

Philadelphia American
Life Insurance Company

Medicare Advantage Gap Plan

Hospital Indemnity Insurance Designed to Fill the Gaps in Medicare Advantage Plans





What is a Medicare Advantage Gap Plan?

Many times, seniors are burdened with significant out-of-pocket costs incurred from their “low cost” or “no cost” Medicare Advantage (MA) plan. Philadelphia American’s MA Gap Plan is designed specifically to ease the burden of these out-of-pocket expenses by providing fixed benefits to help pay for:

- ✓ Doctor office visits
- ✓ Urgent care visits
- ✓ Annual wellness visits
- ✓ Emergency room visits
- ✓ Hospital confinement
- ✓ Skilled nursing care
- ✓ Ambulance services
- ✓ Inpatient and outpatient surgery
- ✓ Diagnostic testing
- ✓ X-rays
- ✓ Radiology
- ✓ Lab tests
- ✓ Acupuncture
- ✓ Prescriptions (optional)

Plan Benefits

Hospital Indemnity Benefits	Basic	Select	Premier
Hospital Confinement Benefit per Day (Days 1 to 5 / Days 6 to 31) <i>Includes up to 31 days per Calendar Year.</i>	\$100 / \$15	\$200 / \$15	\$300 / \$15
Observation Unit Benefit per Day <i>Includes up to three days per Calendar Year.</i>	\$50	\$100	\$150
Mental Health Inpatient Confinement Benefit per Day (Days 1 to 5 / Days 6 to 31) <i>Includes up to 31 days per Calendar Year.</i>	\$50 / \$15	\$100 / \$15	\$150 / \$15
Emergency Ambulance Transportation Benefit per Trip <i>Includes up to two trips per Calendar Year.</i>	\$100	\$200	\$300
Skilled Nursing Facility Confinement Benefit per Day Beginning on Day 21 (Days 21 to 65) <i>Includes up to 45 days per Calendar Year.</i>	\$50	\$100	\$150
Emergency Department Services Benefit per Admission <i>Includes up to three admissions per Calendar Year.</i>	\$40	\$50	\$60
Urgent Care Center Services Benefit per Admission <i>Includes up to three admissions per Calendar Year.</i>	\$20	\$30	\$40
Physician's Office Visit Benefit per Day (Primary Care / Medical Specialist) <i>Includes up to four Primary Care visits and up to one Medical Specialist visit per Calendar Year. This includes a combined total of up to four Primary Care and Medical Specialists visits per Calendar Year.</i>	\$15 / \$25	\$20 / \$35	\$25 / \$45
Surgery Performed in a Hospital, Physician's Office or Ambulatory Surgical Center Benefit per Procedure <i>Includes up to three procedures per Calendar Year.</i>	10% of Medicare Fee Schedule	15% of Medicare Fee Schedule	20% of Medicare Fee Schedule
Diagnostic Testing, Radiology, X-Ray and Laboratory Testing Benefit per Test <i>Includes up to four tests per Calendar Year.</i>	\$15	\$20	\$25
Acupuncture Benefit per Visit <i>Includes up to four visits per Calendar Year.</i>	\$15	\$20	\$25
Annual Medicare Wellness Benefit per Visit <i>Includes one visit per Calendar Year.</i>	\$20	\$25	\$30
Optional Rider	Basic	Select	Premier
Optional Prescription Drug Benefit <i>Includes up to one benefit per Calendar Month.</i>	\$10	\$15	\$20

Policy is Guaranteed Renewable for Life

You have the right to renew the policy for as long as you live. If you pay your premiums on time, we cannot cancel or refuse to renew the policy or place any restrictions on the policy.

Ten Day Free Look

You may cancel the insurance described in the policy at any time during the ten day period after you receive the policy.

Pre-Existing Condition(s) Limitation

Pre-Existing Conditions are not covered unless the loss begins more than six months after the policy effective date. Pre-Existing Condition is a condition for which medical treatment was rendered or recommended by a physician or for which drugs or medicine was prescribed within six months prior to the policy's effective date.

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 covered benefit; (b) suicide or any attempt thereat, while sane or insane; (c) any intentionally self-inflicted injury or sickness; (d) confinement for rest care convalescent care or for rehabilitation; (e) cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other disease of the involved part or reconstructive surgery because of a congenital disease or anomaly; (f) the insured's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include loss which occurs while acting in a lawful manner within scope of authority; (g) the insured committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation; (h) air travel, except: (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (2) as a passenger of transportation only and not as a pilot or crew member; (i) 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; (j) any dental care, treatment or service to the teeth, gums or mouth; (k) vision surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, Lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (Myopia) and/or farsightedness (Presbyopia), (l) experimental treatments or surgery; (m) 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 engaging in war. We will refund the pro-rated unearned premium for any such period the insured is not covered; (n) Injury or sickness under Worker's Compensation employer's liability or similar laws or coverage; (o) any service, supplies or treatment that is not medically necessary; (p) any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; (q) pregnancy, childbirth, or voluntary abortion, except for complications of pregnancy; and (r) any service or treatment rendered outside the territorial limits of the United States of America.

Benefits, limitations, exclusions and availability may vary by state.

Underwritten by Philadelphia American Life Insurance Company, Houston, Texas

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