HSP GOLD with the New Specified Disease plan Innovative Solutions For Your Clients

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### States released as of August 15<sup>th</sup>

| STATE | HSPG | SPECIFIED<br>DISEASE | CATASTROPHIC |  |  |
|-------|------|----------------------|--------------|--|--|
| AL    | Y    | Y                    | Y            |  |  |
| AR    | Y    | Y                    | Y            |  |  |
| DE    | Y    |                      |              |  |  |
| FL    | Y    |                      |              |  |  |
| GA    | Y    |                      | Y            |  |  |
| IA    | Y    | Y                    | Y            |  |  |
| IL.   | Y    | Y                    | Y            |  |  |
| KY    | Y    |                      |              |  |  |
| LA    | Y    | Y                    | Y            |  |  |
| ME    | Y    | Y                    | Y            |  |  |
| MI    | Y    | Y                    | Y            |  |  |
| MS    | Y    | Y                    |              |  |  |
| NC    | Y    | Y                    |              |  |  |
| NM    | Y    | Y                    | Y            |  |  |
| NV    | Y    |                      | Y            |  |  |
| OK    | Y    | Y                    | Y            |  |  |
| SC    |      | Y                    | Y            |  |  |
| SD    | Y    | Y                    | Y            |  |  |
| TX    | Y    | Y                    |              |  |  |
| UT    | Y    |                      |              |  |  |
| WI    | Y    | Y                    | Y            |  |  |
| WY    | Y    | Y                    | Y            |  |  |

# HEALTH SAVER PLUS

Prepare to protect yourself from the costly medical procedures and expenses associated with fighting specified diseases and conditions.

LADEUPHIA AMERICAN LIFE INSURANCE COMPANY

**DISEASE POLICY** 

SPECIFIED

HOSPITAL INDEMNITY INSURANCE COVERAGE HEALTH CHOICE SELECT In today's market where nearth insurance is often unavailable or unaffordable, Health Choice Select can help provide you and your family with peace of mind health Choice Select can help provide you and your family with peace of a by letting you select the health insurance benefits you need and can afford. For additional savings the PHCS network is available at no additional cost Three annual maximum benefit amounts TelaDoc provides a convenient alternative Three benefit options to choose from to fit to Urgent Care or ER visits ScriptSave card is provided at no cost to Toll-free Concierge Service to assist you in R help you save money on prescriptions finding the most affordable & convenient Optional Accident, Life, Critical Illness and Dental plans are public Dental plans are available to enhance your PHILADELPHIA AMERICAN s NOT Major Medical Insurance slohia American Life Insurance Company, P.O. 4884 Houston, TX 77210-4884

Form H-0214 ER Ver3 - 8.1.18

### **Enhancements with the new HSP GOLD Plan**

The popular deductible concept of HSP GOLD now with stronger outpatient benefits.

INCLUDES ENRICIED HCS OP BENEFITS HOSPITAL ADMISSION BENEFIT with a \$2,500 deductible or greater

**HSP GOLD** 



A new Specified Disease plan that is being released in many states. A permanent plan with affordable rates to compliment the HSP GOLD/HSP III/HCS. Cannot be sold as a stand alone plan.

You can check the availability on the E-App by entering the applicants zipcode.

### DESIGN YOUR GOLD PLAN

#### Lifetime Maximum per Policy

\$5,000,000

#### Calendar Year Maximum Benefit per Insured Person

- \$250,000
- \$500,000
- \$1,000,000

#### **Benefit Level**

Note: The level you choose will affect the fixed benefit amount you receive for covered healthcare services.

- Gold Value (One Unit)
- Gold Plus (Two Unit)
- Gold Preferred (Three Unit)

#### Additional Protection Through Our Critical Illness Rider or Policy

Note: Availability varies by state.

Critical Illness Benefits range from \$10,000 to \$50,000

#### Calendar Year Confinement Deductible per Insured Person

Maximum of three (3) deductibles per Policy. Note: The deductible you choose will affect your First Day Hospital Admission Benefit.



