

HOSPITAL INDEMNITY INSURANCE COVERAGE

INTRODUCING AN AFFORDABLE APPROACH TO HEALTHCARE

In today's market where health insurance is often unavailable or unaffordable, Health Saver Plus III can help provide you and your family with peace of mind by providing health insurance benefits you can afford. The idea is that affordable, quality healthcare is achievable if you have the basic knowledge and willingness to make informed decisions by discussing your treatment plan and costs with the healthcare professional of your choice.

INSURANCE FOR A BETTER FUTURE

- **\$5,000,000 Lifetime Maximum**
- **Three benefit options to choose from**
- **Use any Doctor or Hospital you choose without penalty**
- **For additional savings the First Health Limited Benefit Plan Network is available at no cost**
- **Talk to a doctor 24/7/365, for \$0 with New Era Telehealth**
- **Increase Benefit Options available**



HEALTH SAVER III



This plan does not meet the requirements of the Affordable Care Act
Philadelphia American Life Insurance Company, P.O. Box 4884, Houston, Texas 77210-4884

Form H-0204
HSPIII.V7
9.23.2024

Choose The Plan To Fit Your Needs

Lifetime Maximum

\$5,000,000 Per Policy

Calendar Year Deductible (per Covered Person with a maximum of three deductibles per policy) This deductible applies to the Facility Fees and Professional Services. Select your Calendar Year Deductible:

☐ \$100 ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

Choose Your Calendar Year Maximum Benefit Level

Maximum Covered Benefits per Covered Person Per Calendar Year ☐ \$100,000 ☐ \$250,000 ☐ \$1,000,000

HOSPITAL INDEMNITY BENEFITS - FACILITY FEES

Select The Number Of Benefit Units To Fit Your Needs

☐ 1 Unit ☐ 2 Units ☐ 3 Units

Hospital Confinement: The plan will pay the daily Indemnity benefit selected if any Covered Person incurs charges for and is Confined in a Hospital as a result of a covered: Sickness Injury

\$1,500	\$3,000	\$4,500
\$3,000	\$6,000	\$6,000

Hospital ICU: The plan will pay the daily Indemnity benefit selected (up to 20 days per calendar year - 31 days in Pennsylvania) if any Covered Person incurs charges for and is Confined in a Hospital's (ICU) Intensive Care Unit as a result of a covered: Sickness Injury

\$2,250	\$4,500	\$6,750
\$3,000	\$6,000	\$6,750

Mental Illness, Alcohol and/or Substance Abuse: The plan will pay the daily Indemnity benefit during confinement in a Hospital for Mental Illness, Alcohol and / or Substance Abuse Dependency.

\$200	\$400	\$600
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Rehabilitation Facility / Skilled Nursing Facility: The plan will pay the daily Indemnity benefit during Confinement in a Rehabilitation Facility or Skilled Nursing Facility as a result of a covered Injury or Sickness. (does not include Mental Illness, Alcohol and /or Substance Abuse Dependency)

\$750	\$1,500	\$2,250
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Outpatient Radiation or Chemotherapy: The plan will pay the daily Indemnity benefit selected if any Covered Person incurs charges for Outpatient Radiation or Chemotherapy.

\$750	\$1,500	\$2,250
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Outpatient Hospital or Ambulatory Surgical Center: The plan will pay the daily Indemnity benefit selected for Outpatient Hospital or Ambulatory Surgical Center services when surgery is performed as a result of a covered Injury or Sickness. **The calendar year policy deductible will be waived for the first claim incurred in a calendar year for each covered person when surgery is performed under general anesthesia.**

\$1,500	\$3,000	\$4,500
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PROFESSIONAL SERVICES

