



Health Saver Plus GOLD

Hospital Indemnity Benefit Insurance

Take a new approach to healthcare!

With PAL's Health Saver Plus GOLD, individuals and families enjoy the freedom to choose affordable, quality healthcare services with set, first-dollar benefits for doctor visits, hospital stays, surgeries, preventive care and more.

This plan does not meet the requirements of the Affordable Care Act. This form series (H-0336) meets the excepted benefits of the Affordable Care Act and is approved by the Department of Insurance in your state.



Tired of traditional health insurance? Us too!

It's no secret that healthcare is becoming more expensive, restrictive and complex. But, this doesn't have to be the norm! Here at PAL, it's our mission to simplify the healthcare experience and inspire confidence in our members to take control of their healthcare journey - all at an affordable price.

How? With our HSP Gold Plan, we provide individuals and families set, first-dollar benefits that enable them to seek quality care at a fair price.

HSP GOLD Plan Highlights

- ✓ Easy to use benefits that start right away
- ✓ Set, first-dollar benefits that help pay for doctor visits, prescriptions, preventive care, surgeries, lab work, hospital stays and more
- ✓ The greatest level of freedom when it comes to choosing doctors, specialists and facilities (no referrals or networks required)
- ✓ Flexibility to assign benefits to providers or to be paid directly to you should you want to take advantage of cash pay pricing
- ✓ Unlimited, \$0 virtual care visits - anytime and anywhere
- ✓ Access to one of the largest networks of healthcare providers bringing you significant discounts on healthcare services
- ✓ Savings are passed directly to you
- ✓ Plan is customized to fit your coverage needs and budget
- ✓ Dedicated team of Healthcare PALs committed to helping you save by finding quality care at a fair price
- ✓ Access to a premier line-up of valuable tools and resources

Design a Plan to Fit You & Your Family

Choosing an HSP GOLD Plan is easy! Simply design a plan that fits your needs and budget. Then, complete an application with your agent.



Every Plan Includes

- \$5,000,000 Lifetime Maximum per Policy



Choose a Benefit Level

- Value
(One Unit)

- Plus
(Two Units)

- Preferred
(Three Units)



Choose a Calendar Year Maximum (CYM) per Insured

A Calendar Year is the period from January 1 to December 31 of the same year.

- \$250,000

- \$500,000

- \$1,000,000



Choose a Hospital Confinement Deductible per Insured

*Per Insured person with a maximum of three deductibles per Calendar Year per Policy. The deductible **only** applies if you are admitted to the hospital for 24-hours or more. If admitted, the HSP GOLD Plan will pay all eligible benefits minus the Hospital Confinement Benefits until the Hospital Confinement deductible is met.*

- \$100

- \$500

- \$1,000

- \$2,500

- \$5,000

- \$7,500

- \$10,000

Benefit offerings and availability may vary by state.

Outpatient Services Benefits

All benefits are daily per Insured unless otherwise noted.

Outpatient Benefits <i>Payable for services performed on an outpatient basis only.</i>	Preferred Three Units	Plus Two Units	Value One Unit
Aggregate Calendar Year Maximum for Outpatient Benefits Per Insured person.	\$8,000	\$6,000	\$4,000
Physician 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>	\$160	\$120	\$80
Specialist Physician 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>	\$200	\$150	\$100
Surgery Benefit in a Physicians/Specialists Office or Outpatient Clinic <i>Maximum of two (2) benefits per Insured person per Calendar Year.</i>	\$300	\$200	\$100
MRI, PET, CAT Scan or Nuclear Testing Benefit	\$700	\$500	\$300
X-rays or Other Diagnostic Testing Benefit	\$240	\$160	\$80
Laboratory Indemnity Benefit	\$120	\$80	\$40
Injection Indemnity Benefit	\$90	\$60	\$30
Emergency Department Benefit <i>Maximum of one (1) benefit per Insured person per Calendar Year.*</i>			
	Facility Fee/Charges \$400	\$300	\$200
	Professional Services \$400	\$300	\$200
Urgent Care Center Benefit <i>Maximum of two (2) benefits per Insured person per Calendar Year.*</i>	\$400	\$300	\$200
Ambulance Indemnity Benefit <i>Maximum of two (2) ground benefit payments and one (1) air benefit payment per Insured person per Calendar Year.</i>	\$1,000 (Ground)	\$2,500 (Air)	
Generic Prescription Benefit	\$30	\$20	\$10
Brand Name Prescription Benefit	\$60	\$40	\$20
<i>Per Insured person per prescription filled.</i>			

*Maximum of two (2) benefits combined Emergency Department Benefit/Urgent Care Center Benefit per Insured person per Calendar Year. Daily time periods are twenty-four (24) or more consecutive hours.