#### INPATIENT BENEFITS

Regardless of the charge for the inpatient medical services you receive, we pay the listed benefit amount below for eligible services.

| Hospital Admission Benefit for       | \$10,000              | \$7,500               | \$5,000               | \$2,500               | \$1,000               | \$500                 | \$100                 |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                      | Deductible            |
| the First Inpatient Day              | Per Year <sup>2</sup> |
| PerInsured person per Calendar Year. | \$3,000               | \$3,000               | \$2,000               | \$1,000               | \$0                   | \$0                   | \$0                   |

Deductible & Frist Inpatient Day Example: You have purchased an HSP Gold Plus (Two Unit) Policy with a \$2,500 deductible. You are confined in an in-network hospital for three days due to a covered sickness. Your hospital confinement bill is \$7,500 (\$2,500 per day).

You initially pay: \$2,500 deductible

After your deductible, plan pays: Haspital Admission Benefit for the First Inpatient Day of \$1,000 and Confinement in a Haspital Benefit of \$9,000 \$10,000 (Total Benefits) - \$2,500 (Deductible) = \$7,500 in Net Benefits

\$7,500 (Hospital Bill) - \$7,500 (Net Benefits) = \$0 (Out-Of-Pocket Expense)

| Your Actual Out of Pocket Expense: \$0                                                                                                                                                                                    |         | VALUE                            | PLUS                             | PREFERRED                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------|----------------------------------|----------------------------------|
| FACILITY FEES                                                                                                                                                                                                             | Applies | VALUE                            | PLUS                             | PREFERRED                        |
| Confinement in a Hospital as a Result of a Covered Injury or<br>Sickness Indemnity Benefit Includes Observation Unit stay for<br>24-hours or more.<br>Covered Sickness Benefit<br>Covered Injury Benefit                  |         | Per Day<br>\$1,500<br>\$2,250    | Per Day<br>\$3,000<br>\$4,500    | Per Day<br>\$4,500<br>\$6,750    |
| Confinement in a Hospital's Intensive Care Unit (ICU)<br>Indemnity Benefit Up to twenty (20) days per Calendar Year as<br>a result of a covered Injury or Sickness.<br>Covered Sickness Benefit<br>Covered Injury Benefit |         | Per Day<br>\$2,250<br>\$2,500    | Per Day<br>\$4,500<br>\$5,000    | Per Day<br>\$6,750<br>\$7,500    |
| Confinement in a Hospital for Mental Illness, Alcohol and/or<br>Substance Abuse Dependency Indemnity Benefit                                                                                                              |         | Per Day<br>\$200                 | Per Day<br>\$400                 | Per Day<br>\$600                 |
| Confinement in a Rehabilitation Facility or a Skilled Nursing<br>Facility Indemnity Benefit Does not include Mental Illness,<br>Alcohol and/or Substance Abuse Dependency.                                                |         | Per Day<br>\$750                 | Per Day<br>\$1,500               | Per Day<br>\$2,250               |
| Daily Inpatient Physicians Care Indemnity Benefit Non-<br>Surgical.                                                                                                                                                       |         | Per Day<br>\$50                  | Per Day<br>\$100                 | Per Day<br>\$150                 |
| Inpatient Pathology/Radiology Indemnity Benefit for<br>Covered Services                                                                                                                                                   |         | Per Day<br>1X RBRVS <sup>1</sup> | Per Day<br>2X RBRVS <sup>1</sup> | Per Day<br>3X RBRVS <sup>1</sup> |

#### CRITICAL ILLNESS RIDER OR POLICY

By adding a Critical liness Rider to your Gold Plan, you could receive a lump sum of cash paid directly to you upon diagnosis of a covered liness<sup>3</sup>. You can use the cash benefit any way that you wish to help cover medical or non-medical expenses resulting from your condition. For example, you can use your benefit to help pay for: experimental treatments, rehabilitation, mortgage payments, last income wages, etc..

