$14.62	Run Quote
28-29	\$14.85 - \$15.16	Run Quote
30-31	\$15.27 - \$15.75	Run Quote
32-33	\$16.04 - \$16.32	Run Quote
34-35	\$16.58 - \$16.85	Run Quote
36-37	\$17.17 - \$17.50	Run Quote
38-39	\$17.94 - \$18.38	Run Quote
40-41	\$18.76 - \$19.14	Run Quote
42-43	\$19.53 - \$20.07	Run Quote
44-45	\$20.61 - \$21.25	Run Quote
46-47	\$21.68 - \$22.22	Run Quote
48-49	\$22.97 - \$23.75	Run Quote
50-51	\$24.53 - \$25.46	Run Quote
52-53	\$26.40 - \$27.55	Run Quote
54-55	\$28.70 - \$29.86	Run Quote
56-57	\$31.16 - \$32.28	Run Quote
58-59	\$33.99 - \$35.91	Run Quote
60-61	\$38.07 - \$40.24	Run Quote
62-63	\$42.40 - \$45.04	Run Quote
64	\$47.68	Run Quote