PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

HEALTH SAVER PLUS
GOLD EDITION

INDEMNITY BENEFIT INSURANCE

FIXED BENEFIT HEALTH & INCOME PROTECTION PLAN

Philadelphia American's HSP Gold Edition Policy offers customized insurance plans and protection where it matters most at an affordable price. In addition, HSP Gold offers policyholders a growing number of tools, resources and value-added benefits that are sure to help you navigate through the costly and complex healthcare marketplace.

This plan does not meet the requirements of the Affordable Care Act. This form (H-0224 series) meets the exemptions of the Affordable Care Act and is approved by the Department of Insurance in your state.

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DESIGN YOUR GOLD PLAN

Lifetime Maximum per Policy is $5,000,000

Calendar Year Maximum Benefit per Insured Person

☐ $250,000 ☐ $500,000 ☐ $1,000,000

Benefit Level

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

HOSPITAL INDEMNITY BENEFITS - FACILITY FEES

	VALUE (One Unit)	PLUS (Two Unit)	PREFERRED (Three Unit)
Confinement in a Hospital as a Result of a Covered Injury or Sickness Indemnity Benefit *Includes Observation Unit stay for 24-hours or more.*	**Per Day**	**Per Day**	**Per Day**
First Day Benefit for Sickness and Injury	$750	$1,500	$2,250
Covered Sickness Benefit (After First Day)	$1,500	$3,000	$4,500
Covered Injury Benefit (After First Day)	$2,250	$4,500	$6,750
Confinement in a Hospital's Intensive Care Unit (ICU) Indemnity Benefit *Up to twenty (20) days per Calendar Year as a result of a covered Injury or Sickness.*	**Per Day**	**Per Day**	**Per Day**
First Day Benefit for Sickness and Injury	$1,125	$2,250	$3,375
Covered Sickness Benefit (After First Day)	$2,250	$4,500	$6,750
Covered Injury Benefit (After First Day)	$2,500	$5,000	$7,500
Confinement in a Hospital for Mental Illness, Alcohol and/or Substance Abuse Dependency Indemnity Benefit	**Per Day** $200	**Per Day** $400	**Per Day** $600
Confinement in a Rehabilitation Facility or a Skilled Nursing Facility Indemnity Benefit *Does not include Mental Illness, Alcohol and/or Substance Abuse Dependency.*	**Per Day** $750	**Per Day** $1,500	**Per Day** $2,250
Outpatient Hospital or Ambulatory Surgical Center Services When Surgery is Performed Indemnity Benefit	**Per Day**	**Per Day**	**Per Day**
Benefit for Surgery Performed Under General Anesthesia	$2,000	$3,500	$5,000
Benefit for Surgery Performed not Requiring General Anesthesia	$750	$1,500	$2,250
Outpatient Radiation Therapy, Chemotherapy and Immunotherapy Indemnity Benefit	**Per Day** $750	**Per Day** $1,500	**Per Day** $2,250

PROFESSIONAL SERVICES

	VALUE (One Unit)	PLUS (Two Unit)	PREFERRED (Three Unit)
Inpatient Physicians Care Indemnity Benefit *When medical care is from a physician other than an operating surgeon.*	**Per Day** $50	**Per Day** $100	**Per Day** $150
Surgery Indemnity Benefit for Covered Services When Performed in a Hospital or in an Ambulatory Surgical Center *Per procedure for your provider location.*	**Per Day** 1X RBRVS[2]	**Per Day** 2X RBRVS[2]	**Per Day** 3X RBRVS[2]
Inpatient Pathology/Radiology Indemnity Benefit for Covered Services *Per procedure for your provider location.*	**Per Day** 1X RBRVS[2]	**Per Day** 2X RBRVS[2]	**Per Day** 3X RBRVS[2]
Assistant Surgeon Surgical Services Indemnity Benefit for Covered Services	**Per Day** 20% of Surgical Benefits Payable		
Anesthesia Indemnity Benefit for Covered Services	**Per Day** 25% of Surgical Benefits Payable		