| PROFESSIONAL SERVICES<br>Regardless of the charge for the professional medical services you receive, we<br>bay the listed benefit amount below for eligible services.                                                                 | VALUE                                       | PLUS                                 | PREFERRE                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------|-------------------------------|
| Outpatient Hospital or Ambulatory Surgical Center Services When<br>Surgery is Performed Indemnity Benefit<br>Benefit for Surgery Performed Under General Anesthesia<br>Benefit for Surgery Performed not Requiring General Anesthesia | Per Day<br>\$2,000<br>\$750                 | <b>Per Day</b><br>\$3,500<br>\$1,500 | Per Day<br>\$5,000<br>\$2,250 |
| Outpatient Radiation Therapy, Chemotherapy and Immunotherapy<br>Indemnity Benefit                                                                                                                                                     | Per Day<br>\$750                            | Per Day<br>\$1,500                   | Per Day<br>\$2,250            |
| Surgery Indemnity Benefit for Covered Services When Performed in a<br>Hospital or in an Ambulatory Surgical Center                                                                                                                    | Per Day<br>1X RBRVS <sup>1</sup>            | Per Day<br>2X RBRVS <sup>1</sup>     | Per Day<br>3X RBRVS           |
| Assistant Surgeon Surgical Services Indemnity Benefit for Covered Services                                                                                                                                                            | Per Day<br>20% of Surgical Benefits Payable |                                      |                               |
| Anesthesia Indemnity Benefit for Covered Services                                                                                                                                                                                     | Per Day<br>25% of Surgical Benefits Payable |                                      |                               |

| egardless of the charge for the outpatient medical services you receive, we<br>by the listed benefit amount below for eligible services.                                                                               | VALUE                                        | PLUS                        | PREFERREI           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------|---------------------|
| Aggregate Calendar Year Maximum for Outpatient Benefits<br>Per Insured person.                                                                                                                                         | Per Year<br>\$4,000                          | Per Year<br>\$6,000         | Per Year<br>\$8,000 |
| OOCTOR VISITS Maximum of twenty (20) benefit days including six (6) c<br>clan visits per Insured person per Calendar Year.                                                                                             | hiropractor an                               | d two (2) Spe               | cialist Physi-      |
| hysician Indemnity Benefit<br>for each day an insured person sees a Physician in office or at an<br>urtpatient clinic.                                                                                                 | Per Day<br>S80                               | Per Day<br>\$120            | Per Day<br>\$160    |
| pecialist Physician Indemnity Benefit<br>Maximum of two (2) benefit days per Insured person per Calendar Year.                                                                                                         | Per Day<br>\$100                             | Per Day<br>\$150            | Per Day<br>\$200    |
| urgery Benefit in a Physicians/Specialists Office or<br>Dutpatient Clinic<br>Awimum of two (2) benefits per Insured person per Calendar Year.                                                                          | Per Day<br>\$100                             | Per Day<br>\$200            | Per Day<br>\$300    |
| REVENTIVE CARE Coverage starts skdy (60) days after the Effective Do                                                                                                                                                   | ate of each ins                              | sured person.<br>Exclusion. | Limit of one        |
| Nammograms Coverage starts skty (60) days after the Effective Date<br>of each insured person.                                                                                                                          | Pe                                           | Calendar                    | Year                |
| Colonoscopy Without Finding Any Polyps Coverage starts skty (60)<br>days after the Effective Date of each insured person.<br>Policy Years One (1) Through Three (3)<br>Beginning the Fourth (4th) Policy Year          | Every Three Years<br>\$500<br>\$750          |                             |                     |
| All Other Preventive Care Services<br>Including but not limited to pap smears, PSA tests, chest X-rays and<br>chalesterol testing. Coverage starts sixty (60) days after the Effective<br>hate of each insured person. | Per Calendar Year<br>\$250                   |                             |                     |
| HARMACY SERVICES A prescription ascount card is included with a                                                                                                                                                        | II HSP Gold po                               | licies.                     |                     |
| Seneric Prescription Indemnity Benefit Per Insured person per<br>wescription filled.                                                                                                                                   | Per Day<br>\$10                              | Per Day<br>\$20             | Per Day<br>\$30     |
| Daily Brand Name Prescription Indemnity Benefit Per Insured<br>berson per prescription filled.                                                                                                                         | Per Day<br>S20                               | Per Day<br>\$40             | Per Day<br>\$60     |
| MERGENCY OUTPATIENT SERVICES Maximum of two (2) benefit<br>mergency Department benefit per Insured person per Calendar Year.                                                                                           | s combined to                                | r Urgent Care               | e Center and        |
| Irgent Care Center Indemnity Benefit Maximum of two (2) benefits<br>er Insured person per Calendar Year.                                                                                                               | Per Day<br>\$200                             | Per Day<br>\$300            | Per Day<br>\$400    |
| mergency Department Indemnity Benefit Maximum of one (1)<br>penefit per Insured person per Calendar Year.                                                                                                              | Per Day                                      | Per Day                     | Per Day<br>S400     |
| Facility Fee/Charges<br>Professional Services                                                                                                                                                                          | \$200<br>\$200                               | \$300<br>\$300              | \$400<br>\$400      |
| Ambulance Indemnity Benefit Maximum of two (2) ground benefit<br>wayments and one (1) air benefit payment per Insured person per<br>Colendar Year.                                                                     | Per Day<br>\$1,000 (Ground)<br>\$2,500 (Air) |                             |                     |
| ADDITIONAL TESTING & DIAGNOSTIC OUTPATIENT SERVIC                                                                                                                                                                      | ES                                           |                             |                     |
| MRI, PET, CAT Scan or Nuclear Testing Indemnity Benefit                                                                                                                                                                | Per Day<br>\$300                             | Per Day<br>\$500            | Per Day<br>\$700    |
| X-rays or Other Diagnostic Testing Indemnity Benefit                                                                                                                                                                   |                                              | Per Day<br>\$160            | Per Day<br>\$240    |
| Laboratory Indemnity Benefit                                                                                                                                                                                           | Per Day<br>S40                               | Per Day<br>S80              | Per Day<br>S120     |
|                                                                                                                                                                                                                        | Per Day                                      | Per Day                     | Per Day             |

