

The Affordable Choice

Solutions for Today for the Problems of Tomorrow
With No Deductibles



This is a Hospital Confinement and other Fixed Indemnity Insurance Policy
Underwritten by Central United Life Insurance Company

The Right Plans for the Right Times

For today's medical uncertainties, people want a product to give them the Peace-of-Mind needed to plan for tomorrow. With a long history of strong finances and policies featuring cash benefits, Central United just might have the edge in delivering that feeling.

Affordability - Choose from two plan options to find the one that fits your budget and lifestyle.

Accessibility - With only a few medical questions on the application, it's easy to qualify.

Flexibility - Keep your own doctors; choose from individual or family coverage.

Versatility - These plans pay benefits for health services, such as doctor's office visits, immunizations and lab work. In addition, our plans provide you with hospital and surgical benefits, should you need them.

Affordable Choice - Affordable Healthcare

Unlike traditional health insurance plans, this plan pays a specified cash amount when you receive a particular service, regardless of what your provider charges you. Cash is paid to you or your provider if you assign the benefits.

Out Patient Benefits - **No Deductible**

Inpatient Benefits - **No Deductible**

Surgical Benefits - **Both Inpatient and Outpatient Facilities**

Hospital Admission Benefit

Ground or Air Ambulance

Allergy Shots and Immunizations

Prescription Drugs

\$2,000,000 Over Your Lifetime

All Benefits are per Covered Person



Get more by having the Affordable Choice

Your Affordable Choice plan's benefits start right away. There are no deductibles and co-pays before benefits begin. With your ID card in hand, you will be able to visit the doctor, knowing that your Affordable Choice plan will pay a set cash amount for your office visit and other covered expenses.



How you save with the Affordable Choice

In addition to cash payments that help pay medical services, the Affordable Choice helps get you more for your money with the **Beech Street Network**.

Beech Street Network is one of the oldest and largest networks. Currently, Beech Street contracts with over 560,000 respected practitioners, 5,000 hospitals, and 85,000 specialty care facilities, so it's not difficult to find a participating provider in any area of the country.

You save an average of 25-30% off inpatient and outpatient hospital charges when you use the **Beech Street Network** and have us pay the provider.





Regardless of the benefit level you choose, your **Affordable Choice plan** will help you pay for the care you need when you're healthy, sick or injured.

You pay no deductible, and benefits are available right away.
(Subject to pre-existing condition limitation.)

Look at the two examples showing how different plan levels will keep you healthy so you can take care of yourself and others relying on you.

**Routine preventive care exam with labs -
Affordable Choice Classic**

<i>Service received:</i>	<i>Cost:</i>	<i>Plan pays:</i>
Preventive care/office visit	\$95	\$50
Laboratory test	90	25
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Total bill	\$185	
Affordable Choice network discounts*	55	
Classic pays	75	
<i>Your balance</i>	<i>\$55</i>	

Broken radius in arm - Elite

<i>Service received:</i>	<i>Cost:</i>	<i>Plan pays:</i>
Emergency room/physician charge	\$1,444	\$250
Follow-up office visits (4)	465	300
Follow-up x-rays (5)	475	335
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Total bill	\$2,384	
Affordable Choice network discounts*	596	
Elite pays	885	
<i>Your balance</i>	<i>\$903</i>	

The Affordable Choice Fixed-Benefit Plans

As a fixed-benefit plan, The Affordable Choice pays a set cash amount when you receive a particular service, regardless of what your provider charges you. With this plan you also have the option to have us pay the doctor directly so you can take advantage of network discounts.

Hospital Stay - Elite

<i>Description of Transaction</i>	<i>Amount:*</i>
Total Charges - 7 days	\$41,660.41
Total Adjustments/Discounts	18,747.18 -
Current Balance	\$22,913.23

Affordable Choice Pays

<i>Description of Transaction</i>	<i>Amount:*</i>
Admission Benefit	2,000.00
Hospital Days at \$3,000	21,000.00
Total Paid	\$23,000.00

