



Health ProtectorGuard | AK, AL, AR, AZ, CO, DE, FL, GA, HI, IA, IL, IN, KY, LA, MD, ME, MI, MN,
MO, MS, NC, NE, NV, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WV, and WY



Health ProtectorGuard

Fixed benefits health insurance

**United
Healthcare**

Golden Rule
Insurance Co.

Save with network discounts

Get nationwide access to quality care and savings

You can use any provider you choose for medical services, but you'll get the most out of your HPG benefits when you use the UnitedHealthcare Choice Plus network.

Great reasons to use a UnitedHealthcare Choice Plus network provider:

- You'll get care at pre-negotiated lower rates
- Network providers will file claims on your behalf
- With a large nationwide network, an in-network provider may be nearby



1.8M+
providers²



7,000+
hospitals²



58%
average discount savings³

Example savings

Take a look at these sample claims, the network savings, and how it works with the plan.

Treatment (services claimed)	Actual treatment cost	Treatment cost after Choice Plus Network discount	Plan benefit (HPG Preferred plan with benefit level 2)	Total member responsibility using Network provider	Total member responsibility using non-network provider
Office visit (1 visit)	\$175	\$72	\$100	\$0 (\$28 paid to member)	\$75
Health screening diagnostic lab (1 test)	\$42	\$16	\$50	\$0 (\$34 paid to member)	\$0 (\$8 paid to member)
Emergency room (1 visit)	\$5,770	\$2,400	\$500	\$1,900	\$5,270
Hospital admission & room/board (6 nights, standard stay)	\$15,600	\$6,425	\$21,000	\$0 (\$14,575 paid to member)	\$0 (\$5,400 paid to member)

These are samples based on actual claims. Amounts have been rounded for simplification. Actual treatment cost and network discounts vary by area. Benefits vary by plan (state variations may apply). These samples are for illustration only, to depict how the plan works.

Start here: build a plan that’s right for you

HPG plans have 2 parts that together make up all the benefits of your plan: (1) a hospital benefit base plan and (2) a “wellness, office visit, Rx” benefit level. There are different benefit amounts with each plan and level. You pick what works best for you out of each offering. Together this is your plan designed by you, for you.



Step 1: Choose a hospital benefit base plan

On the next page (page 7) you will find 4 plans ranging in benefit amounts. This is the start of your plan build. Each of these plans covers hospital stays including intensive care unit and ambulance trips, surgical procedures and outpatient/lab.

Listed below, from lowest to highest benefit amounts, the base plan options are:

- Choice
- Select
- Preferred
- Premier

The difference in each plan is the fixed benefit amount we pay for the service, and for some benefits, how many times or days the benefit will pay out in a calendar year.



Step 2: Choose a wellness, office visit, prescription (Rx) level

On page 8 you will find 3 levels of wellness, office visit, Rx coverage, also known as "WORx." This part is added to the hospital base plan you select.

Each level covers select wellness procedures, doctor office visits for illness and specialist visits, including urgent care, and prescription drug benefits for brand name and generic.

Listed below, from lowest to highest benefit amounts, the level options are:

- Level 1
- Level 2
- Level 3

The difference in each level is the fixed benefit we pay for covered services and the number of times the benefit is payable. It is important to note there are some wellness benefits only covered in the higher levels, and all wellness benefits have a 30-day waiting period in most states before we will pay benefits.

Health ProtectorGuard Plans					
<div>Strongest Benefit</div> <div></div>	Level 3	HPG Choice 3	HPG Select 3	HPG Preferred 3	HPG Premier 3
	Level 2	HPG Choice 2	HPG Select 2	HPG Preferred 2	HPG Premier 2
	Level 1	HPG Choice 1	HPG Select 1	HPG Preferred 1	HPG Premier 1



Highest Hospital Benefit Level

Hospital base plan benefit details

Step 1: Choose a hospital benefit base plan as the foundation of your HPG coverage.

