

# Optimum

Health Saver  
Hospital Indemnity Insurance



## Your *optimal* approach to healthcare starts here!

If you desire an affordable plan that provides freedom of choice and helps you pay for quality care at a fair price, then look no further than PAL's Optimum Health Saver. This plan helps individuals, families and small businesses achieve optimal results throughout their healthcare journey by providing set benefits, freedom of choice and a supportive care team.

*This form series (H-0434) is considered an excepted benefit plan under the Affordable Care Act and is approved by the Department of Insurance in your state. This plan does not meet the requirements of the Affordable Care Act.*



# Tired of traditional health plans? Take a look at our Optimum approach.

Here at PAL, we aim to provide an alternative approach to healthcare outside of major medical's world of copays, coinsurance, high deductibles and restrictive networks. We help consumers save on quality care and help them pay for it too.



## Optimum Plan Features



### Set, first-dollar outpatient benefits.

This plan provides set, first-dollar benefits for outpatient care. Meaning, we pay for care the very moment an insurable event occurs - eliminating the financial pressure of having to hassle with copays, coinsurance and deductibles.



### Set inpatient benefits.

This plan helps pay for more than just the everyday care we all need. It provides benefits for hospital stays and other inpatient services too.



### Virtual care from the comfort of your home or while on the go.

To us, virtual care is a must! That's why we include it with this plan at no extra cost to you. Going virtual allows you to skip the line, the waiting room, and a large surprise medical bill, improving your health outcomes and helping your pocketbook.



### Healthcare saving tools at no extra cost.

This plan provides access to the top - and some of the most exclusive - healthcare saving tools in the industry! Our saving tools are the cornerstone to finding quality care at a fair price.



### Freedom of choice.

We believe it's your right to see any doctor you wish. So, whether you choose to see a provider in-network or out-of-network, it doesn't matter to us. This plan pays the same set benefits for eligible care received regardless - giving you the freedom to find care that's right for your needs and your budget.

# An Optimum Plan Designed Just for You.

All plans pay set benefits for covered healthcare services. To get started, design a plan that fits your healthcare and budget needs.



## Choose a Benefit Level

**Value**  
(One Unit)

**Plus**  
(Two Units)

**Preferred**  
(Three Units)



## Choose a Confinement Deductible

**\$5,000**

**\$2,500**

**\$1,000**

**\$500**

*The Confinement Deductible applies to each Insured with a maximum of three deductibles per Calendar Year. The Confinement Deductible only applies to certain inpatient confinement benefits as indicated in the brochure.*



## Choose a Calendar Year Maximum (CYM)

**\$250,000**

**\$500,000**

**\$1,000,000**

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



## Lifetime Policy Maximum

**\$5,000,000**

*All plans include a \$5,000,000 Lifetime Maximum per Policy.*

Benefit offerings and availability may vary by state. Please ask your agent which options are available to you.

Facility Fees	Value Plan (One Unit)	Plus Plan (Two Unit)	Preferred Plan (Three Unit)
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**Inpatient Hospital Stays** *Inpatient confinement benefits are payable when confined for 24-hours or more. Benefits are payable based on the Calendar Year day of any combined covered confinement (see example on page 13.)*

