



**OUTLINE OF COVERAGE**  
LIMITED BENEFIT HOSPITAL AND SURGICAL EXPENSE COVERAGE  
Form H-0230

**THIS IS A LIMITED EXPENSE BENEFIT POLICY- PLEASE READ IT CAREFULLY! CLAIMS SETTLED BASED ON EXPENSES INCURRED AND THE ELIGIBLE AMOUNT OF A CLAIM WHICH MAY BE LESS THAN THE PROVIDER'S BILLED CHARGE.**

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

This Limited Benefit Hospital and Surgical Expense Policy is designed to provide coverage to a person who currently has a Primary Medical Policy. The policy is subject to any limitations, exclusions, deductibles and copayment requirements set forth in the Primary Medical Policy. Coverage is not provided for unlimited hospital or medical surgical expenses.

**BENEFITS**

1. **Hospital Inpatient Benefit** – Philadelphia American will pay Hospital Inpatient Benefits equal to 100% of any copayments, deductibles or coinsurance for which You are responsible under Your Primary Medical Policy, up to the Maximum Annual Benefit each calendar year, for You or a Family Member's Inpatient Hospital Stays covered under the Primary Medical Policy. This benefit is subject to the Inpatient Calendar Year Deductible, if any.

2. **Outpatient Benefits** – Philadelphia American will pay Outpatient Benefits equal to 50% of any copayments, deductibles or coinsurance for which You are responsible under Your Primary Medical Policy, up to the Maximum Annual Benefit each calendar year, for You or a Family Member covered under the Primary Medical Policy.

**LIMITATIONS AND EXCLUSIONS**

Philadelphia American will not pay benefits under the policy for: 1. Services not covered under the Primary Medical Policy; or 2. Expenses in excess of benefit limits or maximums in the Primary Medical Policy; or 3. Normal pregnancy (including childbirth, false labor, occasional spotting, physician-prescribed rest, morning sickness, hyper emesis gravid arum, preeclampsia and similar conditions associated with a difficult pregnancy which do not constitute a distinct complication of pregnancy) or voluntary termination of pregnancy; or 4. Usual and customary routine nursery care, or well-baby care or immunizations; or any other usual and customary routine care and treatment following full term or premature birth, not incident and necessary to the treatment of Injury or Sickness; or 5. Convalescent, skilled nursing, educational care or for nervous or mental disorders, unless covered by Your Primary Medical Policy; or 6. Dental treatment, hearing aids or eye refractive exams, refractive surgery or refractive treatment; or 7. Any outpatient service, Inpatient Hospital Stay or other service for which You or a Family Member do not incur a charge; or 8. Any loss covered by any Workmen's Compensation or Employers' Liability Law; or 9. Any outpatient service, Inpatient Hospital Stay or other service that is not medically necessary, or is cosmetic in nature; or 10. Any expense incurred in excess of the usual, customary and regular charges for any service or materials in the geographic area where furnished; or 11. Charges incurred for professional radiological, pathological or EKG interpretations, unless covered by Your Primary Medical Policy; or 12. Rehabilitative care services received at a facility not meeting the definition of a Hospital, unless covered by Your Primary Medical Policy; or 13. Treatment or services incurred outside of the U.S. boundaries; or 14. Infertility or sterilization treatment procedures, unless covered by Your Primary Medical Policy.

**RENEWAL AGREEMENT**

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

**PREMIUM**

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