



Flex Choice Health Plan

Hospital Indemnity Benefit Insurance

Supplement your health plan with extra protection!

PAL's Flex Choice Health Plan provides flexible options that make it easy to help cover out-of-pocket expenses left behind from major medical health plans.

This plan does not meet the requirements of the Affordable Care Act. This form series (H-0334) meets the excepted benefits of the Affordable Care Act and is approved by the Department of Insurance in your state.

Does your health plan have deductibles, copays, coinsurance, access fees, etc.?

Even if you have a major health plan, the cost of care can quickly add up due to non-covered expenses such as deductibles, copays, access fees, coinsurance, etc.

Our Flex Plan gives your pocket book the flexibility to handle these out-of-pocket costs by providing set benefits to help pay for hospital stays, doctor visits, labs, imaging, prescriptions, surgeries and more.

Flex Plan Highlights

- ✓ Provides easy to use set benefits that start right away
- ✓ Helps reduce - and often eliminates - the impact of out-of-pocket expenses other insurance may not cover (high deductibles, copays, coinsurance, access fees, out-of-network fees, etc.)
- ✓ Provides transparent benefits for doctor visits, wellness, prescriptions, surgeries, hospital stays, and more
- ✓ Allows the flexibility to choose any doctor, specialist or facility you wish (no referrals or networks required)
- ✓ Plan can be customized to fit your coverage needs and budget



Design a Plan to Fit You & Your Family

Choosing a Flex 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)



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



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 Flex 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

Optional Critical Illness Rider

Choose up to \$20,000 in Critical Illness coverage

Our Critical Illness Rider can help cover extra costs that may come with a serious illness by providing a lump-sum benefit. 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

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>	Plus Two Units	Value One Unit
Outpatient Aggregate Calendar Year Maximum per Insured	\$6,000	\$4,000
Physicians Benefit <i>For physician visits in an office or outpatient clinic. 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	\$60
Surgery in a Physician's Office, Specialist's Office or Outpatient Clinic <i>Includes up to two daily benefits per Calendar Year.</i>	\$140	\$70
MRI Benefit <i>Includes up to two benefits per Calendar Year.</i>	\$500	\$300
PET Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$400	\$200
CAT Scan and Nuclear Testing Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$300	\$100
X-rays or Other Diagnostic Testing Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$90	\$50
Laboratory Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$60	\$40
Injection Benefit <i>Includes up to four benefits per Calendar Year.</i>	\$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>	\$300	\$100
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>	\$300	\$100
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	\$300 \$1,000
Generic Prescription Benefit Brand Name Prescription Benefit <i>Per prescription filled.</i>	\$20 \$40	\$10 \$20



PAL Prescription Savings Plan - Available to Insureds 7/1/22¹

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.

Benefits, exclusions and limitations may vary by state.

¹For policies with effective dates prior to 7/1/22, Insureds will still receive this benefit starting 7/1/22

Hospital & Facility Benefits

All benefits are daily per Insured unless otherwise noted.

Inpatient Facility Fees	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>	\$2,000 \$3,000	\$1,000 \$1,500
Hospital Admission Benefit (Plan Deductible of \$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>	\$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>	\$3,000 \$3,400	\$1,500 \$1,700
Hospital Confinement Benefit for Mental Illness, Alcohol and Substance Abuse <i>Includes up to five benefits per Calendar Year.</i>	\$250	\$150
Rehabilitation Facility or Skilled Nursing Facility Confinement Benefit <i>Does not includes confinement due to Mental Illness, Alcohol or Substance Abuse</i>	\$1,000	\$500

Outpatient Facility Fees	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>	\$2,500 \$1,000	\$1,500 \$600
Outpatient Radiation Therapy, Chemotherapy and Immunotherapy <i>Includes up to \$25,000 in benefits for Two Unit Plans and up to \$15,000 in benefits for One Unit Plans per Calendar Year.</i>	\$1,000	\$600

Professional Services Benefits

All benefits are daily per Insured unless otherwise noted.

Professional Services	Plus Two Units	Value One Unit
Inpatient Non-Surgical Physicians Care Indemnity Benefit	\$80	\$40
Surgery Benefit <i>For covered surgeries performed in a Hospital or Ambulatory Surgical Center. Benefit is paid per procedure.</i>	1.5 X RBRVS ¹	1 X RBRVS ¹
Inpatient Pathologist or Radiologist Services Benefit	1.5 X RBRVS ¹	1 X RBRVS ¹
Assistant Surgeon Surgical Services Benefit	20% of surgical benefits	
Anesthesia Services Benefit	25% of surgical benefits	

Benefits, exclusions and limitations may vary by state.

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

How Does This Plan Work?

Seeing a doctor for the flu.

Example: Paul has a Value (One Unit) Plan. He visits his doctor due to a fever. During the visit, his doctor runs a lab test confirming that he has the flu and prescribes him medication to help fight the virus.

Out-of-Pocket With Major Health Plan

Copay for Doctor Visit	+	\$ 40
Coinsurance for Laboratory	+	\$ 50
Coinsurance for Injection	+	\$ 50
Copay for Generic Prescription	+	\$ 5
Total Out-of-Pocket Charges		\$145

Supplemental Plan Benefits

Outpatient Physician's Visit Benefit	+	\$ 60
Laboratory Benefit	+	\$ 40
Injection Benefit	+	\$ 30
Generic Prescription Benefit	+	\$ 10
Total Supplemental Benefits Payable		\$140

Major Health Plan Out-of-Pocket	-	Supplemental Benefits Payable	=	Actual Out-of-Pocket
\$145		\$140		\$5

Two night stay in hospital due to sickness.

Example: Jane has a Plus (Two Unit) Plan with a \$2,500 deductible. She visits her doctor for an upset stomach and her doctor advises her to stay overnight for observation. She is discharged after spending two days in the hospital.

Out-of-Pocket With Major Health Plan

Copay for Hospital Stay (\$1,500 copay per day)	+	\$3,000
Total Out-of-Pocket Charges		\$3,000

In addition, the Flex Plan will pay fixed benefits for covered services received during the hospital stay such as doctor visits, lab tests, etc.

Plan Benefits *Hospital Confinement*

Hospital Confinement Benefit for Sickness	+	\$4,000
Calendar Year Confinement Deductible	-	\$2,500
Hospital Confinement Benefits Payable		\$1,500

Plan Benefits *Hospital Admission*

Hospital Admission Benefit	+	\$1,000
Hospital Admission Benefit Payable		\$1,000

Major Health Plan Out-of-Pocket	-	Supplemental Benefits Payable	=	Actual Out-of-Pocket
\$3,000		\$2,500		\$500

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 five 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: (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; (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 (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.

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

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Life Insurance Companies

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A- (Excellent)
AM Best Rating