PANAMED

Yuba County IHSS
Public Authority
Group #: 98286

2021 Benefit Guide

Limited Benefit Indemnity Plan

PanaMed
Limited Benefit Indemnity Plan

PanaMed Limited Benefit Indemnity Plan

Pays fixed benefit amounts to help cover the costs of common medical services

Access to discounted PPO Network Rates

Your own Member Advocate is available to assist you to reduce medical costs and stressful billing situations

PanaMed is a limited benefit indemnity plan that pays clearly defined, fixed amounts to help you cover the cost of common medical services, such as doctor's office visits, hospitalization, intensive care, accidents, and much more. This limited benefit indemnity plan is designed to provide the most value for everyday healthcare expenses as opposed to plans that cover major illness and catastrophic injuries.

In the following pages you will find a benefit grid that details each of the benefits included in our plans, along with how much each of them pays. You will also find important information regarding additional benefits and services included in your plan.

How to get the best from your Plan

1. Call or go online to locate an in-network provider (details in the PPO Provider Network section of this guide)
2. Schedule your appointment
3. Visit provider and present ID card
4. Provider files claim
5. PPO Network applies discounts and forwards claim to Pan-American Life (insurance carrier)
6. If the claim is less than the allowable benefit amount in your plan, you owe nothing
7. If the claim is more than the allowable benefit amount in your plan, you will owe the balance to the provider

NOTE – While PanaMed benefits may be used at any hospital or physician's office, members are encouraged to utilize the PPO Network for discounted provider prices.

Limited Benefit Indemnity Plan Pays

BENEFIT DESCRIPTION	PLAN 1
HOSPITAL ADMISSION INDEMNITY BENEFIT • Pays in addition to hospital indemnity benefit • Once per admission, once per diagnosis • Benefit will not be payable for the same or related injury or illness.	$1000 first day when admitted as an inpatient into a hospital room
HOSPITAL INDEMNITY BENEFIT • Must be admitted as an inpatient into a hospital room • If hospital confinement falls into a category below a different maximum applies	$1700 per day Overall calendar year max subject to 30 days total for any inpatient stay in a hospital
Intensive Care If the participant is confined in a hospital intensive care unit	$3400 per day Up to 30 days calendar year max (applied to overall calendar year max)
Substance Abuse Must be diagnosed and admitted as an inpatient in a substance abuse unit	$1700 per day Up to 30 days calendar year max (applied to overall calendar year max)
Mental Illness Must be diagnosed and admitted as an inpatient into a mental illness unit	$850 per day Up to 30 days calendar year max (applied to overall calendar year max)
Skilled Nursing Facility Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days	$850 per day Up to 27 days calendar year max (applied to overall calendar year max)
DOCTOR'S OFFICE BENEFIT Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury	$70 per day 10 days per calendar year
OUTPATIENT DIAGNOSTIC LABS • Includes glucose test, urinalysis, CBC, and others • When hospital confinement is not required and the test is ordered or performed by a doctor	$85 per day 4 days per calendar year
OUTPATIENT DIAGNOSTIC RADIOLOGY • Includes chest, broken bones, and others • When hospital confinement is not required and the test is ordered or performed by a doctor	$100 per day 2 days per calendar year
OUTPATIENT ADVANCED STUDIES • Includes CT Scan, MRI, and others • When hospital confinement is not required and the test is ordered or performed by a doctor	$400 per day 2 days per calendar year

