

FIXED BENEFIT OPTIONS PLAN

Maximum benefits for you and your family

A smarter, more inexpensive way to provide Health Insurance for your family and remain penalty compliant. We offer ways to stay out of the “penalty box”, offer affordable prices and exclude unwanted benefits. What’s more, you can choose ANY doctor, ANY hospital, ANYWHERE and receive comprehensive benefits.

COVERAGE INCLUDES



PREVENTATIVE
CARE & WELLNESS



PRESCRIPTION
DRUG PROGRAM



FIXED BENEFIT
PLAN



CRITICAL
ILLNESS

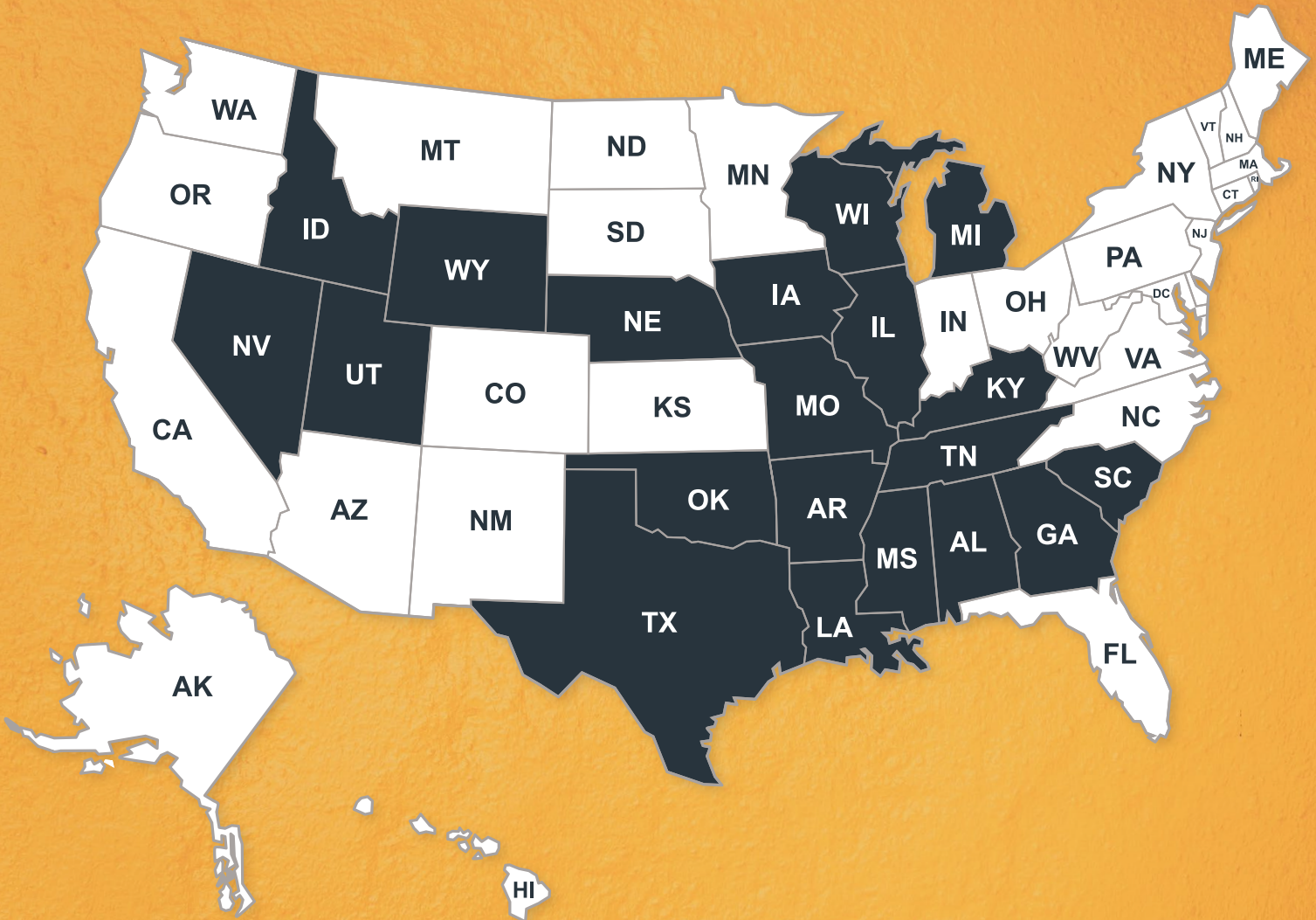


ACCIDENT



DENTAL

AVAILABLE STATES



Note: Not all products available in all states.

