



Health ProtectorGuard | AK, AL, AR, AZ, CO, DE, FL, GA, HI, IA, IL, IN, KY, LA, ME, MI, MN,
MO, MS, NC, NE, NV, OK, 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.¹

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 4000 plan)	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
Outpatient x-ray (2 tests)	\$1,090	\$238	\$150	\$88	\$940
Outpatient Facility (1 day)	\$12,031	\$2,632	\$2,000	\$632	\$10,031
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	\$27,000	\$0 (\$20,575 paid to member)	\$0 (\$11,400 paid to member)

Wellness, Dr. visit, and Rx benefit details

All benefit maximums (max) are per person, per calendar year.		Select 2000	Preferred 4000	Premier 5000
Wellness				
Physical Exam	We pay:	\$100 per exam (max 1)	\$125 per exam (max 1)	\$150 per exam (max 1)
Health Screening Diagnostic Labs	We pay:	\$100 per test (max 2)	\$100 per test (max 2)	\$100 per test (max 2)
Health Screening X-ray	We pay:	\$100 per test (max 1)	\$100 per test (max 1)	\$100 per test (max 1)
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:	\$150 per exam (max 1)	\$150 per exam (max 1)	\$150 per exam (max 1)
Mammogram (females ages 30+)	Year 1 we pay: Year 2 we pay ¹ :	\$150 per exam (max 1) \$225 per exam (max 1)	\$200 per exam (max 1) \$300 per exam (max 1)	\$200 per exam (max 1) \$300 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:	\$100 per test (max 1)	\$100 per test (max 1)	\$100 per test (max 1)
Stress EKG (ages 40+)	We pay:	\$125 per test (max 1)	\$125 per test (max 1)	\$125 per test (max 1)
Colonoscopy (ages 50+ preventive; or any age if illness related)	We pay:	\$500 per exam (max 1)	\$750 per exam (max 1)	\$750 per exam (max 1)
Office Visits (maximum Office Visits, any type combined)	Year 1 max: Year 2 max ¹ :	4 visits 6 visits	6 visits 8 visits	10 visits 12 visits
Doctor Office Visits	We pay:	\$80 per visit	\$100 per visit	\$150 per visit
Specialist (SP) Office Visits/Urgent Care (UC) Visits	We pay:	\$100 per visit	\$125 per visit	\$150 per SP visit \$200 per UC 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:	\$35 per visit (max 10 visits)	\$45 per visit (max 10 visits)	\$75 per visit (max 10 visits)
Rx Drugs (maximum fills, any type combined)	Year 1 max: Year 2 max ¹ :	12 fills 17 fills	12 fills 17 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	\$20 per fill	\$20 per fill

Hospital and outpatient benefit details

All benefits, including maximums (max) are per person, per calendar year.		Select 2000	Preferred 4000	Premier 5000
Hospital services				
Inpatient Hospital Confinement Illness/Injury¹ (unlimited days)	Year 1 we pay: Year 2 we pay: ²	\$2,000 per day \$4,000 per day	\$4,000 per day \$8,000 per day	\$5,000 per day \$10,000 per day
Intensive Care Unit (ICU) or Critical Care Unit (CCU)³	We pay:	\$2,000 per day (max 60 days)	\$4,000 per day (max 60 days)	\$5,000 per day (max 60 days)
Hospital Admission Benefit - First Inpatient Day¹	We pay:	\$2,000 per day (max 1 day)	\$3,000 per day (max 1 day)	\$3,000 per day (max 1 day)
Inpatient Doctor Visit	We pay:	\$100 per day (max 1 visit per day)	\$100 per day (max 1 visit per day)	\$100 per day (max 1 visit per day)
Emergency Room	We pay:	\$300 per day (max 3 days)	\$500 per day (max 3 days)	\$1,000 per day (max 3 days)
Ambulance (maximum combined trips of any type)		1 trip	1 trip	1 trip
Ground/Water Ambulance	We pay:	\$1,000 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
Surgical benefits (represent a range for 7 surgical tiers; see page 7 for additional details)				
Surgical Procedure (unlimited days)	We pay:	\$250-\$25,000 per day	\$375-\$37,500 per day	\$500-\$50,000 per day
Outpatient Facility	We pay:	\$1,000 per day (max 10 days)	\$2,000 per day (max 10 days)	\$4,000 per day (max 10 days)
Outpatient/Lab (maximum combined of any type)		10 tests	10 tests	10 tests
Outpatient Lab	We pay:	\$30 per test	\$50 per test	\$50 per test
Outpatient X-ray and Other Diagnostic Testing (Ultrasound, EKG, EEG, Angiogram, Arteriogram, Thallium Stress Test, and Myelogram)	We pay:	\$50 per test	\$75 per test	\$75 per test
Outpatient Diagnostic and Imaging Tier 2 (MRI/PET/CAT)	We pay:	\$400 per test	\$400 per test	\$1,000 per test
Outpatient Chemotherapy				
Oral Chemotherapy	We pay:	\$1,000 per month (max 3 months)	\$1,000 per month (max 3 months)	\$2,000 per month (max 6 months)
Outpatient Chemotherapy, Radiation, & Immunotherapy Non Oral	We pay:	\$1,000 per day (max 40 days)	\$2,000 per day (max 40 days)	\$2,500 per day (max 60 days)

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 surgery² 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.

		Select 2000	Preferred 4000	Premier 5000
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	\$37,500	\$50,000
Tier 2 Surgeries such as intracranial vessel surgery or removal of esophagus.	We pay:	\$10,000	\$15,000	\$20,000
Tier 3 Surgeries such as endoscopy, partial removal of pancreas or replacement of mitral valve.	We pay:	\$5,000	\$7,500	\$10,000
Tier 4 Surgeries such as lumbar spine fusion, colectomy, or repair of mitral valve.	We pay:	\$2,500	\$3,750	\$5,000
Tier 5 Surgeries such as total knee/hip arthroplasty or lower back disk surgery.	We pay:	\$1,250	\$1,875	\$2,500
Tier 6 Surgeries such as appendectomy, knee/shoulder reconstruction, or carpal tunnel surgery.	We pay:	\$500	\$750	\$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	\$375	\$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
Anesthesiologist (payable per day)	We pay:	30% of surgical benefits	30% of surgical benefits	30% of surgical benefits