



# Patient/Physician Cooperatives



## Limited Benefit Indemnity Plan 2019 Benefit Guide



# 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 here to assist you reduce medical costs and stressful billing situations

PanaMed is a limited benefit indemnity plan that pays a 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. Schedule your appointment
2. Visit provider and present both your Pan-American and Employer Sponsored Plan ID card(s)
3. Provider files claim

# Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	PLAN 1
<p><b>GROUP TERM LIFE WITH Accidental Death and Dismemberment</b></p> <p>AD&amp;D for members only</p>	<p>Member Term Life - \$5,000                      Member AD&amp;D - \$5,000                      Spouse Term Life - \$2,500                      Children Term Life - \$1,250                      (6 months to age 26)                      Infant Term Life - \$200                      (10 days to 6 months)</p>
<p><b>HOSPITAL INDEMNITY BENEFIT</b></p> <ul style="list-style-type: none"> <li>Must be admitted as an inpatient into a hospital room</li> <li>If hospital confinement falls into a category below a different maximum applies</li> </ul>	<p>\$2,000 per day                      Overall calendar year max subject to 20 days total for any inpatient stay in a hospital</p>
<p><b>Intensive Care</b>                      If the participant is confined in a hospital intensive care unit</p>	<p>\$4,000 per day                      Up to 10 days calendar year max (applied to overall calendar year max)</p>
<p><b>Substance Abuse</b>                      Must be diagnosed and admitted as an inpatient in a substance abuse unit</p>	<p>\$1,000 per day                      Up to 10 days calendar year max (applied to overall calendar year max)</p>
<p><b>Mental Illness</b>                      Must be diagnosed and admitted as an inpatient into a mental illness unit</p>	<p>\$1,000 per day                      Up to 20 days calendar year max (applied to overall calendar year max)</p>
<p><b>Skilled Nursing Facility</b>                      Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days</p>	<p>\$1,000 per day                      Up to 17 days calendar year max (applied to overall calendar year max)</p>
<p><b>OUTPATIENT DIAGNOSTIC LABS</b></p> <ul style="list-style-type: none"> <li>Includes glucose test, urinalysis, CBC, and others</li> <li>When hospital confinement is not required and the test is ordered or performed by a doctor</li> </ul>	<p>\$25 per day                      3 days per calendar year</p>
<p><b>OUTPATIENT DIAGNOSTIC RADIOLOGY</b></p> <ul style="list-style-type: none"> <li>Includes chest, broken bones, and others</li> <li>When hospital confinement is not required and the test is ordered or performed by a doctor</li> </ul>	<p>\$70 per day                      2 days per calendar year</p>
<p><b>OUTPATIENT ADVANCED STUDIES</b></p> <ul style="list-style-type: none"> <li>Includes CT Scan, MRI, and others</li> <li>When hospital confinement is not required and the test is ordered or performed by a doctor</li> </ul>	<p>\$300 per day                      2 days per calendar year</p>
<p><b>INPATIENT SURGICAL BENEFIT</b></p> <ul style="list-style-type: none"> <li>Surgery must be performed due to an illness or injury as an inpatient stay in a hospital</li> <li>Minor surgical procedures are excluded</li> </ul>	<p>\$3,000 per day                      1 day per calendar year</p>
<p><b>INPATIENT ANESTHESIA BENEFIT</b>                      25% of the amount paid under the inpatient surgical benefit</p>	<p>\$750 per day                      1 day per calendar year</p>

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.

# Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	PLAN 1
<p><b>OUTPATIENT SURGICAL BENEFIT</b></p> <ul style="list-style-type: none"> <li>• Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility</li> <li>• Minor surgical procedures are excluded</li> </ul>	<p>\$1,500 per day 1 day per calendar year</p>
<p><b>OUTPATIENT ANESTHESIA BENEFIT</b> 25% of the amount paid under the outpatient surgical benefit</p>	<p>\$375 per day 1 day per calendar year</p>
<p><b>EMERGENCY ROOM SICKNESS BENEFIT</b> Pays one benefit per day for services received in an ER as a result of an illness</p>	<p>\$200 per day 1 day per calendar year</p>
<p><b>OUTPATIENT SURGICAL FACILITY</b> Pays one benefit per day for surgery performed at an outpatient surgical facility center or hospital outpatient surgical facility</p>	<p>\$500 per day 2 days per calendar year</p>
<p>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.</p>	

# Group Medical Accident

With Accidental Death & Dismemberment

## 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.

<b>Accident Benefit* per occurrence</b>	Up to <b>\$2,500</b>
<b>Deductible per accident, per insured</b>	<b>\$100</b> deductible
<b>Accidental Death</b>	<b>\$5,000</b>
<b>Accidental Dismemberment</b>	Up to <b>\$5,000</b>
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, MD, and WA.

