



Health Choice Select

Hospital Indemnity Benefit Insurance

Take a new approach to healthcare!

With PAL's Health Choice Select Plan, individuals and families enjoy the freedom to choose affordable, quality healthcare services with set, first-dollar benefits for doctor visits, hospital stays, surgeries, preventive care and more.

This plan does not meet the requirements of the Affordable Care Act. This form series (H-0214) meets the excepted benefits of the Affordable Care Act and is approved by the Department of Insurance in your state.

Tired of traditional health insurance? Us too!

It's no secret that healthcare is becoming more expensive, restrictive and complex. But, this doesn't have to be the norm! Here at PAL, it's our mission to simplify the healthcare experience and put consumers in control of their healthcare journey - all at an affordable price.

How? With our Health Choice Select Plan, we provide individuals and families set, first-dollar benefits that enable them to seek quality care at a fair price.



Health Choice Select Plan Highlights

- ✓ Easy to use benefits that start right away - no deductibles, copays or coinsurance to worry about
- ✓ Set, first-dollar benefits that help pay for doctor visits, prescriptions, preventive care, surgeries, lab work, hospital stays and more
- ✓ The greatest level of freedom when it comes to choosing doctors, specialists and facilities - no referrals or networks required
- ✓ Flexibility to assign benefits to providers or to yourself should you wish to take advantage of cash pay pricing
- ✓ Unlimited, \$0 virtual care visits - anytime and anywhere
- ✓ Access to one of the largest networks of healthcare providers bringing you significant discounts on healthcare services
- ✓ Savings are passed directly to you
- ✓ Plan is customized to fit your coverage and budget needs
- ✓ Access to a star line-up of fair pricing tools and resources - all available to help you save on quality care

Design a Plan to Fit You & Your Family

Choosing a Health Choice Select Plan is easy! Simply design a plan that fits your needs and budget. Then, complete an application with your agent.



Lifetime Maximum

Every plan includes a \$5,000,000 Lifetime Maximum per Policy



Choose a Benefit Level

Preferred
(Three Units)

Plus
(Two Units)

Value
(One Unit)



Choose a Calendar Year Maximum (CYM) per Insured

A Calendar Year is the period from January 1 to December 31 of the same year.

\$100,000

\$250,000

\$1,000,000



Choose a First Day Hospital and Intensive Care Unit Confinement Benefit

Choose a First Day Hospital and Intensive Care Confinement benefit. The benefit reduction only applies to the first day. One reduction per Calendar Year per Insured.

100%
Pays 100% of the Hospital and Intensive Care Unit Confinement benefit on the First Day.

50%
Pays 50% of the Hospital and Intensive Care Unit Confinement benefit on the First Day.

80%
Pays 80% of the Hospital and Intensive Care Unit Confinement benefit on the First Day.

20%
Pays 20% of the Hospital and Intensive Care Unit Confinement benefit on the First Day.

Hospital & Facility Benefits

All benefits are daily per Insured unless otherwise noted.

Inpatient Facility Fees	Preferred Three Units	Plus Two Units	Value One Unit
Hospital Confinement Benefit for Sickness Hospital Confinement Benefit for Injury	\$4,500 \$6,000	\$3,000 \$6,000	\$1,500 \$3,000
Intensive Care Unit (ICU) Confinement Benefit for Sickness Intensive Care Unit (ICU) Confinement Benefit for Injury <i>Includes up to 20 days per Calendar Year¹.</i>	\$6,750 \$6,750	\$4,500 \$6,000	\$2,250 \$3,000
Hospital Confinement Benefit for Mental Illness, Alcohol and Substance Abuse	\$600	\$400	\$200
Rehabilitation Facility or Skilled Nursing Facility Confinement Benefit <i>Does not include confinement due to Mental Illness, Alcohol or Substance Abuse.</i>	\$2,250	\$1,500	\$750

Outpatient Facility Fees	Preferred Three Units	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>	\$4,500 \$2,250	\$3,000 \$1,500	\$1,500 \$750
Outpatient Radiation Therapy and Chemotherapy	\$2,250	\$1,500	\$750

Professional Services Benefits

All benefits are daily per Insured unless otherwise noted.

Professional Services	Preferred Three Units	Plus Two Units	Value One Unit
Inpatient Non-Surgical Physicians Care Benefit	\$150	\$100	\$50
Surgery Benefit <i>For covered surgeries performed in a Hospital or Ambulatory Surgical Center. Benefit is paid per procedure.</i>	3X RBRVS ²	2X RBRVS ²	1X RBRVS ²
Assistant Surgeon Surgical Services Benefit	20% of surgical benefits payable		
Anesthesia Services Benefit	25% of surgical benefits payable		
Inpatient Pathologist or Radiologist Services Benefit	3X RBRVS ²	2X RBRVS ²	1X RBRVS ²

Benefits, exclusions and limitations may vary by state.

