



Summary of Benefits	Plan 1
Hospital Admission Benefit	\$1,500 per day; maximum of 4 day(s)
Hospital Confinement Benefit	\$50 per day; maximum of 5 day(s)

Plan 1 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	\$14.91	\$36.54	\$22.54	\$46.71

\* 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**

Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

**Hospital Admission Benefit** - Pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. APL will not pay this benefit for outpatient treatment, emergency room treatment or a stay less than 18 hours in an observation unit. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, 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.

**Hospital Confinement Benefit** - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

**Exclusions**

No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medical necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (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 was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, 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); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.



Summary of Benefits	Plan 1
Hospital Admission Benefit	\$2,000 per day; maximum of 4 day(s)
Hospital Confinement Benefit	\$50 per day; maximum of 5 day(s)

Plan 1 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	\$19.44	\$47.62	\$29.29	\$60.74

\* 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.

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**Hospital Confinement Benefit** - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

### Exclusions

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Plan 1 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	\$23.97	\$58.69	\$36.04	\$74.77

\* 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.

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# MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

## Termination of Certificate

Your insurance coverage under the certificate, including 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 you no longer qualify as an insured or the date of your death.

## Termination of Coverage

Your insurance coverage under the policy and/or 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 period in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent or the date of the covered person's death. APL may end coverage of any covered person who submits a fraudulent claim.

## COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.



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Underwritten by American Public Life Insurance Company. All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider. For complete benefits and other provisions, please refer to the policy/certificate/rider. 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 GHI17 Series | NM | Group Limited Benefit Hospital Indemnity Insurance Policy | (03/18)