	1 Unit	2 Units	3 Units
Surgical Benefit: The plan will pay the daily surgical indemnity benefit if any Covered Person undergoes a surgical procedure when performed in a Hospital or in an Ambulatory Surgical Center due to an eligible Injury or Sickness. When the surgical procedure is performed in an Outpatient Hospital or Ambulatory Surgical Center the deductible will be waived for the first claim incurred in a calendar year for each covered person when surgery is performed under general anesthesia. The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries.	1 X the policy fee schedule	2 X the policy fee schedule	3 X the policy fee schedule
Inpatient Pathologist / Radiologist: The plan will pay the daily indemnity benefit if any Covered Person undergoes an Inpatient Pathologist / Radiologist procedure as a result of a Covered Injury or Sickness. The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries.	1 X the policy fee schedule	2 X the policy fee schedule	3 X the policy fee schedule
Physicians Care Indemnity Benefit Non-Surgical: We will pay the daily benefit amount selected for each visit a Covered Person receives from a Physician while confined.	\$50	\$100	\$150
Daily Assistant Surgeon Surgical Services Indemnity Benefit for covered services	20% of the surgical benefit		
Daily Anesthesia Indemnity Benefit for covered services	25% of the surgical benefit		

Assistant Surgeon and Anesthesia Benefit for Arkansas, Georgia and North Carolina in lieu of benefit listed above

Daily Assistant Surgeon Surgical Services Indemnity Benefit for covered services	\$100	\$200	\$300
Daily Anesthesia Indemnity Benefit for covered services	\$125	\$250	\$375

OUTPATIENT BENEFITS (these benefits are payable for daily indemnity benefits performed on an outpatient basis only)**Calendar Year Outpatient Deductible****\$50 per insured**

(Does not apply towards satisfaction of Calendar Year Policy Deductible)

	1 Unit	2 Units	3 Units
Aggregate Calendar Year Maximum (per covered person)	\$2,000	\$4,000	\$6,000
Daily Outpatient Physician's Indemnity Benefit: The plan will pay for each day a covered person sees a Physician in the Physician's office or outpatient clinic (limit of 20 days per calendar year). Calendar Year Deductible is waived for the first (3) visits.	\$ 40	\$ 60	\$ 80
Other Outpatient Daily Indemnity Benefits (per day)			
• Daily Radiology Indemnity Benefit (except X-ray and EKG)	\$ 175	\$ 350	\$ 525
• Daily X-ray and EKG Indemnity Benefit	40	80	120
• Daily Laboratory Indemnity Benefit	15	30	45
• Daily Injection Indemnity Benefit	5	10	15
Daily Generic Prescription Indemnity Benefit	\$ 5	\$ 10	\$ 15
Daily Brand Name Prescription Indemnity Benefit	\$ 10	\$ 20	\$ 30
Emergency Room Benefit (limit 1 benefit per covered person per Calendar Year)	\$ 100	\$ 200	\$ 400
Urgent Care Center Benefit (limit 1 benefit per covered person per Calendar Year)	\$ 100	\$ 100	\$ 100
Preventive Care Benefits (coverage starts 60 days after the effective date and is limited to 1 benefit per covered person per Calendar Year) This benefit is not subject to the Calendar Year Deductible or Pre-existing Conditions Exclusions.	\$125 per calendar year		
Daily Emergency Ambulance Indemnity Benefit (limit 2 benefit payments (ground) and 1 benefit payment (air) per covered person per Calendar Year)	\$500 ground / \$1,500 air		

INCREASE BENEFIT OPTION — PREVENTIVE CARE RIDER

Pays in addition to all other indemnity amounts in the policy	1 Unit	2 Units	3 Units
Daily Outpatient Physician's Indemnity Benefit: The Company will pay the amount shown for each day outpatient services are used for surgery or treatment of any kind in the office or outpatient clinic. A maximum limit of 20 benefit days per Covered Person per Calendar Year. This benefit is not subject to any Deductible under the policy.	\$10	\$20	\$30
Daily Laboratory Indemnity Benefit: The Company will pay the amount shown for each day laboratory testing is performed including facility and professional service if any. This benefit is not subject to any Deductible under the policy	\$5	\$10	\$15
Preventive Care Indemnity Benefits This benefit will start 60 days after the policy effective date. You are eligible to receive 1 of each of the benefits listed below per covered person per calendar year unless noted otherwise. Preventive Care Indemnity benefits are not subject to Pre-existing Conditions Exclusions.			
• Preventive Care Benefit for Mammograms	\$125 per calendar year		
• Preventive Care Benefit for Colonoscopy	\$300 every three years		
- Beginning the 4th policy year except in the state of Ohio	\$600 every three years		

