



Americas Health Options™

A RAINBOW OF BENEFITS™

FIXED BENEFIT OPTIONS PLAN

A tailored healthcare plan for all



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 with no rate increases, exclude unwanted benefits and are able to enroll you year-round. 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

Products can be sold individually



PREVENTATIVE CARE & WELLNESS (Note: Product can be purchased individually)

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 by 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.



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. You will be able to take advantage of excellent customer service, as well as rely on constancy within an ever changing industry.



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



LIFETIME MAXIMUM

\$5,000,000 PER POLICY

CALENDAR YEAR DEDUCTIBLE (per covered person with a maximum of three deductibles per policy)

This deductible applies to the Facility Fees and Professional Services.

Select your Calendar Year Deductible \$100 \$500 \$1,000 \$2,500 \$5,000

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:

- Sickness
- Injury

\$1,500	\$3,000	\$4,500
\$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:

- Sickness
- Injury

\$2,250	\$4,500	\$6,750
\$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
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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
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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
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Outpatient Hospital or Ambulatory Surgical Center: The plan will pay the daily Fixed Benefit selected for Outpatient Hospital or Ambulatory Surgical Center services when surgery is performed as a result of a covered Injury or Sickness. **The calendar year policy deductible will be waived for the first claim incurred in a calendar year for each covered person when surgery is performed under general anesthesia.**

\$1,500	\$3,000	\$4,500
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PROFESSIONAL SERVICES

BRONZE

SILVER

GOLD

Surgical Benefit: The plan will pay the daily surgical Fixed 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. **When the surgical procedure is performed in an Outpatient Hospital or Ambulatory Surgical Center the deductible will be waived for the first claim incurred in a calendar year for each covered person when surgery is performed under general anesthesia.** The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries. You may acquire up to three units based on plan selected.

1 x the policy fee schedule	2 x the policy fee schedule	3 x the policy fee schedule
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Inpatient Pathologist / Radiologist: The plan will pay the daily Fixed Benefit if any Covered Person undergoes an Inpatient Pathologist / Radiologist procedure as a result of a Covered Injury or Sickness. The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries. You may acquire up to three units based on plan selected.

1 x the policy fee schedule	2 x the policy fee schedule	3 x the policy fee schedule
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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
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FIXED BENEFIT PLAN (Note: Product can be purchased individually)

PROFESSIONAL SERVICES	BRONZE	SILVER	GOLD
Daily Assistant Surgeon Surgical Services Fixed Benefit for covered services	We will pay 20% of the eligible surgical benefit payable		
Daily Anesthesia Fixed Benefit for covered services	We will pay 25% of the eligible surgical benefit payable		
OUTPATIENT BENEFITS (These benefits are payable for daily fixed benefits performed on an outpatient basis only)			
Calendar Year Outpatient Deductible (Does not apply towards satisfaction of Calendar Year Policy Deductible)	\$50 per insured		
ADDITIONAL OUTPATIENT BENEFITS	BRONZE	SILVER	GOLD
Aggregate Calendar Year Maximum (per covered person)	\$2,000	\$4,000	\$6,000
Daily Outpatient Physicians Fixed Benefit: The plan will pay for each day a covered person sees a Physician in the Physicians office or outpatient clinic. Calendar Year Deductible is waived for the first (3) visits.	\$40	\$60	\$80
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	\$10	\$20	\$30
• Injections	\$5	\$10	\$15
Daily Generic Prescription Fixed Benefit	\$5	\$10	\$15
Daily Brand Name Prescription Fixed Benefit	\$10	\$20	\$30
Emergency Room Benefit (Limit 1 benefit per covered person per Calendar Year)	\$100	\$200	\$400
Urgent Care Center Benefit (Limit 1 benefit per covered person per Calendar Year)	\$100	\$100	\$100
Preventive Care Benefits: Coverage starts 60 days after the effective date and is limited to 1 benefit per covered person per Calendar Year (This benefit is not subject to the Calendar Year Deductible or Pre-existing Conditions Exclusions).	\$125 per calendar year		
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		

This is a limited-benefit Fixed Benefit plan and not a major medical insurance plan. Fixed Benefits are provided for hospital confinement, specified medical, surgical and outpatient events. These benefits are paid in specific amounts and does not provide expense reimbursement for charges based on your health care provider's bill. Fixed-Benefit insurance plans do not meet the Minimum Essential Coverage requirements under the Affordable Care Act and you may need to pay a tax penalty depending upon your income level and the cost of plans available.



CRITICAL ILLNESS (Note: Product can be purchased individually)

Provides up to \$50,000 to help cover out-of-pocket medical expenses and the other costs associated with a covered critical illness. Crisis Recovery is designed to ease the financial pressure by providing a lump sum cash benefit paid directly to you upon diagnosis of a covered illness to help you cope with the high cost of recovering from a Medical Crisis.

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 the Critical Illness Benefit any way you choose:

- Non-medical expenses resulting from a covered condition
- Deductibles, copays, prescriptions, experimental treatment or out of network expenses
- Treatments that are not covered by or limited by their existing medical insurance
- Extended convalescence services or for rehabilitation
- Mortgage, auto loans and credit car payments
- Expenses for child and/or nursing care
- Your lost income and your spouse's lost wages while he or she is the caregiver
- Or any other bills you may have. It's your money and the choice is up to you



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:

- Accidental injury of up to \$4,000 per covered persons
- Hospital Income Benefit of up to \$300 a day

ACCIDENT (Note: Product can be purchased individually)

- Accidental Death benefit of up to \$100,000
- Ground or Air Ambulance up to \$10,000
- Dismemberment benefits applies to limb loss or blindness
- 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)

Hybrid Dental Insurance

Introducing Dental Choice Plus, a new type of dental insurance policy that combines traditional fully insured benefits with PPO Network discount pricing. Dental Choice Plus focuses on providing the benefits you want and need to maintain good oral health, not on benefits you may never use.

Advantages of Dental Choice Plus

- Take advantage of PPO (Preferred Provider Organization) Maximum Care Network pricing at over 195,000 access points across the United States
- Two Benefit Plans to choose from with insured benefits of up to \$2,000 per year
- Diagnostic & Preventative paid at 100% when using a PPO service provider
- You will receive pre-negotiated prices when using a network service provider
- Freedom of choice. Unlike many PPO plans that will not pay anything if you go outside their network, Dental Choice Plus will pay the non-network provider at the same rate as if they were in network. Your client will only be responsible for the non-network charges that are in excess of the pre-negotiated network fees schedule.

POLICY INFORMATION

FIXED BENEFIT, CRITICAL ILLNESS, ACCIDENT & DENTAL

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.

TEN DAY FREE LOOK

You have ten (10) days after receiving the policy to return it if you are not satisfied for any reason. You may return it to the company and receive a full refund of all premiums paid. Mail the policy with your written request for cancellation to us at our Home Office and we will promptly refund the premium paid and the insurance will be void.

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 a Covered Service 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 fixed benefit 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.