



**REVOLT
HEALTHCARE
ALLIANCE**

Enhanced 24 Hour Accident Expense

INSURANCE PLAN - WORLDWIDE PROTECTION

Injury Facts*

In 2016, unintentional injuries or accidents were the third leading cause of death, accounting for an estimated 146,571 deaths.

- Number of injury-related visits: 39.0 million
- Number of visits per 100 persons: 43.3
- ER visits resulting in hospital admission: 12.3 million
- ER visits resulting in critical care unit: 1.5 million

**2019 Center for Disease Control and Prevention*

Plan Benefits

BENEFIT FEATURES UNDER BASE PLAN	One Unit	Two Unit
ACCIDENTAL INJURY BENEFIT <i>This benefit pays the actual charges for medical treatment due to accidental injury up to the amount shown per unit. Covered expenses include physician's fees, surgery, x-rays, fracture reduction and dislocations or other emergency first-aid expenses. All covered expenses must be incurred within 45 days of the accident causing injury. If the expenses are incurred at a hospital emergency room, a \$50 deductible will apply for each accidental injury.</i>	\$2,000	\$4,000
ACCIDENTAL DEATH BENEFIT <i>This benefit pays a fixed amount per unit if an insured suffers a fatality as a result of an accident.</i>	\$50,000	\$100,000
GROUND OR AIR AMBULANCE <i>This benefit pays the actual charges for ground or air ambulance transportation due to an accidental injury, up to the amount shown per unit.</i>	\$5,000	\$10,000
HOSPITAL INCOME BENEFIT <i>If an insured is hospitalized for an accidental injury, we will pay a fixed amount per day, beginning the first day of confinement, subject to the number of units purchased. Payment will be made up to 30 days per hospital confinement resulting from any one accidental injury.</i>	\$150	\$300

DISMEMBERMENT BENEFITS	One Unit	Two Unit	MONTHLY BANK DRAFT RATES*	One Unit	Two Unit
<i>This benefit pays a fixed amount per unit if the Primary Insured suffers any of the following dismemberments as a result of accidental injury. Benefits are for the Primary Insured only.</i>			Insured	\$23.00	\$31.05
Loss of Finger or Toe			Insured & Spouse	\$44.28	\$56.93
Single Loss Benefit	\$500	\$1,000	Insured & Children	\$53.48	\$69.00
Multiple Loss Benefit	\$1,000	\$2,000	Family	\$74.75	\$94.88
Loss of Hand, Arm, Foot or Leg			Child ONLY (Per Child)	\$16.10	\$20.13
Single Loss Benefit	\$5,000	\$10,000	*Age 65 and over are eligible for 1 (one) unit only		
Multiple Loss Benefit	\$10,000	\$20,000			
Loss of Sight					
Single Loss Benefit (One Eye)	\$5,000	\$10,000			
Multiple Loss Benefit (Both Eyes)	\$10,000	\$20,000			

Benefits, exclusions and limitations may vary by state. Regardless of the charge for the inpatient, professional, or outpatient medical services you receive, we pay the listed benefit amount for eligible services. Daily time periods are twenty-four (24) or more consecutive hours. Resource Based Relative Value Scale (RBRVS) is based on provider's geographical location.

Plan Benefits (continued)

OPTIONAL MEDICAL EXPENSE BENEFIT RIDER

The benefits provided by this Rider are paid in addition to the Medical expenses paid under the base plan and is only available in conjunction with the 2 unit base plan.

Total Combined Inpatient and Outpatient Medical Expense Benefit - Maximum **\$26,000**

Inpatient Medical Expenses **\$24,000**

Outpatient Medical Expenses **\$2,000**

MONTHLY BANK DRAFT RATES FOR MEDICAL EXPENSE RIDER

Insured **\$43.00**

Insured & Spouse **\$78.90**

Insured & Children **\$95.60**

Family **\$131.40**

Child ONLY (Per Child) **\$30.10**

OPTIONAL ACCIDENT DISABILITY INCOME

One Unit

Two Unit

If the Primary Insured incurs an accident disability, we will pay a monthly disability benefit, beginning the 31st day, up to the period selected (12 or 24 months). Applies only to the Primary Insured and pays up to 60% of their gross monthly income.

Accidental Disability Income Benefit

\$1,000

\$2,000

MONTHLY BANK DRAFT RATES FOR RIDER

One Unit

Two Unit

Type 1 12 Months

\$10.35

\$20.70

Type 1 24 Months

\$13.23

\$26.45

Type 2 12 Months

\$19.55

\$39.10

Type 2 24 Months

\$26.45

\$52.90

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REVOLT HEALTHCARE ALLIANCE

Uninsurable Occupations & Activities:

- Professional Athletes
- Rodeo Riders
- Window Washers
- Loggers
- Miners
- Quarry Workers
- Crop Dusters
- Migrant Workers
- Commercial Fishermen
- Oil Field Workers
- Federal Employees
- Taxi Drivers
- Policemen
- Firemen
- Security Guards
- Entertainers
- Highway Workers

Effective Date:

The insurance applied for shall not take effect until your application is approved, the policy is issued, and the required premium has been paid.

ACCIDENT PLANS - STAND ALONE

If the application is received in the Home Office on or before the 15th of the month, the effective date of the policy will be the 1st of the following month. If the application is received in the Home Office after the 15th of the month, the effective date of the policy will be the 15th of the following month, subject to underwriting approval.

ACCIDENT PLANS - WITH OTHER COVERAGE

If the application for Accident Coverage is sold in combination with other coverage, we will use the effective date of the other coverage subject to underwriting approval.

Exclusions & Limitations:

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such Loss resulting from or in connection with:

1. sickness, illness or bodily infirmity;
2. suicide, attempted suicide or intentional self-inflicted injury, whether sane or insane;
3. dental care or treatment due to accidental injury to natural teeth;
4. war or any act of war (declared or undeclared) or participating in a riot or felony;
5. alcoholism or drug addiction;
6. travel or flight in any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
7. the Insured's commission or attempt to commit a felony or to which a contributing cause was the Insured being engaged in an illegal occupation;
8. the Insured Person being intoxicated or under the influence of any narcotic or controlled or uncontrolled substance unless administered on the advice of a Physician;
9. charges incurred outside the U.S. if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
10. hernia.

Benefits and availability may vary by state. For more information about policy/plan benefits and limitations, please refer to the outline of coverage or policy as approved in your state.

Underwritten by:

Philadelphia American Life Insurance Company
Houston, TX | Toll Free Number: 1-888-748-3040

New Era
Life Insurance Companies

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New Era Life Insurance Company of the Midwest
Philadelphia American Life Insurance Company