Limited Benefit Indemnity Plan Pays

BENEFIT DESCRIPTION	PLAN 1
INPATIENT SURGICAL BENEFIT • Surgery must be performed due to an illness or injury as an inpatient stay in a hospital • Minor surgical procedures are excluded	$2000 per day 2 days per calendar year
INPATIENT ANESTHESIA BENEFIT 40% of the amount paid under the inpatient surgical benefit	$500 per day 2 days per calendar year
OUTPATIENT SURGICAL BENEFIT • Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility • Minor surgical procedures are excluded	$2000 per day 2 days per calendar year
OUTPATIENT ANESTHESIA BENEFIT 40% of the amount paid under the inpatient surgical benefit	$500 per day 2 days per calendar year
WELLNESS BENEFIT • Pays one benefit per day for routine wellness exams • Not for the treatment of an illness or injury	$150 per day 1 day per calendar year
EMERGENCY ROOM SICKNESS BENEFIT Pays one benefit per day for services received in an ER as a result of an illness	$200 per day 2 days per calendar year
AMBULANCE SERVICES Pays one benefit per day for emergency ground, air and water ambulance transportation	$500 per day 4 days per calendar year
OUTPATIENT SURGICAL FACILITY Pays one benefit per day for surgery performed at an outpatient surgical facility center or hospital outpatient surgical facility	$450 per day 2 days 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.

PPO Provider Network

First Health Network

Using In-Network Providers Can Stretch Your Benefits Dollars

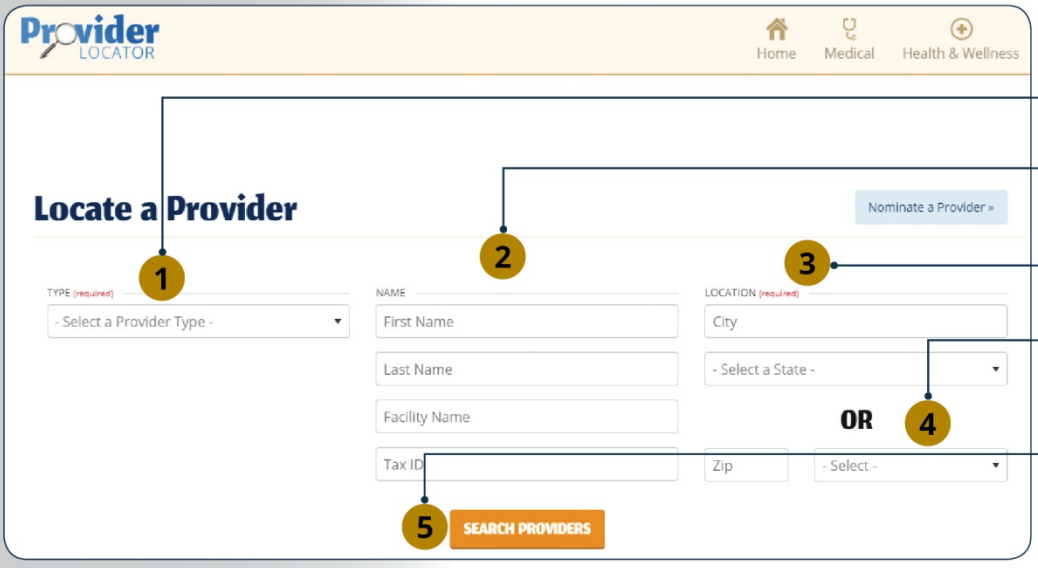
Your plan includes access to the First Health Network, which is more than a PPO Network, it is a full service Managed Care Organization offering savings opportunities on a national, directly contracted basis. It provides access to more than 5,000 Hospitals and 550,000 Physicians and health care professionals nationwide.

First Health is committed to patient safety at a high level by exercising care in the selection and evaluation of providers for our network. Thorough credentialing and recredentialing processes minimize unfavorable risks, which in turn, impacts clinical and cost outcomes.

In addition to the First Health Network, our members also have access to a secondary or Wrap Network that provides them with a broader access to Physicians and health care professionals in urban, suburban, and rural areas.

To locate in-network Physicians or Hospitals call **1-888-561-5759**
or visit **www.providerlocator.com/palicfh** to search online

Provider Locator



Follow These Steps

1. Select the specialty and/or type of provider you want to locate.
2. (Optional) Complete these fields if searching for a specific provider.
3. Select location by city, state, or zip code.
4. (Optional) You can also select the distance from your location.
5. Click here to start your search.

PPO Provider services are provided by Competitive Health, Inc. Pan-American Life and Competitive Health are not affiliated.

