

**American Public Life – A3 Accident Indemnity Insurance
for Retirees of the Tulsa Fraternal Order of Police**

Benefit	Level 1	Level 2	Level 3	Level 4
Accidental Injury Benefit - We will pay the actual charges per accident (not to exceed maximum benefits for units selected) for physician's treatment, surgery, x-rays, reduction of fractures and dislocations or other emergency treatment expenses. In no case will the benefit exceed actual charges. There is a \$50 deductible for emergency room expenses, per occurrence, regardless of the number of units. Expenses must commence within 60 days of the covered accident.	\$500	\$1,000	\$1,500	\$2,000
Ambulance Benefit - We will pay the actual charges (not to exceed maximum benefits for units selected) for emergency transportation for covered treatment (ground or air). Such emergency transportation must occur within 21 calendar days of the covered accident.	\$1,250	\$2,500	\$3,750	\$5,000
Hospital Confinement - We will pay the daily hospital benefit, based upon the number of units selected, when a covered insured is confined to a hospital due to accident or injury. This benefit begins the first day of confinement and pays up to 30 days per any one accident.	\$75	\$150	\$225	\$300
Accidental Death Benefit* - We will pay the benefit shown for accidental death which results within 90 days of the accident, based upon the number of units selected.	\$5,000	\$10,000	\$15,000	\$20,000
Dismemberment* - We will pay the following benefit, based upon the number of units selected, for dismemberment which results within 90 days of a covered accident (dismemberment benefits are subject to a \$5,000 per unit cumulative maximum per accident). Single Finger or toe Multiple fingers or toes Single Hand, Arm, Foot or Leg Multiple Hands, Arms, Feet or Legs	\$ 250 \$ 500 \$2,500 \$5,000	\$ 500 \$ 1,000 \$ 5,000 \$10,000	\$ 750 \$ 1,500 \$ 7,500 \$15,000	\$ 1,000 \$ 2,000 \$10,000 \$20,000
Loss of Sight Benefit - We will pay the benefit, based upon the number of units selected, shown for the loss of sight due to accidental injury. Loss of sight in one eye Loss of sight in both eyes	\$2,500 \$5,000	\$ 5,000 \$10,000	\$ 7,500 \$15,000	\$10,000 \$20,000
Premiums: Individual Individual and Spouse Individual and Children Family (2 Parents and children)	\$10.80 \$19.40 \$21.20 \$29.80	\$17.10 \$29.80 \$34.90 \$47.60	\$21.50 \$38.90 \$45.20 \$62.60	\$24.50 \$44.90 \$52.00 \$72.40

Exclusions and Limitations

Benefits otherwise provided by this policy will not be payable for services or expenses or any 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 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 or 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 from;
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 manifests itself while on full-time duty in the armed forces. Upon notice, the company will refund the proportion of unearned premium while in such forces;
12. injury incurred while engaged in an illegal occupation;
13. injury incurred while attempting to commit a felony or assault;
14. mental or emotional disorders;
15. injury to a covered person while practicing for or being a part of organized or competitive football; (waived)
16. 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;
17. Driving in any race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
18. charges incurred outside the U.S. if an insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
19. hernia, carpal tunnel syndrome or any complication therefrom;
20. any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

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 three (3) months for any injury. These exclusions and limitations are not applicable for all states. Please refer to your policy or outline for applicable exclusions or limitations.

This coverage should be viewed as a supplement to other health insurance. This is not the insurance contract, and only the actual policy provisions will apply. It is therefore important that you read your policy carefully. All products are not available in all states.