**Amounts based on Affordable Choice claims data. Results may vary.*



Affordable Choice Plan Benefits

Surgical and Hospitalization Benefits

Everyday needs you value

Classic	
Doctor's Office Visit	<ul style="list-style-type: none"> You receive \$50 per office visit Provides 3 visits per calendar year
Surgery Benefit	Includes surgical benefits for both inpatient and outpatient surgery paid at the scheduled benefit amount. Benefits paid per surgery vary greatly. See Surgical Schedule for details. Maximum benefit of \$50,000 per calendar year.
Allergy Shots and Immunizations	<ul style="list-style-type: none"> You receive \$20 per immunization You receive \$10 per allergy shot \$100 per calendar year limit for all allergy shots and immunizations
Outpatient Medical Benefits	<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 \$1,000 per calendar year limit for all outpatient events
Assistant Surgeon	<ul style="list-style-type: none"> You receive 20% of the Surgical Schedule amount
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
Emergency Room or Urgent Care	<ul style="list-style-type: none"> You receive \$125 per visit Limit of 1 visit per calendar year
Inpatient Hospital Confinement	<ul style="list-style-type: none"> You receive \$2,000 per Inpatient Day Limit of \$100,000 per calendar year for all inpatient confinements
Hospital Admission Benefits	You will receive an additional \$1,000 for the first Inpatient Day per calendar year
Prescription Drugs Benefit (not available in AZ and OH)	N/A
Lifetime Maximum	You may receive benefits for a maximum of \$2 million of Lifetime benefit
Medical Questions for Qualification	<p>No Exams</p> <p>Limited medical questions to qualify</p>
Pre-existing Conditions	Benefits available after you have been continuously insured under this plan for 12 months

Affordable Choice Plan Benefits

Surgical and Hospitalization Benefits

Everyday needs you value

Elite	
Doctor's Office Visit	<ul style="list-style-type: none"> You receive \$75 per office visit Provides 4 visits per calendar year
Surgery Benefit	Includes surgical benefits for both inpatient and outpatient surgery paid at the scheduled benefit amount. Benefits paid per surgery vary greatly. See Surgical Schedule for details. Maximum benefit of \$50,000 per calendar year.
Allergy Shots and Immunizations	<ul style="list-style-type: none"> You receive \$20 per immunization You receive \$10 per allergy shot \$100 per calendar year limit for all allergy shots and immunizations
Outpatient Medical Benefits	<ul style="list-style-type: none"> Laboratory Services <ul style="list-style-type: none"> You receive \$100 per surgical pathology test You receive \$50 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 \$450 per MRI scan You receive \$250 per PET scan You receive \$75 per other radiology services, including x-ray and ultrasound. You receive \$25 per other outpatient event not listed \$1,500 per calendar year limit for all outpatient events
Assistant Surgeon	<ul style="list-style-type: none"> You receive 20% of the Surgical Schedule amount
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
Emergency Room or Urgent Care	<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 \$3,000 per Inpatient Day Limit of \$200,000 per calendar year for all inpatient confinements
Hospital Admission Benefits	You will receive an additional \$2,000 for the first Inpatient Day per calendar year
Prescription Drugs Benefit (not available in OH)	<ul style="list-style-type: none"> You receive \$10 generic You receive \$25 Name Brand \$750 Calendar Year Maximum
Lifetime Maximum	You may receive benefits for a maximum of \$2 million of Lifetime benefit
Medical Questions for Qualification	<p>No Exams</p> <p>Limited medical questions to qualify</p>
Pre-existing Conditions	Benefits available after you have been continuously insured under this plan for 12 months

All plans are limited-benefit fixed-indemnity plans and benefits are per Covered Person. This is not a major medical insurance plan. Fixed-indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in specific amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on your health care provider's statement.

Affordable Choice Monthly Premiums

	Classic		Elite	
Ages 18 - 29	Individual	\$102.00		\$122.00
	Individual and Spouse	\$205.00		\$245.00
	Individual and Child(ren)	\$227.00		\$280.00
	Individual and Family	\$357.00		\$438.00
	Individual, Spouse and 1 Child	\$274.00		\$333.00
	Child Only	\$69.00		\$87.00
Ages 30 - 39	Individual	\$123.00		\$147.00
	Individual and Spouse	\$247.00		\$295.00
	Individual and Child(ren)	\$247.00		\$305.00
	Individual and Family	\$399.00		\$488.00
	Individual, Spouse and 1 Child	\$316.00		\$383.00
	Child Only	\$69.00		\$87.00
Ages 40 - 49	Individual	\$150.00		\$180.00
	Individual and Spouse	\$301.00		\$360.00
	Individual and Child(ren)	\$275.00		\$337.00
	Individual and Family	\$453.00		\$553.00
	Individual, Spouse and 1 Child	\$370.00		\$448.00
	Child Only	\$69.00		\$87.00
Ages 50 - 64	Individual	\$193.00		\$231.00
	Individual and Spouse	\$386.00		\$462.00
	Individual and Child(ren)	\$317.00		\$388.00
	Individual and Family	\$538.00		\$655.00
	Individual, Spouse and 1 Child	\$455.00		\$550.00
	Child Only	\$69.00		\$87.00

Right to Examine Policy for 10 Days

If you are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded and Your coverage will be void from the Effective Date.