Group Medical Accident

With Accidental Death & Dismemberment

Many working Americans are not prepared to pay for expenses that may occur due to accidents. The unexpected cost of hospitalization and emergency-room care can cost more than an average family can earn in an entire month. Medical Accident insurance provides protection to families not only for accidental injury but also for the occurrence of an accidental death.

Medical Accident Expense with AD&D

Accident Benefit* per occurrence	Up to **$2,500**
Deductible per accident, per insured	**$100** deductible
Accidental Death	**$5,000**
Accidental Dismemberment	Up to **$5,000**
Initial Treatment Period..... 12 weeks (Initial treatment must be incurred within 12 weeks of the date of the accident) Benefit Period..... 52 weeks (Expenses must be incurred within 52 weeks of the date of the accident)	

**Pays "Off the Job" Accident Medical Benefits for Covered Expenses that result directly, and from no other cause, than from a covered accident. The insured's loss must occur within one year of the date of the accident.*

Medical Accident insurance is issued by Pan-American Life Insurance Company on policy form number SM-2003.

Medical Accident is NOT available to residents in ME and WA.

Covered Charges

- Hospital room and board, and general nursing care, up to the semi-private room rate
- Hospital miscellaneous expense during Hospital Confinement such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies
- Doctor's fees for surgery and anesthesia services
- Doctor's visits, inpatient and outpatient
- Hospital Emergency care
- X-ray and laboratory services
- Prescription Drug expense
- Dental treatment for Injury to Sound Natural Teeth
- Registered nurse expense

Prescription Drug Benefits

The R_xEDO pharmacy network includes **over 66,000** total participating retail pharmacy locations nationwide; all major chains are included as well as 20,000+ independent pharmacies. R_xEDO provides mail order services through Walgreens Mail Service. Information and assistance can be found by visiting Walgreens Mail Service at www.WalgreensHealth.com.

Helpful Hints

- Please communicate to your pharmacist that your plan has changed to a new prescription drug processor.
- Show them your identification card. It includes the BIN and PCN numbers, as well as any other information they will need to process your claim through R_xEDO.
- If your pharmacy has any questions concerning the process, please have them call the R_xEDO Pharmacy Help Desk at (800) 522-7487, which is printed on your new identification card.

Using Your Prescription Drug Plan is Easy

Select a convenient pharmacy near you and verify with them that the pharmacy is still in the network. Present your ID card, pay the appropriate amount and you're done.

For questions or drug look-up go to www.rxedo.com or call 1-888-879-7336.

Prescription Drug Benefit

$10/$30 Co-Pay

SCHEDULE OF BENEFITS	BRAND WRAP
Formulary	Enhanced RxAdvantage
Annual Plan Maximum Benefit Per Member	$5,000
Annual Deductible Per Member	$0
RETAIL COPAYS	
Formulary Generics*	$10
Formulary Brands	$30
Non-Formulary	N/A
MAIL ORDER COPAYS	
Formulary Generics*	$30
Formulary Brands	$90
Non-Formulary	N/A

**If a Brand Name prescription drug is dispensed in lieu of an available Formulary Generic prescription drug, then, in addition to any Deductible or Co-payment amount shown in the Schedule of Benefits, the Covered Person will be responsible for the cost of such prescription drug which exceeds the cost of its Generic alternative.*

COVERED ITEMS

All outpatient Medically Necessary Legend non-injectable medications shown on the Formulary, unless otherwise specifically excluded. Outpatient means a Prescription Drug is not taken in, or administered by, a hospital or any other health care facility or office. Additional covered items:

FAMILY PLANNING
- ✓ Oral contraceptives

NUTRITIONAL PRODUCTS
- ✓ Prenatal Legend vitamins

OTHER LEGEND DRUGS
- ✓ Acne products (Retin-A, up to 24th birthday)
- ✓ Cough & cold
- ✓ Immunosuppresants

Prescription benefits are provided by PRAM Insurance Services, Inc. and processed through RxEDO, Inc. Pan-American Life is not affiliated with PRAM Insurance Services, Inc. or RxEDO, Inc.

