



REVOLT
HEALTHCARE ALLIANCE
 YOUR INSURANCE ALLY

CONFIRM PHCS PARTICIPATION USING:
 PO Box 4884 Houston TX, 77210-4884
FOR BENEFITS QUESTIONS CALL: 888.748.3040

Customer Coverage Explained:

Our Health Indemnity Plan customers only have access to the PHCS Limited Benefit Plan, but when our Health Indemnity Plan is paired with our Specified Disease Plan, that same customer then has access to the full MultiPlan PHCS Network.

- The Specified Disease Plan is similar to a rider, giving our customers access to the **full MultiPlan PHCS Network**
- The Specified Disease Plan upgrades the network for **all benefits**, not just specified diseases
- The \$100K Specified Disease deductible does not apply to out-patient benefits

If preferred, please ask the patient to sign a patient financial responsibility form

Proof of Coverage Example:

PHILADELPHIA AMERICAN
LIFE INSURANCE COMPANY*

PHCS
Limited Benefit Plan

Insured: [redacted]
 dependents, if enrolled
 Policy No: 6670047022 Payor ID - 98798
 Effective Date: 05/01/2021

To find a provider go to www.philadelphiaamerican.com and click on the Provider Search button. See reverse additional information.

This is the health indemnity ID card and only provides Limited Benefits Coverage.

When the Health Indemnity ID card is paired with this Specified Disease card, the customer is upgraded to the full MultiPlan PHCS Network.

PHILADELPHIA AMERICAN
LIFE INSURANCE COMPANY*

PHCS

WebMD PayorID# 98798
SPECIFIED DISEASE PLAN
 POLICY ID: 6680019501
 INSURED: [redacted]
 dependents, if enrolled
 EFFECTIVE DATE: 05/01/2021
CALENDAR YEAR DEDUCTIBLE: \$100,000

No "Limited Benefit Plan" - indicates access to Full MultiPlan PHCS Network

Calendar Year Deductible is waived on out-patient procedures.