

AMERICAN PUBLIC LIFE

Hospital Indemnity

YOUR
BENEFITS



About this Benefit

Hospital Indemnity insurance is designed to supplement your medical coverage, easing the financial impacts by helping cover additional expenses associated with a hospital stay. It provides a benefit payable directly to you for hospitalization and other benefits as listed in the policy.



DID YOU KNOW?



of total healthcare costs are paid out-of-pocket.

This is a general overview of your plan benefits. If the terms of this outline differ from your policy, the policy will govern. Additional plan details on covered expenses, limitations and exclusions are included in the summary plan description located on the At Home Health Care Benefits Website: www.mybenefitshub.com/friendswoodisd

MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

Friendswood ISD - HSA Compatible



THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Summary of Benefits		Plan 1
Hospital Admission Benefit		\$1,500 per day; maximum of 1 day
Hospital Confinement Benefit		\$100 per day; maximum of 5 days
Accident 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		\$250 per day; maximum of 1 day
Outpatient Accident Treatment Benefit		
Emergency Room		\$250 per day; maximum of 1 day
Urgent Care		\$75 per day; maximum of 1 day
Physician's Office		\$75 per day; maximum of 1 day
Physical, Speech or Occupational Therapy Facility		\$30 per day; maximum of 4 days
Benefit Rider		
Critical Illness Rider		Benefit
Individual		\$2,000
Spouse		\$1,000
Child(ren)		\$500
		Benefit amount payable is 100% for invasive cancer, heart attack, permanent damage due to a stroke, major organ failure or end stage renal failure; 25% for carcinoma in situ.
Additional Rider(s)		
Portability Rider		Included

Plan 1- HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18-50	\$20.74	\$47.20	\$37.22	\$69.07
Ages 51-60	\$31.61	\$62.82	\$47.97	\$84.70
Ages 61+	\$60.79	\$119.70	\$77.19	\$141.58

* 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, with the exception of the Critical Illness Rider benefit. The Critical Illness Rider benefit is payable once per covered person, per calendar year. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate.

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.

Accident 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.

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Summary of Benefits		Plan 2
Hospital Admission Benefit		\$2,500 per day; maximum of 1 day
Hospital Confinement Benefit		\$100 per day; maximum of 5 days
Accident 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		\$250 per day; maximum of 1 day
Outpatient Accident Treatment Benefit		
Emergency Room		\$250 per day; maximum of 1 day
Urgent Care		\$75 per day; maximum of 1 day
Physician's Office		\$75 per day; maximum of 1 day
Physical, Speech or Occupational Therapy Facility		\$30 per day; maximum of 4 days
Benefit Rider		
Critical Illness Rider		Benefit
Individual		\$2,000
Spouse		\$1,000
Child(ren)		\$500
		Benefit amount payable is 100% for invasive cancer, heart attack, permanent damage due to a stroke, major organ failure or end stage renal failure; 25% for carcinoma in situ.
Additional Rider(s)		
Portability Rider		Included

Plan 2 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18-50	\$29.62	\$68.64	\$51.98	\$98.35
Ages 51-60	\$43.99	\$88.18	\$66.23	\$117.90
Ages 61+	\$85.23	\$169.24	\$107.51	\$198.96

* 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, with the exception of the Critical Illness Rider benefit. The Critical Illness Rider benefit is payable once per covered person, per calendar year. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate.

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.

Accident 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.

MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

Outpatient Accident 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.

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; any act of war, declared or undeclared, or any act related to war, or active service in the armed forces, or military service for any country at war; (if coverage is suspended for any covered person during a period of military service, we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of the policyholder's 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; serious mental illness 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 date the renewal premium became due once the grace period has ended 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 policy and/or attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the date 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.

Extension of Coverage

Coverage under the certificate will continue for a covered person who is totally disabled on the date coverage ends due to termination of the policy. This continuation of coverage will end the earliest of 90 days; the duration of the total disability or the date the covered person's coverage is replaced with coverage by the succeeding carrier that provides a level of benefits that is at least substantially equal to the level of benefits provided under this policy. Benefits payable during this extension of coverage is subject to the regular benefit limits of this policy. Premiums will continue to be due during this extension of coverage. For the purpose of this provision only, totally disabled means the complete inability of the covered person to perform all of the substantial and material duties and functions of the individual's occupation and any other gainful occupation in which the covered person earns substantially the same compensation earned before the disability.

COBRA Continuation of Coverage

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

Benefit Rider

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.

Critical Illness Rider

Pays a benefit when a covered person has a covered critical illness, as defined in the rider. The benefit is payable once per covered person per calendar year. Once 100% of the applicable critical illness benefit amount has been paid for a covered person in a calendar year, no additional critical illness benefit amount is available for the covered person in that same calendar year.

If a covered person receives a benefit for carcinoma in situ, and is later diagnosed with another critical illness within the same calendar year, APL will pay the critical illness benefit amount less the amount previously paid for carcinoma in situ. In any calendar year, APL will not pay more than 100% of the critical illness benefit amount. Any critical illness not specifically listed in the critical illness definition is not payable under this rider. The occurrence date of the critical illness must occur on or after the covered person's effective date or the effective date of the rider, whichever is later, and while coverage is in force.

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. 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 GH17 Series | TX | Group Limited Benefit Hospital Indemnity Insurance Policy | (02/19) | FBS | Friendswood ISD