¹Includes up to 31 days per Calendar Year in Pennsylvania.

²Resource Based Relative Value Scale (RBRVS) is based on provider's geographical location.

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>	Preferred Three Units	Plus Two Units	Value One Unit
Outpatient Services Aggregate Calendar Year Maximum per Insured	\$6,000	\$4,000	\$2,000
Physicians Benefit <i>For physician visits in an office or outpatient clinic. Includes up to 20 benefits per Calendar Year per Insured. This includes up to six benefits for chiropractor visits³.</i>	\$100	\$80	\$60
MRI, CAT Scan and Nuclear Testing Benefit	\$525	\$350	\$175
X-rays and Other Diagnostic Testing Benefit	\$120	\$80	\$40
Laboratory Testing Benefit	\$60	\$40	\$20
Injection Benefit	\$30	\$20	\$10
Emergency Department Facility Fee Benefit Emergency Department Professional Services Benefit <i>Includes up to one of each benefit per Calendar Year.</i>	\$250 \$250	\$150 \$150	\$100 \$100
Urgent Care Benefit <i>Includes up to one benefit per Calendar Year.</i>	\$150	\$125	\$100
Ground Ambulance Benefit Air Ambulance Benefit <i>Includes up to two ground ambulance benefits and up to one air ambulance benefit per Calendar Year.</i>		\$500 \$1,500	
Generic Prescription Benefit Brand Name Prescription Benefit	\$15 \$30	\$10 \$20	\$5 \$10
Preventive Care Benefit for Mammograms Preventive Care Benefit for Colonoscopy - Policy Years One to Three Preventive Care Benefit for Colonoscopy - Policy Years Four and Beyond All Other Preventive Care Services <i>Preventive Care benefits start 60 days after the Policy's Effective Date of Coverage⁴. Includes up to one of each Preventive Care Benefit listed per Calendar Year, except for colonoscopies which receive one benefit every three years.</i>		\$125 \$300 \$600 \$125	

Benefits, exclusions and limitations may vary by state.

³Does not apply in Indiana.

⁴Does not apply in Maryland.

Optional Enhanced Outpatient Benefit Rider⁵

All benefits are daily per Insured unless otherwise noted. Enhanced Outpatient Benefit Rider Benefits are payable in addition to all other benefits included in the plan for outpatient services only. These benefits are aggregated with the base plan's Outpatient Services Benefits. The Lifetime Maximum per Policy and Calendar Year Maximum per Insured applies.

Outpatient Benefits	Preferred Three Units	Plus Two Units	Value One Unit
Outpatient Services Aggregate Calendar Year Maximum per Insured	\$6,000	\$4,000	\$2,000
Physicians Benefit <i>For physician visits in an office or outpatient clinic. Includes up to 20 benefits per Calendar Year per Insured. This includes up to six benefits for chiropractor visits.</i>	\$100	\$80	\$60
MRI, CAT Scan, PET and Nuclear Testing Benefit	\$525	\$350	\$175
X-rays and Other Diagnostic Testing Benefit	\$120	\$80	\$40
Laboratory Testing Benefit	\$60	\$40	\$20
Injection Benefit	\$30	\$20	\$10
Emergency Department Facility Fee Benefit Emergency Department Professional Services Benefit <i>Includes up to one of each benefit per Calendar Year.</i>	\$250 \$250	\$150 \$150	\$100 \$100
Urgent Care Benefit <i>Includes up to one benefit per Calendar Year.</i>	\$150	\$125	\$100
Ground Ambulance Benefit Air Ambulance Benefit <i>Includes up to two ground ambulance benefits and up to one air ambulance benefit per Calendar Year.</i>		\$500 \$1,500	
Generic Prescription Benefit Brand Name Prescription Benefit	\$15 \$30	\$10 \$20	\$5 \$10
Preventive Care Benefit for Mammograms Preventive Care Benefit for Colonoscopy - Policy Years One to Three Preventive Care Benefit for Colonoscopy - Policy Years Four and Beyond All Other Preventive Care Services <i>Preventive Care benefits start 60 days after the Policy's Effective Date of Coverage. Includes up to one of each Preventive Care Benefit listed per Calendar Year, except for colonoscopies which receive one benefit every three years.</i>		\$125 \$300 \$600 \$125	

Outpatient Surgical Facility Fees	Preferred Three Units	Plus Two Units	Value One Unit
Outpatient Surgery Under General Anesthesia Outpatient Surgery Not Requiring General Anesthesia <i>Pays in addition to base plan's benefits for surgeries performed in an Outpatient Hospital or Ambulatory Surgical Center. Includes up to one benefit per Calendar Year.</i>	\$2,250 \$1,125	\$1,500 \$750	\$750 \$375

Benefits, exclusions and limitations may vary by state.

