



# FirstChoice Supplement Series Hospital Indemnity plan designs Featuring the Daily Surgical Benefits

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

BENEFIT	Complete	Standard	Supplement	Maximum Benefit/Yr*
Daily Room Benefit	\$500	\$300	\$50	\$182,500
<b>RIDERS</b>				
<b>Lump Sum Indemnity</b> (CUL-HRHS and CHPHLS14-NC) <i>Paid to an insured upon first hospital confinement each year</i>	\$1,000	n/a	n/a	\$1,000
<b>First Hospital Confinement</b> (CUL-HRFHC (2)) <i>Based on duration of first hospital confinement</i>	\$10,000 <i>over 6 days</i>	\$10,000 <i>over 6 days</i>	\$5,000 <i>over 6 days</i>	\$10,000
<b>Intensive Care Unit</b> (CUL-HRICU and CHRICU14-LA) <i>Limited to 20 days per confinement</i>	\$2,500 <i>per day</i>	\$2,000 <i>per day</i>	n/a	\$50,000
<b>Private Duty Nurse</b> (CUL-HRPN) <i>Limited to 30 days per confinement</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$7,500 <i>per confinement</i>
<b>Surgical</b> (CHPHISS14 and CHPHISS14-LA) <i>Per day when confined and a covered surgical event takes place. Maximum of 5 days per confinement.</i>	\$3,000 <i>per day</i>	\$2,000 <i>per day</i>	\$2,000 <i>per day</i>	\$15,000 <i>per confinement</i>
<b>Anesthesia</b> <i>Daily benefit amount paid for each day that a surgical benefit is paid for inpatient surgery.</i>	\$600 <i>per day</i>	\$400 <i>per day</i>	\$400 <i>per day</i>	\$3,000 <i>per confinement</i>
<b>Emergency Accident **</b> (CUL-HREA) <i>Limited to 4 different covered injuries per calendar year per insured</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$1,000
<b>Specified Injury Rider</b> (CUL-HRSI) <i>See rider for specific amounts</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	<i>To a maximum of \$2,000 per injury</i>

\* For the Complete Plan, per calendar year per insured person, unless otherwise specified.

\*\* 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 total of 4 different sicknesses per year for all dependent children, not per child.

## Sample FirstChoice Supplement Series Daily Surgical Benefits Premiums

Monthly Rates	Complete Plan	Standard Plan	Supplement Plan
Single	\$160.90	\$104.50	\$38.25
Single w/Spouse (in NV, Spouse/Domestic Partner)	\$320.05	\$207.25	\$74.75
Single w/Children	\$251.35	\$165.45	\$63.20
Family	\$410.50	\$268.20	\$99.70

# FirstChoice Supplement Series State Specific Plan Variations for Daily Surgical Benefit States

State	Variation
Georgia & North Carolina	The Specified Injury Rider is not available.
California, South Dakota & Virginia	The benefits are the same as the generic states, but are priced differently. The rates for these states are listed below

CA	Complete	Standard	Supplement
Single	\$169.45	\$122.65	\$53.15
Single w/Spouse	\$336.32	\$242.72	\$103.72
Single/Children	\$266.62	\$195.42	\$87.92
Family	\$433.49	\$315.49	\$138.49

GA & NC	Complete	Standard	Supplement
Single	\$157.40	\$101.00	\$34.75
Single w/Spouse	\$314.30	\$202.00	\$71.25
Single/Children	\$245.60	\$160.20	\$57.95
Family	403.50	\$261.20	\$92.72

SD & VA	Complete	Standard	Supplement
Single	\$158.40	\$103.00	\$38.00
Single w/Spouse	\$315.05	\$204.25	\$74.25
Single/Children	\$247.35	\$163.05	\$62.80
Family	\$404.00	\$264.30	\$99.05