ADDITIONAL OUTPATIENT BENEFITS

	VALUE (One Unit)	PLUS (Two Unit)	PREFERRED (Three Unit)
Aggregate Calendar Year Maximum for Outpatient Benefits *Per Insured person.*	**Per Year** $4,000	**Per Year** $6,000	**Per Year** $8,000
Physician Indemnity Benefit *For each day an Insured person sees a Physician in office or at an outpatient clinic.* Maximum of twenty (20) benefit days including six (6) chiropractor and two (2) Specialist Physician visits per Insured person per Calendar Year.	**Per Day** $80	**Per Day** $120	**Per Day** $160
Specialist Physician Indemnity Benefit *Maximum of two (2) benefit days paid at the Specialist Physician rate per Insured person per Calendar Year. After the first two Specialist Physician Benefits are paid at this rate, you will be paid the Physician Indemnity Benefit amount, assuming that you have not met your maximum of twenty (20) benefit days per Insured person per Calendar Year.*	**Per Day** $100	**Per Day** $150	**Per Day** $200
Surgery Benefit in a Physicians/Specialists Office or Outpatient Clinic *Maximum of two (2) benefits per Insured person per Calendar Year.*	**Per Day** $100	**Per Day** $200	**Per Day** $300
MRI, PET, CAT Scan or Nuclear Testing Indemnity Benefit	**Per Day** $300	**Per Day** $500	**Per Day** $700
X-rays or Other Diagnostic Testing Indemnity Benefit	**Per Day** $80	**Per Day** $160	**Per Day** $240
Laboratory Indemnity Benefit	**Per Day** $40	**Per Day** $80	**Per Day** $120
Injection Indemnity Benefit	**Per Day** $30	**Per Day** $60	**Per Day** $90
Emergency Department Indemnity Benefit *Maximum of one (1) benefit per Insured person per Calendar Year. Maximum of two (2) benefits combined Emergency Department Benefit/Urgent Care Center Benefit per Insured person per Calendar Year.*	**Per Day**	**Per Day**	**Per Day**
Facility Fee/Charges	$200	$300	$400
Professional Services	$200	$300	$400
Urgent Care Center Indemnity Benefit *Maximum of two (2) benefits per Insured person per Calendar Year. Maximum of two (2) benefits combined Emergency Department Benefit/Urgent Care Center Benefit per Insured person per Calendar Year.*	**Per Day** $200	**Per Day** $300	**Per Day** $400
Ambulance Indemnity Benefit *Maximum of two (2) ground benefit payments and one (1) air benefit payment per Insured person per Calendar Year.*	**Per Day** $1,000 (Ground)		$2,500 (Air)
Generic Prescription Indemnity Benefit *Per Insured person per prescription filled.*	**Per Day** $10	**Per Day** $20	**Per Day** $30
Brand Name Prescription Indemnity Benefit *Per Insured person per prescription filled.*	**Per Day** $20	**Per Day** $40	**Per Day** $60
Preventive Care Indemnity Benefits *Coverage starts thirty (30) days after the Effective Date of each Insured person. Limit of one (1) benefit per Insured person per Calendar Year. Not subject to the Pre-Existing Conditions Exclusion.*			
Mammograms	**Per Calendar Year** $250		
Colonoscopy Without Finding Any Polyps	**Every Three Years**		
Policy Years One (1) Through Three (3)	$500		
Beginning the Fourth (4th) Policy Year	$750		
All Other Preventive Care Services *Including but not limited to pap smears, PSA tests, chest X-rays and cholesterol testing. Coverage starts thirty (30) days after the Effective Date of each Insured person.*	**Per Calendar Year** $250		

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

Daily time periods are twenty-four (24) or more consecutive hours.

WE BELIEVE THAT CONSUMER DRIVEN HEALTHCARE WILL MAKE HEALTHCARE COSTS SIMPLE, TRANSPARENT & AFFORDABLE.

PLAN HIGHLIGHTS

$5,000,000 Lifetime Maximum per policy

Customize a plan to fit your healthcare and budget needs

Telahealth services are available to you as a convenient alternative to Doctor and Urgent Care visits saving you more time and money

Use any Doctor or Hospital of your choosing without penalty; or take advantage of additional savings through the PHCS network

Experience additional savings by calling our Healthcare PALs team; a dedicated team focused on guiding you to smart healthcare management

OPTIONAL CRITICAL ILLNESS RIDER OR POLICY

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

By adding a Critical Illness Rider to your Gold Plan, you could receive a lump sum of cash paid directly to you upon diagnosis of a Covered Condition. You can use your benefit to help pay for: experimental treatments, rehabilitation, mortgage payments, lost income wages, etc.

Covered Conditions[1]

- Stroke
- Coronary Artery Bypass Surgery
- Angioplasty
- Cancer (Internal Cancer)
- Non-Invasive Carcinoma In Situ
- Heart Attack
- Pacemaker Implant
- End Stage Renal Failure
- Major Organ Transplant

[1]**The benefit for certain Covered Conditions may be reduced. Waiting periods and other restrictions may apply and can vary by state. Refer to your policy for more details.** Any Critical Illness Covered Condition diagnosed or treated prior to the Effective Date of the rider or within the Rider Waiting Period will not be payable at any time for that condition. Exclusions and limitations may vary by state.