<b>First Day Hospital Admission Benefit</b>		<b>Per Day</b> \$1,000 <i>1 per year</i>	<b>Per Day</b> \$2,000 <i>1 per year</i>	<b>Per Day</b> \$3,000 <i>1 per year</i>
<b>Inpatient Hospital Confinement Benefit for Injury</b> <i>The Calendar Year Confinement Deductible applies.</i>	<b>Calendar Year Day 1</b>	<b>Per Day</b> \$3,500	<b>Per Day</b> \$7,000	<b>Per Day</b> \$10,500
	<b>Calendar Year Day 2</b>	\$3,500	\$7,000	\$10,500
	<b>Calendar Year Day 3</b>	\$3,500	\$7,000	\$10,500
	<b>Calendar Year Day 4</b>	\$2,750	\$5,500	\$8,250
	<b>Calendar Year Days 5+</b>	\$2,000	\$4,000	\$6,000
<b>Inpatient Hospital Confinement Benefit for Sickness</b> <i>The Calendar Year Confinement Deductible applies.</i>	<b>Calendar Year Day 1</b>	<b>Per Day</b> \$3,000	<b>Per Day</b> \$6,000	<b>Per Day</b> \$9,000
	<b>Calendar Year Day 2</b>	\$3,000	\$6,000	\$9,000
	<b>Calendar Year Day 3</b>	\$3,000	\$6,000	\$9,000
	<b>Calendar Year Day 4</b>	\$2,250	\$4,500	\$6,750
	<b>Calendar Year Days 5+</b>	\$1,500	\$3,000	\$4,500
<b>Intensive Care Unit (ICU) Confinement Benefit for Injury or Sickness</b> <i>The Calendar Year Confinement Deductible applies. Once the ICU benefit maximum is met, plan pays the Daily Inpatient Hospital Confinement Benefit.</i>	<b>Calendar Year Day 1</b>	<b>Per Day</b> \$3,500	<b>Per Day</b> \$7,000	<b>Per Day</b> \$10,500
	<b>Calendar Year Day 2</b>	\$3,500	\$7,000	\$10,500
	<b>Calendar Year Day 3</b>	\$3,500	\$7,000	\$10,500
	<b>Calendar Year Day 4</b>	\$2,750	\$5,500	\$8,250
	<b>Calendar Year Days 5+</b>	\$2,000 <i>12 days per year</i>	\$4,000 <i>16 days per year</i>	\$6,000 <i>20 days per year</i>
<b>24-Hour Observation Stay Confinement Benefit for Injury</b> <i>The Calendar Year Confinement Deductible applies.</i>	<b>Calendar Year Day 1</b>	<b>Per Day</b> \$3,500	<b>Per Day</b> \$7,000	<b>Per Day</b> \$10,500
	<b>Calendar Year Day 2</b>	\$3,500	\$7,000	\$10,500
	<b>Calendar Year Day 3</b>	\$3,500	\$7,000	\$10,500
	<b>Calendar Year Day 4</b>	\$2,750	\$5,500	\$8,250
	<b>Calendar Year Days 5+</b>	\$2,000	\$4,000	\$6,000
<b>24-Hour Observation Stay Confinement Benefit for Sickness</b> <i>The Calendar Year Confinement Deductible applies.</i>	<b>Calendar Year Day 1</b>	<b>Per Day</b> \$3,000	<b>Per Day</b> \$6,000	<b>Per Day</b> \$9,000
	<b>Calendar Year Day 2</b>	\$3,000	\$6,000	\$9,000
	<b>Calendar Year Day 3</b>	\$3,000	\$6,000	\$9,000
	<b>Calendar Year Day 4</b>	\$2,250	\$4,500	\$6,750
	<b>Calendar Year Days 5+</b>	\$1,500	\$3,000	\$4,500
<b>Hospital Confinement Benefit for Mental Illness</b>		<b>Per Day</b> \$200	<b>Per Day</b> \$400	<b>Per Day</b> \$600

**Inpatient Rehabilitation and Skilled Nursing Stays** *Inpatient confinement benefits are payable when confined for 24-hours or more.*

<b>Rehabilitation or Skilled Nursing Facility Confinement Benefit</b> <i>Does not include mental illness; mental illness is covered under a separate benefit.</i>	<b>Per Day</b> \$750	<b>Per Day</b> \$1,500	<b>Per Day</b> \$2,250
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Benefits are paid per person per Calendar Year unless otherwise noted.

Benefit availability, exclusions and limitations may vary by state. Please refer to the policy in your state for more information.

