

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 II 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 designed
to fit your Budget.*
- *Use any Doctor
or Hospital
you choose
without Penalty.*



HEALTH

SAVER II



This is NOT Major Medical Insurance

Philadelphia American Life Insurance Company, P.O. Box 4884, Houston, Texas 77210-4884

Form H-0194

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

	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	\$3,000 \$6,000	\$4,500 \$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 Injury	\$2,250 \$3,000	\$4,500 \$6,000	\$6,750 \$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.	\$750	\$1,500	\$2,250
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.	\$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 Indemnity benefit selected for Outpatient Hospital or Ambulatory Surgical Center services when surgery is performed as a result of a covered Injury or Sickness.	\$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. You may acquire up to three units based on plan selected.	1 X THE CURRENT RBRVS SCHEDULE	2 X THE CURRENT RBRVS SCHEDULE	3 X THE CURRENT RBRVS SCHEDULE
Inpatient Pathologist / Radiologist: The plan will pay this 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. You may acquire up to three units based on plan selected.	1 X THE CURRENT RBRVS SCHEDULE	2 X THE CURRENT RBRVS SCHEDULE	3 X THE CURRENT RBRVS SCHEDULE
Inpatient Physician Hospital Visit: We will pay the Benefit Amount selected for each visit a Covered Person receives from a Physician while confined.	\$50	\$100	\$150

Surgical Indemnity Benefit for covered Assistant Surgical Services

WE WILL PAY 20% OF THE ELIGIBLE SURGICAL BENEFIT PAYABLE

Anesthesia Indemnity Benefit for covered services

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 does not provide expense reimbursement for charges based on your health care provider's bill.

OUTPATIENT BENEFITS (these benefits are payable for services performed on an outpatient basis only)

CALENDAR YEAR DEDUCTIBLE (does not apply towards satisfaction of Calendar Year Policy Deductible) **\$50 per insured**

	1 UNIT	2 UNITS	3 UNITS
Aggregate Calendar Year Maximum (per covered person)	\$2,000	\$4,000	\$6,000
Outpatient OFFICE Visits: The plan will pay for benefit amount selected for each visit to an office or outpatient clinic. The Calendar Year Deductible is waived for the first (3) visits. Chiropractor visits are limited to 4 visits per covered person per Calendar Year.	\$ 40	\$ 60	\$ 80
Other Outpatient Services (per test)			
• MRI, CAT Scan or Nuclear Testing	\$ 175	\$ 350	\$ 525
• Other Diagnostic Testing or X-rays	40	80	120
• Laboratory Testing	10	20	30
• Injections	5	10	15
Generic Prescription (per prescription filled)	\$ 5	\$ 10	\$ 15
Brand Name Prescription (per prescription filled)	\$ 10	\$ 20	\$ 30
Emergency Room Visit (limit 1 visit per covered person per Calendar Year)	\$ 100	\$ 200	\$ 400
Urgent Care Center Visit (limit 1 visit per covered person per Calendar Year)	\$ 100	\$ 100	\$ 100

Preventive Care Benefits (coverage starts 60 days after the effective date of each covered person and is limited to 1 visit 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
Emergency Ambulance Indemnity Benefit (limit 2 trips combined per covered person per Calendar Year)	\$500 per trip ground / \$1,500 per trip air

Optional Benefit Riders (CRT.IL.RD)

Provides a lump-sum benefit to help cover out-of-pocket medical expenses and the cost associated with the following covered critical illnesses.

Select a Benefit level to fit your needs \$10,000 \$20,000 \$30,000 \$40,000 \$50,000

Dependent Children's Benefit \$10,000

Covered Critical Illnesses

Percentage of covered face amount

- Heart Attack 100%
- Stroke 100%
- Cancer (Internal Cancer)* 100%
- End Stage Renal Failure 100%
- Major Organ Transplant 100%
- Non-Invasive Carcinoma In-Situ 25%
- Coronary Artery Bypass Surgery** 25%
- Angioplasty 10%

If a partial benefit is paid (10%/25%), the remainder of the benefit will be payable upon the diagnosis of another covered Critical Illness. Only one partial benefit will be paid under this policy.

* Excludes pre-malignant conditions or conditions with malignant potential; cervical intraepithelial neoplastic (CIN) stage I and II; Carcinoma in Situ and Skin Cancer. ** Payable for one Coronary Artery Bypass Surgery only.

Optional Family Term Life Rider (TRM.LF.RD)

ACTUAL AGE AT DEATH	INSURED INDIVIDUAL'S DEATH BENEFIT*	INSURED SPOUSE'S DEATH BENEFIT**	ACTUAL AGE AT DEATH	QUALIFIED CHILDREN'S DEATH BENEFIT
18-29	\$ 50,000.00	\$ 10,000.00	0-14 days	\$ 0.00
30-34	\$ 40,000.00	\$ 10,000.00	15 days to 6 month	\$ 500.00
35-39	\$ 30,000.00	\$ 10,000.00	6 months—age 17	\$ 3,000.00
40-44	\$ 20,000.00	\$ 10,000.00		
45-49	\$ 15,000.00	\$ 7,500.00		
50-54	\$ 10,000.00	\$ 5,000.00		
55-59	\$ 7,500.00	\$ 3,750.00		
60-64	\$ 5,000.00	\$ 2,500.00		

* Death Benefit is based on Insured's attained age.
 ** Spouse's Death Benefit is based on Insured's attained

Family Term Life Rider is Not Available in Georgia or Arizona

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 45 days prior written notice to You at Your last known address, 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.

TEN DAY FREE LOOK

You have ten (10) days after receiving the policy, and if you are not satisfied for any reason, you may return it to the company for a full refund of all premiums paid. Mail the policy with your written request for cancellation to us at our Home Office. We will promptly refund the premium paid and the insurance will be void.

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 vary by state



Underwritten By:
Philadelphia American Life
Insurance Company
Houston, Texas
Policy form H-0194

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