

INTRODUCING AN AFFORDABLE APPROACH TO HEALTHCARE

In today's market where health insurance is often unavailable or unaffordable, Health Saver Plus 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 the consumer, 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



HEALTH SAVER **PLUS**



CHOOSE THE PLAN THAT FITS YOUR NEEDS

LIFETIME MAXIMUM

\$5,000,00.00
PER POLICY

CHOOSE YOUR
CALENDAR YEAR
DEDUCTIBLE

(per Covered Person with a maximum of three deductibles per policy)

\$1,000.00

\$2,500.00

\$5,000.00

MAXIMUM COVERED BENEFITS PER COVERED PERSON PER CALENDAR YEAR	\$100,000	\$250,000	\$1,000,000
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Daily Indemnity Benefits as described below are limited to the Maximum Number of Days Per Calendar Year indicated (for all benefits combined).

	30	60	180
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Hospital Indemnity Benefits - Facility Fees

Select the number of benefit units to fit your needs.

	1 UNIT	2 UNITS	3 UNITS
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HOSPITAL CONFINEMENT	The plan will pay the Benefit Amount selected if any Covered Person incurs charges for and is Confined in a Hospital as a result of a covered Accident or Sickness.	\$1,000	\$2,000	\$3,000
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HOSPITAL ICU	The plan will pay the Benefit Amount selected if any Covered Person incurs charges for and is Confined in a Hospital ICU due to a covered Accident or Sickness (Up to 20 days per Calendar Year).	\$1,500	\$3,000	\$4,500
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MENTAL ILLNESS, ALCOHOL AND / OR SUBSTANCE ABUSE	The plan will pay the daily Indemnity if any Covered Person incurs charges for Hospital Confinement for Mental Illness, Alcohol and / or Substance Abuse Dependency.	\$500	\$1,000	\$1,500
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REHABILITATION FACILITY / SKILLED NURSING FACILITY	The plan will pay the Benefit Amount selected if any Covered Person incurs charges for and is Confined in a Rehabilitation Facility or Skilled Nursing Facility as a result of a covered Accident or Sickness.	\$500	\$1,000	\$1,500
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OUTPATIENT RADIATION OR CHEMOTHERAPY	The plan will pay the Benefit Amount selected if any Covered Person incurs charges for Outpatient Radiation or Chemotherapy (each day will apply to maximum days covered).	\$500	\$1,000	\$1,500
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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
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OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER	The plan will pay the Benefit Amount selected for Outpatient Hospital or Ambulatory Surgical Center services when surgery is performed as a result of a covered Accident or Sickness.	\$1,000	\$2,000	\$3,000
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EMERGENCY AMBULANCE	This benefit is paid for each Emergency Ambulance trip due to a covered Accident or Sickness. The ambulance service must be to or from a Hospital and result in a hospital confinement.	\$250.00 per trip	
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Professional Services

Select the number of benefit units to fit your needs.

		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 Accident or Sickness. The reimbursement schedule for 1 unit is similar to what is payable under Medicare's 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
INPATIENT PATHOLOGIST / RADIOLOGIST	The plan will pay this benefit if any Covered Person incurs charges for the services of Pathologist / Radiologist while hospital confined as a result of a Covered Accident or Sickness. The reimbursement schedule for 1 unit is similar to what is payable under Medicare's Physician fee schedule for such services. 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
SURGICAL INDEMNITY BENEFIT FOR COVERED ASSISTANT SURGICAL SERVICES		We will pay 20% of the eligible surgical benefit		
ANESTHESIA INDEMNITY BENEFIT FOR COVERED SERVICES		We will pay 25% of the eligible surgical benefit		
Outpatient Benefits				
CALENDAR YEAR MAXIMUM		\$2,000 PER COVERED PERSON		
CALENDAR YEAR DEDUCTIBLE		\$500 PER COVERED PERSON		
		1 UNIT	2 UNITS	3 UNITS
OUTPATIENT OFFICE VISITS	The plan will pay the Benefit Amount selected for physician visits, surgery or treatment of any kind in the office, outpatient clinic or emergency room.	\$25	\$50	\$75
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
WELL CARE	The plan will pay the Benefit amount shown in the Schedule of Benefits for Well Care.	\$50 per visit up to \$150 per calendar year		

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.

THIRTY DAY FREE LOOK

You have thirty (30) 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: any service, supplies or treatment that is not a Covered Service described in Section 3 of the policy; suicide or any attempt thereof, while sane or insane; any intentionally self-inflicted Injury or Sickness; rest care; cosmetic surgery or care or treatment solely for cosmetic purposes, or complications there from. 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; 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; routine newborn care, including routine nursery charges; 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; pregnancy of a Dependent child, unless required by law; 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; a Covered Person committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation; a Covered Person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; air travel, except: (i) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (ii) as a passenger for transportation only and not as a pilot or crew member; any Injury occurring directly or indirectly as a result of the voluntary use of alcohol, drugs, 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; sex changes; any dental care, treatment or service to the teeth, gums or mouth; experimental treatments or surgery; the reversal of tubal ligation and vasectomies; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law; treatment of exogenous obesity or weight control; 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; Injury or Sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made; any service, supplies or treatment that is not Medically Necessary; any facility charges for treatment at a Hospital in excess of the indemnity amount specified in the Schedule of Benefits; pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; Pre-Existing Conditions; and any service or treatment rendered outside the territorial limits of the United States of America.



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1-800-552-7879
Underwritten By: Philadelphia American Life Insurance Company
Houston, Texas

Policy form H-0180