PREVENTATIVE CARE & WELLNESS (Note: Product optional, self-employed only)

We are proud to present Minimum Essential Coverage (MEC), an ACA compliant solution that extends to groups of any size.




We have an exclusive platform for self-employed individuals and groups of any size with Minimum Essential Coverage!

MEC is the minimum amount of coverage an individual is required to have according to the Affordable Care Act "Obamacare." MEC Coverage defines that males receive 63 wellness/preventative service and females 67. This satisfies Internal Revenue Code 4980H(a) also known as the individual mandate. Available exclusively to the self-employed at additional cost.

PRESCRIPTION DRUG PLAN (Note: Product can be purchased individually)

We will provide you with unparalleled control to customize your self-funded fully-insured prescription plan. With a fully insured prescription drug plan, you will find peace-of-mind in choosing a plan within your budget, and knowing that the cost is guaranteed for at least 12 months.


FIXED BENEFIT PLAN (Note: Product can be purchased individually)

LIFETIME MAXIMUM **\$5,000,000 PER POLICY**
FIRST DAY HOSPITAL CONFINEMENT BENEFIT PERCENTAGE

To help manage your healthcare costs you may reduce your First Day benefit amount for Hospital Confinement and Intensive Care (one per calendar year per covered person).

- 100%
 - 80%
 - 50%
 - 20%
- Of Hospital Confinement and ICU Benefit

** Benefit reduction if selected only applies to the First Day of Hospital Confinement / ICU all other benefits are paid at the full unit benefit selected*

CHOOSE YOUR CALENDAR YEAR MAXIMUM BENEFIT LEVEL

Maximum Covered Benefits per Covered Person Per Calendar Year \$100,000 \$250,000 \$1,000,000

HOSPITAL FIXED BENEFITS - FACILITY FEES

		BRONZE	SILVER	GOLD
Hospital Confinement: The plan will pay the daily Fixed Benefit selected if any Covered Person incurs charges for and is Confined in a Hospital as a result of a covered:	<input checked="" type="checkbox"/> Sickness	\$1,500	\$3,000	\$4,500
	<input checked="" type="checkbox"/> Injury	\$3,000	\$6,000	\$6,000
Hospital ICU: The plan will pay the daily Fixed Benefit selected (up to 20 days per calendar year) if any Covered Person incurs charges for and is Confined in a Hospital's Intensive Care Unit (ICU) as a result of a covered:	<input checked="" type="checkbox"/> Sickness	\$2,250	\$4,500	\$6,750
	<input checked="" type="checkbox"/> Injury	\$3,000	\$6,000	\$6,750
Mental Illness, Alcohol and / or Substance Abuse: The plan will pay the daily fixed benefit during confinement in a Hospital for Mental Illness, Alcohol and / or Substance Abuse Dependency.		\$200	\$400	\$600
Rehabilitation Facility / Skilled Nursing Facility: The plan will pay the daily Fixed Benefit during Confinement in a Rehabilitation Facility or Skilled Nursing Facility as a result of a covered Injury or Sickness. (Does not include Mental Illness, Alcohol and/or Substance Abuse Dependency).		\$750	\$1,500	\$2,250
Outpatient Radiation or Chemotherapy: The plan will pay the daily Fixed Benefit selected if any Covered Person incurs charges for Outpatient Radiation or Chemotherapy.		\$750	\$1,500	\$2,250
Outpatient Hospital or Ambulatory Surgical Center: The plan will pay the daily Indemnity benefit selected for Outpatient Hospital or Ambulatory Surgical Center services when surgery is performed as a result of a covered Injury or Sickness:	<input checked="" type="checkbox"/> Surgery performed under general anesthesia	\$1,500	\$3,000	\$4,500
	<input checked="" type="checkbox"/> Surgery performed not requiring general anesthesia	\$750	\$1,500	\$2,250

