

Decide Today To Protect Tomorrow.®



APSB-21399-0908
(AL, AZ, CO, MS)



**American Public Life
Insurance Company**

A member of the American Fidelity Group®

Summary of Benefits

| Benefit Description | Available Options |
|--|--|
| In-Hospital Benefit Maximum In-Hospital Benefit | \$500 to \$5,000 per confinement |
| Outpatient Benefit | up to \$200 per treatment |
| Physician Outpatient Treatment Benefit | \$25 per treatment; \$125 max per family per Calendar Year |

Facts to Consider

- The average out-of-pocket cost for healthcare expenses is **35%** of the total cost.¹
- **23%** of American households reported having problems paying medical bills within the last year.²
- As a result of rising health care costs, more than half of Americans with health coverage have reduced their savings contributions.³

Policy Benefit Highlights

In-Hospital Benefit

Pays up to the maximum In-Hospital benefit for Covered Charges incurred when a Covered Person is confined in a Hospital as an Inpatient for at least 18 continuous hours.

Other (or Another) Medical Plan means any basic major medical or comprehensive medical policy which includes managed care and through which a Covered Person has coverage. The term Other Medical Plan does not include CHAMPUS.

Outpatient Benefits

Pays a benefit for Covered Charges incurred by a Covered Person for treatment in a Hospital emergency room without the Covered Person subsequently being considered an Inpatient; surgery performed in a Hospital outpatient facility or a free-standing outpatient surgery center; or diagnostic testing performed in a Hospital outpatient facility or a magnetic resonance imaging (MRI) facility.

Physician Outpatient Treatment Benefit

Pays \$25 per treatment per calendar year for Covered Charges incurred by a Covered Person in a Hospital Outpatient Clinic, Free-Standing Emergency Care Clinic, or a Physician's Office, as the result of treatment due to Sickness or emergency care for an injury due to an Accident.

Limitations and Exclusions

Eligibility

This policy will be issued to those persons who meet American Public Life Insurance Company's insurability requirements. Evidence of insurability acceptable to us may be required.

You are eligible to be insured under this Policy if You are on Active Service as an employee of the Policyholder, or as a member or employee of a member of the Policyholder; qualify as an eligible Insured; and meet the definition of Eligibility.

Eligibility means all active full-time employees who are working 18 hours or more per week; covered under Another Medical Plan; and under age 70. (This age limit does not apply, if You work for an employer employing 20 or more employees on a typical workday in the preceding Calendar Year.)

If our underwriting rules are met, You are on Active Service, You are covered under Another Medical Plan and premium has been paid, Your insurance will take effect on the requested Effective Date or the Effective Date assigned by Us upon approval of Your written application, whichever is later.

If You are not on Active Service due to an Accident or Sickness when Your coverage is to take effect, it will take effect on the first day of the calendar month after the date You return to Active Service.

Evidence of coverage under Another Medical Plan may be required.

Active Service means that You are doing in the usual manner all of the regular duties of Your employment on a full-time basis on a scheduled work day; and these duties are being done at one of the places of business where You normally do such duties or at some location to which Your employment sends You. You will be said to be on Active Service on a day which is not a scheduled work day only if You would be able to perform in the usual manner all of the regular duties of Your employment if it were a scheduled work day.

Accident means sudden, unexpected and unintended injury which is independent of any Sickness; over which the Covered Person has no control; and that takes place while the Covered Person's coverage is in force.

Sickness means illness or disease which starts while the Covered Person's coverage is in force and is the direct cause of the loss.

Base Policy

No benefits are payable for the first twelve (12) months as a result of a Pre-Existing Condition. Pre-Existing Condition means a disease, Accident, Sickness, or physical condition for which the Covered Person had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician during that period of time immediately before the Effective Date of the Covered Person's coverage shown under "Pre-Existing Period" on the Schedule of Benefits. The term "Pre-Existing Condition" will also include conditions which are related to such disease, Accident, Sickness or physical condition.

