

# AMERICAN PUBLIC LIFE INSURANCE COMPANY

## MEDICAL SUPPLEMENT PLAN

HI-4005

for:

## NEW CANEY ISD

### TEXAS – Employer Paid Plan

A medical reimbursement plan with benefits paid directly to the employee. These benefits are designed to help cover the deductibles and co-insurance in your Major Medical Health Plan.

	<u>Benefit Amount</u>
<b>Daily Hospital Confinement Benefit</b> ..... Pays a daily benefit, due to a covered injury or sickness, for an inpatient hospital confinement at the direction of a physician. We will pay up to a maximum of 180 days per confinement, unless confinement is due to a mental or emotional disorder. We will pay up to a maximum of 30 days per confinement for a mental or emotional disorder.	<b>\$200 per day</b>
<b>Intensive Care/Coronary Care Rider</b> ..... Pays a daily benefit for confinement in a Hospital Intensive Care Unit or Hospital Coronary Care Unit due to an injury or sickness, up to a maximum of 20 days per confinement. Each period of confinement must be separated by a period of at least 30 days.	<b>\$600 per day</b>
<b>Emergency Accident Rider</b> ..... Pays incurred expenses, not to exceed the maximum benefit selected, for treatment of an injury requiring immediate attention by a Physician in the Physician's Office, Clinic, Urgent Care Facility or Hospital Emergency Room. This benefit is subject to a maximum of 2 visits per calendar year per Covered Adult, except for Covered Dependent Children. The maximum number of visits for all Dependent Children combined is 2 visits per calendar year.	<b>\$200 per accident</b>
<b>Surgical &amp; Anesthesia Rider*</b> ..... Pays actual charges, not to exceed the scheduled amount for Surgery performed, due to a covered injury or sickness by a physician. Scheduled amounts are based on the selected benefit amount multiplied by the maximum percentage of surgical benefit shown in the rider. We will only pay for one surgical procedure regardless of the number of procedures performed at the same time. We will pay actual charges for anesthesia administered by a physician in connection with the surgery, up to 25% of the amount paid for the surgical procedure.	<b>\$1,000 max</b>
<b>Wellness &amp; Diagnostic Benefit Rider:</b>	
<b>Wellness Benefit Rider**</b> ..... Pays \$75 for covered routine examinations or other preventative testing. Benefit is payable once per person per calendar year up to two times per family per calendar year. The following examinations and tests are covered by this benefit: Mammography, Pap Smear, Flexible Sigmoidoscopy, Colonoscopy, Cholesterol and Diabetes Screening, PSA, EKG, and Chest X-ray.	<b>\$75 per year</b>
<b>Diagnostic Testing Benefit**</b> ..... Pays actual charges, up to \$250 per calendar year, for diagnostic tests not covered under the Wellness Benefit. Benefit is payable once per person per calendar year up to two times per family per calendar year. This benefit will be reduced by any payment received under the Wellness Benefit for the same test in the same calendar year. The maximum benefit per covered person is \$250 per calendar year not to exceed \$500 per family per calendar year.	<b>\$250 per year</b>

*\*Refer to the policy for specific benefits and schedules.*

*\*\*The maximum combined benefit payable for all benefits under this rider form is \$250 per person, per calendar year.*

MONTHLY PREMIUM			
Employee Only	\$35.51	Employee + Children	\$49.27
Employee + Spouse	\$67.00	Employee + Family	\$80.82

### ScriptSave Select Card

You also will receive a complimentary ScriptSave Select Prescription Discount Card which provides discounts for all prescribed drugs.

**A MINIMUM OF 10 APPLICATIONS IS REQUIRED TO ISSUE A GROUP.**

**This is a brief description of benefits. Please review the back of this flyer for information pertaining to exclusions, limitations, and pre-existing conditions. Refer to the policy for a complete description of coverage, exclusions and limitations.**

## LIMITATIONS AND EXCLUSIONS

We do not cover hospital confinements or other losses in the Policy or Riders attached thereto:

- (a) due to hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs or elective sterilization within six months after the Effective Date unless due to an emergency;
- (b) for an Injury or Sickness covered under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law;
- (c) for an Injury or Sickness due to war or act of war, whether declared or undeclared;
- (d) for Dental Treatment unless due to Injury;
- (e) for injuries that are intentionally self-inflicted;
- (f) for an Injury or Sickness incurred while committing or attempting to commit a felony;
- (g) for an Injury or Sickness incurred while engaging in an illegal occupation;
- (h) for cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as:
  - (1) surgery to restore a normal bodily function.
  - (2) surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect.
  - (3) breast reconstruction following mastectomy.
- (i) which are primarily for rest care, convalescent care or for rehabilitation;
- (j) due to being intoxicated. (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);
- (k) for Injury sustained or Sickness, which manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium paid while in such forces;
- (l) for treatment of alcoholism or drug addiction;
- (m) which are rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure; nor,
- (n) for which payment is not legally required, except for:
  - (1) Medicaid;
  - (2) treatment of non-service connected disabilities in Veteran Administration hospitals; and,
  - (3) inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government.

## PRE-EXISTING CONDITIONS LIMITATION

We do not cover Pre-Existing Conditions for the first twelve (12) months after coverage becomes effective. **Pre-Existing Condition** means a disease or physical condition for which the Covered Person:

- (a) had treatment;
- (b) incurred expense;
- (c) took medication; or
- (d) received a diagnosis or advice from a Physician;

during the twelve (12) month period of time immediately before the Effective Date of the Covered Person's coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease or physical condition. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered. Pre-Existing Conditions specifically named or described as excluded for a limited time will be covered after the excluded period expires.

## RENEWABILITY

We may terminate this policy on any premium due date after the first policy anniversary. We must provide at least 60 days' notice prior to cancellation. We cannot cancel the policy due to your age or a change in health. We can change your premium if we change it for all similar policyholders. We must give you at least 60 days' notice of any premium change.

## TERMINATION

**Termination of Certificate:** Insurance coverage under a Certificate will terminate on the earliest of:

- (a) the date the Insured no longer qualifies as an Insured;
- (b) the last day of the period for which a premium has been paid, subject to the Grace Period;
- (c) the date the Policy terminates;
- (d) the date the Insured retires;
- (e) the date the Insured ceases to be Actively at Work;
- (f) the date the Insured ceases employment, or terminates his/her contract with the employer through whom he/she originally became insured under the Policy; or
- (g) the date We receive the Insured's written request for termination.

**Termination of Dependents:** Insurance coverage on a Dependent will terminate on the earliest of:

- (a) the date the coverage under the Certificate terminates;
- (b) the date the Dependent no longer meets the definition of Eligible Dependent;
- (c) the date the Policy is modified so as to exclude Dependent coverage; or
- (d) the date We receive the Insured's written request for termination.

We may end the coverage of any Insured Person who submits a fraudulent claim.

*Provisions may vary according to state requirements and policy may not be available in all states.*