



Insured:
Policy No:
Effective Date:
Calendar Year Policy Deductible: \$1000 per person
Additional Outpatient CY Deductible: \$50 per person
To find a provider go to www.multiplan.com
*Please see reverse side for outpatient benefits or
call toll free for inpatient benefits.



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Outpatient (OP) Benefits – CY Maximum \$2,000
Subject to the \$50 per person CY OP deductible
There is no Copay for the following benefits
The amount listed is the Benefit amount per service

Office Visit Benefit (per visit) \$25
Diagnostic tests other than MRI or CAT (per test) \$40
Lab Tests (per Test) \$10
Injections \$5
Well Care Benefit: \$50 per visit up to max of \$150 per CY
PPO Network: PHCS PPO Locator: (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
(Please call for inpatient or benefits not listed or to confirm eligibility)

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