

FirstChoice Supplement Series Supplement 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

Daily Room Benefit	\$50	<i>Payable for up to 365 consecutive days of confinement</i>
First Hospital Confinement (CUL-HRFHC)	\$5,000	<i>Based upon the duration of the first hospital confinement of each policy year</i>
Private Duty Nurse (CUL-HRPN)	\$250	<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	<i>Daily benefit amount paid for each day that a surgical benefit is paid for inpatient surgery.</i>
Emergency Accident * * (CUL- HREA)	\$250	<i>Limited to 4 different covered injuries per calendar year per insured.</i>
Specified Injury Rider (CUL-HRSI)	<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	Supplement Plan
Single	\$38.25
Single w/Spouse (in NV Spouse/domestic partner)	\$74.75
Single w/Children	\$63.20
Family	\$99.70

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

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



Broken Femur, Days Confined (2)

Supplement Plan

Name of Policy Benefit	Benefit Amount	Amount Paid
Daily Room Benefit	\$50 per day	\$100
First Hospital Confinement	\$5,000 over 6 days of confinement	\$1,000
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	\$7,950

C-Section, Days Confined (4)

Supplement Plan

Name of Policy Benefit	Benefit Amount	Amount Paid
Daily Room Benefit	\$50 per day	\$200
First Hospital Confinement	\$5,000 over 6 days of confinement	\$3,000
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	\$12,800

Heart Bypass, Days Confined (6)

Supplement Plan

Name of Policy Benefit	Benefit Amount	Amount Paid
Daily Room Benefit	\$50 per day	\$300
First Hospital Confinement	\$5,000 over 6 days of confinement	\$5,000
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	\$17,300