

Bucket of Money

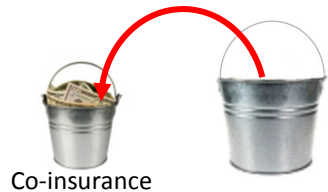
Think of your GAP benefits as if you were purchasing a bucket of money at a fraction of the cost to help offset the expense associated with your medical deductible and co-insurance.



You will take enough money out of your bucket to pay for your plan's Deductible.



You will also take enough money out of your bucket to pay your Co-insurance amount.



And then each calendar year we will refill the bucket up to your annual pre-selected amount.



Limitations and Exclusions

We will not pay benefits under this 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, hyperemesis gravidarum, 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.

Pre-Existing Conditions

This policy does not insure You against loss incurred during the twelve (12) months immediately after the Effective Date of this policy if that loss results from a Pre-Existing Condition. In addition, any Pre-Existing Condition listed on the application is not covered for the first twelve (12) months after the policy Effective Date.

Underwritten By:
Philadelphia American Life Insurance Company
P.O. Box 4884 . Houston, TX 77210-4884

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POLICY FORM H-0230



How will you prepare for **Out-of-Pocket** charges from hospital and doctor bills?

As healthcare costs continue to increase, many individuals and businesses are moving towards high-deductibles and increased co-insurance on major medical plans in an effort to reduce costs. While this approach reduces the cost of your health insurance, it puts you at greater financial risk. In fact, more than six in 10 adults who say they have problems paying their medical bills are covered by health insurance.*

Philadelphia American Life Insurance Company's GAP plan helps bridge gaps in the coverage that exist in your current insurance plan by reducing or even eliminating the Out-of-Pocket expenses associated with hospital and doctors bills. The plan pays the difference in what your medical plan would pay and what you or a covered family member would owe.

Benefits are limited to the deductibles, co-pays and co-insurance amounts that you or each of your covered family members are required to pay under your Primary Medical Insurance and include:

- In-patient hospital expenses
- In-patient surgeries
- Physician's hospital charges
- Plus 50% of covered Outpatient expenses which are considered eligible expenses under your Primary Medical Insurance policy.

Benefit Options That Helps?

Benefit Options:

To help bridge the coverage gap you can select an annual calendar benefit starting as low as \$2,000 or a maximum benefit of \$10,000. (Selections are in \$1,000 increments)

Deductibles:

You have a deductible choice of \$0, \$250, \$500 or \$1,000.

Will the GAP plan pay the out-of-pocket Inpatient Hospital Expenses?

Yes, the plan is designed to help you by paying your in-patient hospital expenses for plan deductibles and co-insurance which are not paid by your Primary Medical Insurance Policy but are still considered eligible expenses by your Primary Medical Insurance Policy

EXAMPLE OF HOW INPATIENT BENEFITS ARE PAID

Hospital Stay + Surgery = \$ 15,500

	Without GAP Plan	With \$5,000 GAP Plan
Deductible	\$2,500	\$2,500
Co-insurance (20%) Out-of-Pocket	\$2,600	\$2,600
PALIC Complete	\$0	\$5,000
Total Out-of-Pocket	\$5,100	\$ 100

Does the GAP plan cover the expenses associated with Outpatient Expenses?

Yes. It is also designed to help you with your outpatient medical expenses by paying 50% of outpatient expenses that you or a covered family member would owe and are related to co-insurance and/or deductible expenses. These expenses must be considered eligible expenses under your Primary Medical plan but are not paid by the plan.

Example:

You currently have an outpatient Doctors office visit expense of \$150.

HOW THE OUTPATIENT BENEFITS IS PAID AT 50% OF ELIGIBLE EXPENSES

	Without GAP Plan	With GAP Plan
Doctor office visit =	\$ 150	
Applied to Deductible	\$150	\$150
PALIC Complete @ 50% of Outpatient	\$ 0	\$ 75
Total Out-of-Pocket	\$150	\$ 75

Benefits Claim Filings

We will pay Hospital Inpatient Benefits equal to 100% and Outpatient Benefits equal to 50% of any copayments, deductibles or co-insurance for which You are responsible under Your Primary Medical Policy, up to the Maximum Annual Benefit you selected each calendar year. When filing a claim, please submit the Explanation of Benefits provided by your Primary Medical Policy or other documentation showing amounts for which You are responsible for under this Policy.