

FirstChoice

HOSPITAL INDEMNITY INSURANCE POLICY

The Gold Plan

**Total Daily Room Benefits
First 6 Days \$13,000**












\$2,100 Day 1, \$1,400 Day 2

\$2,400 Day 3-6

Days 7-365 pays \$400 per day

\$156,700
annual max

Daily Room Benefit	\$400
Per day up to 365 days	
Indemnity Benefit	\$700
Pays upon first visit hospital confinement each year. Rider (CUL-HRLS).	
First Hospital Confinement Benefit	\$10,000
Pays upon first hospital confinement each year per insured. Rider (CUL-HRFHC).	

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Doctor Office Sick Visits - \$75 per visit
 4 visits per year for insured and 4 visits for spouse. A max of 4 visits per year shared between all children. Rider (CUL-HROS)
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ER/Urgent Care/Doctors Office-Accident Benefit - \$150 per Accident
 4 visits per year each adult and a max of 4 visits per year for all children. Rider (CUL-HREA)
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Specified Injury Benefit - pays \$25-\$2,000
 Depending on the injury. See rider for specific amounts. Rider (CUL-HRSI). Not in GA/NC
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Wellness for Women - \$200 Mammogram & \$50 Pap Smear
 1 mammogram and 1 pap smear per year. Rider (CUL-HRSUR+). Not in PA.
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Maternity Benefits - covered as any other condition
 Begins 10 months after effective date. Rider (CUL-HRSUR+) or PA Rider (CUL-HRSUR).
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Surgery Benefit - up to \$5,000 per surgery Inpatient/Outpatient
 Unlimited medically necessary covered surgeries. Amounts are based on the complexity of the surgery. See surgical schedule. Rider (CUL-HRSUR+). Or PA Rider (CUL-HRSUR)
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Anesthesia Benefit
 25% of Surgical Benefit paid. Maximum of \$1,250 per surgery. Rider (CUL-HRSUR). Or PA Rider (CUL-HRSUR).
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Intensive Care Unit - \$1,000 per day
 This is paid in addition to the daily room benefit. Max \$20,000 & 20 days per confinement. Rider (CUL-HRICU).
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Private Duty Nurse Benefit - \$150 per day
 Up to \$4,500 per confinement. Max 30 days per confinement. Rider (CUL-HRPN).
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In-Hospital Injury Indemnity - \$150 per day
 Up to \$54,750 per confinement. Max 365 days per confinement. Rider (CUL-HRHI). Not in GA.
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Accidental Death & Dismemberment - \$20,000
 Max benefit for primary insured. Lesser amounts for spouse and children if insured. Rider (CUL-HRADD).



Visit
Any Doctor
Any Hospital
No Deductible
No Copays!

Monthly Premiums	Emp	Emp/Sp	Emp/Ch	Family
Generic Rates	\$156.71	\$311.67	\$255.92	\$410.88

“Health Insurance Made Affordable”