HOSPITAL FIXED BENEFITS - FACILITY FEES

	BRONZE	SILVER	GOLD
Surgical Procedure: The plan will pay this benefit if any Covered Person undergoes a surgical procedure when performed in a Hospital or in an Ambulatory Surgical Center due to an eligible Injury or Sickness. The reimbursement schedule is the Medicare RBRVS (Resource-Based Relative Value Scale) per procedure based on your providers location.	1 X the Current RBRVS Schedule	2 X the Current RBRVS Schedule	3 X the Current RBRVS Schedule
Inpatient Pathologist / Radiologist: The plan will pay the daily indemnity benefit if any Covered Person undergoes an Inpatient Pathologist / Radiologist procedure as a result of a Covered Injury or Sickness. The reimbursement schedule is the Medicare RBRVS (Resource-Based Relative Value Scale) per procedure based on your providers location.	1 X the Current RBRVS Schedule	2 X the Current RBRVS Schedule	3 X the Current RBRVS Schedule
Physicians Care Fixed Benefit Non-Surgical: We will pay the daily Fixed Benefit amount selected for each visit a Covered Person receives from a Physician while confined.	\$50	\$100	\$150

Daily Assistant Surgeon Surgical Services Fixed Benefit: for covered services when performed in a hospital or ambulatory surgical center. **We will pay 20% of eligible surgical benefit payable**

Daily Anesthesia Fixed Benefit: for covered services when performed in a hospital or ambulatory surgical center. **We will pay 25% of eligible surgical benefit payable**



FIXED BENEFIT PLAN (Note: Product can be purchased individually)

ADDITIONAL OUTPATIENT BENEFITS	BRONZE	SILVER	GOLD	
Aggregate Calendar Year Maximum (per covered person)	\$2,000	\$4,000	\$6,000	
Daily Outpatient Physicians Fixed Benefit: for each day a covered person sees a physician in office or outpatient clinic. Limit of 20 benefit days (6 chiropractor visits) per covered person per calendar year.	\$60	\$80	\$100	
Other Outpatient Daily Fixed Benefits (per day):				
✔ MRI, CAT Scan or Nuclear Testing	\$175	\$350	\$525	
✔ Other Diagnostic Testing or X-rays	\$40	\$80	\$120	
✔ Laboratory Testing	\$20	\$40	\$60	
✔ Injections	\$10	\$20	\$30	
Daily Generic Prescription Fixed Benefit	\$10	\$15	\$20	
Daily Brand Name Prescription Fixed Benefit	\$20	\$30	\$40	
Emergency Room Benefit				
(Limit 1 of each benefit per covered person per Calendar Year)	✔ Facility Fee / Charges	\$100	\$150	\$250
	✔ Professional Services	\$100	\$150	\$250
Urgent Care Center Benefit (Limit 1 benefit per covered person per Calendar Year)	\$100	\$125	\$150	
Daily Emergency Ambulance Fixed Benefit: (Limit 2 benefit payments (ground) and 1 benefit payment (air) per covered person per Calendar Year)	\$500 ground / \$1,500 air			
Preventive Care Benefits: Coverage starts 60 days after the policy effective date. You are eligible to receive 1 of each of the benefits listed below per covered person per calendar year unless noted otherwise. Preventive Care Indemnity benefits are not subject to Pre-existing Conditions Exclusions.	✔ Preventive Care Benefit for Mammograms	\$125 per calendar year		
	✔ Preventive Care Benefit for Colonoscopy	\$300 every three years		
	- Beginning the 4th policy year	\$600 every three years		
	✔ All Other Preventive Care Services	\$125 per calendar year		