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

Benefits, exclusions and limitations may vary by state.

Outpatient Services Benefits

All benefits are daily per Insured unless otherwise noted.

Preventive Care Outpatient Benefits	Preferred Three Units	Plus Two Units	Value One Unit
<i>All preventive care coverage starts 60 days after Insured's Effective Date of coverage and are not subject to the pre-existing condition exclusion. All benefits are daily per Insured unless otherwise noted. The Outpatient Aggregate Calendar Year maximum per Insured applies.</i>			
Mammogram Benefit <i>Includes up to one benefit per Calendar Year.* Coverage starts 60 days after Insured's Effective Date of coverage.</i>	\$250 per Calendar Year*		
Colonoscopy Without Finding Polyps Benefit (Policy Year One to Three / Policy Year Four and After) <i>Includes up to one benefit paid every three years.* Coverage starts 60 days after Insured's Effective Date of coverage.</i>	\$500 Policy Year 1-3* \$750 Policy Year 4+*		
Other Preventive Services Benefit <i>Includes up to one benefit per Calendar Year* for services such as a pap smear, PSA test, chest x-ray, cholesterol testing, etc. Coverage starts 60 days after Insured's Effective Date of coverage.</i>	\$250 per Calendar Year*		

*Maximum of one (1) benefit combined Preventive Care Outpatient Benefits per Insured person per Calendar Year.

Professional Services Benefits

All benefits are daily per Insured unless otherwise noted. Daily time periods are 24 or more consecutive hours.

Professional Services	Preferred Three Units	Plus Two Units	Value One Unit
Inpatient Non-Surgical Physicians Care Indemnity Benefit	\$150	\$100	\$50
Surgery Benefit <i>For covered surgeries performed in a Hospital or Ambulatory Surgical Center. Benefit is paid per procedure.</i>	3X RBRVS ¹	2X RBRVS ¹	1X RBRVS ¹
Inpatient Pathologist or Radiologist Services Benefit - Per Procedure	3X RBRVS ¹	2X RBRVS ¹	1X RBRVS ¹
Assistant Surgeon Surgical Services Benefit	\$300	\$200	\$100
Anesthesia Services Benefit	\$375	\$250	\$125



Healthcare PAL Tip

Save on care by utilizing the PHCS Limited Benefit network - always confirm directly with the provider/facility that they are in-network before receiving care. If going out-of-network, inform the provider/facility you are self-pay to take advantage of cash pricing - no need to present your insurance card for any reason when self-paying. No matter where you go, always ask for estimated costs before receiving care.

Benefits, exclusions and limitations may vary by state.

¹Resource Based Relative Value Scale (RBRVS) is based on provider's geographical location.

Hospital & Facility Benefits

All benefits are daily per Insured unless otherwise noted.

Inpatient Facility Fees	Preferred Three Units	Plus Two Units	Value One Unit
Hospital Confinement Benefit for Sickness Hospital Confinement Benefit for Injury <i>Calendar Year Confinement Deductible applies. Includes Observation Unit stay for 24-hours or more.</i>	\$4,500 \$6,750	\$3,000 \$4,500	\$1,500 \$2,250
Hospital Admission Benefit (Plan Deductible of \$10,000 / \$7,500 / \$5,000 / \$2,500) <i>Includes up to one benefit per Calendar Year for the first inpatient day. No benefits payable for Plan Deductibles of \$100, \$500 or \$1,000.</i>	\$3,000 / \$3,000 / \$2,000 / \$1,000		
Intensive Care Unit (ICU) Confinement Benefit for Sickness Intensive Care Unit (ICU) Confinement Benefit for Injury <i>Includes up to 20 days per Calendar Year.</i>	\$6,750 \$7,500	\$4,500 \$5,000	\$2,250 \$2,500
Hospital Confinement Benefit for Mental Illness, Alcohol and Substance Abuse	\$600	\$400	\$200
Rehabilitation Facility or Skilled Nursing Facility Confinement Benefit <i>Does not includes confinement due to Mental Illness, Alcohol or Substance Abuse</i>	\$2,250	\$1,500	\$750

Outpatient Facility Fees	Preferred Three Units	Plus Two Units	Value One Unit
Outpatient Surgery Under General Anesthesia Outpatient Surgery Not Requiring General Anesthesia <i>For surgeries performed in an Outpatient Hospital or Ambulatory Surgical Center. Includes up to one benefit per Calendar Year.</i>	\$5,000 \$2,250	\$3,500 \$1,500	\$2,000 \$750
Outpatient Radiation Therapy, Chemotherapy and Immunotherapy <i>Includes up to \$50,000 in benefits for Three and Two Unit Plans and up to \$25,000 in benefits for One Unit Plans per Calendar Year.</i>	\$2,250	\$1,500	\$750

Optional Specified Disease Policy

Choose up to \$500,000 of Specified Disease Coverage per Calendar Year

Our Specified Disease Policy can help cover extra costs that may come with a serious illness or injury. The plan will pay the Actual Charges up to the Usual, Customary and Reasonable amount for expenses incurred for a Covered Condition or Procedure after the deductible.

