

AMERICAN PUBLIC LIFE

# Cancer

YOUR  
BENEFITS



## About this Benefit

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.



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### DID YOU KNOW?



Breast Cancer is the most commonly diagnosed cancer in women.



If caught early, prostate cancer is one of the most treatable malignancies.

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

Celina ISD Benefits Website: [www.mybenefitshub.com/celinaisd](http://www.mybenefitshub.com/celinaisd)

# GC13 Limited Benefit Group Cancer Indemnity Insurance

Celina ISD

THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYEE LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

SUMMARY OF BENEFITS		
Benefits	Option 1	Option 2
Radiation Therapy/Chemotherapy/Immunotherapy Benefit Maximum per 12-month period	\$15,000	\$20,000
Hormone Therapy - Maximum of 12 treatments per Calendar Year	\$50 per treatment	\$50 per treatment
Experimental Treatment Benefit	Paid in the same manner and under the same maximums as any other benefit	
Waiver of Premium	Waive Premium	Waive Premium
Internal Cancer First Occurrence Benefit		
Lump Sum Benefit Maximum 1 per Covered Person per lifetime	\$5,000	\$10,000
Lump Sum for Eligible Dependent Children Maximum 1 per Covered Person per lifetime	\$7,500	\$15,000
Heart Attack/Stroke First Occurrence Benefit		
Lump Sum Benefit Maximum 1 per Covered Person per lifetime	\$5,000	\$10,000
Lump Sum for Eligible Dependent Children Maximum 1 per Covered Person per lifetime	\$7,500	\$15,000
Monthly Premium*		
Individual	\$13.66	\$23.00
Individual & Spouse	\$29.48	\$49.94
1 Parent Family	\$15.70	\$26.50
2 Parent Family	\$31.52	\$53.48

\*The premium and amount of benefits vary dependent upon the option selected at time of application.  
All benefits are per covered person, per calendar year unless otherwise stated.

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## Eligibility

You and your Eligible Dependents are eligible to be insured under the Certificate if you and your Eligible Dependents meet APL's underwriting rules and you are Actively at Work and qualify for coverage as defined in the Master Application.

## Limitations & Exclusions

No benefits will be paid for care or treatment received outside the territorial limits of the United States, treatment by any program engaged in research that does not meet the definition of Experimental Treatment or losses or medical expenses incurred prior to the Covered Person's Effective Date regardless of when Cancer was diagnosed.

## Only Loss for Cancer

The Policy/Certificate pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The Policy/Certificate also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy/Certificate does not cover any other disease, sickness or incapacity which existed prior to the diagnosis of Cancer, even though after contracting Cancer it may have been complicated, aggravated or affected by Cancer or the treatment of Cancer.

## Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date as the result of a Pre-Existing Condition. Pre-Existing Conditions specifically named or described as excluded in any part of the Policy/Certificate are never covered. If any change to coverage after the Certificate Effective Date results in an increase or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase.

## Waiting Period

The Policy/Certificate contains a Waiting Period during which no benefits will be paid. If any Covered Person has a Specified Disease diagnosed before the end of the Waiting Period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Covered Person's Effective Date. If any Covered Person is diagnosed as having a Specified Disease during the Waiting Period immediately following the Covered Person's Effective Date, the Insured may elect to void the Certificate from the beginning and receive a full refund of premium.

If the Policy/Certificate replaced Specified Disease Cancer coverage from another company that terminated within 30 days of the Certificate Effective Date, the Waiting Period will be waived for those Covered Persons that were covered under the prior coverage. However, the Pre-Existing Condition Limitation will still apply.

## Termination of Certificate

Insurance coverage under the Certificate and any attached riders will end on the earliest of any of the following dates: the date the Policy terminates; the end of the grace period if the premium remains unpaid; the date insurance has ceased on all persons covered under this Certificate; the end of the Certificate Month in which the Policyholder requests to terminate this coverage; the date you no longer qualify as an Insured; or the date of your death.

## Termination of Coverage

Insurance coverage for a Covered Person under the Certificate and any 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 Certificate Month in which the Policyholder requests to terminate the coverage for an Eligible Dependent; the date a Covered Person no longer qualifies as an Insured or Eligible Dependent; or the date of the Covered Person's death.

## Optionally Renewable

The policy is optionally renewable. The Policyholder has the right to terminate the policy on any premium due date after the first Anniversary following the Policy Effective Date. APL must give at least 60 days written notice prior to cancellation.