Optional Critical Illness Rider⁵

Choose up to **\$50,000** in Critical Illness Coverage

PAL's Critical Illness Rider can help cover extra costs that may come with a serious illness. It provides a lump-sum benefit upon diagnosis of a covered condition. 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. Covered conditions include:

- ✓ 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

Benefits for certain Covered Conditions may be reduced. Waiting periods, pre-existing conditions and other restrictions may apply.

Optional Outpatient Emergency & Urgent Care Rider⁵

All benefits are daily per Insured unless otherwise noted.

Outpatient Benefits	Preferred Three Units	Plus Two Units	Value One Unit
Emergency Department and Urgent Care Facility Fee Benefit Emergency Department and Urgent Care Professional Services Benefit <i>Includes up to one of each benefit per Calendar Year.</i>	\$400 \$400	\$300 \$300	\$200 \$200
Accidental Death Benefit <i>Payable upon death of an Insured due to a covered accidental injury. Benefit is paid directly to the designated beneficiary.</i>	\$50,000		

Optional Term Life Rider⁵

Term Life Rider Benefits	
Term Life Death Benefit for Primary Insured Term Life Death Benefit for Covered Spouse Term Life Death Benefit for Covered Child <i>Payable upon death of a covered Insured. Benefit is paid directly to the designated beneficiary.</i>	Up to \$50,000 depending on age Up to \$10,000 depending on age Up to \$3,000 depending on age

Benefits, exclusions and limitations may vary by state.

⁵Optional Rider availability may vary by state.

More Than Just Insurance

As your PAL in healthcare, we provide many tools and resources to help you save!



New Era Telehealth

Talk to a doctor, 24/7/365, for \$0 with Virtual Urgent Care! This plan provides unlimited Virtual Urgent Care visits with board certified doctors at no cost to you! Talk to a doctor, get a diagnosis, and even a prescription when needed, all within minutes. Additional telehealth services available at a special member rate include Virtual Dermatology Care, Virtual Counseling and Psychiatric Medical Care.



First Health Network

An additional opportunity to save! This plan provides access to the First Health Limited Benefit Plan (LBP) Network for discounts on healthcare services such as doctor visits, hospital stays, labs and more! To search for providers within this network, visit www.firsthealthlbp.com.



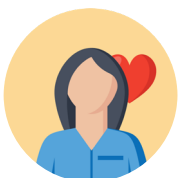
Coral Bundled Care Saver

Save thousands on surgeries and other medical services with Coral's bundled pricing! Coral removes the middleman in healthcare by providing direct access to specialists and surgeons at top ranking facilities nationwide. All services are bundled into a single bill eliminating surprises and maximizing savings!



Fair Pricing Tool

Stop overpaying for healthcare services! The cost of healthcare services varies significantly between providers. Our Fair Pricing Tool can help you determine the Fair Price in your area. That way, you'll know if you are overpaying for services received.



Healthcare PALs

Your PAL when it comes to healthcare! To get the most out of your benefits - and avoid surprise medical bills - call a Healthcare PAL before receiving care. Our experienced team of claims professionals, nurses and care coordinators will help guide you to quality care at a fair price.



PAL Rx Saver

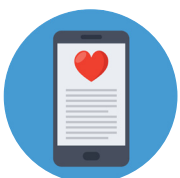
Powered by Drex

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.



Point Health

Advocates who work to reduce medical bills! This plan includes an additional layer of concierge-style care, Point Health. This service can help you find care, schedule your appointments and help lower your out-of-pocket portion of medical bills to something more manageable.



The Benefit PAL Mobile App

Your PAL when it comes to managing healthcare on the go! Access ID cards, benefit information, claims history and more all in one convenient location.

How Does This Plan Work?

Doctor Visit

This plan pays set benefits for doctor visits. There is no copay or deductible to meet first and you can choose any provider you wish.

Example: Maya has a Preferred (Three Unit) Plan. She chooses to visit a doctor that's in-network. During the visit, she has a lab test done.

