



OUTLINE OF COVERAGE
INDIVIDUAL HOSPITAL INDEMNITY INSURANCE
 Form H-0235.TN

THIS IS A LIMITED INDEMNITY BENEFIT POLICY - PLEASE READ IT CAREFULLY! CLAIMS ARE SETTLED BASED ON A FIXED INDEMNITY AMOUNT.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Read Your Policy Carefully - This outline of coverage provides a very brief description of the important features of your policy. This outline of coverage is not the insurance contract and only the actual policy provisions will control your benefits. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

BENEFITS

Inpatient Deductible – Inpatient Hospital Confinement (per insured person per calendar year): \$0 / \$250 / \$500*						
	1 Unit	2 Units	3 Units	4 Units	5 Units	6 Units
Inpatient Hospital Confinement Benefits Philadelphia American will pay one daily benefit per insured person per calendar year for confinement in a hospital or a hospital's intensive care unit (ICU) as a result of injury or sickness.	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000
Outpatient Surgical Services Benefits Philadelphia American will pay one daily benefit per insured person per calendar year for Outpatient Surgical Services when performed in an outpatient hospital or ambulatory surgical center as a result of injury or sickness.	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000
Daily Emergency Department Indemnity Benefits Philadelphia American will pay one daily benefit per insured person per calendar year for Emergency Department.	\$100	\$200	\$300	\$400	\$500	\$600
Daily Urgent Care Center Indemnity Benefits Philadelphia American will pay one daily benefit per insured person per calendar year for Urgent Care Center.	\$100	\$100	\$100	\$100	\$100	\$100

* 1 - 3 Units are NOT available with \$500 Inpatient Deductible

LIMITATIONS AND EXCLUSIONS

With respect to all of the benefits provided under the policy, no benefits will be payable in connection with or as the result of any of the following: (a) suicide or any attempt thereat, while sane or insane; (b) any intentionally self-inflicted Injury or Sickness; (c) rest care; (d) 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 insured person is begun within 12 months of the date of the Injury; (e) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals; (f) routine newborn care, including routine nursery charges; (g) voluntary abortion, except with respect to a covered dependent where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion; (h) a 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; (i) an insured person committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation; (j) a insured person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; (k) 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; (l) any loss sustained or contracted in consequence of an Insured Person's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; (m) sex changes; (n) any dental care, treatment or service to the teeth, gums or mouth unless necessitated by an Injury and care is rendered within 180 days after the Injury. This exclusion does not apply to anesthesia/hospital expenses (excluding actual dental treatment) in connection with any hospital dental procedure for a child age 8 or younger; (o) experimental treatments or surgery; (p) the reversal of tubal ligation and vasectomies; (q) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law; (r) treatment of exogenous obesity or weight control; (s) 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 insured person is not covered; (t) 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 Worker's Compensation, employer's liability or similar laws or coverage; (u) any facility charges for treatment at a hospital in excess of the indemnity amount specified in the Schedule of Benefits; (v) normal pregnancy (including childbirth, false labor, occasional spotting, physician-prescribed rest, morning sickness, hyper emesis gravid arum, conditions associated with a difficult pregnancy which do not constitute a distinct Complication of Pregnancy as defined) or voluntary termination of pregnancy; (w) voluntary sterilization; (x) Pre-Existing Conditions; (y) any service, supplies or treatment that is not Medically Necessary; and (z) any service or treatment rendered outside the territorial limits of the United States of America.

RENEWAL AGREEMENT

You can continue the policy in force for successive renewal terms of 1 month, 3 months, 6 months, or 12 months by paying appropriate renewal premiums before the end of the grace period. The appropriate renewal premiums will be those under Philadelphia American's applicable table of premium rates that is in effect on the respective due dates of the premiums. Philadelphia American has the right to change the renewal premiums for the policy when the company changes, and in accordance with, Philadelphia American's table of premium rates applicable to all policies of this form and class. Class is based on benefit amounts, area, sex and age at issue for policyholders of this form in the insured's state.

PREMIUM

Your premium for the policy is \$_____ monthly, \$_____ quarterly, \$_____ semi-annually, or \$_____ annually.