Facility Fees Continued	Value Plan (One Unit)	Plus Plan (Two Unit)	Preferred Plan (Three Unit)
Outpatient Cancer Care			
Outpatient Radiation Therapy, Chemotherapy and Immunotherapy Benefit for Cancer	<b>Per Day</b> \$750 \$40,000 per year	<b>Per Day</b> \$1,500 \$40,000 per year	<b>Per Day</b> \$2,250 \$40,000 per year
Outpatient Surgical Benefits <i>Additional surgical benefits are payable under Professional Services.</i>			
Outpatient Hospital Facility or Ambulatory Surgical Center Benefit for Surgery Performed Under General Anesthesia <sup>1</sup>	<b>Per Day</b> \$1,500 <i>See maximum<sup>1</sup></i>	<b>Per Day</b> \$3,000 <i>See maximum<sup>1</sup></i>	<b>Per Day</b> \$4,500 <i>See maximum<sup>1</sup></i>
Outpatient Hospital Facility or Ambulatory Surgical Center Benefit for Surgery Performed Not Requiring General Anesthesia <sup>1</sup>	<b>Per Day</b> \$750 <i>See maximum<sup>1</sup></i>	<b>Per Day</b> \$1,500 <i>See maximum<sup>1</sup></i>	<b>Per Day</b> \$2,250 <i>See maximum<sup>1</sup></i>

Professional Services	Value Plan (One Unit)	Plus Plan (Two Unit)	Preferred Plan (Three Unit)
Inpatient Visits			
Inpatient Healthcare Practitioner Benefit (Non-Surgical)	<b>Per Day</b> <b>Days 1 - 6</b> \$80 <b>Days 7+</b> \$40 <i>12 days per year</i>	<b>Per Day</b> <b>Days 1 - 8</b> \$120 <b>Days 9+</b> \$60 <i>16 days per year</i>	<b>Per Day</b> <b>Days 1 - 10</b> \$160 <b>Days 11+</b> \$80 <i>20 days per year</i>
Inpatient Pathologist or Radiologist Benefit	<b>Per Day</b> \$80	<b>Per Day</b> \$160	<b>Per Day</b> \$240

Surgical Benefits <i>Additional surgical benefits can be found under Facility Fees.</i>			
Surgery Benefit When Performed in a Hospital or Ambulatory Surgical Center <sup>1</sup>	<b>Per Day</b> 1 X Surgical Schedule <i>See maximum<sup>1</sup></i>	<b>Per Day</b> 2 X Surgical Schedule <i>See maximum<sup>1</sup></i>	<b>Per Day</b> 3 X Surgical Schedule <i>See maximum<sup>1</sup></i>
Assistant Surgeon Benefit <sup>1</sup>	<b>Per Day</b> 1 X Surgical Schedule <i>See maximum<sup>1</sup></i>	<b>Per Day</b> 2 X Surgical Schedule <i>See maximum<sup>1</sup></i>	<b>Per Day</b> 3 X Surgical Schedule <i>See maximum<sup>1</sup></i>
Anesthesia Benefit <sup>1</sup>	<b>Per Day</b> 1 X Surgical Schedule <i>See maximum<sup>1</sup></i>	<b>Per Day</b> 2 X Surgical Schedule <i>See maximum<sup>1</sup></i>	<b>Per Day</b> 3 X Surgical Schedule <i>See maximum<sup>1</sup></i>

Benefits are paid per person per Calendar Year unless otherwise noted.

Benefit availability, exclusions and limitations may vary by state. Please refer to the policy in your state for more information.

<sup>1</sup>The combined Calendar Year Maximum for Surgical Benefits is \$50,000. The Surgical Schedule can be found in the Policy.

