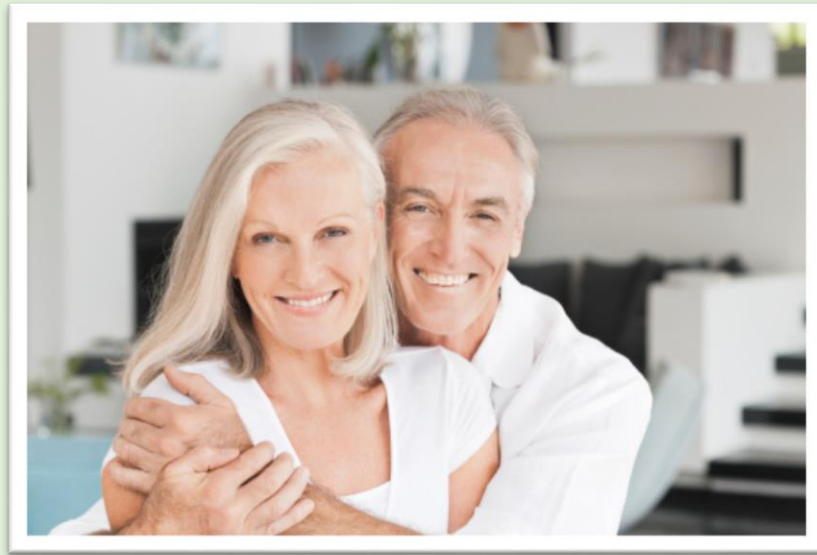




MEDICARE ADVANTAGE GAP

Hospital Indemnity Plan

Designed to Supplement Gaps in Medicare Advantage Plans



Philadelphia American's Medicare Advantage Gap plan is designed to help fill the coverage Gaps you may experience with a Medicare Advantage Plan. Including out-of-pocket costs for:

- ❖ Co-pays
- ❖ Daily Hospital Confinement
- ❖ Skilled Nursing Care
- ❖ Ambulance Services
- ❖ Urgent Care
- ❖ Physician Office Visits
- ❖ Surgery Benefits
- ❖ Diagnostic Testing
- ❖ Annual Wellness
- ❖ Acupuncture Benefit
- ❖ Plus Optional Benefits are Available for Prescription Drugs and Lump Sum Critical Illness Benefit.

This policy is Guaranteed Renewable for Life

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

Even with low cost or no cost plans, there still is the burden of a deductible, co-payments, and follow-up office visits. Philadelphia American Life Insurance Company's Medicare Advantage Gap plan will help relieve you of these extra costs and help maintain your financial independence.

HOSPITAL INDEMNITY BENEFITS	BASIC PLAN	SELECT PLAN	PREMIER PLAN
Hospital Confinement Benefit (Maximum 31 days per calendar year) Days 1-5 Days 6-31	Per Day \$100 \$15	Per Day \$200 \$15	Per Day \$300 \$15
Observation Unit Benefit (Maximum 3 days per calendar year)	Per Day \$50	Per Day \$100	Per Day \$150
Mental Health Inpatient Confinement Benefit (Maximum 31 days per calendar year) Days 1-5 Days 6-31	Per Day \$50 \$15	Per Day \$100 \$15	Per Day \$150 \$15
Emergency Ambulance Transportation Benefit (Maximum 2 trips per calendar year)	Per Trip \$100	Per Trip \$200	Per Trip \$300
Skilled Nursing Facility Confinement Benefit (Maximum 45 days per calendar year) Days 1-20 (No Benefit) Days 21-65	Per Day \$50	Per Day \$100	Per Day \$150
Emergency Department Services Benefit (Maximum 3 admissions per calendar year)	Per Admission \$40	Per Admission \$50	Per Admission \$60
Urgent Care Center Services Benefit (Maximum 3 admissions per calendar year)	Per Admission \$20	Per Admission \$30	Per Admission \$40
Physician Office Visit Benefits (Maximum 4 visits combined) Primary Care Physician (Maximum 4 visits) Medical Specialist (Maximum 1 visit)	Per Visit \$15 \$25	Per Visit \$20 \$35	Per Visit \$25 \$45
Surgery Performed in a Hospital, Physicians Office or Ambulatory Surgical Center Benefit (Maximum 3 procedures per calendar year) Percentage of current Medicare fee schedule amount per procedure	10% of Fee Schedule	15% of Fee Schedule	20% of Fee Schedule
Diagnostic Testing, Radiology, X-rays and Laboratory Testing Benefit (Maximum 4 tests per calendar year)	Per Test \$15	Per Test \$20	Per Test \$25
Acupuncture Benefit (Maximum 4 visits per calendar year)	Per Visit \$15	Per Visit \$20	Per Visit \$25
Annual Medicare Wellness Benefit (Maximum 1 visit per calendar year)	Per Visit \$20	Per Visit \$25	Per Visit \$30

Benefits and availability may vary by state.