The premiums and amount of benefits may vary dependent upon the plan selected at time of application.
¹ Distribution of Out-of-Pocket Spending for Health Care Services, Kaiser Family Foundation May 2006
² USA Today/Kaiser Family Foundation/Harvard School of Public Health Poll (USA Today/Kaiser/HSPH), 2005.
Stors, Conn.: Roper Center for Public Opinion Research, April 25-June 9. ³ Employee Benefit Research Institute: 2006 Health Confidence Survey

Limitations and Exclusions *continued*

Covered Charges means those charges that are incurred by a Covered Person because of an Accident or Sickness; are for necessary treatment, services and medical supplies and recommended by a Physician; are not more than any dollar limit set forth in the Schedule; are incurred while insured under the Policy, subject to any Extension of Benefits; and are not excluded under the Policy.

A Hospital is not any institution 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.

In-Hospital Benefit

Benefits payable are limited to any out-of-pocket deductible amount; any out-of-pocket co-payment or coinsurance amounts the Covered Person actually incurs after the Other Medical Plan has paid; any out-of-pocket amount the Covered Person actually incurs for surgery performed by a Physician after the Other Medical Plan has paid; and the Maximum In-Hospital Benefit shown in the Policy Schedule. The Covered Person must be an Inpatient and covered by Another Medical Plan when the Covered Charges are incurred.

Outpatient Benefits

Treatment is for the same or related conditions, unless separated by a period of 90 consecutive days. After 90 consecutive days, a new Outpatient Benefit will be payable. The Covered Person must be covered by Another Medical Plan when the Covered Charges are incurred.

Physician Outpatient Treatment Benefit

Benefit maximum of \$125 per family per Calendar Year. The Covered Person must be covered by Another Medical Plan when the Covered Charges are incurred. The Covered Person must not be an Inpatient when the Covered Charges are incurred

Premiums

The premium rates may be changed by Us. If the rates are changed, We will give You at least 31 days advance written notice. If a change in benefits increases Our liability, premium rates may be changed on the date Our liability is increased.

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

Family Coverage

You can take advantage of several options to extend coverage to your family:

- Family Plan – Employee and their spouse and any Eligible Dependent* under age 19.
- Single Parent Family – Employee and any Eligible Dependent* under age 19.

We will pay no benefits for any expenses incurred during any period the Covered Person does not have coverage under Another Medical Plan, except as provided in the Absence of Other Medical Plan provision or which result from:

- (a) suicide or any attempt, thereof, while sane or insane; (In Missouri, the reference to insanity does not apply.)
- (b) any intentionally self-inflicted injury or Sickness;
- (c) rest care or rehabilitative care and treatment;
- (d) routine newborn care, including routine nursery charges;
- (e) voluntary abortion except, with respect to You or Your covered Dependent spouse:
 - (1) where Your or Your Dependent spouse's life would be endangered if the fetus were carried to term; or
 - (2) where medical complications have arisen from abortion;
- (f) pregnancy of a Dependent child;
- (g) participation in a riot, 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;

- (h) commission of a felony;
- (i) participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
- (j) air travel, except:
 - (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - (2) as a passenger for transportation only and not as a pilot or crew member;
- (k) intoxication; (Whether or not a person is intoxicated is determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.)
- (l) alcoholism or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed;
- (m) sex changes;
- (n) experimental treatment, drugs, or surgery;
- (o) Pre-Existing Conditions, unless the Covered Person has satisfied the Pre-Existing Condition Exclusion Period shown on the Schedule;
- (p) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization; (This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval, or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the Covered Person is not covered.)
- (q) Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit; (This does not apply to those sole proprietors or partners not covered by Workers' Compensation.)
- (r) mental illness or functional or organic nervous disorders, regardless of the cause;
- (s) dental or vision services, including treatment, surgery, extractions, or x-rays, unless:
 - (1) resulting from an Accident occurring while the Covered Person's coverage is in force and if performed within 12 months of the date of such Accident; or
 - (2) due to congenital disease or anomaly of a covered newborn child.
- (t) routine examinations, such as health exams, periodic check-ups, or routine physicals;
- (u) any expense for which benefits are not payable under the Covered Person's Other Medical Plan; or
- (v) air or ground ambulance.

Termination of Coverage

Your Insurance coverage will end on the earliest of these dates: the date You no longer qualify as an Insured; the end of the last period for which premium has been paid; the date the Policy is discontinued; the date You retire; if You work for an employer employing less than 20 employees on a typical work day in the preceding Calendar Year, the date You attain age 70; the date You cease to be on Active Service; the date Your coverage under Another Medical Plan ends; or the date You cease employment with the employer through whom You originally became insured under the Policy.