VALUE-ADDED BENEFITS - AT NO ADDITIONAL COST



Teladoc is a convenient alternative to urgent care or ER visits. U.S. board-certified physicians are available anytime, anywhere, and can resolve many non-emergency medical issues. They can resolve most non-emergency medical issues via phone or online video. Saving you time and money by getting no cost care in three easy steps:



Step 1: Contact TelaDoc 24/7/365

Access Teladoc's network via phone, video or mobile app by going to www.teladoc.com



Step 2: Talk with a Physician

A physician will review your medical history and contact you with in minutes



Step 3: Resolve the Issue

A physician will diagnose and prescribe medication, and if medically necessary will send prescription to your pharmacy



Making healthcare work all begins with the Karis360 platform of services that are designed to assist at each stage of your healthcare experience. With Karis360, you have unlimited access to a dedicated team of professional Advisors available by phone to assist with healthcare-related questions and concerns. For more info visit: www.thekarisgroup.com.



Healthcare Navigator® Policyholders gain a resource and concierge-style service to help them through the chaos and confusion often associated with the healthcare marketplace. Our expert advisors will find everything needed to quickly and thoroughly solve your needs, including finding doctors and healthcare facilities, obtaining best available pricing for procedures, or help shop for better pricing on prescription drugs, imaging services or lab tests.



Karis Surgery Saver® For those planning non-emergency surgical procedures, our team works to save money by "shopping" the local and regional market for healthcare facility options that combine affordability and quality services for a given non-emergency surgery.




Karis Bill Negotiator® Is available to address your out-of-pocket portion of medical bills incurred after healthcare services are performed—this element of our service is quite valuable and often reduces the amount owed by the customer.



Concierge Phone Service. Our focus is on providing a concierge-type patient advocacy service by a toll free phone number for the use of each of our policyholders. Upon receiving a inquiry via phone, our team will define the issue, establish mutual expectations and proceed in fulfilling the request.

Karis360 is not insurance and does not provide funds to pay for bills. This is a best-efforts service and results can not be guaranteed.


FIXED BENEFIT PLAN (Note: Product can be purchased individually)

VALUE-ADDED BENEFITS - AT NO ADDITIONAL COST


ScriptSave card is provided at NO Cost to help you save money on your prescriptions! It's easy-to-use; just present this savings card at any participating pharmacy when filling or refilling a prescription. Your card is ready to be used right away. The card is accepted at over 62,000 participating pharmacies nationwide. This does include most chain and independent retail pharmacies. To find a participation pharmacy near you, visit www.ScriptSave.com and include your group number **2242**. Get started today and compare before you buy!

- THE SCRIPTSAVE PRESCRIPTION CARD IS DISCOUNT ONLY - NOT INSURANCE -



While you are free to use any Doctor or Hospital you choose without Penalty. You have the option of accessing the MultiPlan / PHCS Limited Benefit Network to take advantage of great savings at no additional costs. You will have access to Doctors, Hospitals, Labs, Imaging Centers and Home Healthcare Centers. To find providers in your area go to www.neweralife.com and select Provider Search.


CRITICAL ILLNESS (Note: Product can be purchased individually)

You can select from \$10,000 to \$50,000 to help cover out-of-pocket medical expenses and other cost associated with a covered medical illness. Critical Illness insurance is designed to ease the financial pressure by providing a lump sum cash benefit paid directly to you upon diagnosis of a covered illness. Maximum amount of Critical Illness Insurance available is \$50,000 for any one person.

BENEFIT LEVELS

Five benefit level to fit your needs:

- \$10,000
- \$20,000
- \$30,000
- \$40,000
- \$50,000

Plus a Dependent Children's Benefit of \$10,000 per child

Covered conditions include: Cancer, Non-Invasive Carcinoma In-Situ, Heart Attack, Stroke, Coronary Artery Bypass, Angioplasty, Pacemaker Implants, End Stage Renal Failure, Organ Transplant. (For specific costs and further details of coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your agent or write to the company).