HSP Gold offers coverage with simple, transparent benefits for doctor visits, preventive care, surgeries, hospital stays and more.

TAKE CONTROL OF YOUR HEALTHCARE WITH HSP GOLD

Our goal is to provide you simple, transparent and affordable healthcare in today's world where rapidly rising premiums, and unpredictable provider charges, make healthcare confusing and financially difficult to manage.

ONE SIZE DOES NOT FIT ALL

This is especially true when it comes to choosing a healthcare policy. Why choose a costly traditional "one size fits all" insurance policy when you can customize a plan that meets the expectations of medical needs for you and your family? With HSP Gold, you have control over the design of your policy benefits. Your agent can help you choose a plan that fits your family's budget and healthcare needs today!

REWARD YOURSELF FOR SMART HEALTHCARE MANAGEMENT

We compare prices on almost everything we buy and we should be doing the same for healthcare. HSP Gold puts the consumer in charge of their healthcare spending dollars and rewards consumers who practice smart healthcare management. No matter what the provider, doctor, or facility charges, your insurance benefits for covered services remain the same. Therefore, a dedicated consumer could receive excess benefit dollars directly in their pocket!

VALUE
ADDED
BENEFITS

Taking charge of your healthcare spending has never been easier! As our policyholder, many resources and value added benefits are available for you to use with your Gold Plan at no additional charge.

TELADOC

The quality of care you need, in the convenience of your home!

Feeling a bit under the weather? If you are feeling unwell, you can receive convenient, quality care from a large network of health professionals 24 hours a day, 365 days a year, by web, phone or mobile app.
www.teladoc.com

PHCS NETWORK

An additional opportunity to save healthcare dollars!

You will have access to doctors, hospitals, labs, imaging centers and home healthcare centers at discounted rates through MultiPlan's PHCS Limited Benefit Network at no additional charge.

KARIS 360

Patient advocacy before, during and after a healthcare event!

Members gain a resource and concierge-style service to help them navigate through the chaos and confusion often associated with the healthcare marketplace. This includes services such as finding providers and healthcare facilities, scheduling appointments, pricing for non-emergency surgeries, and a personal advocate to help lower the patient's portion of medical bills to something more manageable.
www.thekarisgroup.com

SCRIPTSAVE WELLRX

ScriptSave allows you to locate the lowest discounted price for your medication!

At no extra cost you have access to use the prescription savings card, or app, to receive instant savings on both brand name and generic prescription medication. ScriptSave WellRX is accepted at over 62,000 pharmacies! Philadelphia American's group number is **2242**.
www.scriptsave.com

SHOP SMART & SAVE

Please call our Healthcare PALs before you receive care. We are here to help guide you on smart healthcare shopping, getting the most out of your benefits, and reducing or eliminating your out-of-pocket medical expenses.

TOLL FREE: 1-888-748-3040

RENEWABILITY The policy is guaranteed renewable to age 65. Premium rates are subject to change.

PRE-EXISTING CONDITION LIMITATION[2] Pre-Existing Conditions are excluded for the first twelve months following the effective date of coverage. Pre-Existing Condition is a condition for which medical treatment was rendered or recommended by a physician or for which drugs or medicine was prescribed within twelve (12)[2] months prior to an Insured person's effective date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under the policy for twelve (12)[2] consecutive months.

EXCLUSIONS & LIMITATIONS[2] 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 specified benefit; (b) suicide or any attempt thereat, while sane or insane; (c) any intentionally self-inflicted loss; (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 a covered injury if initial treatment of the insured 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 d pendent child, unless required by law; (j) an insured 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) an insured person committing, attempting to commit or taking part in a felony, or engaging in an illegal occupation; (l) 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; (m) any loss occurring 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; (n) sex changes; (o) any dental care, treatment or service to the teeth, gums or mouth; (p) experimental treatments or surgery; (q) the reversal of tubal ligation or vasectomies; (r) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law; (s) treatment of weight control; (t) 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 loss sustained 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 insured person is not covered; (u) 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; (v) any service, supplies or treatment that is not a covered benefit; (w) any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; (x) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; (y) any service or treatment rendered outside the territorial limits of the United States of America; (z) 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; (aa) voluntary sterilization.

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. Please refer to your policy for definitions and all other exclusions and limitations.

[2] Varies by state.

The purpose of this brochure is solicitation of insurance and contact will be made by an insurance agent or Philadelphia American Life Insurance Company, a subsidiary company of New Era Life Insurance Company.

Underwritten by:
Philadelphia American Life Insurance Company
Houston, TX
☎ Toll Free Number: 1-888-748-3040

NEW ERA LIFE INSURANCE COMPANIES
New Era Life Insurance Company
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Philadelphia American Life Insurance Company

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