



CENTRAL UNITED LIFE
I N S U R A N C E C O M P A N Y

A Member of the Manhattan Insurance Group

LIMITED HOSPITAL CONFINEMENT BENEFITS POLICY

Policy Forms Series CHCS10

AGENT'S GUIDE

For Proper Underwriting and Rates
Please check our Website for Current State Approvals

AGENT'S GUIDE

GENERAL INFORMATION

This is not major medical insurance coverage. **HOSPITAL-CONFINEMENT AND OTHER FIXED INDEMNITY PLAN.** The plan only provides limited fixed indemnity benefits for hospital confinement and other specified medical Events. An Event is an observable and distinct occurrence in which medical treatment, services or supplies are provided to a Covered Person.

Fixed indemnity benefits are paid in the amount stated on the Benefit Schedule for the Covered Event regardless of the cost of services rendered. This plan does not provide expense reimbursement for charges based on the healthcare provider's statement. Policy Form is CHCS10 with state variability.

CONDITIONALLY RENEWABLE

We reserve the right to change premiums upon any renewal date after the initial 12 months coverage is in force. If the Policyholder moves out of the state where this plan is issued, We will replace this Policy with a similar fixed indemnity plan with the form number that is issued in the Policyholder's new state of residence. The new plan will be effective on the date the Policyholder becomes a resident of the new state. If the Policyholder moves to a state where We do not provide insurance under a fixed indemnity plan with the same plan design as this Policy, We reserve the right to terminate this plan for any and all Covered persons.

PAYMENT OF BENEFITS

We will pay Scheduled Benefits only for the Covered Events listed in the Hospital Confinement and Other Fixed Indemnity Benefits section of Your Policy. The Scheduled Benefit amount and the Maximum Benefit for eligible **Covered Events** listed in this section are shown in the Benefit Schedule. Please refer to the exclusions section for occurrences for which benefits are not provided under this plan.

COVERED EVENT

A medical Event for which this plan provides a Scheduled Benefit and that meets all of the following requirements:

1. A Health Care Practitioner, facility or supplier provides the treatment, services or supplies provided in connection with the Event.
2. A Covered Person incurs it while coverage is in force under this plan as specified in the Hospital Confinement and Other Fixed Indemnity Benefits section and the Benefit Schedule.
3. It is incurred for Events shown in the Hospital Confinement and Other Fixed Indemnity Benefits section and on the Benefit Schedule.
4. The occurrence includes treatment, services or supplies, which are Medically Necessary.

BENEFITS

Inpatient Hospital Confinement Benefit: We will pay the corresponding Scheduled Benefit amount for each Inpatient Day of Inpatient room and board during a Confinement Period under the orders of a physician for care of a Sickness or an Injury.

When an Inpatient Hospital Confinement Benefit is payable, no other benefits are payable for the Covered Person under this plan for Events that occur during the same Confinement Period, except for eligible Surgical Services Benefits and/or Anesthesia Benefits.

Emergency Room Visits Benefits: We will pay the corresponding Scheduled Benefit amount upon the occurrence of a visit to an Emergency Room during which a Covered Person received Emergency Treatment.

When an Emergency Room Visit Benefit is payable, no other benefits are payable for the Covered Person under this plan for Events that occur during the same visit, except for eligible Surgical Services Benefits and/or Anesthesia Benefits. Benefits are limited to the Calendar Year Maximum Benefit shown on the Benefit Schedule.

Urgent Care Facility Visit Benefits: We will pay the corresponding Scheduled Benefit amount upon the occurrence of a visit to an Urgent Care Facility during which a Covered Person receives Urgent Care treatment.

When an Urgent Care Facility Visit Benefit is payable, no other benefits are payable for the Covered Person under this plan for Events that occur during the same visit, except for eligible Surgical Services Benefits and/or Anesthesia Benefits. Benefits are limited to the Calendar Year Maximum Benefit shown on the Benefit Schedule.

Outpatient Medical Event Benefits: We will pay the corresponding Scheduled Benefit amount upon the occurrence of a visit to an Urgent Care Facility during which a Covered Person receives Urgent Care treatment.