All benefits, including maximums are per person, per calendar year.		Choice	Select	Preferred	Premier
Critical medical services					
Inpatient Hospital Confinement Illness/Injury¹ (unlimited days)	Year 1 we pay: Year 2 we pay: ²	\$1,000 per day \$2,000 per day	\$2,000 per day \$4,000 per day	\$3,000 per day \$6,000 per day	\$5,000 per day \$10,000 per day
Intensive Care Unit (ICU) or Critical Care Unit (CCU)³	We pay:	\$1,000 per day (31 days)	\$2,000 per day (31 days)	\$3,000 per day (31 days)	\$5,000 per day (31 days)
Hospital Admission Benefit - First Inpatient Day¹	We pay:	\$1,000 per day (1 day)	\$2,000 per day (1 day)	\$3,000 per day (1 day)	\$3,000 per day (1 day)
Emergency Room	We pay:	\$400 per day (1 day)	\$500 per day (1 day)	\$500 per day (1 day)	\$1,000 per day (1 day)
Ambulance (maximum combined trips of any type)		2 trips	2 trips	2 trips	2 trips
Ground/Water Ambulance	We pay:	\$500 per trip	\$500 per trip	\$1,000 per trip	\$1,000 per trip
Air Ambulance	We pay:	\$5,000 per trip	\$5,000 per trip	\$5,000 per trip	\$5,000 per trip
Surgical benefits (represent a range for 7 surgical tiers; see page 8 for additional details)					
Surgical Procedure (unlimited days)	We pay:	\$250-\$25,000	\$500-\$50,000	\$500-\$50,000	\$500-\$50,000
Outpatient Facility	We pay:	\$1,000 per day (2 days)	\$1,000 per day (2 days)	\$2,000 per day (3 days)	\$2,500 per day (3 days)
Outpatient/Lab (maximum combined of any type)		4 tests	4 tests	5 tests	5 tests
Outpatient Lab	We pay:	\$30 per test	\$50 per test	\$50 per test	\$75 per test
Outpatient X-ray and Other Diagnostic Testing (Ultrasound, EKG, EEG, Angiogram, Arteriogram, Thallium Stress Test, and Myelogram)	We pay:	\$30 per test	\$50 per test	\$75 per test	\$100 per test
Outpatient Diagnostic and Imaging Tier 2 (MRI/PET/CAT Benefit per test)	We pay:	\$250 per test	\$300 per test	\$400 per test	\$500 per test
Outpatient Chemotherapy					
Oral Chemotherapy	We pay:	\$1,000 per month (3 months)	\$1,000 per month (3 months)	\$1,000 per month (3 months)	\$1,000 per month (3 months)
Outpatient Chemotherapy, Radiation, & Immunotherapy Non Oral	We pay:	\$1,000 per day (20 days)	\$1,000 per day (40 days)	\$2,000 per day (40 days)	\$2,000 per day (40 days)

Wellness, Dr. visit, Rx level benefit details

Step 2: Choose a wellness, office visit, prescription Rx level, also known as "WORx," to finish your plan build.