USE CRITICAL ILLNESS BENEFIT ANY WAY YOU CHOOSE

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Non-medical expenses resulting from a covered condition <input checked="" type="checkbox"/> Deductibles, copays, prescriptions, experimental treatment or out of network expenses <input checked="" type="checkbox"/> Treatments that are not covered by or limited by their existing medical insurance <input checked="" type="checkbox"/> Extended convalescence services or for rehabilitation | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Mortgage, auto loans and credit car payments <input checked="" type="checkbox"/> Expenses for child and/or nursing care <input checked="" type="checkbox"/> Your lost income and your spouse's lost wages while he or she is the caregiver <input checked="" type="checkbox"/> Or any other bills you may have. |
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ACCIDENT (Note: Product can be purchased individually)

When a covered accident occurs, the last thing you want on your mind are the charges accumulating while you are in the Emergency Room.

THE ENHANCED ACCIDENT POLICY PROVIDES YOU WITH BENEFIT OPTIONS TO FIT YOUR NEEDS

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Accidental injury of up to \$4,000 per covered persons <input checked="" type="checkbox"/> Accidental Death benefit of up to \$100,000 <input checked="" type="checkbox"/> Ground or Air Ambulance up to \$10,000 | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hospital Income Benefit of up to \$300 a day <input checked="" type="checkbox"/> Dismemberment benefits applies to limb loss or blindness <input checked="" type="checkbox"/> Optional Accident Disability Income Benefits |
|---|--|

The accident plan pays in addition to any other insurance you may have. Coverage is available for Individual, Individual and Spouse, Single Parent, Family and Children Only. Issue ages 0 – 75 and is guaranteed renewable to age 80. (For specific costs and further details of coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your agent or write to the company).


DENTAL (Note: Product can be purchased individually)

A UNIQUE 'HYBRID' DENTAL INSURANCE PLAN COMBINING TRADITIONAL INSURANCE WITH NETWORK PROVIDERS DISCOUNTS

- ✔ Take advantage of network providers at over 169,000 access points across the United States www.careington.com/co/pal
- ✔ Pays if you go out of network. Non-network providers are paid at the same rate and fee schedule as network providers
- ✔ No waiting periods on Diagnostic & Preventative Services
- ✔ Diagnostic & Preventative paid at 100% after co-pay when using a network provider

POLICY INFORMATION
NOTICE TO APPLICANTS

Your Effective Date will be assigned by the Home Office. Insurance Coverage is Not Effective until the Coverage Applied for has been Accepted and Approved and Issued in Writing by Philadelphia American Life Insurance Company. Completing the Application does not mean that coverage is in force. Please allow two to three weeks following approval for delivery of your policy.

GUARANTEED RENEWABLE TO AGE 65. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew this policy until the first premium due date on or after your 65th birthday. We reserve the right, subject to 45 days prior written notice to You at Your last known address, to establish a new schedule of premium rates; such schedule of rates will be effective on the following premium due date for all or any class of Insured's covered by the policy. Premiums may also change due to attained age. Please read the Premium Rate Change provision carefully that is contained in the policy. Pre-Existing Condition means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under this policy for 12 consecutive months.

EXCLUSIONS AND LIMITATIONS

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 specified as a benefit described in Section 3 hereof; (b) suicide or any attempt thereat, while sane or insane; (c) any intentionally self-inflicted Injury or Sickness; (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 an Injury if initial treatment of the Covered 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) 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; (k) a Covered Person committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation; (l) a Covered 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 Injury 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 Schedule of Benefits; (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 and 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 Injury sustained or Sickness contracted 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 Covered 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 Medically Necessary; (x) any facility charges for treatment at a Hospital in excess of the indemnity amount specified in the Schedule of Benefits; (y) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; (z) Pre-Existing Conditions; and (aa) any service or treatment rendered outside the territorial limits of the United States of America; (bb) 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; (cc) voluntary sterilization.

Contact your Insurance Agent for product availability and to explain the details of this product.

