



**PHILADELPHIA  
AMERICAN**  
LIFE INSURANCE COMPANY®

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**INDEMNITY BENEFIT POLICY  
FORM H-0434**

**OUTLINE OF COVERAGE**

**Read your Policy Carefully.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

**BENEFITS**

This type of coverage pays a fixed dollar amount without regard to the actual expenses incurred as a result of injury, sickness, and/or medical condition. Subject to all of the terms and provisions of the policy, including the Lifetime Maximum and Calendar Year Maximum shown below, covered benefits for one or more of the following will be paid.

<b>Lifetime Maximum Benefit (per policy)</b>	<b>\$5,000,000</b>
<b>* Calendar Year Confinement Deductible (per Covered person with a maximum of 3 deductibles per policy)</b>	<b>\$0; \$500; \$1,000; \$2,500; \$5,000</b>
<b>Maximum Covered Benefits (per Covered person per Calendar Year)</b>	<b>\$250,000; \$500,000; \$1,000,000</b>
<b>** Surgical Benefit Maximum (per Covered person per Calendar Year)</b>	<b>\$50,000</b>

**HOSPITAL INDEMNITY BENEFITS**

<b>Facility Fees</b>	<b>1 unit</b>	<b>2 units</b>	<b>3 units</b>
Daily Inpatient Hospital Confinement Benefit during a calendar year as a result of a covered: Sickness  Injury *Calendar Year Confinement Deductible applies	1-3 Days \$3,000 4 <sup>th</sup> Day \$2,250 5+ Days \$1,500 1-3 Days \$3,500 4 <sup>th</sup> Day \$2,750 5+ Days \$2,000	1-3 Days \$6,000 4 <sup>th</sup> Day \$4,500 5+ Days \$3,000 1-3 Days \$7,000 4 <sup>th</sup> Day \$5,500 5+ Days \$4,000	1-3 Days \$9,000 4 <sup>th</sup> Day \$6,750 5+ Days \$4,500 1-3 Days \$10,500 4 <sup>th</sup> Day \$8,250 5+ Days \$6,000
Daily Observation Unit stay for 24 hours or more during a calendar year as a result of a covered: Sickness  Injury *Calendar Year Confinement Deductible applies	1-3 Days \$3,000 4 <sup>th</sup> Day \$2,250 5+ Days \$1,500 1-3 Days \$3,500 4 <sup>th</sup> Day \$2,750 5+ Days \$2,000	1-3 Days \$6,000 4 <sup>th</sup> Day \$4,500 5+ Days \$3,000 1-3 Days \$7,000 4 <sup>th</sup> Day \$5,500 5+ Days \$4,000	1-3 Days \$9,000 4 <sup>th</sup> Day \$6,750 5+ Days \$4,500 1-3 Days \$10,500 4 <sup>th</sup> Day \$8,250 5+ Days \$6,000
Daily Intensive Care Unit Hospital Confinement Benefit during a calendar year as a result of a covered Sickness or Injury.  Maximum Calendar Year Limit (per Covered person per Calendar Year) *Calendar Year Confinement Deductible applies	1-3 Days \$3,500 4 <sup>th</sup> Day \$2,750 5+ Days \$2,000 12 days	1-3 Days \$7,000 4 <sup>th</sup> Day \$5,500 5+ Days \$4,000 16 days	1-3 Days \$10,500 4 <sup>th</sup> Day \$8,250 5+ Days \$6,000 20 days
First Day Hospital Admission Benefit  Maximum Calendar Year Limit (per Covered person)	\$1,000 1 day	\$2,000	\$3,000
Daily Indemnity Benefit for Confinement in a Hospital for Mental Illness	\$200	\$400	\$600
Daily Indemnity Benefit during Confinement in a Rehabilitation Facility or a Skilled Nursing Facility (does not include Mental Illness)	\$750	\$1,500	\$2,250
Daily Indemnity Benefit for Outpatient Hospital Facility or Ambulatory Surgical Center services when surgery is performed: Surgery performed under general anesthesia Surgery performed not requiring general anesthesia **Surgical Benefit Maximum applies	\$1,500 \$750	\$3,000 \$1,500	\$4,500 \$2,250

