



# 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 form series (H-0214) 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 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<br>Three Units | Plus<br>Two Units  | Value<br>One Unit  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|--------------------|
| <b>Hospital Confinement Benefit for Sickness</b><br><b>Hospital Confinement Benefit for Injury</b>                                                                                                   | \$4,500<br>\$6,000       | \$3,000<br>\$6,000 | \$1,500<br>\$3,000 |
| <b>Intensive Care Unit (ICU) Confinement Benefit for Sickness</b><br><b>Intensive Care Unit (ICU) Confinement Benefit for Injury</b><br><i>Includes up to 20 days per Calendar Year<sup>1</sup>.</i> | \$6,750<br>\$6,750       | \$4,500<br>\$6,000 | \$2,250<br>\$3,000 |
| <b>Hospital Confinement Benefit for Mental Illness, Alcohol and Substance Abuse</b>                                                                                                                  | \$600                    | \$400              | \$200              |
| <b>Rehabilitation Facility or Skilled Nursing Facility Confinement Benefit</b><br><i>Does not include confinement due to Mental Illness, Alcohol or Substance Abuse.</i>                             | \$2,250                  | \$1,500            | \$750              |

| Outpatient Facility Fees                                                                                                                                                                                    | Preferred<br>Three Units | Plus<br>Two Units  | Value<br>One Unit |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-------------------|
| <b>Outpatient Surgery Under General Anesthesia</b><br><b>Outpatient Surgery Not Requiring General Anesthesia</b><br><i>For surgeries performed in an Outpatient Hospital or Ambulatory Surgical Center.</i> | \$4,500<br>\$2,250       | \$3,000<br>\$1,500 | \$1,500<br>\$750  |
| <b>Outpatient Radiation Therapy and Chemotherapy</b>                                                                                                                                                        | \$2,250                  | \$1,500            | \$750             |

# Professional Services Benefits

All benefits are daily per Insured unless otherwise noted.

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

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

<sup>1</sup>Includes up to 31 days per Calendar Year in Pennsylvania.

<sup>2</sup>Resource 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<br><i>Payable for services performed on an outpatient basis only.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                | Preferred<br>Three Units         | Plus<br>Two Units | Value<br>One Unit |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------|-------------------|
| Outpatient Services Aggregate Calendar Year Maximum per Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$6,000                          | \$4,000           | \$2,000           |
| <b>Physicians Benefit</b><br><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<sup>3</sup>.</i>                                                                                                                                                                                                                                                                                              | \$100                            | \$80              | \$60              |
| <b>MRI, PET, CAT Scan and Nuclear Testing Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$525                            | \$350             | \$175             |
| <b>X-ray and Other Diagnostic Testing Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$120                            | \$80              | \$40              |
| <b>Laboratory Testing Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$60                             | \$40              | \$20              |
| <b>Injection Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$30                             | \$20              | \$10              |
| <b>Emergency Department Facility Fee Benefit</b><br><b>Emergency Department Professional Services Benefit</b><br><i>Includes up to one of each benefit per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                            | \$250<br>\$250                   | \$150<br>\$150    | \$100<br>\$100    |
| <b>Urgent Care Benefit</b><br><i>Includes up to one benefit per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$150                            | \$125             | \$100             |
| <b>Ground Ambulance Benefit</b><br><b>Air Ambulance Benefit</b><br><i>Includes up to two ground ambulance benefits and up to one air ambulance benefit per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                            | \$500<br>\$1,500                 |                   |                   |
| <b>Generic Prescription Benefit</b><br><b>Brand Name Prescription Benefit</b><br><i>Per prescription filled.</i>                                                                                                                                                                                                                                                                                                                                                                                                         | \$15<br>\$30                     | \$10<br>\$20      | \$5<br>\$10       |
| <b>Preventive Care Benefit for Mammograms</b><br><b>Preventive Care Benefit for Colonoscopy - Policy Years One to Three</b><br><b>Preventive Care Benefit for Colonoscopy - Policy Years Four and Beyond</b><br><b>All Other Preventive Care Services</b><br><i>Preventive Care benefits start 60 days after the Policy's Effective Date of Coverage<sup>4</sup>. 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<br>\$300<br>\$600<br>\$125 |                   |                   |

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

<sup>3</sup>Does not apply in Indiana.

<sup>4</sup>Does not apply in Maryland.

# Optional Enhanced Outpatient Benefit Rider<sup>5</sup>

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<br>Three Units         | Plus<br>Two Units | Value<br>One Unit |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------|-------------------|
| Outpatient Services Aggregate Calendar Year Maximum per Insured                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$6,000                          | \$4,000           | \$2,000           |
| <b>Physicians Benefit</b><br><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              |
| <b>MRI, PET, CAT Scan and Nuclear Testing Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$525                            | \$350             | \$175             |
| <b>X-ray and Other Diagnostic Testing Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$120                            | \$80              | \$40              |
| <b>Laboratory Testing Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$60                             | \$40              | \$20              |
| <b>Injection Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$30                             | \$20              | \$10              |
| <b>Emergency Department Facility Fee Benefit</b><br><b>Emergency Department Professional Services Benefit</b><br><i>Includes up to one of each benefit per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                | \$250<br>\$250                   | \$150<br>\$150    | \$100<br>\$100    |
| <b>Urgent Care Benefit</b><br><i>Includes up to one benefit per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                                                                                                           | \$150                            | \$125             | \$100             |
| <b>Ground Ambulance Benefit</b><br><b>Air Ambulance Benefit</b><br><i>Includes up to two ground ambulance benefits and up to one air ambulance benefit per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                | \$500<br>\$1,500                 |                   |                   |
| <b>Generic Prescription Benefit</b><br><b>Brand Name Prescription Benefit</b><br><i>Per prescription filled.</i>                                                                                                                                                                                                                                                                                                                                                                                             | \$15<br>\$30                     | \$10<br>\$20      | \$5<br>\$10       |
| <b>Preventive Care Benefit for Mammograms</b><br><b>Preventive Care Benefit for Colonoscopy - Policy Years One to Three</b><br><b>Preventive Care Benefit for Colonoscopy - Policy Years Four and Beyond</b><br><b>All Other Preventive Care Services</b><br><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<br>\$300<br>\$600<br>\$125 |                   |                   |

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

Benefits, exclusions and limitations may vary by state.

## Optional Critical Illness Rider<sup>5</sup>

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 Rider<sup>5</sup>

All benefits are daily per Insured unless otherwise noted.

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

## Optional Term Life Rider<sup>5</sup>

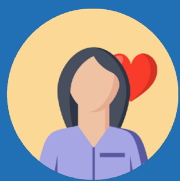
| Term Life Rider Benefits                                                                                                                                                                                                                                               |                                  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

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

<sup>5</sup>Optional 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!



## 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).



## Concierge, *Powered by Healthcare Bluebook*

**Save big on outpatient surgeries and other medical services!** Think of Concierge as your personal healthcare shopper - scheduling care, handling details, and even bundling procedures into one easy bill. With hands-on support from Concierge, you'll avoid surprise bills and maximize savings on the care you need.



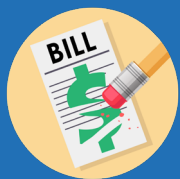
## Fair Pricing Tool, *Powered by Healthcare Bluebook*

**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.



## 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.



## Medical Bill Eraser, *Powered by CareGuide*

**Advocates who work to help fight medical bills!**<sup>6</sup> Need help fighting a medical bill?<sup>6</sup> Call on the Medical Bill Eraser advocacy team powered by CareGuide for help. These world class advocates are dedicated to fighting on your behalf to reduce or possibly eliminate large medical bills<sup>6</sup> using innovative technology and expert negotiation techniques. You deserve to feel confident that you were billed fairly and accurately for the care you received.



## 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>6</sup>Medical Bill Eraser Powered by CareGuide services may only be used for out-of-pocket medical bills of \$2,500 or greater. Note: This can be multiple bills related to one medical event.

|                      |   |                         |   |                      |
|----------------------|---|-------------------------|---|----------------------|
| <b>Total Charges</b> | - | <b>Benefits Payable</b> | = | <b>Out-of-Pocket</b> |
| \$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](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.

**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](http://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