How a Hospital Indemnity Claim Actually Works

Two real claim payouts from BeneHub clients holding Philadelphia American Life policies. Notice the **Excess Indemnity** line — the plan paid the client *more* than the bill.

EXAMPLE 1 | Office Visit (Primary Care)

Provider billed $95. The plan paid the client $120 — $95 for the office visit benefit plus $25 in **Excess Indemnity**. The client kept the difference.

SERVICE INFORMATION

PROVIDER NAME / SERVICE DESCRIPTION	SERVICE DATES FROM	TO	TOTAL BILLED	DISCOUNT / DISCOUNT REMARK CODE	NON-COVERED / NONCOVERED REMARK CODE	COVERED CHARGE	APPLIED TO PLAN DEDUCTIBLE (Pt Resp)	CO-PAY (Pt Resp)	%	PAYABLE AMOUNT
MISC PROVIDER										
OFFICE SERV	11/25/24	11/25/24	$95.00	$0.00	$0.00	$95.00	$0.00	$0.00	100 %	**$95.00**
EXCESS INDEM	11/25/24	11/25/24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100 %	**$25.00**
PROVIDER TOTALS			**$95.00**	$0.00	$0.00	**$95.00**	$0.00	$0.00		

TOTAL PAYABLE	**$120.00**
NET BENEFIT	**$120.00**

REMARKS/NOTES INFORMATION

ZDISC	PAYMENT OF THIS CLAIM WILL NOT SET A PRECEDENT FOR FUTURE CLAIMS. ALL CLAIMS ARE EVALUATED INDIVIDUALLY BASED ON THE PROOF SUBMITTED AT THE TIME. THE COMPANY EXPRESSLY RESERVES THE RIGHT TO ASSERT ANY AND ALL POLICY DEFENSES, WHETHER KNOWN OR UNKNOWN AT THIS TIME, WITH RESPECT TO CLAIMS FOR THIS OR OTHER CONDITIONS.
ZGENL	General Notice: This policy contains a Proof of Loss provision that requires that all claims be filed in a timely manner. Most policies require that claims be filed within 90 days or in special situations no later than 15 months after the incurred date.

Philadelphia American Life Insurance Company
P.O. Box 4884
Houston, Texas 77210

JPMorgan Chase Bank N.A.
Dallas, TX

88-88/1113

PAY ***One Hundred Twenty Dollars and No Cents***

TO THE ORDER OF

CLAIM NUMBER	CHECK NUMBER
250506187	0073477417
1 PALIC	ISSUE DATE 02/24/2025
	AMOUNT **$**120.00**

Bill S. Chen

NOT VALID AFTER 90 DAYS FROM DATE OF ISSUE

■0073477417■ ■111300880■ 630005165 6■

— VOIDED SAMPLE — REAL CLAIM DETAILS, REDACTED FOR ILLUSTRATION —

$95 covers the bill — insured keeps **$25.00**

How a Hospital Indemnity Claim Actually Works (continued)

Example 2 — a different client, a different scenario, the same mechanic. The plan pays YOU directly, with Excess Indemnity layered on top.

EXAMPLE 2 | MRI / Diagnostic Imaging

Provider billed $497. The plan paid the client $500 — $497 for the imaging benefit plus $3 in **Excess Indemnity**. The client kept the difference.

SERVICE INFORMATION

PROVIDER NAME / SERVICE DESCRIPTION	SERVICE DATES FROM	TO	TOTAL BILLED	DISCOUNT / DISCOUNT REMARK CODE	NON-COVERED / NONCOVERED REMARK CODE	COVERED CHARGE	APPLIED TO PLAN DEDUCTIBLE (Pt Resp)	CO-PAY (Pt Resp)	%	PAYABLE AMOUNT
IDEAL MRI										
DIAG IMAGING	07/08/25	07/08/25	$497.00	$0.00	$0.00	$497.00	$0.00	$0.00	100 %	**$497.00**
EXCESS INDEM	07/08/25	07/08/25	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100 %	**$3.00**
PROVIDER TOTALS			**$497.00**	$0.00	$0.00	**$497.00**	$0.00	$0.00		
									TOTAL PAYABLE	**$500.00**
									NET BENEFIT	**$500.00**

REMARKS/NOTES INFORMATION

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ZGENL	General Notice: This policy contains a Proof of Loss provision that requires that all claims be filed in a timely manner. Most policies require that claims be filed within 90 days or in special situations no later than 15 months after the incurred date.

Philadelphia American Life Insurance Company
P.O. Box 4884
Houston, Texas 77210

JPMorgan Chase Bank N.A.
Dallas, TX

88-88/1113

PAY ***Five Hundred Dollars and No Cents***

TO THE ORDER OF

CLAIM NUMBER	CHECK NUMBER
251916360	0073687239
1 PALIC	ISSUE DATE 07/18/2025
	AMOUNT **$**500.00**

Bill S. Chen

NOT VALID AFTER 90 DAYS FROM DATE OF ISSUE

■0073687239■ ■111300880■ 630005165 6■

— VOIDED SAMPLE — REAL CLAIM DETAILS, REDACTED FOR ILLUSTRATION —

$497 covers the bill — insured keeps **$3.00**

What is "Excess Indemnity" — and why does it matter?

Many hospital indemnity policies include an **Excess Indemnity** rider that pays beyond the scheduled benefit amount when the actual cost of care exceeds the schedule — or, as the two examples above show, sometimes simply rounds up. That extra money goes to **you**, not the provider. It's the difference between a policy that covers *part* of the bill and a policy that covers the *whole* bill plus a little extra. If you're shopping HI plans, ask your agent: "Does this plan include an Excess Indemnity rider?" The answer tells you a lot about whether you're looking at a strong policy or a weak one.

See what an HI plan would pay for YOUR situation.

Get a free, no-obligation quote at **benehub.com/health**

About these examples: *EOB layouts above are digital recreations of real Explanation of Benefits documents from Philadelphia American Life Insurance Company HI policies sold by BeneHub agents. Claim numbers, dates, dollar amounts, and Excess Indemnity line items reflect actual EOB data; patient information has been removed. Benefit amounts vary by carrier, plan, state, age, and other factors. Past payouts do not guarantee future results.* ***Important:*** *HI, accident, CI, and SD policies are limited-benefit / fixed-indemnity plans, NOT major medical, and do not satisfy ACA Minimum Essential Coverage.* *© BeneHub.*