INCREASE BENEFIT OPTION — OUTPATIENT EMERGENCY / URGENT CARE RIDER

Pays in addition to all other indemnity amounts in the policy	1 Unit	2 Units	3 Units
Outpatient Emergency Department / Urgent Care Treatment in an Emergency or Urgent Care Facility: Benefits are each limited to one benefit per Covered Person per Calendar Year. These benefits are not subject to any Deductible under the Policy but will be applied to the Outpatient Benefits Aggregate Calendar Year Maximum under the Policy.			
• Emergency Department/Urgent Care Center - Facility:	\$200	\$300	\$400
• Physician's Daily Medical Treatment Benefit - Professional:	\$200	\$300	\$400
Accidental Death Benefit: If death of a Covered Person occurs due to accidental bodily Injury, the Company will pay the Accidental Death Benefit amount shown above. The proceeds will be paid to the beneficiary upon receipt at the Company's home office of due proof that the death of the Covered Person is directly caused by accidental bodily This benefit is not subject to any Deductible under the Policy.	\$50,000		

FIXED-INDEMNITY POLICY

This is a fixed-indemnity plan and not a major medical insurance plan. Fixed-indemnity benefits are provided for hospital confinement, specified medical, surgical and outpatient events. These benefits are paid in specific amounts and do not provide expense reimbursement for charges based on your health care provider's bill. Fixed-indemnity insurance plans do not meet the Minimum Essential Coverage requirements under the Affordable Care Act and you may need to pay a tax penalty depending upon your income level and the cost of plans available.

NOTICE TO APPLICANTS

Your Effective Date will be assigned by the Home Office. Insurance Coverage is Not Effective until the Coverage Applied for has been Accepted and Approved and Issued in Writing by Philadelphia American Life Insurance Company. Completing the Application does not mean that coverage is in force. Please allow two to three weeks following approval for delivery of your policy.

GUARANTEED RENEWABLE TO AGE 65. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew this policy until the first premium due date on or after your 65th birthday. We reserve the right, subject to written notice within the time period your state allows, to establish a new schedule of premium rates; such schedule of rates will be effective on the following premium due date for all or any class of Insured's covered by the policy. Premiums may also change due to attained age. Please read the Premium Rate Change provision carefully that is contained in the policy.

PRE-EXISTING CONDITION means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under this policy for 12 consecutive months.

EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of: (a) any service, supplies or treatment that is not a Covered Service described in Section 3 hereof; (b) suicide or any attempt thereat, while sane or insane; (c) any intentionally self-inflicted Injury or Sickness; (d) rest care; (e) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an Injury if initial treatment of the Covered Person is begun within 12 months of the date of the Injury; (f) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the policy; (g) routine newborn care, including routine nursery charges; (h) voluntary abortion, except with respect to You or Your covered Dependent spouse where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion; (i) pregnancy of a Dependent child, unless required by law; (j) a Covered Person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority; (k) a Covered Person committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation; (l) a Covered Person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; (m) air travel, except: (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (2) as a passenger for transportation only and not as a pilot or crew member; (n) any Injury occurring directly or indirectly as a result of the voluntary use of intoxicants, narcotics or hallucinogens unless taken on the written advice of a Physician except for treatment of Alcohol and/or Substance Abuse Dependency as provided in the Schedule of Benefits; (o) sex changes; (p) any dental care, treatment or service to the teeth, gums or mouth; (q) experimental treatments or surgery; (r) the reversal of tubal ligation and vasectomies; (s) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law; (t) treatment of exogenous obesity or weight control; (u) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Injury sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the Covered Person is not covered; (v) Injury or Sickness arising out of or as the result of any work for wage or profit when coverage is in force for the Injury or Sickness under Workers' Compensation, employer's liability or similar laws or coverage; (w) any service, supplies or treatment that is not Medically Necessary; (x) any facility charges for treatment at a Hospital in excess of the indemnity amount specified in the Schedule of Benefits; (y) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; (z) Pre-Existing Conditions; and (aa) any service or treatment rendered outside the territorial limits of the United States of America.