RATE TABLE

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY HOSPITAL INDEMNITY POLICY (FORM H-0300)

PAC Monthly Premium

Effective Date: September 1, 2015

Attained Age	BASIC PLAN				SELECT PLAN				PREMIER PLAN			
	MNTU	MTU	FNTU	FTU	MNTU	MTU	FNTU	FTU	MNTU	MTU	FNTU	FTU
60	\$23.70	\$26.30	\$21.50	\$23.90	\$37.20	\$41.30	\$33.80	\$37.60	\$49.20	\$54.60	\$44.70	\$49.70
61	\$24.30	\$27.00	\$22.10	\$24.60	\$38.30	\$42.60	\$34.80	\$38.70	\$50.90	\$56.50	\$46.30	\$51.40
62	\$25.10	\$27.80	\$22.80	\$25.30	\$39.40	\$43.80	\$35.80	\$39.80	\$52.70	\$58.60	\$47.90	\$53.20
63	\$25.50	\$28.40	\$23.20	\$25.80	\$40.10	\$44.60	\$36.50	\$40.50	\$53.80	\$59.80	\$49.00	\$54.40
64	\$26.00	\$28.90	\$23.60	\$26.20	\$40.80	\$45.30	\$37.10	\$41.20	\$55.00	\$61.10	\$50.00	\$55.50
65	\$26.40	\$29.40	\$24.00	\$26.70	\$41.50	\$46.10	\$37.70	\$41.90	\$56.10	\$62.30	\$51.00	\$56.70
66	\$26.90	\$29.90	\$24.50	\$27.20	\$42.10	\$46.80	\$38.30	\$42.60	\$57.30	\$63.60	\$52.10	\$57.80
67	\$27.40	\$30.40	\$24.90	\$27.60	\$42.80	\$47.60	\$38.90	\$43.30	\$58.40	\$64.90	\$53.10	\$59.00
68	\$27.90	\$31.00	\$25.30	\$28.20	\$43.60	\$48.40	\$39.60	\$44.00	\$59.40	\$66.00	\$54.00	\$60.00
69	\$28.40	\$31.50	\$25.80	\$28.70	\$44.30	\$49.30	\$40.30	\$44.80	\$60.40	\$67.10	\$54.90	\$61.00
70	\$28.90	\$32.10	\$26.30	\$29.20	\$45.10	\$50.10	\$41.00	\$45.50	\$61.40	\$68.30	\$55.90	\$62.10
71	\$29.40	\$32.70	\$26.80	\$29.70	\$45.80	\$50.90	\$41.70	\$46.30	\$62.40	\$69.40	\$56.80	\$63.10
72	\$29.90	\$33.30	\$27.20	\$30.20	\$46.60	\$51.80	\$42.40	\$47.10	\$63.50	\$70.50	\$57.70	\$64.10
73	\$30.70	\$34.10	\$27.90	\$31.00	\$48.10	\$53.40	\$43.70	\$48.60	\$65.70	\$73.00	\$59.70	\$66.30
74	\$31.40	\$34.90	\$28.50	\$31.70	\$49.50	\$55.00	\$45.00	\$50.00	\$67.90	\$75.40	\$61.70	\$68.60
75	\$32.10	\$35.70	\$29.20	\$32.40	\$51.00	\$56.70	\$46.40	\$51.50	\$70.10	\$77.90	\$63.70	\$70.80
76	\$32.80	\$36.50	\$29.90	\$33.20	\$52.50	\$58.30	\$47.70	\$53.00	\$72.30	\$80.30	\$65.70	\$73.00
77	\$33.60	\$37.30	\$30.50	\$33.90	\$54.00	\$60.00	\$49.10	\$54.50	\$74.50	\$82.80	\$67.70	\$75.20
78	\$34.50	\$38.30	\$31.30	\$34.80	\$55.60	\$61.80	\$50.60	\$56.20	\$76.90	\$85.40	\$69.90	\$77.70
79	\$35.30	\$39.30	\$32.10	\$35.70	\$57.30	\$63.60	\$52.10	\$57.80	\$79.30	\$88.10	\$72.10	\$80.10
80	\$36.20	\$40.20	\$32.90	\$36.60	\$58.90	\$65.50	\$53.60	\$59.50	\$81.70	\$90.80	\$74.30	\$82.50
81	\$37.10	\$41.20	\$33.70	\$37.50	\$60.60	\$67.30	\$55.10	\$61.20	\$84.10	\$93.40	\$76.40	\$84.90
82	\$38.00	\$42.20	\$34.50	\$38.40	\$62.20	\$69.10	\$56.60	\$62.90	\$86.50	\$96.10	\$78.60	\$87.40
83	\$38.50	\$42.80	\$35.00	\$38.90	\$63.10	\$70.10	\$57.40	\$63.70	\$88.00	\$97.80	\$80.00	\$88.90
84	\$39.00	\$43.30	\$35.40	\$39.40	\$64.00	\$71.10	\$58.10	\$64.60	\$89.60	\$99.50	\$81.40	\$90.50
85	\$39.60	\$44.00	\$36.00	\$40.00	\$64.80	\$72.00	\$58.90	\$65.50	\$91.20	\$101.40	\$82.90	\$92.10
86	\$43.50	\$48.40	\$39.60	\$44.00	\$71.30	\$79.20	\$64.80	\$72.00	\$100.30	\$111.50	\$91.20	\$101.40
87	\$47.90	\$53.20	\$43.50	\$48.40	\$78.40	\$87.10	\$71.30	\$79.20	\$110.40	\$122.60	\$100.30	\$111.50
88	\$52.70	\$58.50	\$47.90	\$53.20	\$86.20	\$95.80	\$78.40	\$87.10	\$121.40	\$134.90	\$110.40	\$122.60
89	\$57.90	\$64.30	\$52.70	\$58.50	\$94.90	\$105.40	\$86.20	\$95.80	\$133.50	\$148.40	\$121.40	\$134.90
90 +	\$63.70	\$70.80	\$57.90	\$64.30	\$104.30	\$115.90	\$94.90	\$105.40	\$146.90	\$163.20	\$133.50	\$148.40
Add One Time Non-commissionable Application Fee \$20												

