

HOSPITAL INDEMNITY INSURANCE COVERAGE



HEALTH CHOICE SELECT

In today's market where health insurance is often unavailable or unaffordable, Health Choice Select can help provide you and your family with peace of mind by letting you select the health insurance benefits you need and can afford.



\$5,000,000 Lifetime Maximum per policy



For additional savings the PHCS network is available at no additional cost



Three annual maximum benefit amounts to choose from



TelaDoc provides a convenient alternative to Urgent Care or ER visits



Three benefit options to choose from to fit your budget



ScriptSave card is provided at no cost to help you save money on prescriptions



Toll-free Concierge Service to assist you in finding the most affordable & convenient health care services



Optional Accident, Life, Critical Illness and Dental plans are available to enhance your protection



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

Form H-0214 ER
Ver4 - 11.01.18

Choose The Plan To Fit Your Needs

LIFETIME MAXIMUM

\$5,000,000 Per Policy

First Day Hospital Confinement Benefit Percentage*

To help manage your healthcare costs you may choose to reduce your **First Day** benefit amount for Hospital Confinement and Intensive Care. (one reduction per calendar year per covered person may apply)

<input type="checkbox"/> 100%	<input type="checkbox"/> 80%	<input type="checkbox"/> 50%	<input type="checkbox"/> 20%
Pays 100% of the Hospital Confinement and ICU Benefit	Pays 80% of the Hospital Confinement and ICU Benefit	Pays 50% of the Hospital Confinement and ICU Benefit	Pays 20% of the Hospital Confinement and ICU Benefit

* Benefit reduction if selected only applies to the **First Day** of Hospital Confinement / ICU all other benefits are paid at the full unit benefit selected

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	\$1,500	\$3,000	\$4,500
Injury	\$3,000	\$6,000	\$6,000
Hospital ICU: The plan will pay the daily Indemnity benefit selected (up to 20 days per calendar year) if any Covered Person incurs charges for and is confined in a Hospital's Intensive Care Unit (ICU) as a result of a covered:			
Sickness	\$2,250	\$4,500	\$6,750
Injury	\$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
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
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
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:			
Surgery performed not requiring general anesthesia	\$ 750	\$1,500	\$2,250
Surgery performed requiring general anesthesia	\$ 1,500	\$3,000	\$4,500

PROFESSIONAL SERVICES

	1 UNIT	2 UNITS	3 UNITS
Surgical Procedure: The plan will pay this 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. The reimbursement schedule is the Medicare RBRVS (Resource-Based Relative Value Scale) per procedure based on your providers location.	1 X THE CURRENT RBRVS SCHEDULE	2 X THE CURRENT RBRVS SCHEDULE	3X THE CURRENT RBRVS 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 is the Medicare RBRVS (Resource-Based Relative Value Scale) per procedure based on your providers location.	1 X THE CURRENT RBRVS SCHEDULE	2 X THE CURRENT RBRVS SCHEDULE	3 X THE CURRENT RBRVS 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 when performed in a hospital or ambulatory surgical center.	WE WILL PAY 20% OF THE ELIGIBLE SURGICAL BENEFIT PAYABLE		
Daily Anesthesia Indemnity Benefit: for covered services when performed in a hospital or ambulatory surgical center.	WE WILL PAY 25% OF THE ELIGIBLE SURGICAL BENEFIT PAYABLE		

This is a limited-benefit 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.

OUTPATIENT BENEFITS

	1 UNIT	2 UNITS	3 UNITS
Aggregate Calendar Year Maximum (per covered person)	\$2,000	\$4,000	\$6,000
Daily Outpatient Physicians Indemnity Benefit for each day a covered person sees a physician in office or outpatient clinic. Limit of 20 benefit days (6 chiropractor visits) per covered person per calendar year.	\$ 60	\$ 80	\$ 100
Other Outpatient Daily Indemnity Benefits (per day)			
• MRI, CAT Scan or Nuclear Testing	\$ 175	\$ 350	\$ 525
• Other Diagnostic Testing or X-rays	40	80	120
• Laboratory Testing	20	40	60
• Injections	10	20	30
Daily Generic Prescription Indemnity Benefit	\$ 5	\$ 10	\$ 15
Daily Brand Name Prescription Indemnity Benefit	\$ 10	\$ 20	\$ 30
Emergency Room Benefit (limit 1 of each benefit per covered person per Calendar Year)			
Facility Fee / Charges	\$ 100	\$ 150	\$ 250
Professional Services	\$ 100	\$ 150	\$ 250
Urgent Care Center Benefit (limit 1 benefit per covered person per Calendar Year)	\$ 100	\$ 125	\$ 150
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		
Preventive Care Indemnity Benefits starts 60 days after the policy effective date. You are eligible to receive one (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	\$600 every three years		
• All Other Preventive Care Services	\$125 per calendar year		

OPTIONAL 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 injury. This benefit is not subject to any Deductible under the Policy.	\$50,000		

OPTIONAL ENHANCED BENEFIT RIDER

The benefits provided by this Rider are in addition to all other indemnities set forth in the Policy and/or other attached riders if any. All benefits of this rider are aggregated with the base Policy benefits and are limited to the Lifetime Maximum (per Policy) and Maximum Covered Benefits per covered person per Calendar Year as shown on the Schedule of Benefits page of the Policy.

