

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

Daily Room Benefit	\$300	<i>Payable for up to 365 consecutive days of confinement</i>
First Hospital Confinement (CUL-HRFHC)	\$10,000 over 6 days	<i>Based upon the duration of the first hospital confinement of each policy year</i>
Intensive Care (CUL-HRICU-and CHRICU14-LA)	\$2,000 per day	<i>Limited to 20 day per period of confinement</i>
Private Duty Nurse (CUL-HRPN)	\$250 per day	<i>Limited to 30 days per confinement</i>
Surgical (CHPHISS14 and CHPSISS14-LA)	\$2,000 Per Day	<i>Per day when confined and a covered surgical event takes place. Maximum of 5 days per confinement</i>
Anesthesia	\$400 Per Day	<i>Daily benefit amount paid for each day that a surgical benefit is paid for inpatient surgery.</i>
Emergency Accident ** (CUL- HREA)	\$250 Per Accident	<i>Limited to 4 different covered injuries per calendar year per insured.</i>
Specified Injury Rider (CUL-HRSI)	\$25 -\$2,000	<i>See rider for specific amounts 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	Standard Plan
Single	\$104.50
Single w/Spouse (in NV Spouse/domestic partner)	\$207.25
Single w/Children	\$165.45
Family	\$268.20



Broken Femur, Days Confined (2)

Standard Plan

Name of Policy Benefit	Benefit Amount	Amount Paid
Daily Room Benefit	\$300 per day	\$600
First Hospital Confinement	\$10,000 over 6 days of confinement	\$2,000
Surgical	\$2,000 per day of confinement, Max of 5 days	\$4,000
Anesthesia	\$400 per day of confinement, Max of 5 days	\$800
Emergency Accident	\$250 per accident, max of 4 per year	\$250
Specified Injury Rider	\$25-\$2,000 (see schedule)	\$1,850
	TOTAL PAID	\$9,500

C-Section, Days Confined (4)

Standard Plan

Name of Policy Benefit	Benefit Amount	Amount Paid
Daily Room Benefit	\$300 per day	\$1,200
First Hospital Confinement	\$10,000 over 6 days of confinement	\$6,000
Surgical	\$2,000 per day of confinement, Max of 5 days	\$8,000
Anesthesia	\$400 per day of confinement, Max of 5 days	\$1,600
	TOTAL PAID	\$16,800

Heart Bypass, Days Confined (6)

Standard Plan

Name of Policy Benefit	Benefit Amount	Amount Paid
Daily Room Benefit	\$300 per day	\$1,800
First Hospital Confinement	\$10,000 over 6 days of confinement	\$10,000
Surgical	\$2,000 per day of confinement, Max of 5 days	\$10,000
Anesthesia	\$400 per day of confinement, Max of 5 days	\$2,000
	TOTAL PAID	\$23,800