

MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

Non-HSA Compatible



Summary of Benefits	Plan 1
Hospital Admission Benefit	\$2,000 per day; maximum of 1 day
Hospital Confinement Benefit	\$100 per day; maximum of 30 days
Intensive Care Unit Benefit	\$100 per day; maximum of 30 days
Rehabilitation Benefit	\$500 per day; maximum of 30 days
Accident & Sickness Surgery Benefit	
Surgery in a Hospital, Hospital Outpatient Facility or Freestanding Outpatient Surgery Center	\$1,000 per day; maximum of 1 day
Surgery in a Physician's Office	\$500 per day; maximum of 1 day
Outpatient Accident & Sickness Treatment Benefit	
Emergency Room	\$100 per day; maximum of 1 day
Urgent Care Facility	\$100 per day; maximum of 2 days
Physician's Office	\$50 per day; maximum of 2 days
Physical, Speech or Occupational Therapy Facility	\$30 per day; maximum of 2 days
Diagnostic Testing Benefit	
Medical Imaging Tests	\$100 per day; maximum of 1 day
Advanced Study/Follow-up Tests	\$100 per day; maximum of 1 day
Additional Rider(s)]	
Portability Rider	Included

Plan 1 - Non-HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	\$26.79	\$47.96	\$44.81	\$64.44

* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Benefits

Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

Hospital Admission Benefit - Pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. APL will not pay this benefit for outpatient treatment, emergency room treatment or a stay less than 18 hours in an observation unit. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Hospital Confinement Benefit - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

Intensive Care Unit Benefit - Pays a per day benefit when a covered person is confined in an ICU due to an injury or covered sickness. Benefits will be paid beginning the first day of ICU confinement when the ICU confinement begins after the covered person's effective date.

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Rehabilitation Benefit - Pays a per day benefit when a covered person is receiving rehabilitation care services while confined in a rehabilitation unit or skilled nursing facility immediately after a covered period of confinement due to an injury or covered sickness. This benefit is not payable in addition to any other confinement benefit provided under the policy on the same day. If more than one confinement occurs on the same day, the higher benefit will be paid.

Accident & Sickness Surgery Benefit - Pays the applicable per day benefit when a surgical procedure is performed on a covered person in a hospital, hospital outpatient facility, a freestanding outpatient surgery center or a physician’s office due to an injury or covered sickness.

Outpatient Accident & Sickness Treatment Benefit - Pays the applicable per day benefit when a covered person receives treatment in an emergency room, urgent care facility, physician’s office or physical/speech/occupational therapy facility due to an injury or covered sickness.

Diagnostic Testing Benefit - Pays the applicable per day benefit when a covered person receives one of the diagnostic tests listed below under the recommendation of a physician. **Medical Imaging Tests:** Magnetic Resonance Imaging (MRI), Computerized Tomography (CT) Scan, Computerized Axial Tomography (CAT) Scan, Positron Emission Tomography (PET) Scan or Radioactive Iodine (Thyroid) Uptake (RAIU) Test.

Advanced Study/Follow-up Tests: Angiogram, arteriogram, barium enema/lower GI series, barium swallow/upper GI series, myelogram, sleep study, nuclear stress test or transesophageal echocardiogram (TEE).

Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medically necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician’s instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse’s life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.

Termination of Certificate

Your insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured or the date of your death.

Termination of Coverage

Your insurance coverage under the certificate and/or attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the end of the policy period in which we receive a written request from you to terminate the covered person’s coverage; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person’s death. APL may end coverage of any covered person who submits a fraudulent claim. If the Insured leaves employment to perform service in the uniformed services and reapplies for coverage after release from the uniformed services, including all of the Insured’s family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of preexisting condition. “Service in the uniformed services” means the performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time national guard duty, and a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty. “Service in the uniformed services” also means service in the armed forces of the United States pursuant to authorization by the United States Congress or presidential proclamation pursuant to the War Powers Resolution (50 U.S.C. 1541 et seq.) “Service in the uniformed services” also means state active duty by members of the national guard who are activated pursuant to a call of the governor of this state or of any other state as provided for by law. The Insured must return to the same employer through whom he/she originally became insured under the Policy, and must reapply for coverage within 30 days after release from the uniformed services.

COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

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Additional Riders

All riders are part of the policy/certificate to which it is attached and are subject to all the provisions of the policy/certificate that are not in conflict with the provisions of the rider.

Portability Rider

When your coverage under the Group Limited Benefit Hospital Indemnity Policy terminates for reasons other than non-payment of premium, he/she may elect to continue coverage. APL must receive a completed Portability Election form and payment of the first premium for the portability coverage no later than 30 days after such termination of coverage.

The benefits, terms and conditions of the portability coverage will be the same as those under the Group Limited Benefit Hospital Indemnity Policy immediately prior to the date the portability option was elected. No changes may be made to benefit amounts, terms, or conditions after portability has been elected. Portability coverage may include any eligible dependents who were covered under the policy at the time of termination. No eligible dependents may be added to the portability coverage except as provided in the newborn and adopted children provision. Eligible dependents may be removed at any time. Premiums will be adjusted accordingly. Portability coverage will be effective on the day after coverage ends under the Policy.

Under the portability coverage, you will no longer be required to be: actively at work with the policyholder; actively at work with a member company of the policyholder; or a benefit-eligible member of the policyholder. Once portability has been elected, no further portability options are available for any person covered under the ported coverage. All future premiums due will be billed directly to you. You are responsible for payment of all premiums for the portability coverage. APL will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. APL will not change the premium rate more than once in any period of six consecutive months and will give you 60 days advance written or electronic notice of any change in rates.

Termination of Portability Rider Prior to Portability: Prior to portability being elected, the rider will terminate on the earliest of: the end of the grace period if the premium remains unpaid; the end of the certificate period in which we receive a request from the policyholder to terminate the rider or the end of the certificate period in which APL terminates the rider.

Termination of Portability Coverage: Insurance under the portability privilege will end on the earliest of: the date the master policy terminates; the end of the grace period if the premium for the portability coverage remains unpaid; the end of the certificate period in which we receive a written request from you to terminate the portability coverage; the date of your death; with respect to eligible dependents, the date the covered person no longer qualifies as an eligible dependent. Once insurance under this portability provision is cancelled, it cannot be reinstated.



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Underwritten by American Public Life Insurance Company. All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider. For complete benefits and other provisions, please refer to the policy/certificate/rider. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form GHI17 Series | LA | Group Limited Benefit Hospital Indemnity Insurance Policy | (06/20)