When an Urgent Care Facility Visit Benefit is payable, no other benefits are payable for the Covered Person under this plan for Events that occur during the same visit, except for eligible Surgical Services Benefits and/or Anesthesia Benefits. Benefits are limited to the Calendar Year Maximum Benefit shown on the Benefit Schedule.

Outpatient Medical Event Benefits: We will pay the corresponding Scheduled Benefit amount upon occurrence of an Event wherein the Covered Person receives Outpatient treatment of a Sickness or Injury or preventive medicine services as recommended by the United States Preventive Services Task Force.

Those Covered Events for which benefit is considered under any other provision of this plan are not considered for benefits under this provision.

Office Visit Benefits: We will pay the corresponding Scheduled Benefit amount upon the occurrence of an Office Visit for a Covered Person during which any of the following are rendered in a **Health Care**

Practitioner's Office:

1. Professional services that are provided by or under the direction of a Health Care Practitioner for a Sickness or an Injury for:
 - a. Measuring height, weight and blood pressure.
 - b. Obtaining a health history.
 - c. Performing a physical examination.
 - d. Making a medical decision.
 - e. Explaining treatment options.
 - f. Developing a treatment plan.
 - g. Instructions for management of the condition.
2. Professional services that are provided by or under the direction of a Health Care Practitioner for preventive medicine services for:
 - a. Measuring height, weight and blood pressure.
 - b. Obtaining a health history.
 - c. Performing a routine physical examination.
 - d. Explaining risk reduction behavior.
 - e. Preventative medicine services as recommended by the United States Preventive Services Task Force.

Allergy Immunotherapy Injection Benefits: We will pay the corresponding Scheduled Benefit amount upon an occurrence of an allergy immunotherapy injection for a Covered Person.

Immunization Benefits: We will pay the corresponding Scheduled Benefit amount for each immunization received by a Covered Person as recommended by the United States Preventive Services Task Force or the Advisory Committee on Immunization Practices on the date the immunization is rendered.

Outpatient Prescription Order Benefits: We will pay the corresponding Scheduled Benefit amount when a Covered Person fills a Prescription Order through an outpatient pharmacy. Refer to the Exclusions section for a description of what Prescription Order fill or re-fills are not eligible for benefits under this plan.

This plan provides benefits only for Prescription Orders received on an Outpatient basis and comprised of:

- a. Prescription Drugs that are fully approved by the U.S. Food and Drug Administration (FDA) for marketing in the United States and can be obtained only with a Prescription Order from a Health Care Practitioner.
- b. Prescription Drugs in dosages, dosage forms, dosage regimens and duration of treatment that are Medically Necessary for the treatment of Sickness or Injury.
- c. Prescription Drugs that are within the quality, supply, or other limits that We determine is appropriate for a Prescription Drug.

If a Generic Prescription Drug is available and You receive a Brand Name Prescription Drug, only the Scheduled Benefit for the Generic Prescription Drug will be paid. We will not pay benefits for Prescription Order refills in excess of a number specified on the Health Care Practitioner's Prescription Order or prescriptions refilled more frequently than the prescribed dosage indicates.

Professional Ground or Air Ambulance Services Benefits: We will pay the corresponding Scheduled Benefit when a Covered Person who needs Emergency Treatment for a Sickness or an Injury obtains professional ground [or air] transportation, in an ambulance:

Anesthesia Benefits: We will pay the corresponding Scheduled Benefit when a Covered Person is administered anesthesia as part of a Covered Event.

Surgical Services Benefits: We will pay the corresponding Scheduled Benefit when a Covered Person obtains surgical treatment as shown on the Surgical Schedule.

When a Surgical Services Benefit is payable, no other benefits are payable for the Covered Person under this plan for Events that occur during the same surgical Event, except for eligible Anesthesia Benefits.

