

## INTRODUCING AN AFFORDABLE APPROACH TO HEALTHCARE

In today's market where health insurance is often unavailable or unaffordable, Health Saver Plus III 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.*
- **Choice of five**  
*Calendar Year*  
*Deductibles.*
- **Three benefit**  
*options designed*  
*to fit your budget.*
- **Use any Doctor**  
*Or Hospital*  
*You choose*  
*Without Penalty*
- **For additional**  
*savings PHCS*  
*Network is*  
*available at no*  
*additional cost.*



# HEALTH SAVER III



This is NOT Major Medical Insurance  
Philadelphia American Life Insurance Company, P.O. Box 4884, Houston, Texas 77210-4884

Form H-0204

# 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
<b>Hospital Confinement:</b> 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
<b>Hospital ICU:</b> 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
<b>Mental Illness, Alcohol and / or Substance Abuse:</b> 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
<b>Rehabilitation Facility / Skilled Nursing Facility:</b> 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
<b>Outpatient Radiation or Chemotherapy:</b> 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
<b>Outpatient Hospital or Ambulatory Surgical Center:</b> 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. <b>The calendar year policy deductible will be waived for the first claim incurred in a calendar year for each covered person when surgery is performed under general anesthesia.</b>	\$1,500	\$3,000	\$4,500

## PROFESSIONAL SERVICES

1 UNIT  2 UNITS  3 UNITS

	1 UNIT	2 UNITS	3 UNITS
<b>Surgical Benefit:</b> The plan will pay the daily surgical indemnity 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. <b>When the surgical procedure is performed in an Outpatient Hospital or Ambulatory Surgical Center the deductible will be waived for the first claim incurred in a calendar year for each covered person when surgery is performed under general anesthesia.</b> The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries. You may acquire up to three units based on plan selected.	1 X THE POLICY FEE SCHEDULE	2 X THE POLICY FEE SCHEDULE	3 X THE POLICY FEE SCHEDULE
<b>Inpatient Pathologist / Radiologist:</b> 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 for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries. You may acquire up to three units based on plan selected.	1 X THE POLICY FEE SCHEDULE	2 X THE POLICY FEE SCHEDULE	3 X THE POLICY FEE SCHEDULE
<b>Physicians Care Indemnity Benefit Non-Surgical:</b> We will pay the daily benefit amount selected for each visit a Covered Person receives from a Physician while confined.	\$50	\$100	\$150
<b>Daily Assistant Surgeon Surgical Services Indemnity Benefit for covered services</b>	WE WILL PAY 20% OF THE ELIGIBLE SURGICAL BENEFIT PAYABLE		
<b>Daily Anesthesia Indemnity Benefit for covered services</b>	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. 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** (these benefits are payable for daily indemnity benefits performed on an outpatient basis only)

**CALENDAR YEAR OUTPATIENT DEDUCTIBLE**

**\$50 per insured**

(Does not apply towards satisfaction of Calendar Year Policy Deductible)

	1 UNIT	2 UNITS	3 UNITS
<b>Aggregate Calendar Year Maximum</b> (per covered person)	<b>\$2,000</b>	<b>\$4,000</b>	<b>\$6,000</b>
<b>Daily Outpatient Physicians Indemnity Benefit:</b> The plan will pay for each day a covered person sees a Physician in the Physicians office or outpatient clinic. Calendar Year Deductible is waived for the first (3) visits.	\$ 40	\$ 60	\$ 80
<b>Other Outpatient Daily Indemnity Benefits (per day)</b>			
• 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
<b>Daily Generic Prescription Indemnity Benefit</b>	\$ 5	\$ 10	\$ 15
<b>Daily Brand Name Prescription Indemnity Benefit</b>	\$ 10	\$ 20	\$ 30
<b>Emergency Room Benefit</b> (limit 1 benefit per covered person per Calendar Year)	\$ 100	\$ 200	\$ 400
<b>Urgent Care Center Benefit</b> (limit 1 benefit per covered person per Calendar Year)	\$ 100	\$ 100	\$ 100

<b>Preventive Care Benefits</b> (coverage starts 60 days after the effective date and is limited to 1 benefit 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
<b>Daily Emergency Ambulance Indemnity Benefit</b> (limit 2 benefit payments (ground) and 1 benefit payment (air) per covered person per Calendar Year)	\$500 ground / \$1,500 air

**OTHER OPTIONAL POLICIES THAT WILL HELP ENHANCE YOUR HEALTH INSURANCE PROTECTION**

**CRISIS RECOVERY— CRITICAL ILLNESS INSURANCE POLICY**

**Provides up to \$50,000 to help cover out-of-pocket medical expenses and the other costs associated with a covered critical illness. Crisis Recovery is designed to ease the financial pressure by providing a lump sum cash benefit paid directly to you upon diagnosis of a covered illness to help you cope with the high cost of recovering from a Medical Crisis.**

Five benefit level to fit your needs: \$10,000 - \$20,000 - \$30,000 - \$40,000 - \$50,000 Plus a Dependent Children's Benefit of \$10,000 per child  
 Covered conditions include: Cancer, Non-Invasive Carcinoma In-Situ, Heart Attack, Stroke, Coronary Artery Bypass, Angioplasty, Pacemaker Implants, End Stage Renal Failure, Organ Transplant. (For specific costs and further details of coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your agent or write to the company)

**Use the Critical Illness Benefit any way you choose.**

- Non-medical expenses resulting from a covered condition.
- Deductibles, copays, prescriptions, experimental treatment or out of network expenses.
- Treatments that are not covered by or limited by their existing medical insurance.
- Extended convalescence services or for rehabilitation.
- Mortgage, auto loans and credit car payments.
- Expenses for child and/or nursing care.
- Your lost income and your spouse's lost wages while he or she is the caregiver.
- Or any other bills you may have. **It's your money and the choice is up to you.**

**ENHANCED 24 HOUR ACCIDENT EXPENSE INSURANCE POLICY**

**When a covered accident occurs, the last thing you want on your mind are the charges accumulating while you are in the Emergency Room. The Enhanced Accident Policy provides you with benefit options to fit your needs:**

- Accidental injury of up to \$4,000 per covered persons
- Accidental Death benefit of up to \$100,000
- Ground or Air Ambulance up to \$10,000
- Hospital Income Benefit of up to \$300 a day
- Dismemberment benefits applies to limb loss or blindness
- Optional Accident Disability Income Benefits

The accident plan pays in addition to any other insurance you may have. Coverage is available for Individual, Individual and Spouse, Single Parent, Family and Children Only. Issue ages 0 –75 and is guaranteed renewable to age 80. (For specific costs and further details of coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your agent or write to the company)

## 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 to return it if you are not satisfied for any reason. You may return it to the company and receive a full refund of all premiums paid. Mail the policy with your written request for cancellation to us at our Home Office and 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 thereof, 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-0204

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