Termination

The Policyholder may cancel this plan (in NV, OK and TN, policy) at any time by sending Us written notice.

The Policy will terminate at 12:01 a.m. local time at the Policyholder's state of residence on the earliest of the following date:

- Except in AZ, the end of the month you attain age 65.
- The date We receive a request in writing or by telephone to terminate this policy or a later date that is requested by the Policyholder.
- The date this policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section.
- The date there is fraud or material misrepresentation made by or with the knowledge of any Covered Person applying for this coverage or filing a claim for benefits.
- The date all plans the same as this one are non-renewed in the state in which this Policy was issued or the state in which the Policyholder presently resides. In AZ, we will give the policyholder 90 days advance notice, as required by state law, of the termination of the policyholder's coverage, and provide the policyholder with the option to convert to a like or similar fixed indemnity Policy.
- The date We terminate or nonrenew all individual market hospital-indemnity insurance plans in the state in which the Policy was issued or the state in which You presently reside. We will give You advance notice (in AZ, 180 days advanced notice), as required by state law, of the termination of Your coverage.
- Except in AZ, the date the Policyholder moves to a state where We do not provide insurance under a plan with the same plan design as the Policy, We reserve the right to terminate this coverage.
- For a Dependent, the date a Covered Dependent no longer meets the Dependent definition in the policy. We will pay benefits to the end of the time for which We have accepted premiums.

Policy Form Numbers: CHCS11, CHCS11-LA, CHCS11-OK (including state variations)

Pre-Existing Conditions Limitation

(varies by state)

We will not pay benefits for events that result from or are related to a pre-existing condition, or its complications, until the covered person has been continuously insured under this plan for 12 months. After this period, benefits will be available for events resulting from or related to a pre-existing condition, or its complications, provided that the covered event occurs while this plan is in force.





Exclusions

This plan provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section.

We will not pay benefits for claims resulting, whether directly or indirectly (in IL, directly), from Events or loss related to or resulting from any of the following:

1. Except in NC, sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section.
2. War or any act of war, whether declared or undeclared. In NC, war or any act of war and acts of terrorism occurring outside the country in which the Policy issued. In OK, while serving in the military service or any auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer; participating in a riot, felony or insurrection; service in the armed forces or units auxiliary thereto.
3. Participation in the military service of any country or international organization.
4. Treatment, services or supplies that: a. Are not part of a specifically listed Covered Event shown on the Benefit Schedule. b. Are due to complications of a non-covered service. c. Are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section. d. Are provided in a student health center or by or through a school system.
5. Glasses, contact lenses, vision therapy, exercise or training, surgery including any complications arising therefrom to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia); vision care that is routine.
6. Hearing care that is routine; any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
7. Treatment for foot conditions including, but not limited to: a. Flat foot conditions. b. Foot supportive devices, including orthotics and corrective shoes. c. Foot subluxation treatment. d. Corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. e. Hygienic foot care that is routine.
8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for a Dental Injury.
9. (In NV, dental procedures, including but not limited to the extraction of teeth and the application of orthodontic devices and splints in connection with) except in TN, treatment of Temporomandibular Joint Dysfunction and Craniomandibular Joint Dysfunction; any appliance, medical or surgical treatment for malocclusion (in TN, any appliance, medical or surgical treatment for does not apply) (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw) in NC, that does not prevent normal functioning of the bone or joint involved and the condition was not caused by congenital deformity, disease, or traumatic injury.
10. Treatment of Behavioral Health or Substance Abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient (in NV, outpatient only) treatment of Behavioral Health or Substance Abuse.
11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services; nutritional counseling.
12. Organ, tissue or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification and donor activation.
13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment (in NC, or congenital defect) and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us.
14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of cancer, including reconstruction of the other breast to produce a symmetrical appearance and (in AZ, physical complications for all stages of a mastectomy, at least two external postoperative prostheses,) treatment of lymphedemas.
15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section.
16. Prophylactic treatment, services or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date.

17. Treatment, services, and supplies for: a. Home Health Care. b. Hospice Care. c. Skilled Nursing Facility care, Inpatient rehabilitation services. d. Custodial Care, respite care, rest care, supportive care, homemaker services. e. Phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; (in TX, except for) Telemedicine Services or Telehealth Services or technology that facilitates access to a Health Care Practitioner. f. Treatment, services or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider. g. Treatment or services provided by a standby Health Care Practitioner. h. Treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer.

18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth.

19. Treatment, services and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire.

20. Treatment, services and supplies related to: maternity, pregnancy (except Complications of pregnancy), routine well newborn care at birth including nursery care, abortion.

21. Except in AZ, contraceptive procedures, contraceptive drugs or devices, not dispensed from a pharmacy, including, but not limited to, contraceptive patches, contraceptive vaginal rings, diaphragms, injectable contraceptives and contraceptive implants.

22. Treatment for or treatment use of: a. Genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing. b. Services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception. c. Sterilization. d. Cryopreservation of sperm or eggs. e. Surrogate pregnancy. f. Fetal surgery, treatment or services. g. Umbilical cord stem cell or other blood component harvest and storage in the absence of a Sickness or an Injury. h. Circumcision.

23. Except in AZ and TN, spinal and other adjustments, manipulations, subluxation treatment and/or services.

24. Treatment for: behavior modification or behavioral (conduct) problems; learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living.

25. Treatment for or through use of: a. Non-medical items, self-care or self-help programs. b. Aroma therapy. c. Meditation or relaxation therapy. d. Naturopathic medicine. e. Treatment of hyperhidrosis (excessive sweating). f. Acupuncture, biofeedback, neurotherapy, electrical stimulation. g. Inpatient treatment of chronic pain disorders. h. Treatment of spider veins. i. Family or marriage counseling. j. Applied behavior therapy treatment for autistic spectrum disorders. k. Smoking deterrence or cessation. l. Snoring or sleep disorders. m. Change in skin coloring or pigmentation. n. Stress Management.

26. Except in NV, sickness or Injury resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner.

27. Treatment of Sickness or an Injury when a contributing cause of the condition was the Covered Person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled

substance while committing a felony.

28. Services ordered, directed or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person or a person who ordinarily resides with a Covered Person.

29. Any amount in excess of the Maximum Lifetime Benefit or any other Maximum Benefit limitation for covered Scheduled Benefits.

30. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary.

31. Treatment, services and supplies for Experimental or Investigational Services.

32. Treatment incurred outside of the United States, including drugs or medicines obtained from pharmacy provider sources outside the United States.

33. Sickness or Injury caused or aggravated by suicide, attempted suicide, (in MO, while sane) or (in TN, intentional) self-inflicted Sickness or Injury.

34. Except in AZ and OH, vitamins and/or vitamin combinations even if they are prescribed by a Health Care Practitioner.

35. Except in AZ and OH, any over-the-counter or prescription products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner: a. Herbal or homeopathic medicines or products. b. Minerals. c. Health and beauty aids. d. Batteries. e. Appetite suppressants. f. Dietary or nutritional substances or dietary supplements. g. Nutraceuticals. h. Tube feeding formulas and infant formulas. i. Medical Foods. j. Devices or supplies including, but not limited to, support garments, bandages and non-medical items regardless of intended use, except for injectable insulin and blood/urine/glucose/acetone testing devices, needles and syringes as described under a Prescription Order for treatment of a Covered Person with diabetes who receives these drugs, medicines or supplies in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section.

36. Except in AZ and OH, drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by Us.

37. Except in AZ and OH, drugs or medicines: administered or dispensed at or by the rest home, sanitarium, extended care facility, convalescent care facility, Skilled Nursing Facility or similar institution, dispensed at or by a Hospital, an Emergency Room, a Free-Standing Facility, an Urgent Care Facility, a Health Care Practitioner's office or other Inpatient or Outpatient setting for take home by the Covered Person.

38. Except in AZ and OH, drugs or medicines used to treat, impact or influence: athletic performance; body conditioning, strengthening, or energy; social phobias, slowing the normal processes of aging, daytime drowsiness, overactive bladder, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns.

39. Except in AZ and OH, unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives.

40. Except in AZ and OH, drugs or medicines prescribed for treatment of a condition that is specifically excluded under this plan.

41. Except in AZ and OH, drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state.

42. Except in AZ and OH, duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; Prescription Order refills in excess of the number specified on the Health Care Practitioner's Prescription Order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the Health Care Practitioner's original Prescription Order, any administration for drug injections or any other drugs or medicines obtained other than through a pharmacy.

Underwritten by:
Central United Life Insurance Company

Administrative Office:
10777 Northwest Freeway, Houston, TX 77092

Toll Free Telephone:
800-669-9030