



Premier Health Saver Plan

Hospital Indemnity Benefit Insurance

Take a new approach to healthcare!

With PAL's Premier Health Saver Plan, 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 Premier Plan, we provide individuals and families set, first-dollar benefits that enable them to seek quality care at a fair price.

Premier 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 a Premier 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 Premier 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
Outpatient Aggregate Calendar Year Maximum per Insured	\$6,000	\$5,000	\$4,000
Physicians Benefit <i>For physician visits in an office or outpatient clinic. Three Unit plans include up to eight benefits, Two Unit Plans include up to six benefits, and One Unit Plans include up to four benefits per Calendar Year. This includes a combined total of up to two benefits for chiropractor, physical therapy, occupation therapy and speech therapy visits per Calendar Year.</i>	\$120	\$100	\$80
Surgery in a Physician's Office, Specialist's Office or Outpatient Clinic <i>Includes up to two benefits per Calendar Year.</i>	\$175	\$150	\$100
MRI Benefit <i>Includes up to two benefits per Calendar Year.</i>	\$700	\$500	\$300
PET Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$600	\$400	\$200
CAT Scan and Nuclear Testing Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$300	\$200	\$100
X-rays or Other Diagnostic Testing Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$160	\$120	\$70
Laboratory Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$100	\$70	\$40
Injection Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$70	\$50	\$30
Emergency Department Facility Fee Benefit <i>Includes up to one benefit per Calendar Year, and up to two combined Emergency Department Facility Fee and Urgent Care benefits per Calendar Year.</i>	\$400	\$300	\$200
Urgent Care Benefit <i>Includes up to two benefits per Calendar Year, and up to two combined Emergency Department Facility Fee and Urgent Care benefits per Calendar Year.</i>	\$400	\$300	\$200
Ground Ambulance Benefit Air Ambulance Benefit <i>Includes up to one ground ambulance benefit and up to one air ambulance benefit per Calendar Year.</i>	\$500 \$3,000	\$400 \$2,000	\$300 \$1,000
Generic Prescription Benefit Brand Name Prescription Benefit <i>Per prescription filled.</i>	\$30 \$60	\$20 \$40	\$10 \$20

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	\$200	\$150
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 / \$750	\$400 / \$600	\$300 / \$450
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	\$200	\$150

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	3X RBRVS ¹	2X RBRVS ¹	1X RBRVS ¹
Assistant Surgeon Surgical Services Benefit	20% of surgical benefits payable		
Anesthesia Services Benefit	25% of surgical benefits payable		

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 Critical Illness Rider

Choose up to \$50,000 in Critical Illness coverage

Our Critical Illness Rider can help cover extra costs that may come with a serious illness. It provides a lump-sum benefit upon diagnosis of a covered condition. The benefit can be used any way you wish, including paying for medical bills, or paying for non medical expenses such as travel costs, child care, groceries, mortgage, etc.

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

Covered Conditions

- ✓ Stroke
- ✓ Coronary Artery Bypass Surgery
- ✓ Angioplasty
- ✓ Cancer (Internal Cancer)
- ✓ Non-Invasive Carcinoma In Situ
- ✓ Heart Attack
- ✓ Pacemaker Implant
- ✓ End Stage Renal Failure
- ✓ Major Organ Transplant

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!



New Era Telehealth

Talk to a doctor, 24/7/365, for \$0 with Virtual Urgent Care!

This plan provides unlimited Virtual Urgent Care visits with board certified doctors at no cost to you! Talk to a doctor, get a diagnosis, and even a prescription when needed, all within minutes. Additional telehealth services available at a special member rate include Virtual Dermatology Care, Virtual Counseling and Psychiatric Medical Care.



First Health Network

An additional opportunity to save!

This plan provides access to the First Health Limited Benefit Plan (LBP) Network for discounts on healthcare services such as doctor visits, hospital stays, labs and more! To search for providers within this network, visit www.firsthealthlbp.com.



PAL Rx Saver

Prescriptions without the mark-ups!