Outpatient Services Benefits	Value Plan (One Unit)	Plus Plan (Two Unit)	Preferred Plan (Three Unit)
<b>Outpatient Services Aggregate Calendar Year Maximum</b>	\$2,000	\$4,000	\$6,000
<b>Doctor Visits</b> <i>Benefits are payable for services performed on an outpatient basis only.</i>			
<b>Physician Benefit<sup>2</sup></b>	<b>Per Day</b> <b>Days 1 - 6</b> \$80 <b>Days 7+</b> \$40 12 days per year See maximum <sup>2</sup>	<b>Per Day</b> <b>Days 1 - 8</b> \$120 <b>Days 9+</b> \$60 16 days per year See maximum <sup>2</sup>	<b>Per Day</b> <b>Days 1 - 10</b> \$160 <b>Days 11+</b> \$80 20 days per year See maximum <sup>2</sup>
<b>Chiropractor Benefit<sup>2</sup></b>	<b>Per Day</b> \$80 4 days per year See maximum <sup>2</sup>	<b>Per Day</b> \$120 5 days per year See maximum <sup>2</sup>	<b>Per Day</b> \$160 6 days per year See maximum <sup>2</sup>
<b>Therapy Services</b> <i>Benefits are payable for services performed on an outpatient basis only.</i>			
<b>Therapy Benefit</b> <i>Including but not limited to physical, speech and occupational therapy.</i>	<b>Per Day</b> \$40 12 days per year	<b>Per Day</b> \$60 16 days per year	<b>Per Day</b> \$80 20 days per year
<b>Medical Imaging and Testing</b> <i>Benefits are payable for services performed on an outpatient basis only.</i>			
<b>Radiology Benefit for MRI, PET, CAT Scan and Nuclear Testing</b>	<b>Per Day</b> \$240	<b>Per Day</b> \$480	<b>Per Day</b> \$720
<b>Radiology Benefit for X-Ray and Other Diagnostic Testing</b>	<b>Per Day</b> \$80 4 days per year	<b>Per Day</b> \$160 4 days per year	<b>Per Day</b> \$240 4 days per year
<b>Other Medical Services</b> <i>Benefits are payable for services performed on an outpatient basis only.</i>			
<b>Surgery Benefit When Performed in a Physicians or Specialists Office</b>	<b>Per Day</b> \$100 2 days per year	<b>Per Day</b> \$200 2 days per year	<b>Per Day</b> \$300 2 days per year
<b>Lab Work Benefit</b>	<b>Per Day</b> \$40 4 days per year	<b>Per Day</b> \$80 4 days per year	<b>Per Day</b> \$120 4 days per year
<b>Injection Benefit</b>	<b>Per Day</b> \$10	<b>Per Day</b> \$20	<b>Per Day</b> \$30

Benefits are paid per person per Calendar Year unless otherwise noted.

Benefit availability, exclusions and limitations may vary by state. Please refer to the policy in your state for more information.

<sup>2</sup>There is a maximum combined limit for Physician and Chiropractor Benefits which includes up to 20 days for Three Unit Plans, up to 16 days for Two Unit Plans and up to 12 days for One Unit Plans per Calendar Year.

Outpatient Services Benefits Continued	Value Plan (One Unit)	Plus Plan (Two Unit)	Preferred Plan (Three Unit)
<b>Outpatient Services Aggregate Calendar Year Maximum</b>	\$2,000	\$4,000	\$6,000

**Preventive Care** Preventive Care coverage begins 60 days after Insured's Effective Date of Coverage. Benefits are payable for services performed on an outpatient basis only.

<b>Mammogram Benefit</b>		<b>Per Year</b> \$250
<b>Colonoscopy Benefit Without Finding Any Polyps</b> <i>If polyps are found, colonoscopies are paid under eligible outpatient surgery benefits.</i>	<b>Policy Years 1 - 3</b> <b>Policy Years 4+</b>	<b>Per Year Every Three Years</b> \$600 \$750
<b>Other Preventive Care Services Benefits</b>		<b>Per Year</b> \$125

**Prescription Services** Benefits are payable for services performed on an outpatient basis only.

<b>Brand Name Prescription Benefit</b>	<b>Per Rx</b> \$10	<b>Per Rx</b> \$20	<b>Per Rx</b> \$30
<b>Generic Prescription Benefit</b>	<b>Per Rx</b> \$5	<b>Per Rx</b> \$10	<b>Per Rx</b> \$15

**Urgent and Emergency Care** Benefits are payable for services performed on an outpatient basis only.

<b>Urgent Care Benefit<sup>3</sup></b>		<b>Per Day</b> \$150 4 days per year See maximum <sup>3</sup>	<b>Per Day</b> \$200 4 days per year See maximum <sup>3</sup>	<b>Per Day</b> \$250 4 days per year See maximum <sup>3</sup>
<b>Emergency Room or Department Benefit<sup>3</sup></b>	<b>Facility Fee</b> <b>Professional Service</b>	<b>Per Day</b> \$50 \$50 2 days per year See maximum <sup>3</sup>	<b>Per Day</b> \$100 \$100 2 days per year See maximum <sup>3</sup>	<b>Per Day</b> \$200 \$150 2 days per year See maximum <sup>3</sup>
<b>Ambulance Benefit for Transportation by Air</b>		<b>Per Day</b> \$1,000 1 day per year		
<b>Ambulance Benefit for Transportation by Ground</b>		<b>Per Day</b> \$500 2 days per year		

Benefits are paid per person per Calendar Year unless otherwise noted.