Dental

Pan-American Life's fully insured comprehensive dental plan provides members with the Preventive Care, Basic Care, and Major Care Services they need.

To help minimize out-of-pocket dental expenses members have access to the DentalGuard Preferred Select Network, one of the industry's largest dental preferred provider networks with dentists in over 120,000 locations across the country. Members are free to visit any dentist or specialist they wish. However, by visiting a dentist within the DentalGuard Preferred Select Network, members can save money. How?

- DentalGuard Preferred Select Network dentists charge up to 35% less than the average retail rates[1].
- By taking advantage of the lower fees offered by in-network providers, members can stretch their annual plan maximums further.

Outline of Dental Benefits

Dental Benefits (per insured)	
Charges we cover (coinsurance)	
Preventive - Type I	100%
Basic - Type II	80%
Major - Type III	50%
Calendar Year Deductible	
Preventive - Type I	Waived
Basic - Type II & Major - Type III	$50
Calendar Year Maximum - (Types I - III)	$1,875
Waiting Period	
Preventive - Type I	None
Basic - Type II	None
Major - Type III	None

[1]*Savings depend on the dentist's location and type of service.*

Preventive Care - Type I:

- Oral evaluations - 2 per calendar year.
- Prophylaxis (cleanings) - 2 per calendar year.
- Bitewing X-Rays - 1 series per calendar year.
- Space maintainers.

Continue on the next page

Dental

Basic Care - Type II:

- Fillings - Amalgam, silicate, acrylic, synthetic porcelain and composite filling materials.
- Simple extractions.
- Denture repair or bridges - 1 per 2 years, limited to 20% replacement cost.
- X-Rays (diagnostic, full or panoramic) - 1 every 5 years.
- Re-cementing inlays, onlays, and crowns.
- General anesthesia and analgesic for oral surgery.
- Oral surgery - Removal of teeth. Extraction of tooth root. Alveolectomy, alveoplasty, and frenectomy. Excision oral tissue. Re-implantation or transplantation natural tooth. Excision tumor or cyst.
- Antibiotic injections administered by a dentist.
- Preauthorization required for all services over $300.

Major Care - Type III:

- Periodontics - Root scaling and planning, once per quadrant in any 24 month period.
- Endodontics - Root canal therapy.
- Dentures and bridge work - Initial placement only for natural tooth extracted while covered. Replacement after 10 years from placement if cannot be repaired. Realigning/Rebasing Dentures only once in any 2 year period.
- Inlays/Onlays/Crowns and other prosthetics - If unable to restore with filling materials. Replacement after 10 years of original placement. Will not apply if replacement is due to extraction of functioning natural teeth while covered.
- Missing tooth exclusion - Only replace teeth lost during time covered by our policy.
- Preauthorization required for all services over $300.

To locate a DentalGuard Preferred Select network dentist call 1-800-627-4200, or go to www.GuardianLife.com, and follow these steps:

1. Select “Find a Provider" at the top of the site towards the right hand side.
2. At the bottom of the page, Select “Have a plan that is not provided by Guardian? Do you have access to the DentalGuard Preferred Select Network?”
3. Enter information to look up multiple providers in your area by Zip Code or City and State.
4. To look up a specific provider in your area, enter providers last name.

If there is a (1) next to your chosen provider, please be advised that this Dentist is participating through another network (“Partner Network”). To ensure that your provider is covered under the DentalGuard Preferred Select Network, please contact that office directly before utilizing your dental benefits.

Dental Provider Network services are provided by The Guardian Life Insurance Company of America. www.guardianlife.com. *Pan-American Life and The Guardian Life Insurance Company of America are not affiliated.*

Vision

Highlights

- Allowance on eyewear
- $0 copay for exams
- $0 copay for standard lens options
- No in-network claim paperwork
- Free 1-year breakage warranty
- Fixed lens pricing
- Discounts on LASIK surgery included
- Hearing aid discounts

For more details about the plan, visit **davisvision.com/member** and enter your Client Code **[9001]** or call **1 (800) 836-2094** and enter your Client Code when prompted.

As a member, you have access to the Exclusive Collection of Frames. The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S.