## Global Repatriation

### Helping to Provide Peace of Mind During Your Time of Need

The passing of a loved one can be a difficult and emotional experience. When it occurs during travel, you or your loved ones may feel that help is no longer within reach.

Global Repatriation is a worldwide benefit designed to help your family when you or a covered dependent suffers a loss of life due to a covered accident or illness while traveling 100 miles or more away from their permanent residence. The benefit provides transportation of a covered member's remains to his/her primary place of residence in the United States and repatriation of foreign nationals to their home countries.

#### Benefit Includes:

- Expenses for preparations; embalming or cremation
- Transport casket or air tray
- Transportation of remains to place of residence or place of burial

All services must be authorized and arranged by AXA Assistance designated personnel and the maximum benefit per person is \$20,000 USD per occurrence. No claims for reimbursement will be accepted.



To Activate Assistance Call: **1-888-558-2703 / 1-312-356-5963**

(Toll-Free in the U.S.)

(Collect Outside of the U.S.)

Global Repatriation benefits are independently offered and administered by AXA Assistance USA, Inc. [www.axa-assistance.us](http://www.axa-assistance.us)  
Pan-American Life and AXA Assistance USA, Inc. are not affiliated. See policy for exclusions and limitations.



# 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.

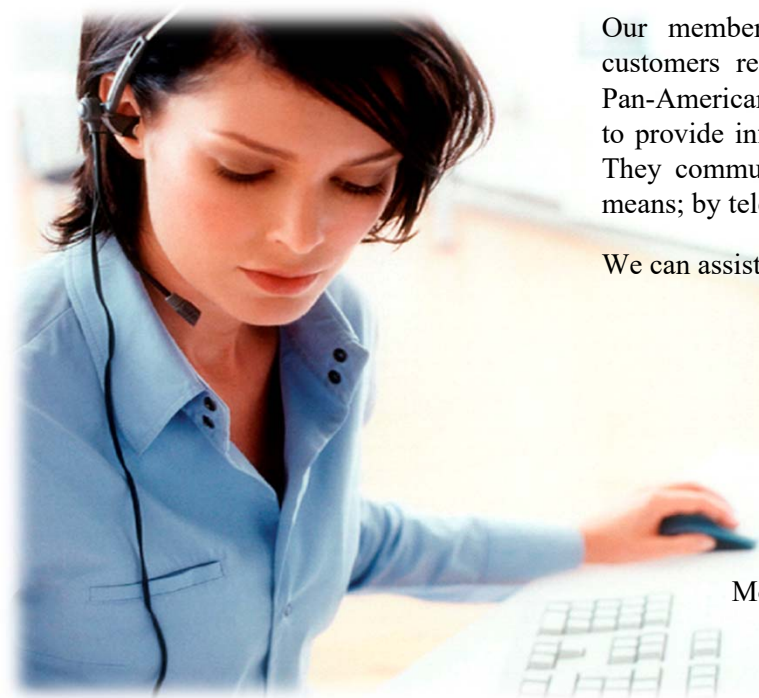
### *Advocates can assist with:*

- 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*

## 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.mypalico.com](http://www.mypalico.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](http://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.

## 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.

## ACCIDENTAL DEATH AND DISMEMBERMENT 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:

- A. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- B. Disease or disorder of the body or mind.
- C. Medical or surgical treatment or diagnosis thereof.
- D. Loss, Injury or Illness occurring after Termination of Coverage.
- E. Ptomaines or bacterial infections, except pyogenic infections at the same time and as a result of a visible wound.
- F. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
- G. Travel or flight in any vehicle for aerial navigation, including boarding or alighting therefrom:
  1. While being used for any test or experimental purpose; or
  2. While the Covered Person is operating, learning to operate or serving as a member of the crew thereof; or
  3. 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
- H. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Doctor.
- I. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.



**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.mypalio.com](http://www.mypalio.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. 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.

**5. Can dependents be insured by PanaMed?**

Yes. If the member is covered by PanaMed, dependents are also eligible for coverage.

**6. Are Medicare and Medicaid recipients eligible for PanaMed?**

Yes. However, under Medicare and Medicaid policies, PanaMed is considered primary coverage. As a result, with PanaMed, Medicare and/or Medicaid coverage may be reduced or discontinued.

**7. 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.

**8. 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.

**9. Does the PanaMed Plan address an employee's obligations to maintain coverage under the "individual mandate?"**

No.

**10. Is PanaMed COBRA eligible?**

Yes. PanaMed is COBRA eligible for employer groups with 20 or more employees.