Benefit availability, exclusions and limitations may vary by state. Please refer to the policy in your state for more information.

<sup>3</sup>There is a maximum combined limit for Urgent Care and Emergency Department Benefits which includes up to 4 days per Calendar Year.



# Optional Critical Illness Rider

## Critical Illness Benefits

Available in increments of \$5,000.

\$10,000 - \$50,000

An unexpected illness can bring unexpected financial challenges. Our Critical Illness Rider can help.

- ✓ Provides a lump-sum payment upon diagnosis of a covered condition.
- ✓ Benefit can be used to help pay for medical bills, or can be used to help cover non-medical expenses such as travel costs, child care, groceries, mortgage payments, etc.
- ✓ Covered conditions include:
  - ✓ Stroke
  - ✓ Coronary Artery Bypass Surgery
  - ✓ Angioplasty
  - ✓ Cancer (Internal)
  - ✓ Non-Invasive Carcinoma In Situ
  - ✓ Heart attack
  - ✓ Pacemaker implant
  - ✓ End Stage Renal Failure
  - ✓ Major organ transplant



**Benefit availability, exclusions and limitations may vary by state. Please refer to the policy in your state for more information.**  
Benefits for certain Covered Conditions may be reduced. Waiting periods, pre-existing conditions and other restrictions may apply.



# 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?

For outpatient services, this plan does not have a deductible; set benefits are paid right away for covered services. The deductible only applies to Hospital Confinement benefits.

## 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](http://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.

## Is This Plan Right for Me?

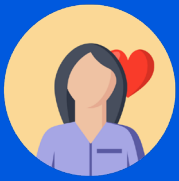
### Our Optimum Health Saver Plan may be right for you if:

- ✓ 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



# Healthcare Saving Tools

We offer more than just insurance benefits. As your PAL in healthcare, we provide healthcare saving tools and resources to help you find quality care at a fair price. Our healthcare saving tools are included at no additional cost.



## 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 can help guide you to quality care at a fair price.



## New Era Telehealth

**Talk to a doctor, 24/7/365, for \$0 with Virtual Urgent Care!** This plan includes 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](http://www.firsthealthlbp.com).



## Coral Bundled Care Saver

**Save thousands on outpatient 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 care.



## Point Health Tech

**Advocates who work to reduce medical bills!** This plan includes an additional layer of concierge-style care, Point Health Tech. This service can help you find care, schedule your appointments and help lower your out-of-pocket portion of medical bills<sup>4</sup> 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.

<sup>4</sup>Point Health Tech's Bill Negotiation Services are available for out-of-pocket medical bills exceeding \$2,500 only.

# How Does This Plan Work?

You're paid the same for eligible care, no matter which provider or facility you choose or what the care costs. If the cost for care is less than the total indemnity benefits payable, insureds keep any difference. Subsequently, if the cost for care is more than the total indemnity benefits payable, insureds are responsible for any remaining costs.

## Example One: Office Visit With Lab Work

This plan pays set benefits for physician visits and lab work.

**Scenario:** Mike has a Plus (Two Unit) Plan. He visits his primary care doctor and completes lab work.

### Optimum Health Saver Pays

Physician Visit Benefit Day 1	\$120
Laboratory Benefit	\$80
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	<b>\$200</b>

## Example Two: Broken Arm

This plan pays set benefits for emergency care, medical imaging and physician visits.