Log in to browse frames, and find a Collection near you. The frame icon indicates that the provider carries the Collection.

Fashion Value Vision Plan Overview

Benefits	In-Network
Eye Exams – every 12 months	**$0 copay**
Prescription Eyewear	
Frames – every 24 months	**$110 frame allowance + 20% off overage[1]**
Exclusive Collections Frames (Fashion/Designer/Premier)	**Covered-in-full / $15 charge / $40 charge**
Lenses – every 24 months	**$0 copay for standard lenses**
Specialty Coatings and Tints	**Varies by lens type - see backside for details**
Contacts[2] Evaluation and Fitting – every 24 months (in lieu of eyeglasses)	**$0 copay for conventional lens; Fitting covered-in-full**
	$0 copay for specialty lens; $60 allowance for fitting
	$110 materials allowance + 15% off overage[1]
LASIK (refractive surgery)	**40% to 50% off the overall national average**

Vision plan administered by Davis Vision

1. *Some limitations apply to additional discounts; discounts not applicable at all in-network providers.*
2. *Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.*

Vision

	Copays for lens options and upgrades
Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	$0
Oversized lenses	$0
Plastic lenses	$0
Polycarbonate lenses (children / adults)	$0 / $35
High index lenses	$60
Polarized lenses	$75
Progressive lenses (Standard / Premium / Ultra)	$65 / $105 / $140
Anti-reflective (AR) coating (Standard / Premium / Ultra)	$40 / $55 / $69
Ultraviolet coating	$15
Tinting of plastic lenses (Solid / Gradient)	$15
Plastic Photochromic Lenses (Transitions® Signature™)	$70
Scratch-resistant coating	$0
Scratch protection plan (Single vision / Multifocal)	$20 / $40

Out-of-network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network Reimbursement Schedule (up to)

Eye exam: $40	Trifocal Lenses: $80
Frame: $50	Lenticular Lenses: $100
Single-Vision Lenses: $40	Elective Contact Lenses: $80
Bifocal / Progressive Lenses: $60	Visually Required Contacts: $225

For questions, call:

1-800-836-2094

Enter Client Code 9001,
when prompted

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to find a provider.

Professional Health Services

COMPASS
An Alight Company

Your Life Just Got Simpler.

Navigating healthcare these days seems impossible–unless you have Compass on your side. From finding doctors to getting cost estimates to solving billing problems. Let Compass be your guide. Compass is here to serve as your personal healthcare advisor. So rely on your Compass Health Pro® consultant to make you an empowered healthcare consumer who takes control of healthcare costs. Our service is simple to use and available to you and your family. Call or email Compass for help any step of the way: **1-800-421-4742** or **pal@compassphs.com**.

How Compass takes care of you:

Understand Your Benefits

Receive guidance selecting plans and understanding benefits on an ongoing basis.

Find A Great Doctor

Find the best doctors, dentists and eye care professionals in your area who meet your personal preferences and healthcare needs.

Save Money On Medical Care

Get price comparisons before receiving care. Depending on doctor, hospital or facility, costs can vary by hundreds of thousands of dollars – even in network.

Pay Less For Prescriptions

Let Compass compare medication prices and explore lower-cost options for you.

Get Help With Medical Bills

Have your medical bills reviewed to make sure you are not over-charged.

Professional health services are not insurance products and are Provided by Compass Professional Health Services www.compassphs.com. *Pan-American Life and Compass Professional Health Services are not affiliated.*

Member Advocacy

What is a member advocate?

A member advocate is an in-house representative that works exclusively on behalf of our members to reduce medical costs and stressful billing situations. They are able to help members find community programs, hospitals, pharmaceutical companies, and provider offices who have affordable treatment costs. Also, they serve as a single point-of-contact to help resolve on-going or challenging billing issues. They're even available to speak with members individually, as well as their physicians and medical facilities, so everyone has a full understanding of how the benefits work and can make the most informed choices with regard to planning medical treatment.

