

New Era Life Insurance Company

Health *Made*
Simple

\$2,000,000 CATASTROPHIC HEALTH PLAN

An Individual Basic Hospital & Surgical Expense Policy

- Your choice of calendar year deductible (\$1000, \$2500, \$5000)
- \$2,000,000 lifetime maximum
- Your choice \$100,000, \$250,000 or \$1,000,000 aggregate maximum per sickness or accident
- Plan pays 80% after calendar year deductible
- Family calendar year maximum out-of-pocket of \$5,000 plus the deductibles
- Your choice of per sickness/accident aggregate maximum benefit
- Any provider
- Day surgery benefit
- Additional emergency accident benefit
- Additional \$25,000 chemotherapy and radiation therapy benefits
- Optional maternity rider available
- Optional outpatient benefit rider available
- Optional accident expense rider available



Underwritten by
**NEW ERA LIFE
INSURANCE COMPANY**
P O Box 4884, Houston, Tx 77210-4884
800-552-7879

Health Made Simple

HOSPITAL & SURGICAL EXPENSE PLAN

- Provides complete freedom of choice of healthcare providers
- Cover up to \$2,000,000 per covered person (Your choice of \$100,000, \$250,000 or \$1,000,000 aggregate maximum per sickness or accident)
- Requires a coinsurance percentage of only 20%
- Sets maximum annual out-of-pocket at \$5,000 (after deductible) per policy regardless of the number of individuals covered
- Covers inpatient hospital and surgical expense for covered sickness and injury
- Covers outpatient facility and physician charges for surgical expense up to \$5,000 per surgery, maximum \$10,000 per year
- Covers the cost of physician while hospitalized
- Covers the cost of pre-admission testing within 7 days of being admitted to the hospital.
- Covers the cost of the emergency room if admitted to a hospital for the same diagnosis within 24 hours of the emergency visit
- Provides \$300 emergency accident benefit after \$50 deductible
- Additional \$25,000 chemotherapy and radiation therapy benefits
- Provides various preventive care benefits



OPTIONAL MATERNITY RIDER

- Pays up to \$1,250 after 10 months of continuous coverage
- Pays up to \$2,500 after 20 months of continuous coverage

OPTIONAL OUTPATIENT BENEFIT RIDER

- Pays up to \$2,000 for outpatient benefits or \$4,000 depending on which option you choose
- Office visit copay of \$25

OPTIONAL ACCIDENT EXPENSE RIDER

- Pays up to \$1,000 for any one accident

PRESCRIPTION DRUG DISCOUNT

- Discount when available of up to 40%
- Prescription monitoring to alert pharmacist of potentially dangerous interactions
- Access to mail order and online services

This is a brief description of Benefits only and is not intended to serve as legal interpretation or representation of actual benefits that are covered under policy form H-0168.NE. Please carefully review the outline of coverage for more details in benefits, limitations and exclusions. Complete terms of coverage will be determined only by the Policy.