### Recap-HSP GOLD vs. HSP III and HCS

- A. Outpatient benefits.
- ▶ 1. No deductible for this Gold plan.
- 2. The calendar year maximums have been increased from \$2,000 (1unit), \$4,000 (2 units), \$6,000 (3 units) to \$4,000, \$6,000, \$8,000 respectively.
- ▶ 3. The Daily Outpatient Physician's benefits have been increased from \$60 (1 unit), \$80 (2 units), \$100 (3 unita) to \$80, \$120, \$160 respectively. In addition, we added 2 benefit days (among the 20 benefit days) for specialists.
- ▶ 4. Daily MRI, PET, CAT scans have been significantly increased from \$ 175, \$350, \$525 to \$300, \$500, \$700 respectively.
- ▶ 5. Daily X-rays or Other Diagnostic Testing have been significantly increased from \$40, \$80, \$120 to \$80, \$160, \$240 respectively.
- ▶ 6. Daily Laboratory have been significantly increased from \$20, \$40, \$60 to \$40, \$80, \$120 respectively.
- ▶ 7. Daily Injections have been significantly increased from \$10, \$20, \$30 to \$30, \$60, \$90 respectively.
- ▶ 8. ER benefits (both facility & professional) have been increased to \$200, \$300, \$400 for each category.
- 9. Urgent care benefits have been significantly increased to \$200, \$300, \$400 to encourage policyholders to use Urgent care (lower cost plus incentives) in lieu of ER.
- ▶ 10. Daily prescription benefits have been significantly increased to \$10, \$20, \$30 for Generic and \$20, \$40, \$60 for Brand.
- 11. Preventive benefits have been significantly increased to \$250 (from \$125) for Mammogram, to \$500, \$700 (from \$300, \$500) for Colonoscopy, to \$250 (from \$125) for all other Preventive Care Services.
- ▶ 12. Daily Ambulance benefits have been increased to \$1,000 (from \$500) for ground and \$2,500 (from \$1,500) for Air.