## Portability (Voluntary Plans Only)

When the Insured no longer meets the definition of Insured, he or she will have the option to continue this coverage, including any attached riders. No Evidence of Insurability will be required. Portability must meet all of the following conditions: the Certificate has been continuously in force for the last 12 months; APL receives a request and payment of the first premium for the portability coverage no later than 30 days after the date the Insured no longer qualifies as an eligible Insured. All future premiums due will be billed directly to the Insured. The Insured is responsible for payment of all premiums for the portability coverage; the Policy, under which this Certificate was issued, continues to be in force on the date the Insured ceases to qualify for coverage.

The benefits, terms and conditions of the portability coverage will be the same as those elected under the Certificate immediately prior to the date the Insured exercised portability. Portability coverage may include any Eligible Dependents who were covered under the Certificate at the time the Insured ceased to qualify as an eligible Insured. No new Eligible Dependents may be added to the portability coverage except as provided in the Newborn and Adopted Children provision. No increases in coverage will be allowed while the Insured is exercising his or her rights under this rider. If the Policy is no longer in force, then portability coverage is not available.

## Heart Attack/Stroke First Occurrence Benefit Rider

Pays a lump sum amount when a Covered Person receives a first diagnosis of Heart Attack/Stroke and the Date of Diagnosis occurs after the Waiting Period. The Heart Attack/Stroke lump sum benefit amount will reduce by 50% at age 70.

## Exclusions & Limitations

We will not pay benefits for any loss caused by or resulting from any of the following: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; alcoholism or drug addiction; any act of war, declared or undeclared, or any act related to war, or active service in the armed forces; 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; participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (a felony is defined by the law of the jurisdiction in which the activity takes place).

## Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date of this rider as the result of a Pre-Existing Condition.

## Waiting Period

This rider contains a Waiting Period during which no benefits will be paid. If any Heart Attack or Stroke is diagnosed before the end of the Waiting Period immediately following the Covered Person's Effective Date of this rider, coverage will apply only to loss that is incurred after one year from the Covered Person's Effective Date.

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## Termination

This rider will terminate and coverage will end for all Covered Persons on the earliest of any of the following: the end of the grace period if the premium for this rider remains unpaid; the date the Policy or Certificate to which this rider is attached terminates; the end of the Certificate Month in which we receive a request from the Policyholder to terminate this rider; the date of your death; or the date the lump sum benefit amount for Heart Attack or Stroke has been paid for all Covered Persons under this rider. Coverage on an Eligible Dependent terminates under this rider when such person ceases to meet the definition of Eligible Dependent.

## Internal Cancer First Occurrence Benefit Rider

Pays a lump sum benefit amount when a Covered Person receives a first diagnosis of a covered Internal Cancer and the Date of Diagnosis occurs after the Waiting Period. The Internal Cancer lump sum benefit amount will reduce by 50% at age 70.

## Exclusions & Limitations

We will not pay benefits for a diagnosis of Internal Cancer received outside the territorial limits of the United States or a metastasis to a new site of any Cancer diagnosed prior to the Covered Person's Effective Date, as this is not considered a first diagnosis of an Internal Cancer.

## Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date of this rider as the result of a Pre-Existing Condition.

## Waiting Period

This rider contains a Waiting Period during which no benefits will be paid. If any Internal Cancer is diagnosed before the end of the Waiting Period immediately following the Covered Person's Effective Date of this rider, coverage will apply only to loss that is incurred after one year from the Covered Person's Effective Date of this Rider.

## Termination

This rider will terminate and coverage will end for all Covered Persons on the earliest of any of the following: the end of the grace period if the premium for this rider remains unpaid; the date the Policy or Certificate to which this rider is attached terminates; the end of the Certificate Month in which we receive a request from the Policyholder to terminate this rider; the date of your death; or the date the lump sum benefit amount for Internal Cancer has been paid for all Covered Persons under this rider. Coverage on an Eligible Dependent terminates under this rider when such person ceases to meet the definition of Eligible Dependent.



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Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. For complete benefits and other provisions, please refer to your policy/certificate/rider(s). This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This product contains Limitations and Exclusions | 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 GC13APL | Limited Benefit Group Cancer Indemnity Insurance Series | Texas | (10/14) | Celina ISD