Philadelphia American Life — Optimum Health Saver | Value vs Plus vs Preferred

A hospital indemnity plan that pays set, first-dollar benefits for hospital, surgery, and everyday care. **All tiers include:** freedom of choice (in/out of network same benefit) · no waiting on sickness or injury · telehealth included · fixed indemnity (plan pays YOU directly).

BENEFIT	DETAIL	VALUE (1 Unit)	PLUS (2 Units)	PREFERRED (3 Units)
PLAN STRUCTURE				
Coverage Tier	Units of coverage	1 Unit	2 Units	3 Units
Calendar-Year Maximum	Per insured, per year	$250,000	$500,000	$1,000,000
Lifetime Policy Max	All tiers	$5,000,000	$5,000,000	$5,000,000
Confinement Deductible	Inpatient only, 3/yr max	$5,000	$2,500	$1,000 or $500
INPATIENT HOSPITALIZATION				
First-Day Hospital Admission	Per admission, 1/yr	$1,000	$2,000	$3,000
Confinement — Sickness	Days 1–3 / Day 4 / Days 5+	$3,000 / $2,250 / $1,500	$6,000 / $4,500 / $3,000	$9,000 / $6,750 / $4,500
Confinement — Injury	Days 1–3 / Day 4 / Days 5+	$3,500 / $2,750 / $2,000	$7,000 / $5,500 / $4,000	$10,500 / $8,250 / $6,000
ICU Confinement	Days 1–3 / Day 4 / Days 5+ (per day)	$3,500 / $2,750 / $2,000	$7,000 / $5,500 / $4,000	$10,500 / $8,250 / $6,000
ICU Annual Day Maximum	Then plan reverts to daily IP rate	12 days	16 days	20 days
24-Hour Observation Stay (Injury)	Days 1–3, per day	$3,500	$7,000	$10,500
Mental Illness Confinement	Per day, inpatient	$200	$400	$600
Rehab / Skilled Nursing Facility	Per day	$750	$1,500	$2,250
SURGERY (combined $50,000 / yr cap)				
Outpatient Surgery — Hospital / ASC	Per day — w/ GA | no GA	$1,500 | $750	$3,000 | $1,500	$4,500 | $2,250
Surgeon + Assistant + Anesthesia	Multiplier on policy Surgical Schedule	1× Schedule	2× Schedule	3× Schedule
Office-Based Surgery	Per day, 2/yr	$100	$200	$300
Outpatient Cancer Care	Radiation / chemo / immuno — per day ($40K/yr)	$750	$1,500	$2,250
OUTPATIENT (aggregate cap)				
Aggregate Outpatient Annual Max	All outpatient benefits combined	$2,000	$4,000	$6,000
Physician Visit	Days 1–6 (½ rate after)	$80 (12 days)	$120 (16 days)	$160 (20 days)
Chiropractor	Per visit	$80 (4/yr)	$120 (5/yr)	$160 (6/yr)
Therapy (PT / OT / Speech)	Per day	$40 (12/yr)	$60 (16/yr)	$80 (20/yr)
Radiology — MRI / PET / CT	Per test	$240	$480	$720
Radiology — X-Ray + Diagnostic	Per day, 4/yr	$80	$160	$240
Lab Work	Per day, 4/yr	$40	$80	$120
URGENT, EMERGENCY & AMBULANCE				
Urgent Care	Per day, 4/yr	$150	$200	$250
Emergency Room	Facility fee + Professional, 2/yr	$50 + $50	$100 + $100	$200 + $150
Ambulance	Air ($1,000) / Ground ($500) — all tiers	$1,000 / $500	$1,000 / $500	$1,000 / $500
RX & PREVENTIVE				
Prescriptions	Brand / Generic per fill	$10 / $5	$20 / $10	$30 / $15
Preventive Care	Mammogram $250 · Colonoscopy $600–$750 · Other $125 — all tiers	Included	Included	Included

Plan pays per covered person, per Calendar Year unless otherwise noted. Benefit availability, exclusions, and limitations may vary by state. See the policy in your state for full details. Confinement Deductible applies to certain inpatient confinement benefits, up to 3 deductibles per Calendar Year. Outpatient Aggregate Maximum applies across all outpatient benefits combined. Surgical Benefits combined Calendar Year Maximum is $50,000 — Surgical Schedule found in the policy.

Important: *The Optimum Health Saver (Form H-0434) is a fixed-benefit hospital indemnity plan, NOT major medical insurance. It is an excepted-benefit plan under the ACA and does not meet the definition of Minimum Essential Coverage. Plans pay fixed amounts for covered events regardless of actual cost. Underwritten by Philadelphia American Life Insurance Company, Houston, TX. Benefits, availability, exclusions, waiting periods, and pre-existing condition limitations vary by state — refer to the outline of coverage. For illustration only.*