All benefit maximums (max) are per person, per calendar year.		Level 1	Level 2	Level 3
Wellness (after 30-day waiting period in most states)				
Physical Exam	We pay:	\$80 per exam (1 exam)	\$100 per exam (1 exam)	\$125 per exam (1 exam)
Health Screening Diagnostic Labs	We pay:	\$25 per test (2 tests)	\$50 per test (2 tests)	\$100 per test (2 tests)
Health Screening X-ray	We pay:	Not covered	\$50 per test (1 test)	\$100 per test (1 test)
Adult Flu Shot (ages 18+)	We pay:	\$25 per shot (max 1)	\$25 per shot (max 1)	\$25 per shot (max 1)
Child Immunizations/Flu Shot (under age 18)	We pay:	\$25 per shot (max 4)	\$25 per shot (max 4)	\$25 per shot (max 4)
Child Allergy Treatments (under age 18+)	We pay:	\$10 per treatment (max 10)	\$10 per treatment (max 10)	\$10 per treatment (max 10)
Bone Density Screening (ages 40+)	We pay:	Not covered	Not covered	\$150 per exam (max 1)
Mammogram (females ages 30+)	Year 1 we pay: Year 2 we pay ¹ :	\$100 per exam (max 1) \$150 per exam (max 1)	\$150 per exam (max 1) \$225 per exam (max 1)	\$150 per exam (max 1) \$225 per exam (max 1)
Pap Smear (females ages 18+) or PSA Test (males ages 40+)	Year 1 we pay: Year 2 we pay ¹ :	\$100 per exam (max 1) \$150 per exam (max 1)	\$100 per exam (max 1) \$150 per exam (max 1)	\$100 per exam (max 1) \$150 per exam (max 1)
EKG (ages 40+)	We pay:	Not covered	Not covered	\$100 per test (1 test)
Stress EKG (ages 40+)	We pay:	Not covered	Not covered	\$125 per test (1 test)
Colonoscopy (ages 50+ preventive; or any age if illness related)	We pay:	\$300 per exam (1 exam)	\$300 per exam (1 exam)	\$500 per exam (1 exam)
Office Visits (maximum Office Visits, any type combined)	Year 1 max: Year 2 max ¹ :	4 visits 6 visits	5 visits 7 visits	6 visits 8 visits
Doctor Office Visits	We pay:	\$80 per visit	\$100 per visit	\$125 per visit
Specialist Office Visits/Urgent Care Visits	We pay:	\$100 per visit	\$125 per visit	\$150 per visit
Office Visits with in-office surgery in lieu of Doctor/Specialist/Urgent Care Visits	We pay:	\$200 per visit	\$225 per visit	\$250 per visit
Therapy Visits				
Chiropractic/Physical/Occupational/ Speech Therapy Visits	We pay:	Not covered	\$35 per visit (10 visits)	\$45 per visit (10 visits)
Rx Drugs (maximum fills, any type combined)	Year 1 max: Year 2 max ¹ :	12 fills 17 fills	15 fills 20 fills	20 fills 25 fills
Name Brand Prescription Drugs	We pay:	\$40 per fill	\$60 per fill	\$60 per fill
Generic Prescription Drugs	We pay:	\$10 per fill	\$10 per fill	\$20 per fill

Surgical benefit details

How the surgical tiers are determined

Each plan has a 7-tier surgical schedule based on the relative value unit¹ of the procedure being performed. The amount for the respective tier will be paid each day a covered person requires inpatient or outpatient surgery as prescribed by a doctor. If surgery falls under multiple tiers, we will pay the largest amount and if multiple surgeries are performed in a single day, we will pay one amount for the highest tier procedure. These benefits are determined by the hospital base plan you chose in step 1.

		Choice	Select	Preferred	Premier
Surgical Benefits Surgery Tier examples are for illustrative purposes only					
Tier 1 Surgeries for major organ/tissue failure transplants payable once per each of the following major organ types per covered person's lifetime: liver, heart, lung, kidney, pancreas, bone marrow, stem cell, or small intestine.	We pay:	\$25,000	\$50,000	\$50,000	\$50,000
Tier 2 Surgeries such as intracranial vessel surgery or removal of esophagus.	We pay:	\$10,000	\$20,000	\$20,000	\$20,000
Tier 3 Surgeries such as endoscopy, partial removal of pancreas or replacement of mitral valve.	We pay:	\$5,000	\$10,000	\$10,000	\$10,000
Tier 4 Surgeries such as lumbar spine fusion, colectomy, or repair of mitral valve.	We pay:	\$2,500	\$5,000	\$5,000	\$5,000
Tier 5 Surgeries such as total knee/hip arthroplasty or lower back disk surgery.	We pay:	\$1,250	\$2,500	\$2,500	\$2,500
Tier 6 Surgeries such as appendectomy, knee/shoulder reconstruction, or carpal tunnel surgery.	We pay:	\$500	\$1,000	\$1,000	\$1,000
Tier 7 Surgeries such as removal of tonsils and adenoids, breast biopsy or creation of eardrum opening (tubes in ear).	We pay:	\$250	\$500	\$500	\$500
Assistant Surgeon (payable per day, when a covered surgery requires)	We pay:	20% of surgical benefits	20% of surgical benefits	20% of surgical benefits	20% of surgical benefits
Anesthesiologist (payable per day)	We pay:	30% of surgical benefits	30% of surgical benefits	30% of surgical benefits	30% of surgical benefits