Benefits and availability may vary by state, for more information about policy/plan benefits and limitations, please refer to the outline of coverage or policy as approved in your state.

Underwritten By:
Philadelphia American Life
Insurance Company
Houston, Texas
Policy form H-0204



P.O. BOX 4884
HOUSTON, TX 77210-4884

Value Added Benefits listed below are not part of this policy. New Era Telehealth, The Karis Group and ScriptSave are value added healthcare programs from other providers designed to enhance your healthcare experience without additional cost to you.

Value Added Benefits At No Additional Cost



New Era Telehealth

Talk to a doctor, 24/7/365, for \$0 with Virtual Urgent Care! This plan provides unlimited Virtual Urgent Care visits with board certified doctors at no cost to you! Talk to a doctor, get a diagnosis, and even a prescription when needed, all within minutes. Additional telehealth services available at a special member rate include Virtual Dermatology Care, Virtual Counseling and Psychiatric Medical Care.

Advocating for Patients



Medical Bill Eraser Powered by CareGuide

Advocates who work to help fight medical bills!¹ Need help fighting a medical bill?¹ Call on the Medical Bill Eraser advocacy team powered by CareGuide for help. These world class advocates are dedicated to fighting on your behalf to reduce or possibly eliminate large medical bills¹ using innovative technology and expert negotiation techniques. You deserve to feel confident that you were billed fairly and accurately for the care you received.



Save on Brand- Name and Generic Prescriptions

ScriptSave card is provided at NO Cost to help you save money on your prescriptions! It's easy-to-use; just present this savings card at any participating pharmacy when filling or refilling a prescription. Your card is ready to be used right away. The card is accepted at over 62,000 participating pharmacies nationwide. This does include most chain and independent retail pharmacies. To find a participation pharmacy near you, visit www.ScriptSave.com and include your group number [2242](http://www.ScriptSave.com). Get started today and compare before you buy!

- THE SCRIPTSAVE PRESCRIPTION CARD IS DISCOUNT ONLY - NOT INSURANCE -



First Health Network

An additional opportunity to save! This plan provides access to the First Health Limited Benefit Plan (LBP) Network for discounts on healthcare services such as doctor visits, hospital stays, labs and more! To search for providers within this network, visit www.firsthealthlbp.com.

OPTIONAL PRODUCTS

CRITICAL ILLNESS INSURANCE RIDER / POLICY: You can select from \$10,000 to \$50,000 to help cover out-of-pocket medical expenses and other cost associated with a covered medical illness. Critical Illness insurance is designed to ease the financial pressure by providing a lump sum cash benefit paid directly to you upon diagnosis of a covered illness. Maximum amount of Critical Illness Insurance available is \$50,000 for any one person.

24 HOUR ACCIDENT EXPENSE INSURANCE POLICY: Accident Expense insurance provides you with up to \$4,000 for accidental injury; up to \$100,000 for an accidental death and up to \$10,000 for ground or air ambulance. The accident plan also has an optional accident disability benefit and pays in addition to other insurance you may have and is guaranteed renewable to age 80.

DENTAL CHOICE: A “hybrid” dental insurance plan combining traditional dental insurance with network provider's discounts.

- Take advantage of network providers at over 169,000 access points across the United States
- Pays if you go out of network. Non-network providers are paid at the same rate and fee schedule as network providers www.careington.com/co/pal
- No waiting periods on Diagnostic & Preventative Services
- Diagnostic & Preventative paid at 100% after co-pay when using a network provider

¹Medical Bill Eraser Powered by CareGuide services may only be used for out-of-pocket medical bills of \$2,500 or greater.
Note: This can be multiple bills related to one medical event.