**Scenario:** Beth has a Preferred (Three Unit) Plan. She has an accident and breaks her arm.

### Optimum Health Saver Pays

Emergency Room Facility Fee Benefit	\$200
Emergency Room Professional Service Benefit	\$150
X-Ray	\$240
Follow-Up Physician Visit Day 1	\$160
Follow-Up Physician Visit Day 2	\$160
Follow-Up Physician Visit Day 3	\$160
Follow-Up Physician Visit Day 4	\$160
Follow-Up X-Ray	\$240
	<hr/>
	<b>\$1,470</b>

## Example Three: Urgent Care Visit With Prescription

This plan pays set benefits for urgent care and prescriptions.

**Scenario:** Dave has a Plus (Two Unit) Plan. He visits Urgent Care for a rash and fills two generic prescriptions.

### Optimum Health Saver Pays

Urgent Care Benefit	\$200
Generic Prescription Benefit	\$10
Generic Prescription Benefit	\$10
	<hr/>
	<b>\$220</b>



## Example Three: Hospital Stay (First Confinement Within the Calendar Year)

This plan pays set benefits for hospital stays. The First Day Hospital Admission Benefit is paid regardless of the confinement deductible being met. The confinement deductible is reduced from the total confinement benefits payable.

**Scenario:** Jill has a Preferred (Three Unit) Plan with a \$2,500 Hospital Confinement Deductible. She suddenly becomes ill and is confined to an in-network hospital for seven days.

### Optimum Health Saver Pays

First Day Admission Benefit	\$3,000
Hospital Stay Confinement Day 1 Sickness Benefit	\$9,000
Hospital Stay Confinement Day 2 Sickness Benefit	\$9,000
Hospital Stay Confinement Day 3 Sickness Benefit	\$9,000
Hospital Stay Confinement Day 4 Sickness Benefit	\$6,750
Hospital Stay Confinement Day 5 Sickness Benefit	\$4,500
Hospital Stay Confinement Day 6 Sickness Benefit	\$4,500
Hospital Stay Confinement Day 7 Sickness Benefit	\$4,500
Confinement Deductible	(\$2,500)
	<b>\$47,750</b>

## Example Four: Hospital Stay (Second Confinement Within the Same Calendar Year)

This plan pays set benefits for hospital stays.

**Scenario:** Jill, from example three, is once again confined to a hospital within the same Calendar Year, this time due to an injury. Since her previous stay was for seven days, her confinement benefits are payable based on day eight of confinement for the Calendar Year. For this visit, she stays in the hospital for three days. She has already received her First Day Admission Benefit and has met her Calendar Year Confinement Deductible.

### Optimum Health Saver Pays

Hospital Stay Confinement Day 8 Injury Benefit	\$6,000
Hospital Stay Confinement Day 9 Injury Benefit	\$6,000
Hospital Stay Confinement Day 10 Injury Benefit	\$6,000
	<b>\$18,000</b>

### Did You Know?

The average hospital expense in the U.S. is approximately \$2,684 per day.<sup>5</sup>

<sup>5</sup>Gamble, M. (2023, April 19). Hospital expenses per inpatient day across 50 states. Becker's Hospital Review. (<https://www.beckershospitalreview.com/finance/hospital-expenses-per-inpatient-day-across-50-states-2023.html>)

# Limitations & Exclusions

**This policy provides benefits only for covered benefits identified in the policy. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following:**