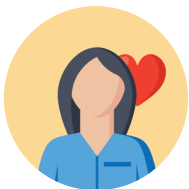
Easily shop and compare pricing for prescriptions nearest to you. You'll know the true cost and just where to go - no hidden fees, only savings.



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!

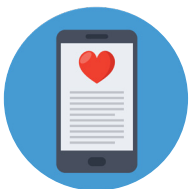
To get the most out of your benefits - and avoid surprise medical bills - call a Healthcare PAL before receiving care. Our experienced team of claims professionals, nurses and care coordinators will help guide you to quality care at a fair price.



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 in-network. During the visit, she has a lab test done.

Charges			Plan Benefits		
Outpatient Physician's Visit	+	\$120	Outpatient Physician's Visit Benefit	+	\$100
Laboratory	+	\$ 80	Laboratory Benefit	+	\$ 70
Network Discounts	-	\$ 40			
Total Charges		\$160	Total Benefits Payable		\$170

Total Charges	-	Benefits Payable	=	Excess Indemnity
\$160		\$170		(\$10)

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 Plus (Two Unit) Plan and needs an Umbilical Hernia Repair. He calls a Healthcare PAL to confirm his benefits based on the area he plans to have his procedure done. He then chooses an out-of-network outpatient facility knowing ahead of time that the provider and facility will charge him a total of \$6,200 to do the surgery.

Charges			Plan Benefits		
Facility Fees	+	\$3,596	Outpatient Surgery Under General Anesthesia Benefit	+	\$3,500
Surgeon Services	+	\$1,550	Surgery Benefit ²	+	\$1,421
Anesthesia Services	+	\$ 1,054	Anesthesia Services Benefit ²	+	\$ 355
Total Charges		\$6,200	Total Benefits Payable		\$5,276

Total Charges	-	Benefits Payable	=	Out-of-Pocket
\$6,200		\$5,276		\$924

²Benefits 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 Preferred (Three Unit) Plan with a \$5,000 Hospital Confinement Deductible. She becomes ill unexpectedly and is confined to an in-network hospital for one day.

Charges

Hospital stay after network discount	+	\$2,149
Total Charges		\$2,149

Did you know?! The average cost to stay at the hospital per Inpatient Day in the U.S.³ 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	+	\$4,500
Calendar Year Confinement Deductible	-	\$5,000
Remaining Calendar Year Confinement Deductible to Meet	-	\$ 500

Plan Benefits Hospital Admission

Hospital Admission Benefit	+	\$2,000
Total Benefits Payable		\$2,000

Total Charges	-	Benefits Payable	=	Out-of-Pocket
\$2,149		\$2,000		\$149

Is This Plan Right for Me?

Our Premier 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



³Hospital 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.

Hospital Confinement Benefit for Mental Illness, Alcohol and Substance Abuse Limitation

This policy pays the Daily Indemnity Benefit as limited in the Policy Schedule for each day an Insured person is confined in a hospital as a result of mental illness, alcohol and/or substance abuse dependency. Benefits are payable for the period such person is so confined and receiving medical care and regular attendance of a physician.

For the Purpose of Determining Policy Benefits and Benefit Maximums

Each two days of treatment in a residential treatment center is the equivalent of one day of treatment of mental illness, alcohol and/or substance abuse, emotional illness or disorder in a hospital or inpatient program. Each full day of treatment in a treatment facility is the equivalent of one-half of one day of treatment of mental illness, alcohol and/or substance abuse, emotional illness or disorder in a hospital or inpatient program. Benefits under this section are limited to a maximum of 60 days per Calendar Year.

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, 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) an insured person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; (m) air travel, except: as a fare-paying passenger on a commercial airline on a regularly scheduled route; or as a passenger for transportation only and not as a pilot or crew member; (n) 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; (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 or 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 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.); (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 a covered benefit; (x) any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; (y) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; (z) any service or treatment rendered outside the territorial limits of the United States of America; (aa) 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; and (bb) 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 1-888-748-3040.



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.

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

Toll Free Telephone: 1-888-748-3040

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New Era
Life Insurance Companies

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A- (Excellent)
AM Best Rating