Premium Modal Multiple:
Annual = 12.0
Semi-Annual = 6.0
Quarterly = 3.0
Monthly Bank Draft = 1.0

MNTU: Male Non-Tobacco User
MTU: Male Tobacco User
FNTU: Female Non-Tobacco User
FTU: Female Tobacco User

Add \$2.00 per month
processing fee for
monthly direct bill

OPTIONAL RIDERS

Prescription Drug Rider

This rider amends and is made a part of the policy to which it is attached. It is subject to all provisions, conditions, and limitations of the policy, which are not in conflict with those of this rider.

Insuring Clause

Prescription Benefit

Company will pay the benefit shown in the Policy Schedule per prescription filled for generic or brand name prescription drugs. Benefits are limited to the maximum number per Calendar Month as shown in the Policy Schedule.

“Calendar Month” means the period from the 1st of the month through the last day of the same month.

Rider Provisions

Termination Rider: This rider will terminate without notice when the first of these occurs:

1. The attached policy is surrendered, lapsed or expires.
2. You do not pay the premium for the attached policy or for this rider when due or within the grace period.
3. You ask us in writing to cancel this rider and send the policy endorsement. You must make the request within 31 days after a premium due date.

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
PRESCRIPTION DRUG RIDER (FORM H-0300.PD.RD)
Effective Date: September 1, 2015

Monthly	Basic Plan	Select Plan	Premier Plan
Premium	\$5.00	\$7.50	\$10.00

Optional Benefit Riders:	Benefit Description		
	Basic Plan	Select Plan	Premier Plan
Prescription Drug Rider (H-0300.PD.RD) Maximum 1 benefit per month	\$10.00	\$15.00	\$20.00

Critical Illness Rider

This rider amends and is made a part of the policy to which it is attached. It is subject to all provisions, conditions, exclusions, and limitations of the policy, which are not in conflict with those of this rider.

Insuring Clause

Company will pay the amount shown in the Rider Schedule when we receive due proof of the Insured's First Diagnosis of a Critical Illness Covered Condition as defined, while this rider is in force. No benefit is payable if the Critical Illness Covered Condition is first medically diagnosed before the rider has been in force for 30 days from the Effective Date, or after the rider has terminated. Except as otherwise set forth in this rider or the policy to which this rider is attached, coverage for the Insured terminates when the Insured's Maximum Critical Illness Benefit as shown in the Rider Schedule is paid.

Rider Schedule

Effective Date: The Effective Date of the policy; or the date shown for this rider if added to the policy by endorsement.

The Maximum Critical Illness Benefit is shown in the policy Policy Schedule.

The Maximum Critical Illness Benefit is payable for one time only for one or any combination of Critical Illness Covered Condition as listed below. Coverage for the Insured terminates when the Insured's Maximum Critical Illness Benefit has been paid.

Critical Illness Covered Conditions	% of Current Benefit Amount (Lump Sum Payment)
Cancer (Internal Cancer)*	100%
Non-Invasive Carcinoma In-Situ (if metastasized balance of benefit will be paid)	25%
Heart Attack	100%
Stroke	100%
Coronary Artery Bypass Surgery**	25%
Angioplasty	10%
End Stage Renal Failure	100%
Major Organ Transplant	100%

Any Critical Illness Covered Conditions diagnosed or treated prior to the effective date of the rider or within the Rider Waiting Period will not be payable at any time for that condition.

