

## Limited Benefit Indemnity Plan Summary

BENEFIT DESCRIPTION	PLAN 1
<b>HOSPITAL ADMISSION INDEMNITY BENEFIT</b> <ul style="list-style-type: none"> <li>• Pays in addition to hospital indemnity</li> <li>• Once per admission, once per diagnosis</li> <li>• Benefit will not be payable for the same or related injury or illness.</li> </ul>	\$2,000 first day when admitted as an inpatient into a hospital room
<b>HOSPITAL INDEMNITY BENEFIT</b> <ul style="list-style-type: none"> <li>• Must be admitted as an inpatient into a hospital room</li> <li>• If hospital confinement falls into a category below a different maximum applies</li> </ul>	\$1,000 per day Overall calendar year max subject to 60 days total for any inpatient stay in a hospital
<b>Intensive Care</b> If the participant is confined in a hospital intensive care unit	\$2,000 per day Up to 30 days calendar year max (applied to overall calendar year max)
<b>Substance Abuse</b> Must be diagnosed and admitted as an inpatient in a substance abuse unit	\$500 per day Up to 30 days calendar year max (applied to overall calendar year max)
<b>Mental Illness</b> Must be diagnosed and admitted as an inpatient into a mental illness unit	\$500 per day Up to 60 days calendar year max (applied to overall calendar year max)
<b>Skilled Nursing Facility</b> Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days	\$500 per day Up to 57 days calendar year max (applied to overall calendar year max)
<b>DOCTOR'S OFFICE BENEFIT</b> Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury	\$125 per day 10 days per calendar year
<b>OUTPATIENT DIAGNOSTIC LABS</b> <ul style="list-style-type: none"> <li>• Includes glucose test, urinalysis, CBC, and others</li> <li>• When hospital confinement is not required and the test is ordered or performed by a doctor</li> </ul>	\$90 per day 6 days per calendar year
<b>OUTPATIENT DIAGNOSTIC RADIOLOGY</b> <ul style="list-style-type: none"> <li>• Includes chest, broken bones, and others</li> <li>• When hospital confinement is not required and the test is ordered or performed by a doctor</li> </ul>	\$150 per day 4 days per calendar year
<b>OUTPATIENT ADVANCED STUDIES</b> <ul style="list-style-type: none"> <li>• Includes CT Scan, MRI, and others</li> <li>• When hospital confinement is not required and the test is ordered or performed by a doctor</li> </ul>	\$500 per day 4 days per calendar year
<b>INPATIENT SURGICAL BENEFIT</b> <ul style="list-style-type: none"> <li>• Surgery must be performed due to an illness or injury as an inpatient stay in a hospital</li> <li>• Minor surgical procedures are excluded</li> </ul>	\$2,500 per day 1 day per calendar year
<b>INPATIENT ANESTHESIA BENEFIT</b> 25% of the amount paid under the inpatient surgical benefit	\$625 per day 1 day per calendar year
<b>OUTPATIENT SURGICAL BENEFIT</b> <ul style="list-style-type: none"> <li>• Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility</li> <li>• Minor surgical procedures are excluded</li> </ul>	\$1,250 per day 1 day per calendar year
<b>OUTPATIENT ANESTHESIA BENEFIT</b> 25% of the amount paid under the outpatient surgical benefit	\$312.50 per day 1 day per calendar year
<b>WELLNESS BENEFIT</b> <ul style="list-style-type: none"> <li>• Pays one benefit per day for routine wellness exams</li> <li>• Not for the treatment of an illness or injury</li> </ul>	\$250 per day 2 days per calendar year
<b>EMERGENCY ROOM SICKNESS BENEFIT</b> Pays one benefit per day for services received in an ER as a result of an illness	\$200 per day 4 days per calendar year

