HAH Holdings, LLC dba Help at Home

PANAMED Plan 1 and Plan 2

Summary of Plan Benefits

LIMITED BENEFIT INDEMNITY PLAN PAYS	PLAN 1	PLAN 2
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.	N/A	$1,500 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	$100 per day Overall calendar year max subject to 180 days total for any inpatient stay in a hospital	$700 per day Overall calendar year max subject to 180 days total for any inpatient stay in a hospital
Intensive Care If the participant is confined in a hospital intensive care unit	$200 per day Up to 90 days calendar year max (applied to overall calendar year max)	$1,400 per day Up to 90 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	$50 per day Up to 90 days calendar year max (applied to overall calendar year max)	$350 per day Up to 90 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	$50 per day Up to 180 days calendar year max (applied to overall calendar year max)	$350 per day Up to 180 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	$50 per day Up to 177 days calendar max (applied to overall calendar year max)	$350 per day Up to 177 days calendar 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	$100 per day 6 days per calendar year	$125 per day 6 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	$35 per day 3 days per calendar year	$45 per day 3 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	$100 per day 4 days per calendar year

Summary of Plan Benefits

LIMITED BENEFIT INDEMNITY PLAN PAYS	Plan 1	Plan 2
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	$500 per day 2 days per calendar year
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	N/A	$500 per day 1 day per calendar year
INPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the inpatient surgical benefit	N/A	$125 per day 1 day 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	N/A	$250 per day 1 day per calendar year
OUTPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the outpatient surgical benefit	N/A	$62.50 per day 1 day per calendar year
SPECIFIED ILLNESS BENEFIT Lump Sum benefit for specified major health events (first diagnosis of invasive cancer, heart attack, and stroke). Waiting Period: • 30 day waiting period for heart attack and stroke • 90 day waiting period for invasive cancer and major organ transplants	N/A	$1,500 lump sum Spouse 50% of lump sum Children 25% of lump sum

THE LIMITED BENEFIT INDEMNITY PLAN ALONE 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.

ADDITIONAL BENEFITS AND SERVICES

GROUP MEDICAL ACCIDENT	PLAN 1	PLAN 2
Accident Benefit* per occurrence	Up to **$5,000**	Up to **$10,000**
Deductible per accident, per insured	**$100** deductible	**$100** deductible
Accidental Death	**$10,000**	**$20,000**
Accidental Dismemberment	Up to **$10,000**	Up to **$20,000**

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.

ADDITIONAL BENEFITS AND SERVICES

PRESCRIPTION DRUG INDEMNITY BENEFIT PAYS:

Included with Plan 1

Generic - $10 per day
Brand – Discount Only

Monthly Maximum Limit for **Generic**: **3 days per insured person**

PRESCRIPTION DRUG INDEMNITY BENEFIT PAYS:

Included with Plan 2

Generic - $10 per day
Brand - $50 per day

Monthly Maximum Limit for **Generic**: **2 days per insured person**
Monthly Maximum Limit for **Brand**: **2 days per insured person**

Your prescription drug indemnity benefit will pay a maximum amount per day, per insured person, with a maximum amount either per month or per calendar year (check your plan below). There are no copayments, deductibles, or coinsurance.

- If the pharmacy's charge is less than the per day indemnity benefit, you will be mailed a check for the difference.
- If the pharmacy's charge is more than the per day indemnity benefit, you will be responsible for the difference.
- If maximum limit is met a Discount will be applied.

The RxEDO pharmacy network includes over 68,000 total participating retail pharmacy locations nationwide; all major chains are included as well as 20,000+ independent pharmacies.

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

Prescription drug indemnity benefits are insured by Pan-American Life Insurance Company on form number PA-IOPD-15-P and administered by RxEDO. Pan-American Life is not affiliated with RxEDO.

HEALTHIEST YOU* (Included with BOTH Plans)

HealthiestYou provides you with the ability to connect with a doctor, get treatment, and get prescriptions, 24/7 over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. HealthiestYou can handle over 70% of doctor office visit! And best of all, it's FREE!

To register and access your account visit member.healthiestyou.com or call **(855)894-9627**

HealthiestYou is not insurance and is provided by HY Holdings Inc. Pan-American Life and HY Holdings Inc. are not affiliated

GLOBAL REPATRIATION* (Included with BOTH Plans)

Worldwide benefit designed to help the family when a member or a covered dependent suffers loss of life due to a covered accident or illness while traveling 100 miles or more away from his or her permanent residence; includes repatriation of foreign nationals to their home countries.

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 benefit is provided by AXA Assistance USA.

FirstHealth PPO PROVIDER NETWORK* (Included with BOTH Plans)

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.

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

PPO Provider services are provided by Competitive Health, Inc.

MEMBER SERVICES AND MEMBER ADVOCACY

We make healthcare work for our members, no more hassle or frustration. Members have easy access to the Pan-American teams of Member Services and Advocacy Service Representatives. For timely answers to benefit questions, both teams are accessible via telephone:
Monday through Friday, 7:30 AM – 6:00 PM, Central Time, **1-800-999-5382**. Bilingual (English – Spanish) services are available.

*This summary has been designed to provide you with an overview of your benefits. Your plan documents and a complete benefit guide with comprehensive information about your benefits are available online at www.mypalic.com, or you may call our Member Services at **1-800-999-5382**.*

PanaMed is issued by Pan-American Life Insurance Company on policy form number PAN-POL-13, PAN-POL-13-FL, PAN-POL-13-LA, PAN-POL-13-NC, PAN-POL-13-T, PAN-POL-13-TX, or PAN-POL-13-WA. There are no exclusions for pre-existing conditions. The plan will not pay benefits for any care provided prior to the coverage effective date or if the insured is confined in a hospital at the time the coverage is effective. Hospital does not include a nursing home, convalescent home or extended care facility. Coverage is not available in all states. Like most group benefit programs, our products have exclusions, limitations, waiting periods and terms for keeping them in force.

**Not an insurance product. Not a Pan-American Life product.*