Charges			Plan Benefits		
Outpatient Physician's Visit	+	\$125	Outpatient Physician's Visit Benefit	+	\$ 100
Laboratory	+	\$ 80	Laboratory Benefit	+	\$ 60
Network Discounts	-	\$ 40			
Total Charges		\$165	Total Benefits Payable		\$160

Total Charges	-	Benefits Payable	=	Out-of-Pocket
\$165		\$160		\$5

Hospital Stay

This plan pays set benefits for hospital confinement. There is no copay or deductible to meet.

Example: Jill has a Preferred (Three Unit) Plan with a First Day Confinement Benefit that pays 50%. She becomes ill unexpectedly and is confined to an in-network hospital for one day.

Charges			Plan Benefits <i>Hospital Confinement</i>		
Hospital stay after network discount	+	\$2,349	Hospital Confinement Benefit for Sickness (50% for First Day)	+	\$2,250
Total Charges		\$2,349	Total Benefits Payable		\$2,250

Total Charges	-	Benefits Payable	=	Out-of-Pocket
\$2,349		\$2,250		\$99

Is This Plan Right for Me?

Our Health Choice Select Plan may be right for you if:

- ✓ You want to become an engaged healthcare consumer and don't mind paying attention to how your choices affect your costs
- ✓ You're looking for a way to save valuable premium dollars without compromising the quality of care you receive
- ✓ You're okay with answering health questions and going through underwriting
- ✓ You're okay with any pre-existing conditions not being covered for the first 12 months



Frequently Asked Questions

What is a hospital indemnity plan?

Hospital indemnity plans pay set-dollar amounts for care no matter what the provider charges. If the cost for care is less than the indemnity benefit, insureds keep any difference. Subsequently, if the cost for care is more than the indemnity benefit, insureds are responsible for any remaining costs.

Is this an Affordable Care Act (ACA) plan?

No, this plan is an alternative to ACA and is not ACA compliant.

Are there any copays?

This plan does not have any copays. Any costs exceeding the benefit amount are the insured's responsibility.

Is there a deductible?

This plan does not have a deductible. Set benefits are paid right away for covered services.

Is there a waiting period?

Benefits are covered from day one except for preventive care (60 day waiting period) and pre-existing conditions (12 month waiting period) as outlined in the Policy.

Does this plan cover pre-existing conditions?

Pre-existing conditions are not covered for the first 12 months of the Policy. Please see the Limitations and Exclusions page, or review the Policy, for more information about pre-existing conditions.

Is there a network and do I have to use it?

This plan provides you the freedom to choose any doctor or facility you wish. However, using the provided network can result in significant savings. The plan benefits will pay the same benefits whether you choose to go in or out of network.

How can I find providers in the network?

Visit www.neweralife.com. Select the Provider Search tool within the menu to view providers. Always, check with the provider before making an appointment as the network can change at anytime.

What if I want more coverage?

PAL provides many options that can help fill in the gaps. From basic accident coverage to comprehensive cancer coverage, we can help you get the affordable coverage you need. Ask your agent for more information.

How can I reduce my out-of-pocket healthcare expenses?

Calling PAL before seeking care, using telemedicine, shopping for services and using the network are all some of the many ways to reduce your out-of-pocket costs.

When can I enroll?

You can apply anytime of the year.

Benefits, exclusions and limitations may vary by state.

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.

Exclusions & Limitations

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of: any service, supplies or treatment that is not a specified benefit described in the policy; suicide or any attempt thereat, while sane or insane; any intentionally self-inflicted injury or sickness; rest care; 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; 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; routine newborn care, including routine nursery charges; voluntary abortion, except with respect to the insured or the insured's 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; 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, attempting to commit or taking part in a felony, or engaging in an illegal occupation; a covered person's participation in a contest of speed in power driven vehicles, 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 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; sex changes; any dental care, treatment or service to the teeth, gums or mouth; 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; treatment of exogenous obesity or weight control; 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; 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; any service, supplies or treatment that is not medically necessary; any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; 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 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; voluntary sterilization.

Ready to join the PAL community?



Need an agent?

Visit us online at www.neweralife.com or call 1-888-748-3040.



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.

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

Toll Free Telephone: 1-888-748-3040

Mailing Address: P.O. Box 4884, Houston, TX 77210-4884

New Era
Life Insurance Companies

New Era Life Insurance Company
New Era Life Insurance Company of the Midwest
Philadelphia American Life Insurance Company

A- (Excellent)
AM Best Rating