Insurance coverage on a Dependent will end on the earliest of these dates: the date Your coverage terminates; the end of the last period for which premium has been paid; the date the Dependent no longer meets the definition of Dependent; the date the Dependent's coverage under Another Medical Plan ends; or the date the Policy is modified so as to exclude Dependent coverage.

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

We may end the coverage of a Subscribing Unit if fewer persons are insured than the Policyholder's application requires.

*Please consult the policy for definition of eligible Dependent and full-time student eligibility.

Limited Benefit Medical Expense Supplement Insurance MEDlink®

Monthly Premiums

| Issue Ages 17-54 | \$500 | \$1,000 | \$1,250 | \$1,500 | \$1,750 | \$2,000 | \$2,500 | \$3,500 | \$5,000 |
|-------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Employee | \$15.50 | \$18.50 | \$20.00 | \$21.50 | \$23.50 | \$25.00 | \$28.00 | \$33.50 | \$38.50 |
| Employee & Spouse | \$28.50 | \$34.00 | \$36.50 | \$39.50 | \$43.00 | \$46.00 | \$51.50 | \$61.50 | \$70.50 |
| 1 Parent Family | \$28.00 | \$32.50 | \$34.50 | \$36.50 | \$39.50 | \$41.50 | \$45.00 | \$53.50 | \$62.50 |
| 2 Parent Family | \$41.00 | \$48.00 | \$51.00 | \$54.50 | \$59.00 | \$62.50 | \$69.00 | \$81.50 | \$94.50 |

| Issue Ages 55-59 | \$500 | \$1,000 | \$1,250 | \$1,500 | \$1,750 | \$2,000 | \$2,500 | \$3,500 | \$5,000 |
|-------------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|
| Employee | \$22.00 | \$26.00 | \$29.00 | \$32.00 | \$35.00 | \$39.00 | \$44.50 | \$54.50 | \$63.50 |
| Employee & Spouse | \$41.50 | \$48.50 | \$54.00 | \$59.00 | \$65.00 | \$71.50 | \$81.50 | \$99.50 | \$115.50 |
| 1 Parent Family | \$34.50 | \$40.00 | \$43.50 | \$47.00 | \$51.00 | \$55.50 | \$62.00 | \$74.50 | \$87.50 |
| 2 Parent Family | \$54.00 | \$62.50 | \$68.50 | \$74.00 | \$81.00 | \$88.00 | \$99.00 | \$119.50 | \$139.50 |

| Issue Ages 60+ | \$500 | \$1,000 | \$1,250 | \$1,500 | \$1,750 | \$2,000 | \$2,500 | \$3,500 | \$5,000 |
|-------------------|---------|---------|---------|----------|----------|----------|----------|----------|----------|
| Employee | \$33.50 | \$40.00 | \$44.00 | \$49.00 | \$54.00 | \$59.50 | \$68.50 | \$84.00 | \$108.00 |
| Employee & Spouse | \$61.00 | \$72.50 | \$79.50 | \$88.00 | \$97.00 | \$106.50 | \$122.50 | \$149.50 | \$191.00 |
| 1 Parent Family | \$46.00 | \$54.00 | \$58.50 | \$64.00 | \$70.00 | \$76.00 | \$86.00 | \$104.00 | \$132.00 |
| 2 Parent Family | \$73.50 | \$86.50 | \$94.00 | \$103.00 | \$113.00 | \$123.00 | \$140.00 | \$169.50 | \$215.00 |

Plans available to employees age 70 and over if You work for an employer employing 20 or more employees on a typical workday in the preceding Calendar Year.

| MEDlink® Plan Option | |
|--|--|
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$1,250 | <input type="checkbox"/> \$1,500 |
| <input type="checkbox"/> \$1,750 | <input type="checkbox"/> \$2,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$3,500 |
| <input type="checkbox"/> \$5,000 | |
| Benefit Selected | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Employee and Spouse |
| <input type="checkbox"/> 1 Parent Family | <input type="checkbox"/> 2 Parent Family |
| Rate | |
| Total \$ _____ per _____ pay period | |

Underwritten by:



This is a brief description of the coverage. ■ For actual benefits and other provisions, please refer to the policy. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage. ■ Policy Form MEDlink® (09/08) AL, AZ, CO, MS ■ Limited Benefit Medical Expense Supplement Insurance ■ Employee Brochure.