

GC14

Limited Benefit Group Specified Disease Cancer Indemnity Insurance

For Employees of

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Summary of Benefits	Plan 1	Plan 2
Cancer Treatment Policy Benefits	Level 1	Level 3
Radiation Therapy, Chemotherapy, Immunotherapy - Maximum per 12-month period	\$10,000	\$15,000
Hormone Therapy - Maximum of 12 treatments per calendar year	\$50 per treatment	\$50 per treatment
Experimental Treatment	paid in same manner and under the same maximums as any other benefit	
Cancer Screening Rider Benefits	Level 1	Level 1
Diagnostic Testing - 1 test per calendar year	\$50 per test	\$50 per test
Follow-Up Diagnostic Testing - 1 test per calendar year	\$100 per test	\$100 per test
Medical Imaging - per calendar year	\$500 per test / 1 per calendar year	\$500 per test / 1 per calendar year
Surgical Rider Benefits	Level 1	Level 1
Surgical	\$30 unit dollar amount Max \$3,000 per operation	\$30 unit dollar amount Max \$3,000 per operation
Anesthesia	25% of amount paid for covered surgery	
Bone Marrow Transplant - Maximum per lifetime	\$6,000	\$6,000
Stem Cell Transplant - Maximum per lifetime	\$600	\$600
Prosthesis - Surgical Implantation/Non-Surgical (not Hair Piece) 1 device per site, per lifetime	\$1,000 / \$100	\$1,000 / \$100
Patient Care Rider Benefits	Level 1	Level 3
Hospital Confinement		
Per day of Hospital Confinement (1-30 days)	\$100	\$200
Per day for Eligible Dependent Children (1-30 days)	\$200	\$400
Per day of Hospital Confinement (31+ days)	\$100	\$400
Per day for Eligible Dependent Children (31+ days)	\$200	\$800
Outpatient Facility - Per day surgery is performed	\$200	\$400
Attending Physician - Per day of Hospital Confinement	\$30	\$40
Dread Disease - Per day of Hospital Confinement (1-30 days / 31+ days)	\$100 / \$100	\$200 / \$400
Extended Care Facility - Up to the same number of Hospital Confinement Days	\$100 per day	\$200 per day
Donor	\$100 per day	\$200 per day
Home Health Care - Up to the same number of Hospital Confinement Days	\$100 per day	\$200 per day
Hospice Care - Up to maximum of 365 days per lifetime	\$100 per day	\$200 per day
US Government, Charity Hospital or HMO - Per day of Hospital Confinement (1-30 days / 31+ days)	\$100 / \$100	\$200 / \$400
Miscellaneous Care Rider Benefits	Level 1	Level 2
Cancer Treatment Center Evaluation or Consultation - 1 per lifetime	Not Included	\$750
Evaluation or Consultation Travel and Lodging - 1 per lifetime	Not Included	\$350
Second / Third Surgical Opinion - per diagnosis of cancer	\$300 / \$300	\$300 / \$300
Drugs and Medicine - Inpatient / Outpatient (maximum \$150 per month)	\$150 per confinement \$50 per prescription	\$150 per confinement \$50 per prescription
Hair Piece (Wig) - 1 per lifetime	\$150	\$150
Transportation - Maximum 12 trips per calendar year for all modes of transportation combined Travel by bus, plane or train	actual coach fare or \$0.40 per mile	actual coach fare or \$0.75 per mile
Travel by car	\$0.40 per mile	\$0.75 per mile
Lodging - up to a maximum of 100 days per calendar year	\$50 per day	\$100 per day
Family Transportation - Maximum 12 trips per calendar year for all modes of transportation combined Travel by bus, plane or train	actual coach fare or \$0.40 per mile	actual coach fare or \$0.75 per mile
Travel by car	\$0.40 per mile	\$0.75 per mile
Family Lodging - up to a maximum of 100 days per calendar year	\$50 per day	\$100 per day
Blood, Plasma and Platelets	\$300 per day	\$300 per day
Ambulance - Ground/Air - Maximum of 2 trips per Hospital Confinement for all modes of transportation combined	\$200 / \$2,000 per trip	\$200 / \$2,000 per trip
Inpatient Special Nursing Services - per day of Hospital Confinement	\$150 per day	\$150 per day