	1 UNIT	2 UNITS	3 UNITS
Outpatient Hospital or Ambulatory Surgical Center Facility Fees: The plan will pay the Indemnity benefit selected for Outpatient Hospital or Ambulatory Surgical Center services when surgery is performed as a result of a covered Injury or Sickness:			
• Surgery performed under general anesthesia	\$ 750	\$1,500	\$2,250
• Surgery performed not requiring general anesthesia	\$ 375	\$ 750	\$1,125
Aggregate Calendar Year Maximum on Daily Indemnity Benefits (per covered person)	\$2,000	\$4,000	\$6,000
Daily Outpatient Physicians Indemnity Benefit for each day a covered person sees a physician in office or outpatient clinic. Limit of 20 benefit days (6 chiropractor visits) per covered person per calendar year.	\$ 60	\$ 80	\$ 100
Daily MRI, PET, CAT Scan or Nuclear Testing Indemnity Benefit	\$ 175	\$ 350	\$ 525
Daily X-rays or Other Diagnostic Testing Indemnity Benefit	\$ 40	\$ 80	\$ 120

OPTIONAL ENHANCED BENEFIT RIDER (Continued)

	1 UNIT	2 UNITS	3 UNITS
Daily Laboratory Indemnity Benefit	\$ 20	\$ 40	\$ 60
Daily Injection Indemnity Benefit	\$ 10	\$ 20	\$ 30
Daily Emergency Room Benefit (limit 1 benefit per covered person per Calendar Year)			
Facility Fee / Charges	\$100	\$ 150	\$ 250
Professional Services	\$100	\$ 150	\$ 250
Daily Urgent Care Center Benefit (limit 1 benefit per covered person per Calendar Year)	\$100	\$ 125	\$150
Daily Generic Prescription Indemnity Benefit (per covered person per prescription filled)	\$ 5	\$ 10	\$ 15
Daily Brand Name Prescription Indemnity Benefit (per covered person per prescription filled)	\$ 10	\$ 20	\$ 30
Preventive Care Indemnity Benefits start 60 days after the policy effective date. You are eligible to receive one (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 Condition Exclusions.			
<ul style="list-style-type: none"> Preventive Care Benefit for Mammograms Preventive Care Benefit for Colonoscopy - Beginning the 4th policy year All Other Preventive Care Services 			
		\$125 per calendar year	
		\$300 every three years	
		\$600 every three years	
		\$125 per calendar year	
Indemnities incurred prior to the Effective Date of coverage or while the coverage is not in force or not specified as a benefit herein are not covered.			

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: any service, supplies or treatment that is not a specified benefit described in the policy; suicide or any attempt thereat, while sane or insane; any intentionally self-inflicted injury or sickness; rest care; 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; 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; routine newborn care, including routine nursery charges; voluntary abortion, except with respect to the insured or the insured's 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; pregnancy of a dependent child, unless required by law; 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; a covered person committing, attempting to commit or taking part in a felony, or engaging in an illegal occupation; a covered person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; 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; 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 policy; sex changes; any dental care, treatment or service to the teeth, gums or mouth; experimental treatments or surgery; the reversal of tubal ligation or vasectomies; artificial insemination, invitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law; treatment of exogenous obesity or weight control; 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; 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; any service, supplies or treatment that is not medically necessary; any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; Pre-Existing Conditions; any service or treatment rendered outside the territorial limits of the United States of America; treatment of jaw joint problems including temporomandibular joint syndrome and craniomandibular disorder, or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to that joint; voluntary sterilization.

Underwritten By:
Philadelphia American Life
Insurance Company
Houston, Texas

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.



P.O. BOX 4884
HOUSTON, TX 77210-4884
1-800-552-7879

Value Added Benefits listed below are not part of this policy. TelaDoc, 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



TELA DOC

TelaDoc is a convenient alternative to urgent care or ER visits. Saving you time and money by getting no cost care in three easy steps, U.S. board-certified physicians are available any-time, anywhere, and can resolve many non-emergency medical issues via phone or online video.



Step 1: Contact TelaDoc 24/7/365

Access TelaDoc's network via phone, video or mobile app by going to www.teladoc.com



Step 2: Talk with a Physician

A physician will review your medical history and contact you with in minutes



Step 3: Resolve the Issue

A physician will diagnose and prescribe medication, and if medically necessary will send prescription to your pharmacy



Advocating for Patients

Making healthcare work all begins with the Karis360 platform of services that are designed to assist at each stage of your healthcare experience. With Karis360, you have unlimited access to a dedicated team of professional Advisors available by phone to assist with healthcare-related questions and concerns.



Healthcare Navigator^R Policyholders gain a resource and concierge-style service to help them through the chaos and confusion often associated with the healthcare marketplace. Our expert advisors will find everything needed to quickly and thoroughly solve your needs, including finding doctors and healthcare facilities, obtaining best available pricing for procedures, or help shop for better pricing on prescription drugs, imaging services or lab tests.



Karis Surgery Saver^R For those planning non-emergency surgical procedures, our team works to save money by "shopping" the local and regional market for healthcare facility options that combine affordability and quality services for a given non-emergency surgery.



Karis Bill Negotiator^R Is available to address your out-of-pocket portion of medical bills incurred after healthcare services are performed—this element of our service is quite valuable and often reduces the amount owed by the customer.

Karis360 is not insurance and does not provide funds to pay for bills. This is a best-efforts service and results can not be guaranteed.



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 -

SAVE BY TAKING ADVANTAGE OF THE PPO NETWORK DISCOUNTS



While you are free to use any Doctor or Hospital you choose without penalty, you have the option of accessing the MultiPlan / PHCS Limited Benefit Network to take advantage of great savings at no additional costs. You will have access to Doctors, Hospitals, Labs, Imaging Centers and Home Healthcare Centers.

To find providers in your area go to www.neweralife.com and select the Provider Link located on the top right hand side of the website.

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