Two or more surgical procedures performed during the same operative session are considered one operation and benefits will be considered based on the procedure with the highest Scheduled Benefit shown in the Surgical Schedule. If a surgical procedure is performed that is not specifically named in the Surgical Schedule, benefits will be considered under the benefit level for Surgical Event—Not Otherwise Listed.

Assisting Surgeon Benefit: If a Physician is required to assist the Surgeon during the operation, We will pay a maximum of [20%] of the amount payable for the surgeon's fee for the Primary Assisting Surgeon.

PRE-EXISTING CONDITION LIMITATION

Pre-existing conditions may be excluded for 12 months following the effective date of coverage. A pre-existing condition is defined as an illness or injury for which during the 12 month period immediately preceding the effective date of coverage, the insured received medical treatment, diagnosis, consultation or service or took prescription drugs for the condition; or the condition produced symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment.

Benefits are not paid for charges incurred due to a pre-existing condition until you have been continuously insured under the plan for 12 months, unless the condition was fully disclosed on the application. After the 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.

Persons under 19 years of age are subject to Pre-existing limitations under the Limited-Benefit Fixed-Indemnity Plans.

BENEFIT PACKAGES-

Essential Benefits has two plan offerings, Classic and Elite.

CLASSIC PLAN		ELITE PLAN
Office Visit	<ul style="list-style-type: none"> You receive \$50 per office visit Limit of 3 visits per calendar year. 	<ul style="list-style-type: none"> You receive \$50 per office visit You receive \$50 per office visit Limit of 6 visits per calendar year.
Rx Benefit	<ul style="list-style-type: none"> Not available 	<ul style="list-style-type: none"> You receive \$10 per generic prescription You receive \$25 per brand prescription Limit of \$750 per calendar for all prescriptions
Allergy Shots and Immunizations	<ul style="list-style-type: none"> You receive \$20 per immunization You receive \$10 per allergy shot Limit of \$100 per calendar year for all allergy shots and immunizations 	<ul style="list-style-type: none"> You receive \$20 per immunization You receive \$10 per allergy shot Limit of \$100 per calendar year for all allergy shots and immunizations
Outpatient Medical Events	<ul style="list-style-type: none"> Laboratory Services <ul style="list-style-type: none"> You receive \$100 per surgical pathology test You receive \$25 per laboratory service, excluding surgical pathology Radiology services <ul style="list-style-type: none"> You receive \$100 per mammogram You receive \$200 per CT scan You receive \$250 per MRI scan You receive \$250 per PET scan You receive \$50 per other radiology services, including x-ray and ultrasound. You receive \$25 per other outpatient event not listed Limit of \$1,000 per calendar year for all outpatient events. 	<p>Laboratory Services</p> <ul style="list-style-type: none"> You receive \$100 per surgical pathology test You receive \$25 per laboratory service, excluding surgical pathology <ul style="list-style-type: none"> Radiology services <ul style="list-style-type: none"> You receive \$100 per mammogram You receive \$200 per CT scan You receive \$250 per MRI scan You receive \$250 per PET scan You receive \$50 per other radiology services, including x-ray and ultrasound. You receive \$25 per other outpatient event not listed Limit of \$1,500 per calendar year for all outpatient events.