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<b>AMBULANCE SERVICES</b> Pays one benefit per day for emergency ground, air and water ambulance transportation	\$250 per day 4 days per calendar year
<b>DURABLE MEDICAL EQUIPMENT</b> <ul style="list-style-type: none"> <li>Pays one benefit per day for durable medical equipment</li> <li>Includes wheelchairs, oxygen equipment, hospital-type beds, diabetic supplies, nebulizers, blood glucose monitors and more</li> </ul>	\$150 per day 2 days per calendar year
<b>OUTPATIENT SURGICAL FACILITY</b> Pays one benefit per day for emergency ground, air and water ambulance transportation	\$250 per day 2 days per calendar year
<b>DENTAL</b> <ul style="list-style-type: none"> <li>\$50 deductible per person per calendar year</li> <li>Reimbursement for Type I and Type II at 80% for Type III and Type IV at 50%</li> <li>Services for orthodontia has a separate \$500 lifetime maximum</li> </ul>	Up to \$1,000 Calendar year maximum
<b>VISION</b> Vision reimbursement is 80% of charges	Up to \$300 Maximum per person per calendar year
THIS POLICY DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (MAJOR MEDICAL COVERAGE) AND DOES NOT SATISFY THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT	

ADDITIONAL BENEFITS AND SERVICES	PLAN 1
<b>MEDICAL ACCIDENT WITH AD&amp;D</b> \$100 deductible per accident, per insured	\$7,500 per occurrence \$15,000 AD&D Up to \$15,000 accident dismemberment
<b>PRESCRIPTION DRUG INDEMNITY BENEFIT</b> <i>Prescription benefits are insured by Pan-American Life Company and are administered by RxEDO. Pan-American Life and RxEDO are not affiliated.</i>	Generic - \$25 per day Brand - \$50 per day Annual Maximum Limit for Generic is 36 days per insured. Annual Maximum Limit for Brand is 36 days per insured.
<b>PPO PROVIDER NETWORK*</b>  <i>PPO Provider services are provided by MultiPlan, Inc. Pan-American Life and MultiPlan, Inc. are not affiliated.</i>	PHCS To locate in-network Physicians or Hospitals call <b>1-800-457-1403</b> or visit <a href="http://www.multiplan.com/webcenter/portal/ProviderSearch">www.multiplan.com/webcenter/portal/ProviderSearch</a>
<b>HEALTHIESTYOU*</b>  <i>HealthiestYou is not insurance and is provided by HY Holdings Inc. Pan-American Life and HY Holdings Inc. are not affiliated.</i>	With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. For more information visit <a href="http://member.healthiestyou.com">member.healthiestyou.com</a> or call 1-855-799-2839
<b>PROFESSIONAL HEALTH SERVICES*</b>  <i>Professional health services are not insurance products and access to them is provided by Compass Professional Health Services Pan-American Life and Compass Professional Health Services are not affiliated.</i>	In addition to your insurance plan, Compass is here to serve as your personal healthcare advisor. Our mission is to help you understand and reap the full value from your healthcare benefits. Call or email Compass for help any step of the way:  For more information visit <a href="http://www.pal@compassphs.com">www.pal@compassphs.com</a> or call 1-800-421-4742
<b>GLOBAL REPATRIATION*</b>  <i>Global Repatriation benefit is provided by AXA Assistance USA. Pan-American Life and AXA Assistance USA are not affiliated.</i>	Worldwide benefit designed to help the family when a member or a covered dependent suffers loss of life due to a covered accident or illness while traveling 100 miles or more away from his or her permanent residence; includes repatriation of foreign nationals to their home countries.
<b>MEMBER SERVICES AND MEMBER ADVOCACY</b>	We make healthcare work for our members, no more hassle or frustration. Members have easy access to the Pan-American teams of Member Services and Advocacy Service Representatives. For timely answers to benefit questions, both teams are accessible via telephone: Monday through Friday, 7:30 AM – 6:00 PM, Central Time, <b>1-877-569-3075</b> . Bilingual (English – Spanish) services are available.

This summary has been designed to provide you with an overview of your benefits. Your plan documents and a complete benefit guide with comprehensive information about your benefits are available online at [www.mypalic.com](http://www.mypalic.com), or you may call our Member Services at **1-877-569-3075**.

PanaMed is issued by Pan-American Life Insurance Company on policy form number, PAN-POL-13-LA. There are no exclusions for pre-existing conditions except for pregnancy in most states. The plan will not pay benefits for any care provided prior to the coverage effective date or if the insured is confined in a hospital at the time the coverage is effective. Hospital does not include a nursing home, convalescent home or extended care facility. Coverage is not available in all states. Like most group benefit programs, our products have exclusions, limitations, waiting periods and terms for keeping them in force.

\*Not an insurance product. Not a Pan-American Life product.

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