Advocates can assist with:

- Medical bills & Prescription costs
- Lab work & X-rays
- CAT Scans / MRIs
- Scheduling surgical procedures
- Durable medical equipment
- Diabetic supplies
- Complicated claims and billing issues

They help lower costs by:

- Negotiating balances
- Finding providers that offer sliding-scale treatment pricing
- Arranging payment plans for previously incurred bills
- Requesting discounted lump-sum payments to settle balances
- Locating community programs for specialized services or frequently recurring expenses due to chronic conditions
- Contacting discount pharmacies

Member Services

Our member service representatives are responsible for ensuring that customers receive the best assistance with their questions and concerns. Pan-American Life's customer service representatives interact with customers to provide information in response to inquiries about products and services. They communicate with administrators and members through a variety of means; by telephone, by e-mail, fax or mail.

We can assist members, companies and providers with:

- Member Advocacy
- ID Cards
- Policy Information
- Member Eligibility
- Verification of Benefits
- Prescription Benefits
- PPO Network Information
- Account Management
- Claims
- And more!

Monday through Friday, 7:30 AM – 5:00 PM, Central Time.

1-877-569-3075

Full bilingual (English-Spanish) services

SupportLinc

Employee Assistance Program
for Pan-American clients

SupportLinc is the Employee Assistance Program (EAP) for you and your immediate family members

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc Employee Assistance Program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to eight (8) sessions of face-to-face counseling sessions for a wide variety of concerns, such as:

Anxiety • Depression • Marriage and Relationship Problems • Grief and Loss
Substance Abuse • Anger Management • Work-Related Pressures • Stress

Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home or looking for legal advice, you're likely to need guidance and referrals to expert resources.

LEGAL ASSIST
Free Telephonic or Face-to-Face Legal Consultation

FINANCIAL ASSIST
Expert Financial Planning and Consultation

FAMILY ASSIST
Consultation and Referrals for Everyday Issues, Such as Dependent Care, Auto Repair, Pet Care and Home Improvement

Confidentiality

SupportLinc upholds strict confidentiality standards. Nobody, including your employer, will knowyou have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information.

SUPPORT LINC
EMPLOYEE ASSISTANCE PROGRAMS

Technology and Your EAP

WEB

- Read Helpful Articles on a Variety of Topics
- Visit Search Engines for a Variety of Services
- Secure Discounted Gym Memberships
- Access Video Counseling
- Complete eLearning Modules
- Bilingual Content (English and Spanish)

MOBILE

- Call or Live Chat with a Licensed Counselor
- Schedule Video or In-Person Counseling
- Review a Summary of the EAP

www.supportlinc.com **1-888-539-3EAP (3327)** Username: panamerican

Employee Assistance Program is offered by Competitive Heath. Pan-American Life and Competitive Health are not affiliated.

OUTLINE OF COVERAGE FOR LIMITED BENEFIT INDEMNITY PLAN

This outline of coverage provides a brief summary of some important features of your insurance certificate. This outline of coverage is not an insurance contract and only the actual certificate provisions will control. Your certificate includes in detail the rights and obligations of you, your employer, and Pan-American Life Insurance Company. Please review your certificate carefully for additional information. You can access your certificate through our web portal at www.mypalic.com, or you can call our Member Services and request a copy.

Categories of Coverage: Your certificate includes **limited benefit indemnity plan**, also referred to as fixed indemnity coverage. Limited indemnity plans differ from major medical coverage and are not designed to cover all medical expenses or meet the minimum standards required by the Affordable Care Act for major medical coverage. Payments are based on a fixed per day dollar amounts in the Summary of Benefits rather than on a percentage of the provider's charge. If you need comprehensive major medical coverage, there may be other options available to you and your family members. Please go to www.healthcare.gov for more information.

Benefits: The benefit levels are described in your **Summary of Benefits**. Some benefits included in your plan may appear as riders and these can be found following your **Summary of Benefits**.

The **Table of Contents** shows where to find more information regarding: eligibility, benefits, exclusions and limitations, and other important terms and conditions.

Exceptions, Reductions, and Limitations: Your benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force.

