

AMERICAN PUBLIC LIFE

Accident

YOUR
BENEFITS



About this Benefit

Accident insurance is designed to supplement your medical insurance coverage by covering indirect costs that can arise with a serious, or a not-so-serious, injury. Accident coverage is low cost protection available to you and your family without evidence of insurability.



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DID YOU KNOW?



2/3

of disabling injuries suffered by American workers are not work related.

36%

of American workers report they always or usually live paycheck to paycheck.

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 Region VIII ESC Benefits Website: www.mybenefitshub.com/regionviiiessc

A-3 Supplemental Limited Benefit Accident Expense Insurance

Region VIII ESC

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*		
Benefit Description	Level 1 - 1 Unit	Level 3 - 3 Units
Accidental Death - per unit	\$5,000	\$15,000
Medical Expense Accidental Injury Benefit - per unit	actual charges up to \$500	actual charges up to \$1,500
Daily Hospital Confinement Benefit	\$75 per day	\$225 per day
Air and Ground Ambulance Benefit	actual charges up to \$1,250	actual charges up to \$3,750
Accidental Dismemberment Benefit		
Single finger or toe	\$500	\$1,500
Multiple fingers or toes	\$500	\$1,500
Single hand, arm, foot or leg	\$2,500	\$7,500
Multiple hands, arms, feet or legs	\$5,000	\$15,000
Accidental Loss of Sight Benefit - per unit		
Loss of Sight in one eye	\$2,500	\$7,500
Loss of Sight in both eyes	\$5,000	\$15,000

Monthly Premiums*				
	Individual	Individual & Spouse	1 Parent Family	2 Parent Family
Level 1 - 1 Unit	\$10.80	\$19.40	\$21.20	\$29.80
Level 3 - 3 Units	\$21.50	\$38.90	\$45.20	\$62.60

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

A-3 Supplemental Limited Benefit Accident Expense Insurance

Limitations and Exclusions

Eligibility

This policy will be issued to only those persons who meet American Public Life Insurance Company's insurability requirements. Persons not meeting APL's insurability requirements will be excluded from coverage by an endorsement attached to the policy.

Base Policy and Optional Benefits

No benefits are payable for a pre-existing condition. Pre-existing condition means an Injury that pertains solely to an Accidental Bodily Injury which resulted from an accident sustained before the Effective Date of coverage. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered.

A Hospital is not an institution which is primarily a place for alcoholics or drug addicts; the aged; a nursing, rest or convalescent nursing home; a mental institution or sanitarium; a facility contracted for or operated by the United States Government for treatment of members or ex-members of the armed forces (unless You are legally required to pay for services rendered in the absence of insurance); or, a long-term nursing unit or geriatrics ward.

Medical Expense Accidental Injury Benefit

Expenses must commence within 60 days of the covered accident. The maximum benefit amount payable for any one accident for the Insured Person shall not exceed the Medical Expense Benefit.

Air and Ground Ambulance Benefit

Emergency transportation must occur within 21 calendar days of the accident causing such Injury.

Daily Hospital Confinement Benefit

The maximum benefit period for this benefit is 30 days per covered accident.

Accidental Death

Accidental Death must result within 90 days of the covered accident causing the injury.

Accidental Dismemberment Benefit

The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit of \$5,000 cumulative per unit, per Accident. Loss must be within 90 days of the accident causing such Injury.

Hospital Admission Benefit

The maximum benefit is 4 units.

Exclusions

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such Loss resulting from or in connection with:

- (1) sickness, illness or bodily infirmity;
- (2) suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
- (3) dental care or treatment unless due to accidental Injury to natural teeth;
- (4) war or any act of war (whether declared or undeclared) or participating in a riot or felony;
- (5) alcoholism or drug addiction;
- (6) travel or flight in or descent from any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
- (7) Injury originating prior to the effective date of the Policy;
- (8) Injury occurring while 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 is incurred.);
- (9) Voluntary inhalation of gas or fumes or taking of poison or asphyxiation;
- (10) Voluntary ingestion or injection of any drug, narcotic or sedative, unless administered on the advice and taken in such doses as prescribed by a Physician;
- (11) Injury sustained or sickness which first manifests itself while on full-time duty in the armed forces; (Upon notice, We will refund the proportion of unearned premium while in such forces.)
- (12) Injury incurred while engaging in an illegal occupation;
- (13) Injury incurred while attempting to commit a felony or an assault;
- (14) Injury to a covered person while practicing for or being a part of organized or competitive rodeo, sky diving, hang gliding, parachuting or scuba diving;
- (15) driving in any race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
- (16) hernia, carpal tunnel syndrome or any complication therefrom;

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If You are entitled to benefits under this Policy as a result of sprained or lame back, or any intervertebral disk conditions, such benefits shall be payable for a maximum period of time, not exceeding in the aggregate three (3) months for any Injury.

Guaranteed Renewable

You have the right to renew this Policy until the first premium due date on or after Your 69th birthday, if you pay the correct premium when due or within the Grace Period. When an Insured's coverage terminates at age 70, coverage for other Insured Persons, if any, shall continue under this Policy. We have the right to change premium rates by class.



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Underwritten by American Life Insurance Company. This is a brief description of the coverage. For actual benefits, limitations, exclusions and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. | **This product is inappropriate for people who are eligible for Medicaid coverage.** | Policy Form A3 Series | Texas | Supplemental Limited Benefit Accident Expense Insurance Policy | (10/14) | Region VIII ESC