1. A sickness or injury that is the result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws even when a covered person does not file a claim for benefits. This exclusion will not apply to a covered person who is not required to have coverage under any Worker's Compensation, Employers' Liability, or similar law and does not have such coverage. However, a covered person must receive services in accordance with the benefits section of the policy.
2. War or any act of war, whether declared or undeclared.
3. Participation in the military service of any country or international organization.
4. Treatment, services, or supplies that: (a) are not part of a specifically listed covered benefit shown on the schedule of benefits; (b) are due to complications of a non-covered service; (c) are incurred before a covered person's effective date or after the termination date of coverage, except as provided under the Extension of Benefits provision; (d) are provided in a student health center or by or through a school system; or (e) are provided at no cost to a covered person.
5. Glasses, contact lenses, vision therapy, exercise or training, 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), and vision care that is routine.
6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
7. Treatment/services for foot conditions including, but not limited to: (a) flat foot conditions; (b) foot supportive devices, including orthotics, and corrective shoes; (c) foot subluxation treatment; (d) corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, (e) hygienic foot care that is routine.
8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an accidental injury.
9. Treatment of TMJ and CMJ, any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw).
10. Treatment of substance abuse, whether organic or non-organic, chemical or non-chemical, biological or nonbiological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for inpatient or outpatient treatment of substance abuse.
11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling a covered person's weight or related to obesity or morbid obesity, whether or not weight reduction is recommended by a health care practitioner or appropriate or regardless of potential benefits for comorbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling.
12. Organ, tissue, or cellular material donation by a covered person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation.
13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a cosmetic service.
14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a mastectomy by a health care practitioner, for treatment of cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas.
15. Removal or replacement of a prosthesis, durable medical equipment or personal medical equipment, except for internal breast prostheses following a mastectomy by a health care practitioner for treatment of cancer and services are received in accordance with the benefits section.
16. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date.
17. Treatment, services, and supplies for: (a) home health care; (b) hospice care; (c) custodial care, respite care, rest care, supportive care, homemaker services; (d) phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; (e) treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of a covered person, covered person's family, a health care practitioner or provider; (f) treatment or services provided by a standby health care practitioner; or (g) treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer.
18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth other than children 18 years of age or under as long as medically necessary.
19. Treatment, services, and supplies related to the

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

# Limitations & Exclusions Continued

- following conditions, regardless of underlying causes: sex transformation, gender reassignment, and treatment to enhance, restore or improve sexual energy, performance or desire.
20. Treatment, services, and supplies related to maternity, pregnancy (except complications of pregnancy), routine well newborn care at birth including nursery care, abortion.
  21. Treatment for or treatment use of: (a) genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; (b) services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; (c) sterilization; (d) cryopreservation of sperm or eggs; (e) surrogate pregnancy; (f) fetal surgery, treatment or services; (g) umbilical cord stem cell or other blood component harvest and storage in the absence of sickness or injury; or (h) circumcision.
  22. Treatment for vocational or work hardening programs, transitional living, except for outpatient diabetes selfmanagement training and education for treatment of a covered person with diabetes.
  23. Treatment for or through use of: (a) non-medical items, self-care or self-help programs; (b) aroma therapy; (c) meditation or relaxation therapy; (d) naturopathic medicine; (e) family or marriage counseling; (f) inpatient treatment of chronic pain disorders.
  24. Sickness or injury resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of a covered person's health care practitioner.
  25. Treatment of sickness or injury when a contributing cause of the condition was a covered person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of a covered person being under the influence of any illegal or non-prescribed controlled substance while committing a felony.
  26. Any amount in excess of the lifetime maximum benefit or any other maximum limitation for covered scheduled benefits.
  27. Treatment that does not meet the definition of a covered benefit in this policy including, but not limited to, treatment that is not provided by a health care practitioner.
  28. Treatment, services, and supplies for experimental or investigational services.
  29. Sickness or injury caused or aggravated by suicide, attempted suicide, or self-inflicted sickness or injury.
  30. Treatment, services, supplies, drugs or medicines received outside the territorial United States.
  31. Vitamins and/or vitamin combinations even if they are prescribed by a health care practitioner.
  32. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a health care practitioner: (a) herbal or homeopathic medicines or products; (b) minerals; (c) appetite suppressants; (d) dietary or nutritional substances or dietary supplements; (e) nutraceuticals; (f) medical foods; or (g) durable medical equipment/supplies.
  33. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication.
  34. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, skilled nursing facility or similar institution, or dispensed at or by a hospital, an emergency room, a free-standing facility, an urgent care facility, a health care practitioner's office or other inpatient or outpatient setting for take home by a covered person.
  35. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, slowing the normal processes of aging, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns.
  36. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives.
  37. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this policy.
  38. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state.
  39. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the health care practitioner's prescription order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the health care practitioner's original prescription order, any administration for drug injections or any other drugs or medicines obtained other than through a pharmacy.
  40. 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.
  41. Any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy schedule of benefits.
  42. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication.

## Pre-Existing Conditions

There is no coverage for a Pre-Existing Condition, as defined in the policy, for a continuous period of 12 months

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