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Miscellaneous Care Rider Benefits Con't.	Level 1	Level 2
Outpatient Special Nursing Services - Up to same number of Hospital Confinement days	\$150 per day	\$150 per day
Medical Equipment - Maximum of 1 benefit per calendar year	Not Included	\$150
Physical, Occupational, Speech, Audio Therapy & Psychotherapy / Maximum per calendar year	\$25 per visit / \$1,000	\$25 per visit / \$1,000
Waiver of Premium	Waive Premium	Waive Premium
Internal Cancer First Occurrence Rider Benefits	Level 1	Level 2
Lump Sum Benefit - Maximum 1 per Covered Person per lifetime	\$2,500	\$5,000
Lump Sum for Eligible Dependent Children - Maximum 1 per Covered Person per lifetime	\$3,750	\$7,500
Hospital Intensive Care Unit Rider Benefits	Level 1	Level 1
Intensive Care Unit	\$600 per day	\$600 per day
Step Down Unit - Maximum of 45 days per Confinement for any combination of Intensive Care Unit or Step Down Unit	\$300 per day	\$300 per day

Total Monthly Premiums by Plan**

Issue Ages	Individual		Individual & Spouse		1 Parent Family		2 Parent Family	
	Plan 1	Plan 2	Plan 1	Plan 2	Plan 1	Plan 2	Plan 1	Plan 2
18 +	\$19.80	\$27.54	\$41.70	\$58.04	\$25.78	\$35.36	\$47.62	\$65.86

**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.

Benefits are only payable following a diagnosis of cancer for a loss incurred for the treatment of cancer while covered under the policy. A charge must be incurred for benefits to be payable. When coverage terminates for loss incurred after the coverage termination date, our obligation to pay benefits also terminates for a specified disease that manifested itself while the person was covered under the policy. All benefits are subject to the benefit maximums.

Cancer Treatment Benefits Eligibility

You and your eligible dependents are eligible to be insured under this certificate if you and your eligible dependents meet our underwriting rules and you are actively at work with the policyholder and qualify for coverage as defined in the master application. A covered person is a person who is eligible for coverage under the certificate and for whom the coverage is in force. An eligible dependent means your lawful spouse; your natural, adopted or stepchild who is under the age of 26; and/or any child under the age of 26 who is under your charge, care and control, and who has been placed in your home for adoption, or for whom you are a party in a suit in which adoption of the child is sought; or any child under the age of 26 for whom you must provide medical support under an order issued under Chapter 154 of the Texas Family Code, or enforceable by a court in Texas; or grandchildren under the age of 26 if those grandchildren are your dependents for federal income tax purposes at the time application for coverage of the grandchild is made.

Limitations and Exclusions

No benefits will be paid for any of the following: 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 specified disease was diagnosed.

Only Loss for Cancer

The policy 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 also covers other conditions or diseases directly caused by cancer or the treatment of cancer. The policy 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 are never covered. If any change to coverage after the certificate effective date results in an increase or addition to coverage, incontestability and pre-existing condition exclusion for such increase will be based on the effective date of such increase.

Termination of Certificate

Insurance coverage under the certificate and any attached riders will end on the earliest of these 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.

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

Cancer Screening Benefits Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition.

Surgical Benefits

Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition.

Patient Care Benefits

Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition.

Only Loss for Cancer or Dread Disease

Pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This rider also covers other conditions or diseases directly caused by cancer or the treatment of cancer. This rider 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 except for conditions specifically provided in the dread disease benefit.

A hospital is not an institution, or part thereof, used as: a place of 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.

Miscellaneous Benefits

Waiver of Premium

When the certificate is in force and you become disabled, we will waive all premiums due including premiums for any riders attached to the certificate. Disability must be due to cancer and occur while receiving treatment for such cancer.