* Excludes pre-malignant conditions or conditions with malignant potential, cervical intraepithelial neoplasia (CIN) stages I and II; Carcinoma in Situ; and Skin Cancer.

** Payable for one Coronary Artery Bypass Surgery only.

Rider Waiting Period: The benefits of this rider are payable for loss that begins more than 30 days after the Effective Date of coverage. If the Date of Diagnosis is made within the first 30 days, benefits will not be payable at any time for that condition.

**PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
CRITICAL ILLNESS RIDER (FORM H-0300.CI.RD)**

Monthly Premium

Effective Date: September 1, 2015

Monthly Rates for \$3,000 Coverage

Attained Age	MNTU	MTU	FNTU	FTU
60	\$8.01	\$13.62	\$5.21	\$8.86
61	\$8.39	\$14.27	\$5.46	\$9.28
62	\$8.78	\$14.92	\$5.71	\$9.70
63	\$9.16	\$15.57	\$5.96	\$10.13
64	\$9.54	\$16.22	\$6.20	\$10.55
65	\$9.92	\$16.87	\$6.45	\$10.97
66	\$10.34	\$17.58	\$6.72	\$11.43
67	\$10.76	\$18.29	\$6.99	\$11.89
68	\$11.18	\$19.01	\$7.27	\$12.35
69	\$11.60	\$19.72	\$7.54	\$12.81
70	\$12.02	\$20.43	\$7.81	\$13.28
71	\$12.28	\$20.87	\$7.98	\$13.56
72	\$12.53	\$21.31	\$8.15	\$13.85
73	\$12.79	\$21.75	\$8.32	\$14.14
74	\$13.05	\$22.19	\$8.48	\$14.42
75	\$13.31	\$22.63	\$8.65	\$14.70
76	\$14.06	\$23.90	\$9.14	\$15.53
77	\$14.81	\$25.18	\$9.63	\$16.36
78	\$15.56	\$26.45	\$10.12	\$17.20
79	\$16.31	\$27.73	\$10.61	\$18.03
80	\$17.29	\$29.40	\$11.24	\$19.11
81	\$18.27	\$31.06	\$11.88	\$20.19
82	\$19.25	\$32.72	\$12.51	\$21.27
83	\$20.23	\$34.39	\$13.15	\$22.35
84	\$21.21	\$36.05	\$13.79	\$23.43
85	\$22.69	\$38.57	\$14.75	\$25.07
86	\$24.18	\$41.10	\$15.72	\$26.71
87	\$25.66	\$43.62	\$16.68	\$28.36
88	\$27.14	\$46.14	\$17.65	\$30.00
89	\$28.63	\$48.67	\$18.61	\$31.64
90 +	\$30.11	\$51.19	\$19.58	\$33.28

Monthly Rates for \$2,000 Coverage

Attained Age	MNTU	MTU	FNTU	FTU
76	\$14.06	\$23.90	\$9.14	\$15.53
77	\$14.81	\$25.18	\$9.63	\$16.36
78	\$15.56	\$26.45	\$10.12	\$17.20
79	\$16.31	\$27.73	\$10.61	\$18.03
80	\$17.29	\$29.40	\$11.24	\$19.11
81	\$18.27	\$31.06	\$11.88	\$20.19
82	\$19.25	\$32.72	\$12.51	\$21.27
83	\$20.23	\$34.39	\$13.15	\$22.35
84	\$21.21	\$36.05	\$13.79	\$23.43
85	\$22.69	\$38.57	\$14.75	\$25.07
86	\$24.18	\$41.10	\$15.72	\$26.71
87	\$25.66	\$43.62	\$16.68	\$28.36
88	\$27.14	\$46.14	\$17.65	\$30.00
89	\$28.63	\$48.67	\$18.61	\$31.64
90 +	\$30.11	\$51.19	\$19.58	\$33.28

Optional Benefit Riders:

Critical Illness Rider (H-0300.CI.RD) Maximum	\$3,000 up to age 75
Critical Illness Benefit	\$2,000 age 76 or over

Ten (10) Day Free Look

You may cancel the insurance described in the policy at any time during the 10 day period after You receive the policy.

Pre-existing Condition(s) Limitation

Pre-existing Conditions are not covered unless the loss begins more than 6 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 6 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 described in Section 2 hereof; (b) suicide or any attempt thereat, while sane or insane; (c) any intentionally self-inflicted Injury or Sickness obviously not an attempted suicide; (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 diseases 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 the 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 engaged in war. We will refund the pro-rata unearned premium for any such period the Insured is not covered; (n) 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; (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 Schedule; (q) pregnancy, childbirth, or voluntary abortion, except for Complications of Pregnancy as defined; 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
Policy Form H-300



P.O. Box 4884
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