

Philadelphia American Life Insurance Benefits Snapshot



Limited Benefit Plan

Insured: John Smith
 Policy #: TESTH02140
 Payer ID: 75281
 Effective Date:

First Day Hospital Confinement Benefit Percentage: 20%

To find a provider go to www.philadelphiaamerican.com and click on the Provider Search button. See below for additional information.

CONTACT INFORMATION	TELADOC INFORMATION
PPO Network: PHCS PPO: 888-371-7427 Send Claims to: Philadelphia American Life Insurance Company PO Box 4884 Houston, TX 77210-4884 For Customer Service Call: 800-552-7879 Ext. 1331 Please call for benefits not listed and to confirm eligibility.	1-800-Teladoc (835-2362) www.teladoc.com Philadelphia American Life Insurance Company is providing you and your eligible dependents with 24/7/365 access to U.S. board-certified doctors and pediatricians by phone or online video. Consults are free for insureds.

PHARMACY INFORMATION
Customer Care: 1-800-700-3957 www.scriptsave.com Pharmacy Help Desk (Pharmacists Only): 1-800-404-1031 RxBIN: 006053 RxPCN: MSC Administered by Medical Security Card Company, LLC, Tucson AZ Discount card program only

PLAN EXCLUSIONS, LIMITATIONS & PRE-EXISTING CONDITIONS (Refer to your policy document for state specific requirements)
Treatment that is not a Covered Service described in Section 3 of the policy; suicide or suicide attempt; intentionally self-inflicted Injury or Sickness; rest care; cosmetic surgery or treatment 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; immunization shots and routine examinations except as otherwise covered under the policy; routine newborn care, including routine nursery charges; voluntary abortion, except where the mother'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 or attempting to commit a felony, or engaging in an illegal occupation; a Covered Person's participation in a contest of speed, parachuting, parasailing, bungee-jumping, or hang gliding; 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; any Injury occurring 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; sex changes; any dental care; experimental treatments or surgery; 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; obesity or weight control; an act of war, whether declared or undeclared, 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. 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 or similar laws or coverage; any 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; any service or treatment rendered outside the territorial limits of the United States of America; treatment of jaw joint problems; voluntary sterilization. Consult Your policy for the actual Exclusions and Limitations that apply.

Health Choice Schedule of Benefits	
Benefit Features - H0214 - 3 UNIT - PA	
*First Day Hospital Confinement Benefit Percentage (one per CY per Covered Person)	
	20%
Lifetime Maximum (per policy)	
	\$5,000,000
Maximum Covered Benefits per Covered Person per Calendar Year	
	\$250,000
Hospital Indemnity Benefits	
Facility Fees (Daily Indemnity Benefit)	
Hospital – (Including Observation Unit stay for 24 hrs or more - *First Day Hospital Confinement Benefit Percentage applies)	Sickness: \$4,500 Injury: \$6,000
Mental Illness, Alcohol/Substance Abuse Dependency	\$600
Intensive Care Unit (ICU) – (Up to 31 days per CY - *First Day Hospital Confinement Benefit Percentage applies)	Sickness: \$6,750 Injury: \$6,750
Rehabilitation/Skilled Nursing Facility - (Does not include Mental Illness, Alcohol and/or Substance Abuse Dependency)	\$2,250
Outpatient Hospital or Ambulatory Surgical Center – (When surgery is performed)	Surgery performed under general anesthesia: \$4,500 Surgery performed not requiring general anesthesia: \$2,250
Outpatient Radiation Therapy or Chemotherapy	\$2,250
Professional Services (Daily Indemnity Benefit)	
Inpatient Physicians Care - (Non-Surgical)	\$150
Surgery – (For covered services when performed in a Hospital or Ambulatory Surgical Center - RBRVS is the allowable charges schedule used by Medicare)	3x of current RBRVS per procedure for your provider location
Inpatient Pathologist/Radiologist – (For covered services - RBRVS is the allowable charges schedule used by Medicare)	3x of current RBRVS per procedure for your provider location
Assistant Surgeon Surgical Services - (For covered services)	20% of surgical benefits payable
Anesthesia – (For covered services)	25% of surgical benefits payable
Additional Outpatient Benefits	
Payable for services performed on outpatient basis only	
Aggregate Calendar Year Maximum (per covered person)	
	\$6,000
Outpatient Daily Indemnity Benefits	
Outpatient Physicians - (For each day a covered person sees a physician in office or outpatient clinic - Maximum limit of 20 benefit days (including 6 chiropractor visits) per covered person per CY)	\$100
MRI, PET, CAT Scan or Nuclear Testing	\$525
X-rays or Other Diagnostic Testing	\$120
Laboratory	\$60
Injection	\$30
Emergency Department - (Limit 1 benefit per covered person per CY)	Facility Fee/Charges: \$250 Professional Services (Daily Indemnity Benefit): \$250
Urgent Care Center - (Limit 1 benefit per covered person per CY)	\$150
Ambulance - (Limit 2 benefit payments (ground) & 1 benefit payment (air) per covered person per CY)	\$500 ground / \$1,500 air
Generic Prescription - (Per covered person - Per prescription filled)	\$15
Brand Name Prescription - (Per covered person - Per prescription filled)	\$30
Preventive Care Benefit - (Coverage starts 60 days after the effective date of each covered person - Limit 1 benefit per covered person per CY - Not subject to Pre-Existing Conditions Exclusion)	Mammograms: \$125 per CY Colonoscopy: \$300 every 3 years - Beginning the 4th policy year: \$600 every 3 years All other Preventive Care Services: \$125 per CY

*Note to provider: For all inpatient admissions please contact our Customer Service Department at 1-800-552-7879, extension 1331 as soon as possible. Clinical records should be faxed to 1-281-368-7382 for all inpatient admissions.

This Health Ticket is provided only as an aide to help with a better basic understanding of your Policy. It contains a general summarization of the benefits, limitations and exclusions that may be contained in your Policy and is not and does not guarantee coverage of an actual claim or represent the actual benefits to be paid on an actual claim. Claims submitted under your Policy will be examined and adjudicated using the actual terms, limitations and exclusions contained in the Policy issued to you by the Company and not summaries in this Health Ticket. The Company reserves the right to rescind or reform the policy within 2 years after the policy date, for omission or misrepresentation of material facts at the time of application. **THIS HEALTH TICKET IS NOT A GUARANTEE OF COVERAGE NOR DOES IT REFLECT ALL OF THE ACTUAL BENEFITS AVAILABLE UNDER YOUR POLICY.**