Please refer to the section entitled "**Exclusions and Limitations**" for further details on these and other exclusions and limitations. The first page of the **Summary of Benefits** provides information on the **Waiting Period** and the **age-based reduction in Life Insurance Benefits**, if applicable.

Continuation of Coverage: Eligibility for coverage is described in the sections entitled **Eligibility for Employees** and **Eligibility for Dependents** of your certificate. Your coverage may not begin until after a waiting period, as described on the first page of the **Summary of Benefits**. The **Termination of Coverage** section of your certificate explains when your coverage will terminate. Under certain circumstances, you may continue your coverage for a limited time period if you should become disabled. See the **Extension Due to a Total Disability** section for details. In addition, you may be eligible for continued coverage under applicable COBRA laws. See the **Continuation Coverage Rights Under COBRA** section for further details.

Premium or Contribution: The cost of this coverage is included within the premiums paid for your benefit plan. Your contribution will be deducted by your employer from your paycheck.

DMC179Rev10/2013

GENERAL EXCLUSIONS AND LIMITATIONS FOR PANAMED

This is a general list of exclusions and limitations and may vary by state.

Benefits are not payable with respect to any charge, service or event excluded as set forth below.

1. Charges for medical or dental services of any kind, or any medical supplies or visual aids or hearing aids, or any food, supplement or vitamin, or medicine, it being understood that the Policy shall pay the Indemnity Benefits set forth in the Summary of Benefits for a hospitalization or other covered event, without regard to the actual charges made by a provider or supplier of goods or services.
2. Any claim relating to a hospitalization or other covered event where the hospitalization or other covered event was prior to the effective date of coverage under the Policy, or after coverage is terminated.
3. A claim arising out of insurrection, rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression.
4. A claim arising out of declared or undeclared war or acts thereof. For life insurance: As a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the insured is serving in such forces, provided such death occurs within six (6) months after the termination of service in such forces.
5. A claim arising out of Accidental Bodily Injury occurring while serving on full time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro rata for any period of active full time duty).
6. A claim related to an Injury or Illness arising out of or in the course of work for wage or profit or which is covered by any Worker's Compensation Act, Occupational Disease Law or similar law.
7. With respect to a death benefit, a claim related to bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.
8. A claim arising from services in the nature of educational or vocational testing or training.
9. A claim related to Custodial Care.
10. A claim arising from medical services provided to the Covered Person for cosmetic purposes or to improve the self-perception of a person as to his or her appearance, except for: reconstructive plastic surgery following an Accident in order to restore a normal bodily function, or a surgery to improve functional impairment by anatomic alteration made necessary as a result of a birth defect, or breast reconstruction following a mastectomy.
11. Other than a claim for death benefits, any claim arising out of a surgical procedure for the treatment of obesity or the purpose of facilitating weight reduction.
12. Other than a claim for death benefits, any claim arising out of treatment of infertility.
13. For Specified Illness Benefit, Cancer does not include pre-malignancies, cancer in situ, and skin cancers except melanoma. For Stroke, Transient Ischemic Attacks (TIA) are excluded.
    Groups situs in Pennsylvania have a Pre-existing Condition exclusion. Pre-existing condition exclusion means a disease or physical condition for which medical advice or treatment has been received for which, in the 3 months before a Covered Person becomes insured under this Policy, the Covered Person received medical advice or treatment. We will not pay benefits for any claims that are caused by or result from a Preexisting Condition if the diagnosis of a defined Specified Illness occurs during the first 12 months that a Covered Person is insured under this Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER
EXCLUSIONS AND LIMITATIONS

In addition to the General Exclusions and Limitation of the Policy, benefits are not provided for Loss, Injury or Illness of a Covered Employee which results directly or indirectly, wholly or partly from:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
2. Disease or disorder of the body or mind.
3. Medical or surgical treatment or diagnosis thereof.
4. Loss, Injury or Illness occurring after Termination of Coverage.
5. Ptomaines or bacterial infections, except pyogenic infections at the same time and as a result of a visible wound.
6. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
7. Travel or flight in any vehicle for aerial navigation, including boarding or alighting therefrom:
   a. While being used for any test or experimental purpose; or
   b. While the Covered Person is operating, learning to operate or serving as a member of the crew thereof; or
   c. Any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household; or
8. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Doctor.
9. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.