Daily Indemnity Benefit for Outpatient Radiation Therapy, Chemotherapy and Immunotherapy for Cancer	\$750	\$1,500	\$2,250
Maximum Calendar Year Limit Amount (per Covered person)	\$40,000		
<b>Professional Services</b>			
Daily Inpatient Health Care Practitioners Indemnity Benefit - Non-Surgical Maximum Limit (per Covered person per Calendar Year)	1-6 Days \$80 7-12 Days \$40 12 Days	1-8 Days \$120 9-16 Days \$60 16 Days	1-10 Days \$160 11-20 Days \$80 20 Days
Daily Surgery Indemnity Benefit performed in a Hospital/Ambulatory Surgical Center **Surgical Benefit Maximum applies	1X2X3X benefit per day as listed in the Surgical Schedule		
Daily Inpatient Pathologist/Radiologist Benefit	\$80 per day	\$160 per day	\$240 per day
Daily Assistant Surgeon Surgical Indemnity Benefit **Surgical Benefit Maximum applies	1X2X3X benefit per day as listed in the Surgical Schedule		
Daily Anesthesia Indemnity Benefit for covered services **Surgical Benefit Maximum applies	1X2X3X benefit per day as listed in the Surgical Schedule		
<b>ADDITIONAL OUTPATIENT BENEFITS</b> (Outpatient Benefits are payable for services performed on an outpatient basis only)			
Aggregate Calendar Year Maximum (per Covered person per Calendar Year)	\$2,000	\$4,000	\$6,000
Daily Outpatient Physicians Indemnity Benefit Maximum Limit (per Covered person per Calendar Year)	1-6 Days \$80 7-12 Days \$40 12 Days	1-8 Days \$120 9-16 Days \$60 16 Days	1-10 Days \$160 11-20 Days \$80 20 Days
Daily Chiropractor Indemnity Benefit Maximum Limit (per Covered person per Calendar Year)	\$80 4 Days	\$120 5 Days	\$160 6 Days
Maximum Combined Limit Outpatient Physicians and Chiropractor (per Covered person per Calendar Year)	12 days	16 days	20 days
Daily Outpatient Therapy Indemnity Benefit Maximum Limit (per Covered person per Calendar Year)	\$40 12 days	\$60 16 days	\$80 20 days
Daily Office Surgery Benefit - Physicians/Specialists Office - Outpatient Clinic Maximum Limit (per Covered person per Calendar Year)	\$100 2 days	\$200	\$300
Daily MRI, PET, CAT Scan or Nuclear Testing Indemnity Benefit	\$240	\$480	\$720
Daily X-rays or Other Diagnostic Testing Indemnity Benefit Maximum Limit (per Covered person per Calendar Year)	\$80 4 days	\$160	\$240
Daily Laboratory Indemnity Benefit Maximum Limit (per Covered person per Calendar Year)	\$40 4 days	\$80	\$120
Daily Injection Indemnity Benefit	\$10	\$20	\$30
Daily Emergency Department Indemnity Benefit Facility Fee /Charges Professional Services Maximum Limit each of the above benefits (per Covered person per Calendar Year) Maximum Combined Limit - Emergency Dept./Urgent Care (per Covered person per Calendar Year)	\$50 \$50 2 days 4 days	\$100 \$100	\$200 \$150
Daily Urgent Care Center Indemnity Benefit Maximum Limit (per Covered person per Calendar Year) Maximum Combined Limit - Emergency Dept./Urgent Care (per Covered person per Calendar Year)	\$150 4 days 4 days	\$200	\$250
Daily Ambulance Indemnity Benefit Maximum Limit (per Covered person per Calendar Year)	\$500 ground 2 days	\$1,000 air 1 day	
Daily Generic Prescription Order Indemnity Benefit (per Covered person per prescription filled)	\$5	\$10	\$15
Daily Brand Name Prescription Order Indemnity Benefit (per Covered person per prescription filled)	\$10	\$20	\$30
Daily Preventive Care Indemnity Benefits (Coverage starts 60 days after the Effective Date of coverage for each Covered person) a. Preventive Care Benefit for Mammograms b. Preventive Care Benefit for Colonoscopy – without finding any polyps c. Preventive Care Benefit for Colonoscopy Beginning the 4 <sup>th</sup> policy year d. All Other Covered Preventive Care Services Maximum Limit (per Covered person per Calendar Year)	250 per Calendar Year 600 every three years 750 every three years 125 per Calendar Year		

## OPTIONAL BENEFITS

Critical Illness Rider (H-0224.CI)	Pays up to the maximum critical illness benefit for covered illnesses.
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### EXCLUSIONS AND LIMITATIONS

This policy provides benefits only for covered benefits identified above. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following:

1. A sickness or injury that is the result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws even when a covered person does not file a claim for benefits. This exclusion will not apply to a covered person who is not required to have coverage under any Worker's Compensation, Employers' Liability, or similar law and does not have such coverage. However, a covered person must receive services in accordance with the benefits section of the policy.
2. War or any act of war, whether declared or undeclared.
3. Participation in the military service of any country or international organization.
4. Treatment, services, or supplies that: (a) are not part of a specifically listed covered benefit shown on the schedule of benefits; (b) are due to complications of a non-covered service; (c) are incurred before a covered person's effective date or after the termination date of coverage, except as provided under the Extension of Benefits provision; (d) are provided in a student health center or by or through a school system; or (e) are provided at no cost to a covered person.
5. Glasses, contact lenses, vision therapy, exercise or training, surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), and vision care that is routine.
6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
7. Treatment/services for foot conditions including, but not limited to: (a) flat foot conditions; (b) foot supportive devices, including orthotics, and corrective shoes; (c) foot subluxation treatment;(d) corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, (e) hygienic foot care that is routine.
8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an accidental injury.
9. Treatment of TMJ and CMJ, any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw).
10. Treatment of substance abuse, whether organic or non-organic, chemical or non- chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for inpatient or outpatient treatment of substance abuse.
11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling a covered person's weight or related to obesity or morbid obesity, whether or not weight reduction is recommended by a health care practitioner or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling.
12. Organ, tissue, or cellular material donation by a covered person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation.
13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a cosmetic service.
14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a mastectomy by a health care practitioner, for treatment of cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas.
15. Removal or replacement of a prosthesis, durable medical equipment or personal medical equipment, except for internal breast prostheses following a mastectomy by a health care practitioner for treatment of cancer and services are received in accordance with the benefits section.
16. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date.
17. Treatment, services, and supplies for: (a) home health care; (b) hospice care; (c) custodial care, respite care, rest care, supportive care, homemaker services; (d) phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; (e) treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of a covered person, covered person's family, a health care practitioner or provider; (f) treatment or services provided by a standby health care practitioner; or (g) treatment or services provided by a masseur, masseuse or massage

- therapist, massage therapy, a rolfer.
18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth other than children 18 years of age or under as long as medically necessary.
  19. Treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender reassignment, and treatment to enhance, restore or improve sexual energy, performance or desire.
  20. Treatment, services, and supplies related to maternity, pregnancy (except complications of pregnancy), routine well newborn care at birth including nursery care, abortion.
  21. Treatment for or treatment use of: (a) genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; (b) services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; (c) sterilization; (d) cryopreservation of sperm or eggs; (e) surrogate pregnancy; (f) fetal surgery, treatment or services; (g) umbilical cord stem cell or other blood component harvest and storage in the absence of sickness or injury; or (h) circumcision.
  22. Treatment for vocational or work hardening programs, transitional living, except for outpatient diabetes self-management training and education for treatment of a covered person with diabetes.
  23. Treatment for or through use of: (a) non-medical items, self-care or self-help programs; (b) aroma therapy; (c) meditation or relaxation therapy; (d) naturopathic medicine; (e) family or marriage counseling; (f) inpatient treatment of chronic pain disorders.
  24. Sickness or injury resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of a covered person's health care practitioner.
  25. Treatment of sickness or injury when a contributing cause of the condition was a covered person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of a covered person being under the influence of any illegal or non-prescribed controlled substance while committing a felony.
  26. Any amount in excess of the lifetime maximum benefit or any other maximum limitation for covered scheduled benefits.
  27. Treatment that does not meet the definition of a covered benefit in this policy including, but not limited to, treatment that is not provided by a health care practitioner.
  28. Treatment, services, and supplies for experimental or investigational services.
  29. Sickness or injury caused or aggravated by suicide, attempted suicide, or self-inflicted sickness or injury.
  30. Treatment, services, supplies, drugs or medicines received outside the territorial United States.
  31. Vitamins and/or vitamin combinations even if they are prescribed by a health care practitioner.
  32. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a health care practitioner: (a) herbal or homeopathic medicines or products; (b) minerals; (c) appetite suppressants; (d) dietary or nutritional substances or dietary supplements; (e) nutraceuticals; (f) medical foods; or (g) durable medical equipment/supplies.
  33. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication.
  34. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, skilled nursing facility or similar institution, or dispensed at or by a hospital, an emergency room, a free-standing facility, an urgent care facility, a health care practitioner's office or other inpatient or outpatient setting for take home by a covered person.
  35. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, slowing the normal processes of aging, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns.
  36. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives.
  37. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this policy.
  38. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state.
  39. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the health care practitioner's prescription order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the health care practitioner's original prescription order, any administration for drug injections or any other drugs or medicines obtained other than through a pharmacy.
  40. 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.
  41. Any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy schedule of benefits.
  42. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication.

**PRE-EXISTING CONDITION LIMITATION**

There is no coverage for a Pre-Existing Condition, as defined in the policy, for a continuous period of 12 months following the effective date of a covered person.

**RENEWABILITY**

The policy is guaranteed renewable to age 65. Premium rates are subject to change.

**PREMIUM**

Your premium for the policy is \$\_\_\_\_\_ monthly. The policy provides a 31-day grace period during which period the policy will remain in force.