EVERYDAY NEEDS YOU VALUE

SURGICAL AND HOSPITALIZATION BENEFITS

	CLASSIC PLAN	ELITE PLAN
Surgery	Includes surgical benefits for both inpatient and outpatient surgery paid at the scheduled benefit amount. Benefits paid per surgery vary greatly. See surgical schedule (Form CHCS10) in the back of this guide for details.	Includes surgical benefits for both inpatient and outpatient surgery paid at the scheduled benefit amount. Benefits paid per surgery vary greatly. See surgical schedule (Form CHCS10) in the back of this guide for details.
Anesthesia	<ul style="list-style-type: none"> You receive 20% of the Surgical Schedule per anesthesia event 	<ul style="list-style-type: none"> You receive 20% of the Surgical Schedule per anesthesia event
Assistant Surgeon	<ul style="list-style-type: none"> You receive 20% of the Surgical Schedule 	<ul style="list-style-type: none"> You receive 20% of the Surgical Schedule
Ground and Air Ambulance	<ul style="list-style-type: none"> You receive \$100 per ground transportation You receive \$1,000 per air transportation Limit of 2 trips per calendar year for all ambulance transportation. 	<ul style="list-style-type: none"> You receive \$100 per ground transportation You receive \$1,000 per air transportation Limit of 2 trips per calendar year for all ambulance transportation.
Emergency Room or Urgent Care	<ul style="list-style-type: none"> You receive \$125 per visit Limit of 1 visit per calendar year 	<ul style="list-style-type: none"> You receive \$250 per visit Limit of 1 visit per calendar year
Inpatient Hospital Confinement	<ul style="list-style-type: none"> You receive \$2,000 per day for sickness You receive \$2,000 per day for injury Limit of \$100,000 per calendar year for all inpatient confinements 	<ul style="list-style-type: none"> You receive \$3,000 per day for sickness You receive \$3,000 per day for injury Limit of \$200,000 per calendar year for all inpatient confinements
Lifetime Maximum	Limit of \$2 million	Limit of \$2 million
Medical Questions for Qualification	Limited medical questions to qualify NO PHYSICAL EXAM REQUIRED	Limited medical questions to qualify NO PHYSICAL EXAM REQUIRED
Pre-existing Conditions	Benefits available after you have been continuously insured under this plan for 12 months	Benefits available after you have been continuously insured under this plan for 12 months

POLICY EXCLUSIONS-

The following list is a summary of services that are ineligible for benefits.

Maintenance care and therapies:

- Routine hearing care, artificial hearing devices, cochlear implants, auditory prosthesis, routine vision care and foot orthotics.
- Routine dental care, unless you chose the dental insurance option

Cosmetic services and procedures:

- Services including chemical peels, plastic surgery and medications
- Any correction of malocclusion (irregular tooth contact), protrusion, hypoplasia (abnormality in dental enamel) or hyperplasia (abnormality of the jaws).

Reproductive-related procedures or concerns:

- Diagnosis and treatment of infertility
- Maternity, pregnancy (except complications of pregnancy), routine newborn care, surrogate pregnancy, routine nursery care and abortion
- Sterilization and contraceptive procedures, drugs or devices

Quality of life concerns:

- Inpatient treatment of chronic pain disorders
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Treatment, services and supplies related to sex transformation, gender dysphoric disorder and gender reassignment; treatment of sexual dysfunction or inadequacy; or restoration or enhancement of sexual performance or desire
- Treatment for smoking cessation and hair loss
- Cognitive enhancement
- Prophylactic treatment, services and surgery

Prescription drug benefits do not include and will not provide benefits for:

- Over-the-counter products
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- Take-home drugs dispensed at an institution

This plan will not provide benefits for:

- Any amount in excess of any maximum benefit or for non-covered events and associated complications
- Durable medical equipment and personal medical equipment
- Treatment undergone outside the United States
- Treatment of behavioral health or substance abuse
- Treatment, services, supplies, diagnosis, drugs, medications, surgery or medical regimen related to controlling weight, obesity or morbid obesity
- Treatment for snoring or sleep disorders
- Experimental or investigational treatments; homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation and services; massage therapy
- Telehealth and telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Illness or injury caused or aggravated by suicide, attempted suicide or self-infliction
- Treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing

POLICY EXCLUSIONS-cont.

This plan will not provide benefits for:

- Services ordered, directed or preformed by a health care practitioner or medical provider who is an immediate family member
- Treatment used to improve memory or slow the normal process of aging
- Home health care, hospice care, skilled nursing facility care, inpatient rehabilitation services, custodial care and respite care
- Sickness or injury arising out of or as the result of any work for wage or profit that is eligible for benefits under Workers' Compensation, employers' liability or similar laws
- Treatment for behavioral modification or behavioral (conduct) problems; learning disabilities; developmental delays; attention deficit disorders; hyperactivity; educational testing, training or materials; memory improvement; cognitive enhancement or training; vocational or work-hardening programs and transitional living
- Growth hormone stimulation treatment to promote or delay growth
- Treatment for TMJ and/or CMJ and certain jaw/tooth disorders
- Services incurred due to a pre-existing condition for the first 12 months the plan is in force.