Disability Benefit Disclosure for New York Residents

If your plan includes a Disability benefit:
Pan-American Life Insurance Company can provide short term disability benefits for your employees under a Hospital Indemnity Policy issued to You as the Plan Sponsor.
Under NY Law Section 1101(b)(2)(B)(i) (I)(aa) and 1101 (b)(2)(B)(ii) the Pan-American Policy may cover your employees in New York even though Pan-American Life Insurance Company is not a licensed carrier in New York. However, please be aware that the short term disability benefits provided for your New York employees will not satisfy the requirements of the New York Disability Benefits Law (DBL). In order to obtain appropriate coverage for your New York employees to comply with the New York Disability Benefits law, you should contact your agent for workers compensation coverage.

PANAMED Frequently Asked Questions

1. **Is PanaMed Major Medical coverage?**
   No. PanaMed is a limited benefit indemnity plan. This is not basic health insurance or major medical coverage and is not designed as a substitute for either coverage. PanaMed pays a fixed benefit amount to help cover the cost of common medical services. The plan is not designed to cover the costs of serious or chronic illnesses. It contains specific dollar limits that will be paid for medical services which may not be exceeded. Specific dollar limits are listed in the summary of benefits.

2. **Does PanaMed have any exclusions or limitations?**
   Benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force. For example the following services are not covered by this plan: infertility treatments, cosmetic surgery, counseling for mental illness or substance abuse, obesity, weight reduction or dietetic control, physical therapy. This is a partial list of services that are generally not covered. Members should refer to their certificate to determine which services are covered and to what extent. Additional information can be found in our web portal at www.mypalic.com.

3. **Will the PanaMed plan provide an indemnity benefit to any Physician or Hospital?**
   Yes. The member is free to seek the services of any licensed Physician or accredited Hospital. There is no requirement that the Physician or Hospital belong to a PPO network to receive benefits.

4. **What is a PPO and the advantage for using?**
   PPO is the abbreviation for Preferred Provider Organization. This organization of providers (referred to as a "network") has agreed to provide their services as a negotiated discount, reducing your out of pocket cost. While PanaMed may be used at any hospital or physician's office, members are encouraged to utilize the PPO network for discounted provider prices.

5. **How does a member determine which providers participate in the network?**
   PPO participation may be verified with a simple phone call or online. The toll free number and website link can be found in your enrollment guide, ID card, and in our web portal. The insured is responsible for verifying the current PPO participation of their provider.

6. **Is there a pre-existing condition exclusion on the plan?***
   No, because this is a limited benefit indemnity plan there are no pre-existing condition exclusions.

7. **Can dependents be insured by PanaMed?**
   Yes. If the member is covered by PanaMed, dependents are also eligible for coverage.

8. **Are Medicare and Medicaid recipients eligible for PanaMed?**
   Only you can determine whether PanaMed is right for you. As you weigh your decision, be sure to consider that when Medicare or Medicaid benefits are coordinated with PanaMed coverage, that PanaMed is considered primary coverage. As a result, benefits available under PanaMed will be first applied to coverage before anything is paid by Medicare and/or Medicaid.

9. **Can the PanaMed plan be used if the insured has separate health insurance?**
   Yes. The specified benefits pay irrespective of any other private group coverage.

10. **Is the member allowed to assign benefits to his or her healthcare provider?**
    Yes. Benefits are automatically assigned to the member's healthcare provider. If the member would like to receive the benefit payment directly, complete the medical claim form and sign the authorization of payment section.

11. **Does the PanaMed Plan address an employee's obligations to maintain coverage under the "individual mandate?"**
    No.

12. **Is PanaMed COBRA eligible?**
    Yes. PanaMed is COBRA eligible for employer groups with 20 or more employees.

**Except for groups in Pennsylvania that have Specified Illness Benefit.*