Covered Conditions	✓ Stroke	✓ Cancer (Internal Cancer)	✓ Pacemaker Implant
	✓ Coronary Artery Bypass Surgery	✓ Joint Replacement	✓ End Stage Renal Failure
	✓ Angioplasty	✓ Heart Attack	✓ Major Organ Transplant

Benefits for certain Covered Conditions may be reduced. Waiting periods, pre-existing conditions and other restrictions may apply.

Benefits, exclusions and limitations may vary by state.

More Than Just Insurance

As your PAL in healthcare, we provide many tools and resources to help you save!



Telemedicine

Talk to a doctor, 24/7, for \$0. This plan provides unlimited virtual visits with board certified doctors at no cost to you!



PHCS Limited Benefit Network

An additional opportunity to save! This plan provides access to one of the nation's largest networks of providers who have agreed to give you significant discounts on healthcare services such as doctor visits, hospital stays, labs and more!



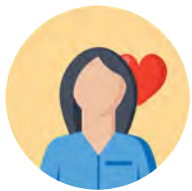
ScriptSave WellRX

ScriptSave allows you to locate the lowest discounted price for your medication! At no extra cost access the prescription savings card, or app, to receive instant savings on brand name and generic prescription medication. Accepted at over 62,000 pharmacies! PALIC group number is **2242**. Visit **www.scriptsave.com** for more.



Fair Pricing Tool

Stop overpaying for healthcare services! The cost of healthcare services varies significantly between providers. Our Fair Pricing Tool can help you determine the Fair Price in your area. That way, you'll know if you are overpaying for services received.



Healthcare PALs

Your PAL when it comes to healthcare! To get the most out of your benefits - and avoid surprise medical bills - call a Healthcare PAL before receiving care. Our experienced team of claims professionals, nurses and care coordinators will help guide you to quality care at a fair price.



Point Health

Advocates who work to reduce medical bills! This plan includes an additional layer of concierge-style care, Point Health. This service can help you find care, schedule your appointments and help lower your out-of-pocket portion of medical bills to something more manageable.



The Benefit PAL Mobile App

Your PAL when it comes to managing healthcare on the go! Access ID cards, benefit information, claims history and more all in one convenient location.

How Does This Plan Work?

Doctor Visit

This plan pays set benefits for doctor visits. There is no copay or deductible to meet first and you can choose any provider you wish.

Example: Maya has a Plus (Two Unit) Plan. She chooses to visit a doctor that's part of the PHCS Limited Benefit Network. During the visit, she had a lab test done.

Charges			Plan Benefits		
Outpatient Physician's Visit	+	\$ 135	Outpatient Physician's Visit Benefit	+	\$ 120
Laboratory	+	\$ 95	Laboratory Benefit	+	\$ 80
Network Discounts	-	\$ 46			
Total Charges		\$184	Total Benefits Payable		\$200

Total Charges		Benefits Payable	=	Excess Benefits
\$184	-	\$200		(\$16)

Outpatient Surgery

This plan pays set benefits for outpatient surgeries. There is no copay or deductible to meet first and you can choose any provider you wish.

Example: John has a Two Unit (Plus Plan). He needs an Umbilical Hernia Repair so he calls a Healthcare PAL to confirm his benefits based on the area he plans to have his procedure done. He then chooses a facility that is part of the PHCS Limited Benefit Network.

Charges			Plan Benefits		
Facility Fees	+	\$3,596	Outpatient Surgery Under General Anesthesia Benefit	+	\$3,500
Surgeon Services	+	\$1,550	Surgery Benefit ¹	+	\$1,421
Anesthesia Services	+	\$1,054	Anesthesia Services Benefit ¹	+	\$ 250
Network Discounts	-	\$1,240			
Total Charges		\$4,960	Total Benefits Payable		\$5,171

Total Charges		Benefits Payable	=	Excess Benefits
\$4,960	-	\$5,171		(\$211)

¹Benefits for this surgery are based on the RBRVS schedule for Oklahoma City, OK 73114; Surgery Benefit = 2 X RBRVS = 2 X \$710.50; Anesthesia Services Benefit = 25% of surgery benefits payable = 25% X \$1,421 = \$355

Hospital Stay

This plan pays set benefits for hospital confinement. There is no copay and the deductible, which only applies to Hospital Confinement benefits, is reduced from the total Hospital Confinement benefits payable.

