

AMERICAN PUBLIC LIFE

MEDlink®

YOUR
BENEFITS

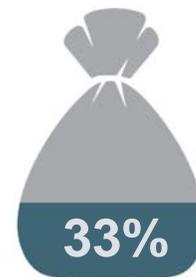


About this Benefit

MEDlink® is designed to help supplement your Employer's major medical plan. This plan provides supplemental coverage to help offset out-of-pocket costs that you may experience due to deductibles, co-payments and coinsurance of your medical plan.



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 West Texas EBC Benefits Website: www.mybenefitshub.com/wtxebc

MEDlink® Limited Benefit Group Medical Expense Supplemental Insurance

West Texas EBC

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		
Base Policy	Option 1	Option 2
In-Hospital Benefit - Maximum In-Hospital Benefit	\$1,500 per confinement	\$2,500 per confinement
Outpatient Benefit	up to \$200 per treatment	up to \$200 per treatment
Physician Outpatient Treatment Benefit	\$25 per treatment; \$125 max per family per Calendar Year	\$25 per treatment; \$125 max per family per Calendar Year

Option 1 Total Monthly Premiums by Plan*			
	17-54	55-59	60+
Employee Only	\$21.50	\$32.00	\$49.00
Employee + Spouse	\$39.50	\$59.00	\$88.00
Employee + Child(ren)	\$36.50	\$47.00	\$64.00
Family Coverage	\$54.50	\$74.00	\$103.00

Option 2 Total Monthly Premiums by Plan*			
	17-54	55-59	60+
Employee Only	\$28.00	\$44.50	\$68.50
Employee + Spouse	\$51.50	\$81.50	\$122.50
Employee + Child(ren)	\$45.50	\$62.00	\$86.00
Family Coverage	\$69.00	\$99.00	\$140.00

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. *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.

MEDlink[®] Limited Benefit Group Medical Expense Supplemental Insurance

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. If our underwriting rules are met, you are on active service, you are covered under your Employer's 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.

Covered Charges mean 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 incurred in a covered facility as defined in the Policy or any attached rider; 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. Covered charges also include Inpatient routine newborn care and are subject to above.

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 Employer's Medical Plan has paid; any out-of-pocket amount the Covered Person actually incurs for surgery performed by a Physician after the Employer's 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 your Employer's 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 your Employer's 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 your Employer's 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.

Exclusions

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

- (a) suicide or any attempt, thereof, while sane or insane;
- (b) any intentionally self-inflicted injury or Sickness;
- (c) rest care or rehabilitative care and treatment;
- (d) outpatient routine newborn care;
- (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) 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.)
- (p) 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.)
- (q) mental illness or functional or organic nervous disorders, regardless of the cause;
- (r) 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.
- (s) routine examinations, such as health exams, periodic check-ups, or routine physicals, except when part of Inpatient routine newborn care;
- (t) any expense for which benefits are not payable under the Covered Person's Employer's Medical Plan; or
- (u) air or ground ambulance.

MEDlink® Limited Benefit Group Medical Expense Supplemental Insurance

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 your Employer's 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 your Employer's 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.



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Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. For complete 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.** | 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 MEDlink® Series | Texas | Limited Benefit Medical Expense Supplemental Insurance | (10/14) | West Texas EBC

APSB-22330(TX)-0116 MGM/FBS West Texas EBC