CENTRAL UNITED LIFE INSURANCE COMPANY'S

Hospital Indemnity Insurance Policy

The Platinum Plan

Total Daily Room Benefits First 6 Days \$14,000

> Days 1, 3, 4, 5 & 6 <u>\$2,500</u> per day Day 2-<u>\$1,500</u> Days 7-365 pays \$500 per day

annual max

Daily Room Benefit	\$500
Per day up to 365 days	
Indemnity Benefit	\$1,000
Pays upon first visit hospital confinement each year. Rider (CUL-HRLS).	
First Hospital Confinement Benefit	510,000
Pays upon first hospital confinement each year per insured. Rider (CUL-HR	FHC).



Doctor Office Sick Visits - \$100 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)



ER/Urgent Care/Doctors Office - Accident Benefit - \$200 per Accident

4 visits per year each adult and a max of 4 visits per year for all children. Rider (CUL-HREA)



Specified Injury Benefit - pays \$25-\$2,000

Depending on the injury. See rider for specific amounts. Rider (CUL-HRSI). Not in GA/NC



Wellness for Women - \$400 Mammogram & \$100 Pap Smear

1 mammogram and 1 pap smear per year. Rider (CUL-HRSUR+). Not in PA.



Maternity Benefits - covered as any other condition

Begins 10 months after effective date. Rider (CUL-HRSUR+). Or PA Rider (CUL-HRSUR).



Surgery Benefit - up to \$10,000 per surgery Inpatient/Outpatient

Unlimited medically necessary covered surgeries. Amounts vary for all 3 plans based on the complexity of the surgery. See surgical schedule. Rider (CUL-HRSUR+). Or PA Rider (CUL-HRSUR)



Anesthesia Benefit

25% of Surgical Benefit paid. Maximum of \$2,500 per surgery. Rider (CUL-HRSUR+) or PA Rider (CUL-HRSUR).



Intensive Care Unit - \$2,000 per day

This is paid in addition to the daily room benefit. Max \$40,000 & 20 days per confinement. Rider (CUL-HRICU).



Private Duty Nurse Benefit - \$250 per day

Up to \$7,500 per confinement. Max 30 days per confinement. Rider (CUL-HRPN).



In-Hospital Injury Indemnity - \$200 per day

Up to \$73,000 per confinement. Max 365 days per confinement. Rider (CUL-HRHI). Not in GA.



Accidental Dealth & Dismemberment - \$30,000

Max benefit for primary insured. Lesser amounts for spouse and children if insured. Rider (CUL-HRADD).

Monthly Premiums Generic Rates

Emp \$217.63 Emp/Sp \$433.51

Emp/Ch Family \$353.41

\$569.29

Visit **Any Doctor Any Hospital** No Deductible No Copays!

Consult the policy for full description of coverage details, limitations and exclusions.