Example: Jill has a Plus (Two Unit) Plan with a \$2,500 Hospital Confinement Deductible. She becomes ill unexpectedly and is confined to an in-network hospital for two days.

Charges

Hospital stay after network discount	+	\$4,298
Total Charges		\$4,298

Did you know?! The average cost to stay at the hospital per Inpatient Day in the U.S.¹ is:

- State/local government hospitals - \$2,372
- Non-profit hospitals - \$2,278
- For-profit hospitals - \$2,149

Plan Benefits Hospital Confinement

Hospital Confinement Benefit for Sickness	+	\$6,000
Calendar Year Confinement Deductible	-	\$2,500
Calendar Year Confinement Deductible Met		\$3,500

Plan Benefits Hospital Admission

Hospital Admission Benefit	+	\$1,000
Total Benefits Payable		\$4,500

Total Charges	-	Benefits Payable	=	Excess Benefits
\$4,298		\$4,500		(\$202)

Is This Plan Right for Me?

Our HSP GOLD Plan may be right for you if:

- ✓ You want to become an engaged healthcare consumer and don't mind paying attention to how your choices affect your costs
- ✓ You're looking for a way to save valuable premium dollars without compromising the quality of care you receive
- ✓ You're okay with answering health questions and going through underwriting
- ✓ You're okay with any pre-existing conditions not being covered for the first 12 months



¹Hospital adjusted expenses per inpatient day across 50 states, Becker's Hospital Review (www.beckershospitalreview.com), May 2022

Frequently Asked Questions

What is a hospital indemnity plan?

Hospital indemnity plans pay set-dollar amounts for care, no matter what the provider charges. If the cost for care is less than the indemnity benefit, insureds keep any difference. Subsequently, if the cost for care is more than the indemnity benefit, insureds are responsible for any remaining costs.

Is this an Affordable Care Act (ACA) plan?

No, this plan is an alternative to ACA and is not ACA compliant.

Are there any copays?

This plan does not have any copays. Any costs exceeding the benefit amount are the insured's responsibility.

Is there a deductible?

A deductible only applies to the Hospital Confinement Benefit for Sickness or Injury. All other benefits are first-dollar benefits meaning, the benefits are paid without any copays or deductibles to satisfy.

Is there a waiting period?

Benefits are covered from day one except for preventive care (60 day waiting period) and pre-existing conditions (12-month waiting period) as outlined in your policy.

Does this plan cover pre-existing conditions?

Pre-existing conditions are not covered for the first 12 months of the policy. Please see the Limitations and Exclusions page, or review your policy, for more information about pre-existing conditions.

Is there a network and do I have to use it?

This plan provides you the freedom to choose any doctor or facility you wish. However, using the provided network can result in significant savings. The plan benefits will pay the same benefits whether you choose to go in or out of network.

How can I find providers in the network?

Visit www.neweralife.com. Select the Provider Search tool within the menu to view providers. Always, check with the provider before making an appointment as the network can change at anytime.

What if I want more coverage?

PAL provides many options that can help fill in the gaps. From basic accident coverage to comprehensive cancer coverage, we can help you get the affordable coverage you need. Ask your agent for more information.

How can I reduce my out-of-pocket healthcare expenses?

Calling PAL before seeking care, using telemedicine, shopping for services, using the network are all some of the many ways to reduce your out-of-pocket costs.

When can I enroll?

You can apply anytime of the year.

Limitations & Exclusions

Pre-Existing Conditions

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

Exclusions

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, except for complications of pregnancy; (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) any loss 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 policy; (m) sex changes; (n) any dental care, treatment or service to the teeth, gums or mouth; (o) experimental treatments or surgery; (p) the reversal of tubal ligation or vasectomies; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law; (q) treatment of exogenous obesity or weight control; (r) 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; (s) 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; (t) any service, supplies or treatment that is not a covered benefit; (u) any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; (v) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; (w) 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; or (x) voluntary sterilization.

Benefits and availability may vary by state. For more information about this plan's benefits, exclusions and limitations, please refer to the policy as approved in your state. Your policy will also include definitions.

Ready to join the PAL community?



Need an agent?

Visit us online at www.neweralife.com or call (888)748-3040.



Already have an agent?

Contact your agent to apply.

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.

Health Saver Plus GOLD is underwritten by Philadelphia American Life Insurance Company, a subsidiary Company of New Era Life Insurance Company

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A- (Excellent)
AM Best Rating