### Recap continued

B. Inpatient benefits

- 1. Added new Hospital Admission Benefits (for the first inpatient day per calendar year) which are \$1,000, \$2,000, \$3,000 for deductibles \$2,500, \$5,000, \$7,500/\$10,000 respectively.
- 2. Daily Outpatient Hospital or Ambulatory Surgical Benefits have been modified to be \$2,000, \$3,500, \$5,000 (from \$1,500, \$3,000, \$4,500) when the surgery is performed under general anesthesia; to be \$750, \$1,500, \$2,250 when the surgery is performed not requiring general anesthesia.
- ▶ 3. Calendar Year Maximums- (\$1,000,000 may be added with Eff dates of Sept 1 or later)
- The calendar year maximum benefits for coverage options have been increased from \$100,000, \$250,000, \$1,000,000 to \$250,000, \$500,000, \$1,000,000.
- 4. Calendar Year Deductibles only apply to Inpatient benefits.
- ▶ 5. Commission rates for the Gold plan are the same as those for HSP or HCS plans.

### **SPECIFIED DISEASE PLAN**-Offering a permanent solution! Available with a Health plan only.



#### COVERED DISEASES, CONDITIONS & PROCEDURES:

- Heart Attack
- < Stroke
- Cancer (Internal Cancer)
- Angioplasty
- Coronary Artery Bypass Surgery
- Pacemaker Implant or Insertion of Implantable Cardiac Defibrillator
- Heart Valve Surgery

- Amputation
- Joint Replacement
- End Stage Renal Failure
- Amyotrophic Lateral Sclerosis (ALS)
- Major Organ Failure/Major Organ Transplant (Bone marrow, heart, kidney, liver, lung, pancreas)\*
- Ruptured Aneurysm (Ruptured Cerebral, Carotid or Aortic Aneurysm)

\* The maximum lifetime transplant benefit for all transplants is \$100,000 per insured person per policy. With the improvement of modern medicine more Americans are surviving specified diseases than ever before. When diagnosed, many families struggle due to the high costs of treating these conditions. By enrolling in a Philadelphia American Life Specified Disease plan, you can proactively prepare to protect yourself from the costly medical expenses associated with fighting covered diseases, conditions and procedures.

LIFETIME MAXIMUM BENEFIT S2,000,000

#### DEDUCTIBLE

Per Insured person with a maximum of three (3) deductibles per Calendar Year.

- \$25,000
- \$50,000
- □ \$75.000
- \$100,000

CALENDAR YEAR MAXIMUM BENEFIT

- \$250,000
- \$500,000
- \$1,000,000

The plan will pay the Actual Charges up to the Usual, Customary and Reasonable amount for expenses incurred for a Covered Condition or Procedure.

Benefits are subject to the Covered Condition or Procedure definitions that can be found in the accompanying Outline of Coverage. PHILADELPHIA AMERICAN LIFE INSURANCE COMPAN

### ACCIDENT EXPENSE POLICY



#### Accident Expense plan is only available with a Health Plan.

#### ACCIDENT EXPENSE OLICY

Accidents can happen in places where you and your family spend the most fime: in the home, on the playground or at work. By enrolling in a Philodelphia American Accident Expense Policy, you are giving yourself the extra protection you may need for unpredictable, yet extremely common, accident expenses

LIFETIME MAXIMUM BENEFIT \$2,000,000

#### CALENDAR YEAR MAXIMUM BENEFIT

- \$500,000
- \$1,000,000

DEDUCTIBLE Per Insured person with a maximum of three (3) deductibles per Calendar Year under This policy.

- \$100.000
- \$75,000
- \$50,000

After the deductible, the plan will pay the Actual Charges up to the Usual, Customary and Reasonable amount for Covered Expenses incurred while Hospital Confined due to Injury of an Insured person

Actual Charges are defined as the actual amount paid by You or any other entity for services, treatment or material rendered.