ISSUE AGES AND PREMIUM AGES

- The Insured and spouse must be between ages 18 through 64 to apply for individual coverage. Eligibility for coverage is determined by each adult age.
- Family Coverage is available for unmarried, dependent children under the age of 21 (in NM and TX, age 25 regardless of student status). Unmarried children under the age of 25 may also be covered if enrolled as a full-time student in an accredited college or university. When the child reaches the limiting age, the child may "convert" to an individual policy without evidence of insurability, subject to the "Conversion" provision in the base policy.
- Use the oldest participant age when determining the premium for two parent non-payroll rates.

UNDERWRITING

- Coverage is not guaranteed. Coverage may be declined based on medical history and/or eligibility criteria.
- The "Effective Date" of a policy will be the policy date stated on the policy schedule page. It is not the date the application is signed.
 - If an applicant is replacing any type of prior health insurance with a Health Access Limited-Benefit Fixed-Indemnity Plan, then they must complete the "Notice to Applicant Regarding Replacement of Accident and Sickness Insurance" Form.
 - In order to be eligible an applicant must be a resident of Texas or Arizona and must not have the coverage sponsored by a small employer. If a small employer is sponsoring coverage for any eligible employee, then they are ineligible for this plan.
 - Pre-existing conditions may be excluded for 12 months following the effective date of coverage. Benefits are not paid for charges incurred due to a pre-existing condition until continuously insured under the plan for 12 months, unless the condition was fully disclosed on the application. After the 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.
 - Persons under 19 years of age are subject to Pre-existing limitations under the Limited-Benefit Fixed-Indemnity Plans.

Build Charts Adult

Height				MALE				Height				FEMALE			
F	I							F	I						
E	N							E	N						
E	C	Avg.						E	C	Avg.					
T	H	Weight	Decline					T	H	Weight	Decline				
5	0	129	209+					4	8	107	185+				
5	1	133	215+					4	9	110	190+				
5	2	138	224+					4	10	113	195+				
5	3	143	232+					4	11	115	199+				
5	4	147	238+					5	0	118	204+				
5	5	151	245+					5	1	121	209+				
5	6	156	253+					5	2	124	215+				
5	7	160	259+					5	3	128	221+				
5	8	165	267+					5	4	131	227+				
5	9	170	275+					5	5	134	232+				
5	10	174	282+					5	6	137	237+				
5	11	179	290+					5	7	141	244+				
6	0	184	298+					5	8	145	251+				
6	1	190	308+					5	9	150	260+				
6	2	195	316+					5	10	153	265+				
6	3	201	326+					5	11	159	275+				
6	4	206	334+					6	0	164	284+				
6	5	211	342+					6	1	168	291+				
6	6	217	352+					6	2	172	298+				
6	7	223	361+					6	3	176	304+				
6	8	228	369+					6	4	181	296+				

Child

Juvenile Height/Weight Chart - Male & Female

Age	MIN	MAX	Ages	MIN	MAX	Ages	MIN	MAX
0 – 2 Yrs.	LBS.	LBS.	3 – 9 Yrs.	LBS.	LBS.	10 – 14 Yrs.	LBS.	LBS.
20"	5	14	30"	18	40	48"	44	92
24"	8	23	34"	22	44	52"	54	108
26"	10	26	38"	26	54	56"	63	126
28"	13	31	42"	32	64	60"	74	144
30"	15	36	46"	38	78	64"	87	166
32"	18	40	50"	46	94	68"	100	186
34"	21	42	54"	56	111	66"	94	176
36"	23	45	58"	66	128	72"	113	206
38"	26	48				76"	126	228
40"	29	52						

CONTINUITY OF COVERAGE

- Continuity of coverage does not apply to Limited-Benefit Fixed-Indemnity Plans.

