

**FirstChoice Supplement Series**  
**Complete Plan**

State Usage for Daily Surgical Schedule (C-HPHI-14) - AL, AZ, AR, CA, GA, IA, IL, IN, KY, LA, MD, MS, NC, NE, NV, OH, OK, PA, SC, SD, TN, VA, WI, WV, WY; (FL-HPHI14) - DE, MI; (M-HPHI-14) DC

<b>Daily Room Benefit</b>	<b>\$500</b>	<i>Payable for up to 365 consecutive days of confinement</i>
<b>Lump Sum Indemnity</b> (CUL-HRSL and CHPHILS14-NC)	<b>\$1,000</b>	<i>Paid to an insured upon the first hospital confinement of each year.</i>
<b>First Hospital Confinement</b> (CUL-HRFHC)	<b>\$10,000</b> over 6 days	<i>Based upon the duration of the first hospital confinement of each policy year</i>
<b>Intensive Care</b> (CUL-HRICU-and CHRICU14-LA)	<b>\$2,500</b> per day	<i>Limited to 20 day per period of confinement</i>
<b>Private Duty Nurse</b> (CUL-HRPN)	<b>\$250</b> per day	<i>Limited to 30 days per confinement</i>
<b>Surgical</b> (CHPHISS14 and CHPSISS14-LA)	<b>\$3,000</b> Per Day	<i>Per day when confined and a covered surgical event takes place. Maximum of 5 days per confinement</i>
<b>Anesthesia</b>	<b>\$600</b> Per Day	<i>Daily benefit amount paid for each day that a surgical benefit is paid for inpatient surgery.</i>
<b>Emergency Accident **</b> (CUL- HREA)	<b>\$250</b> Per Accident	<i>Limited to 4 different covered injuries per calendar year per insured.</i>
<b>Specified Injury Rider</b> (CUL-HRSI)	<b>\$25-\$2,000</b>	<i>See rider for specific amounts</i> <i>Not available in GA or NC.</i>

\*\* Insured categories are the insured person, the insured person’s spouse (in NV, spouse/domestic partner), and/or all of the insured person’s dependent children. Maximum number of 4 different injuries per year for all dependent children, not per child.

**Sample FirstChoice Supplement Series Daily Surgical Benefits Premiums**

Monthly Rates	Complete Plan
Single	<b>\$160.90</b>
Single w/Spouse ( in NV Spouse/domestic partner)	<b>\$320.05</b>
Single w/Children	<b>\$251.35</b>
Family	<b>\$410.50</b>

To be used with  
**Brochure**  
**CUL-FCSS 1015**

**FirstChoice Complete Plan**  
**Claims Examples**  
**for Daily Surgical Benefit States**



**Broken Femur, Days Confined (2)**

**Complete Plan**

<b>Name of Policy Benefit</b>	<b>Benefit Amount</b>	<b>Amount Paid</b>
Daily Room Benefit	\$500 per day	<b>\$1,000</b>
First Hospital Confinement	\$10,000 over 6 days of confinement	<b>\$2,000</b>
Surgical	\$3,000 per day of confinement, Max of 5 days	<b>\$6,000</b>
Anesthesia	\$600 per day of confinement, Max of 5 days	<b>\$1,200</b>
Emergency Accident	\$250 per accident, max of 4 per year	<b>\$250</b>
Specified Injury Rider	\$25-\$2,000 ( see schedule)	<b>\$1,850</b>
	<b>TOTAL PAID</b>	<b>\$12,300</b>

**C-Section, Days Confined (4)**

**Complete Plan**

<b>Name of Policy Benefit</b>	<b>Benefit Amount</b>	<b>Amount Paid</b>
Daily Room Benefit	\$500 per day	<b>\$2,000</b>
First Hospital Confinement	\$10,000 over 6 days of confinement	<b>\$6,000</b>
Surgical	\$3,000 per day of confinement, Max of 5 days	<b>\$12,000</b>
Anesthesia	\$600 per day of confinement, Max of 5 days	<b>\$2,400</b>
	<b>TOTAL PAID</b>	<b>\$22,400</b>

**Heart Bypass, Days Confined (6)**

**Complete Plan**

<b>Name of Policy Benefit</b>	<b>Benefit Amount</b>	<b>Amount Paid</b>
Daily Room Benefit	\$500 per day	<b>\$3,000</b>
First Hospital Confinement	\$10,000 over 6 days of confinement	<b>\$10,000</b>
Surgical	\$3,000 per day of confinement, Max of 5 days	<b>\$15,000</b>
Anesthesia	\$600 per day of confinement, Max of 5 days	<b>\$3,000</b>
	<b>TOTAL PAID</b>	<b>\$31,000</b>