

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.

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)

Calendar Year Confinement Deductible

Per insured person with a maximum of three (3) deductibles per Policy.

- \$10,000
- \$7,500
- \$5,000
- \$2,500
- \$1,000
- \$500
- \$100

HOSPITAL INDEMNITY BENEFITS - FACILITY FEES

FIRST DAY INPATIENT Choose a Calendar Year Inpatient Deductible per Insured person. Higher deductible plans will pay a First Day Hospital Admission Benefit.

Hospital Admission Benefit for the First Inpatient Day

One benefit per Insured person per Calendar Year.

| \$10,000 Deductible | \$7,500 Deductible | \$5,000 Deductible | \$2,500 Deductible | \$1,000 Deductible | \$500 Deductible | \$100 Deductible |
|---------------------|--------------------|--------------------|--------------------|--------------------|------------------|------------------|
| Per Year | Per Year | Per Year | Per Year | Per Year | Per Year | Per Year |
| \$3,000 | \$3,000 | \$2,000 | \$1,000 | \$0 | \$0 | \$0 |

| | Deductible Applies | VALUE (One Unit) | PLUS (Two Unit) | PREFERRED (Three Unit) |
|---|--------------------|---|-------------------------------|-------------------------------|
| Confinement in a Hospital as a Result of a Covered Injury or Sickness Indemnity Benefit <i>Includes Observation Unit stay for 24-hours or more.</i> | ✓ | Per Day \$1,500 Covered Sickness Benefit \$2,250 Covered Injury Benefit | Per Day \$3,000 \$4,500 | Per Day \$4,500 \$6,750 |
| Confinement in a Hospital's Intensive Care Unit (ICU) Indemnity Benefit <i>Up to twenty (20) days per Calendar Year as a result of a covered Injury or Sickness.</i> | ✓ | Per Day \$2,250 Covered Sickness Benefit \$2,500 Covered Injury Benefit | Per Day \$4,500 \$5,000 | Per Day \$6,750 \$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 <i>Does not include Mental Illness, Alcohol and/or Substance Abuse Dependency.</i> | | Per Day \$750 | Per Day \$1,500 | Per Day \$2,250 |
| Outpatient Hospital or Ambulatory Surgical Center Services When Surgery is Performed Indemnity Benefit Benefit for Surgery Performed Under General Anesthesia Benefit for Surgery Performed not Requiring General Anesthesia | | Per Day \$2,000 \$750 | Per Day \$3,500 \$1,500 | Per Day \$5,000 \$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 <i>When medical care is from a physician other than an operating surgeon.</i> | 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 <i>Per procedure for your provider location.</i> | Per Day 1X RBRVS ² | Per Day 2X RBRVS ² | Per Day 3X RBRVS ² |
| Inpatient Pathology/Radiology Indemnity Benefit for Covered Services <i>Per procedure for your provider location.</i> | 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 <i>Per Insured person.</i> | Per Year \$4,000 | Per Year \$6,000 | Per Year \$8,000 |
| Physician Indemnity Benefit <i>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.</i> | Per Day \$80 | Per Day \$120 | Per Day \$160 |
| Specialist Physician Indemnity Benefit <i>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.</i> | Per Day \$100 | Per Day \$150 | Per Day \$200 |
| Surgery Benefit in a Physicians/Specialists Office or Outpatient Clinic <i>Maximum of two (2) benefits per Insured person per Calendar Year.</i> | 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 <i>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.</i> | Per Day | Per Day | Per Day |
| | Facility Fee/Charges \$200 | \$300 | \$400 |
| | Professional Services \$200 | \$300 | \$400 |
| Urgent Care Center Indemnity Benefit <i>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.</i> | Per Day \$200 | Per Day \$300 | Per Day \$400 |
| Ambulance Indemnity Benefit <i>Maximum of two (2) ground benefit payments and one (1) air benefit payment per Insured person per Calendar Year.</i> | Per Day \$1,000 (Ground) \$2,500 (Air) | | |
| Generic Prescription Indemnity Benefit <i>Per Insured person per prescription filled.</i> | Per Day \$10 | Per Day \$20 | Per Day \$30 |
| Brand Name Prescription Indemnity Benefit <i>Per Insured person per prescription filled.</i> | Per Day \$20 | Per Day \$40 | Per Day \$60 |
| Preventive Care Indemnity Benefits <i>Coverage starts sixty (60) 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.</i> | | | |
| Mammograms | Per Calendar Year \$250 | | |
| Colonoscopy Without Finding Any Polyps Policy Years One (1) Through Three (3) Beginning the Fourth (4th) Policy Year | Every Three Years \$500 \$750 | | |
| All Other Preventive Care Services <i>Including but not limited to pap smears, PSA tests, chest X-rays and cholesterol testing. Coverage starts sixty (60) days after the Effective Date of each Insured person.</i> | 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.

PLAN HIGHLIGHTS



\$5,000,000 Lifetime Maximum
per policy



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



Customize a plan to fit your healthcare and budget needs



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

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 illness¹. You can use your benefit to help pay for: experimental treatments, rehabilitation, mortgage payments, lost income wages, etc. Critical Illness Benefits range from \$10,000 to \$50,000. NOTE: Covered Conditions can be found on the Critical Illness Rider policy form. The benefit for certain Covered Conditions may be reduced.

BENEFIT EXAMPLE

Inpatient Benefit Example: You purchased an HSP Gold Plus (Two Unit) Plan with a \$2,500 deductible. You are confined in an in-network hospital for three (3) days due to a covered sickness.


Hospital Admission Benefit for the First Inpatient Day = \$1,000

Hospital Confinement Indemnity Benefit for Covered Sickness = \$3,000 per day

Your Hospital Stay Cost = \$7,272 or approx. \$2,424 per day¹

| | |
|---|-----------------|
| Hospital Admission Benefit for the First Inpatient Day | \$1,000 |
| Confinement Indemnity Benefit for Covered Sickness x Days Confined | + (\$3,000 X 3) |
| Total Benefits Paid to Policyholder, After the Deductible is Met | \$10,000 |
| Deductible | - \$2,500 |
| Net Benefits | \$7,500 |
| Estimated Hospital Stay Cost | - \$7,272 |
| Excess Benefits Paid Directly to the Policyholder | \$228 |

¹Amount based on the United States average Inpatient Day Expenses. 2019 Kaiser Family Foundation State Health Facts. Results may vary.



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

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 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) 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) consecutive months.

EXCLUSIONS & 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 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 dependent 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.

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: 1-800-552-7879

NEW ERA
LIFE INSURANCE COMPANIES

NEW ERA LIFE INSURANCE COMPANY
NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY