



MEDICARE ADVANTAGE GAP Hospital Indemnity Plan

Designed to Supplement the Gaps in Medicare Advantage Plans



Underwritten by:

**PHILADELPHIA
AMERICAN**
LIFE INSURANCE COMPANYSM

WHAT IS A MEDICARE ADVANTAGE GAP PLAN?

Philadelphia American's Medicare Advantage Gap Plan is designed to help fill the coverage Gaps you may experience with a Medicare Advantage Plan. Even with low cost or no cost plans, there still is the burden of 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

Additional optional benefits are available for Prescription Drugs and Critical Illness.

Philadelphia American's Medicare Advantage Gap Plan is designed to help relieve you of extra costs (such as those mentioned above) and to help you maintain your financial independence.



The Policy is Guaranteed Renewable for Life

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

GAP PLAN BENEFITS

HOSPITAL INDEMNITY BENEFITS	BASIC PLAN	SELECT PLAN	PREMIER PLAN
Hospital Confinement Benefit (Maximum 31 days per Calendar Year) <div>Days 1-5</div> <div>Days 6-31</div>	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) <div>Days 1-5</div> <div>Days 6-31</div>	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) <div>Day 1-20</div> <div>Days 21-65</div>	Per Day N/A \$50	Per Day N/A \$100	Per Day N/A \$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	Per Procedure 10% of Fee Schedule	Per Procedure 15% of Fee Schedule	Per Procedure 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.

CRITICAL ILLNESS RIDER

Optional Benefit

In the time that it will take you to read this sentence, the bills from a critical illness may have forced yet another American to file for bankruptcy. Should you be diagnosed with a covered illness, this Rider will provide you a lump-sum of cash when you need it most.

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

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

CRITICAL ILLNESS COVERED CONDITIONS	% OF 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%

*Excludes pre-malignant conditions or conditions with malignant potential, Cervical Intraepithelial Neoplasia (CIN) Stage I Stage II, Carcinoma in Situ and Skin Cancer.

**Payable for one Coronary Artery Bypass Surgery only.

Philadelphia American Life Insurance Company will pay the amount shown in the above Rider Schedule when we receive due proof of the Insured’s First Diagnosis of a Critical Illness Covered Condition while the Rider is in force. 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 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.

Optional Benefit

Benefits are limited to one benefit per calendar month.



BENEFIT DESCRIPTION

PRESCRIPTION DRUG RIDER BENEFITS	BASIC PLAN	SELECT PLAN	PREMIER PLAN
1 benefit per Calendar Month	\$10.00	\$15.00	\$20.00

Calendar Month: The period from the 1st of the month through the last day of the same month.

MA GAP PLAN

PAC Monthly Premium
Rates Effective 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 a one time non-commissionable application fee of \$20.00. Add \$2.00 per month processing fee for monthly direct bill.												

PREMIUM MODAL MULTIPLE

Annual = 12.0
Semi-Annual = 6.0
Quarterly = 3.0
Monthly Bank Draft = 1.0

LEGEND

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

CRITICAL ILLNESS RIDER

Monthly Premium

Rates Effective 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

PRESCRIPTION DRUG RIDER

Monthly Premium

Rates Effective September 1, 2015

MONTHLY DRUG PLAN PREMIUM

BASIC PLAN	SELECT PLAN	PREMIER PLAN
\$5.00	\$7.50	\$10.00

LEGEND

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

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 six months after the policy effective date. Pre-existing Condition is a condition for which medical treatment was rendered or recommended by a physician or for which drugs or medicine was prescribed within six months prior to the policy's effective date.

EXCLUSIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of: (a) any service, supplies or treatment that is not a covered benefit; (b) suicide or any attempt thereat, while sane or insane; (c) any intentionally self-inflicted injury or sickness; (d) confinement for rest care convalescent care or for rehabilitation; (e) cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other disease of the involved part or reconstructive surgery because of a congenital disease or anomaly; (f) the insured's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include loss which occurs while acting in a lawful manner within scope of authority; (g) the insured committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation; (h) air travel, except: (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (2) as a passenger of transportation only and not as a pilot or crew member; (i) any Injury occurring directly or indirectly as a result of the voluntary use of intoxicants, narcotics or hallucinogens unless taken on the written advice of a physician; (j) any dental care, treatment or service to the teeth, gums or mouth; (k) vision surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, Lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (Myopia) and/or farsightedness (Presbyopia), (1) experimental treatments or surgery; (m) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Injury sustained or sickness contracted while in the service of any military, naval or air force of any country engaging in war. We will refund the pro-rated unearned premium for any such period the insured is not covered; (n) Injury or sickness under Worker's Compensation employer's liability or similar laws or coverage; (o) any service, supplies or treatment that is not medically necessary; (p) any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; (q) pregnancy, childbirth, or voluntary abortion, except for complications of pregnancy; and (r) any service or treatment rendered outside the territorial limits of the United States of America.

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

Underwritten By:
Philadelphia American Life Insurance Company
Houston, Texas
Policy Form H-0300