COMPLETING THE APPLICATION

- Use Application form# CFCS APP 10
- Be sure to ask the proposed insureds ALL health questions and the answers recorded on the application exactly as stated to you.
- All applicants age 18 or older must sign the application.
- Always, take 60 seconds to recheck each application to make sure it is completed in its entirety and the premium calculated properly.

REPLACEMENT OF COVERAGE

- The replacement form is mandatory whenever replacement is involved.

MONTHLY BANK DRAFT AND DIRECT BILL

- In completing a bank draft form, please print all information starting with the name of the bank to be drafted as well as their city and state.
- CUL requires a voided sample check along with a completed bank draft authorization form signed by the payor.
- The ABA transit number section is obtained from the upper right hand corner of the voided check. This information is usually on the date line of the voided sample check.
- Under the account number section write the account number identically as it appears on the voided check. Do not include the check number.
 - Central United Life accepts business on monthly bank draft, list bill and direct bill methods of payment. The annual, semiannual and quarterly modes of payment are acceptable for all forms of payment.
 - All premium checks must be payable to Central United Life Insurance Company.
- Central United Life does not accept:
 - post-dated checks;
 - C.O.D. applications;
 - partial payments;
 - applications with the date altered;
 - applications where “white-out” has been used;
 - personal checks from an agent or agency.

EMPLOYER LIST BILL

- A List Bill payment option is available to small employers and their eligible employee. Form # CHCS10-ER, MUST BE SUBMITTED IN ADVANCE.
- On payroll deduction business, you must submit a Premium Payment Agreement form (**PAYAGRMT-05-02**). A true employer/ employee relationship as outlined in this form must exist.
- In order for Central United Life to accommodate an employer and bill them as they instruct, we must have received all necessary material in the Home Office 24 days prior to the requested due date.

Employer Sponsorship

We define employer sponsorship as meeting any one of the following criteria:

- part of the premium or benefits is paid by a small employer; or
- the health benefit plan is treated by the employer or by a covered individual as part of a plan or program for the purposes of Section 106 or 162, of the Internal Revenue code.

If an employer's only role is collecting premium through payroll deduction on behalf of an employer, the health benefit plan is **not** considered employer sponsored.

Eligible Employee

"Eligible employee" means as an employee who works on a full-time basis and usually works at least 30 hours per week. The definition includes a sole proprietor, a partner, and an independent contractor is the sole proprietor, partner or independent contractor is included as an employee under a health benefit plan of a small or large employer. An employee who works on a part-time, temporary or seasonal basis is not an eligible employee.

Employer Sponsored Business Questionnaire Form CHCS10-ER:

It is available as a stand-alone employer sponsorship verification tool in the rare event that a separate form is needed.

Individual MONTHLY Rates

CLASSIC

Classic Plan	<i>Individual</i>	<i>Individual & Spouse</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	<i>2 Parent & 1 Child</i>	<i>Child Only</i>
Ages 18 – 29	\$102.71	\$205.41	\$227.09	\$357.43	\$274.51	\$69.10
Ages 30 – 39	\$123.59	\$247.18	\$247.97	\$399.20	\$316.28	\$69.10
Ages 40 – 49	\$150.76	\$301.53	\$275.14	\$453.54	\$370.62	\$69.10
Ages 50 – 64	\$193.39	\$386.79	\$317.77	\$538.81	\$455.89	\$69.10

ELITE

Elite Plan	<i>Individual</i>	<i>Individual & Spouse</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	<i>2 Parent & 1 Child</i>	<i>Child Only</i>
Ages 18 – 29	\$122.85	\$245.70	\$280.35	\$438.20	\$333.20	\$87.50
Ages 30 – 39	\$147.83	\$295.65	\$305.33	\$488.16	\$383.16	\$87.50
Ages 40 – 49	\$180.33	\$360.66	\$337.83	\$553.16	\$448.16	\$87.50
Ages 50 – 64	\$231.32	\$462.64	\$388.83	\$655.15	\$550.15	\$87.50