#### ACCIDENTAL DEATH BENEFIT

We will pay the Accidental Death Benefit amount of \$50,000 due to death of an Insured

### **Gold + Specified Disease Medical Plans.**

"WRAP" this plan around either our HSP Series or HCS Plans.

#### Wrap coverage offering more protection

#### Peace of Mind

- Must be sold in conjunction with a HSP Series or HCS
- Specified Plan Deductibles of \$25,000, \$50,000, \$75,000 or \$100,000
- Calendar year Maximums of \$250,000, \$500,000 or \$1 million
- Stable premiums making it affordable now and in the future
- More protection to a policyholder if they develop a major illness with a (Specified Disease plan) or has a major accident (Specified Accident Plan). Two Plans to choose from.
- HSP Series & HCS and the Specified Disease and Accident are guarantee renewable to age 65!
- Plans do not coordinate but both pay individually.
- More coverage when you need it the most!
- There must be at a gap in benefits so no overlapping coverage.
- FULL PHCS NETWORK

#### "When you need insurance, you need the most insurance"



### **Catastrophic Accident + Specified Disease**



Innovative Solutions that will Provide Excellent Coverage for Your Clients

We offer plans that will protect the policyholders when they most need it.

Our goal is to plug the holes in healthcare coverage.

Plug the Holes

The (Catastrophic Accident Policy) can be offered with an HCS or HSP Series plan

- 4 Deductible options to choose from
- CYM of \$250,000, \$500,000 or \$1 million option
- \$2,000,000 Lifetime max per policy

Catastrophic Accident

### The Specified Disease plan

- 4 Deductible options to choose from
- CYM of \$250,000, \$500 or \$1 million option
- \$2,000,000 Lifetime max per policy

Must be sold in conjunction with either the HSP Series or HCS plans.

#### Compliment

### **New E-Application/Enrollment Platform**

We Created a Platform that is Transparent, Efficient, and Supplemental in Helping Our Agents Grow their Business



### We have successfully introduced our new E-Enrollment Platform and are making improvements daily



It now works across all devices including phones

NOTE: Please encourage your agents to use the new platform. The old E-App does not have the new riders or new products. We will phase out the old E-App platform by the end of August.

### **Ordering Supplies**

Get Brochures Mailed Directly to Your Agents



### New Process

- Login to your Agent Portal
- Select the menu option "Order Supplies"
- Select Senior or Under 65 Market
- Download the Supply Form
- E-mail to <u>marketing@neweralife.com</u> or fax to 281-368-7282
- Supplies will be mailed out within one business day

### Supplies needed?

 Ordering directly from your agent portal without having to e-mail or fax back the form

### Things to Note

- Agents are allowed a maximum of 25 brochures per product per order. Anything more will need to be approved.
- The supply request is for brochures only, paper applications will need to be downloaded from the Agent Portal.
- Requests are shipped from Houston, TX within one business day, please allow up to seven days to receive your shipment of supplies

### **Current Incentives & Contest News**



Currently going on -July-September 2019 Earn up to \$100 per sale Next trip To be determined

New Leaders meeting coming soon.

### **CURRENT CONTEST!**

BREAK THE BANK July-September 2019 Earn up to \$100 per sale.



### OUR NEWEST INCENTIVE! We want to reward you for your hard work!

Producers, Agencies and FMOs can earn extra cash for the new business that they write!

There is **NO LIMIT**! The more you sell, the more you earn!

## Earn Triple the Rewards

1 QUALIFYING APP GETS YOU AUTOMATICALLY ENTERED INTO 3 CONTESTS! (2 VIP...

### 1 QUALIFYING APP GETS YOU AUTOMATICALLY ENTERED INTO 3 CONTESTS!

(2 VIP Vacation Getaways and 1 Cash Bonus Contest)

### Be on the look out for updated commission addendums with this new product. Look on your agent portal.

Our company company has a strong commitment to the health insurance market. Together we are transforming Healthcare in America one policyholder at a time! With your partnership, we can succeed and accomplish great things.

QUESTIONS OR THOUGHTS ARE SET WELCOME.