You must remain disabled for 60 continuous days before this benefit will begin. The waiver of premium will begin on the next premium due date following the 60 consecutive days of disability. This benefit will continue for as long as you remain disabled until the earliest of either of the following: the date you are no longer disabled; the date coverage ends according to the termination provisions in the certificate; or the date coverage ends according to the termination provisions in this rider. Proof of disability must be provided for each new period of disability before a new waiver of premium benefit is payable.

Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition.

Termination of Cancer Screening, Surgical, Patient Care & Miscellaneous Benefit Riders

The above listed rider(s) will terminate and coverage will end for all covered persons on the earliest of: the end of the grace period if the premium for the rider remains unpaid; the date the policy or certificate to which the rider is attached terminates; the end of the certificate month in which APL receives a request from the policyholder to terminate the rider; or the date of your death. Coverage on an eligible dependent terminates under the rider when such person ceases to meet the definition of eligible dependent.

Internal Cancer First Occurrence

Benefits

Pays a lump sum benefit amount when a covered person receives a first diagnosis of internal cancer. Only one benefit per covered person, per lifetime is payable under this benefit and the lump sum benefit amount will reduce by 50% at age 70.

Limitations and Exclusions

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.

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 covered person's 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.

Heart Attack/Stroke First Occurrence Benefits

Pays a lump sum benefit amount when a covered person receives a first diagnosis of heart attack or stroke. Only one benefit per covered person per lifetime is payable under this benefit and the lump sum benefit amount will reduce by 50% at age 70.

Limitations and Exclusions

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, or 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.

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 a covered person's 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, as defined in the policy.

Hospital Intensive Care Unit Benefits

Pays a daily benefit amount, up to the maximum number of days for any combination of confinement, for each day charges are incurred for room and board in an intensive care unit (ICU) or step-down unit due to an accident or sickness. Benefits will be paid beginning on the first day a covered person is confined in an ICU or step-down unit due to an accident or sickness that begins after the effective date of this rider. This benefit will reduce by 50% at age 70.

Limitations and Exclusions

For a newborn child born within the 10-month period following the effective date, no benefits under this rider will be provided for confinements that begin within the first 30 days following the birth of such child. No benefits under this rider will be provided during the first two years following the effective date for confinements caused by any heart condition when any heart condition was diagnosed or treated prior to the end of the 30-day period following the covered person's effective date. The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the effective date.

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, or 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; 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).

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 or the date of the covered person's death. Coverage on an eligible dependent terminates under this rider when such person ceases to meet the definition of eligible dependent.

Optionally Renewable

This policy/riders are optionally renewable. The policyholder or we have the right to terminate the policy/riders on any premium due date after the first anniversary following the policy/riders effective date. We must give at least 60 days written notice to the policyholder prior to cancellation.

Portability Amendment Rider

When you no longer meet the definition of Insured, you 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; we receive a request and payment of the first premium for the portability coverage no later than 30 days after the date you no longer qualify as an eligible insured; and the policy, under which this certificate was issued, continues to be in force on the date you cease to qualify for coverage. All future premiums due will be billed directly to you. You are responsible for payment of all premiums for the portability coverage.

The benefits, terms and condition of the portability coverage will be the same as those elected under the certificate immediately prior to the date you exercised portability. Portability coverage may include any eligible dependents who were covered under the certificate at the time you ceased to qualify as an eligible insured. No new eligible dependents may be added to the portability coverage except as provided in the New Born and Adopted Children provision. No increases in coverage will be allowed while you are exercising your rights under this rider. The premium for the portability coverage will be based on the premium tables used for such coverage at the time of the portability request.

Coverage under this rider will terminate in accordance with the provisions of the Termination of Coverage in the certificate. If the policy is no longer in force, then portability coverage is not available.



2305 Lakeland Drive | Flowood, MS 39232
ampublic.com | 800.256.8606

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 GC14 Series | TX | Limited Benefit Group Specified Disease Cancer Indemnity Insurance | (03/20)