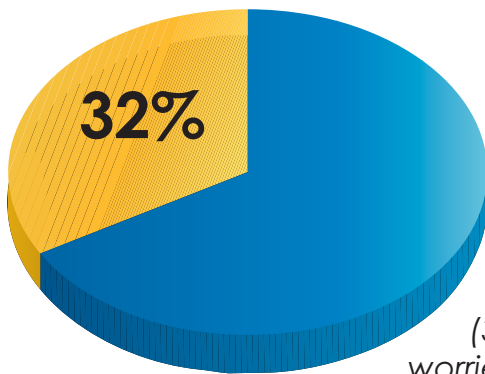


# Decide Today To Protect Tomorrow<sup>®</sup>



# Facts to Consider

- Pays benefits regardless of other health insurance coverage.
- Coverage is portable. You may keep your policy in force even if you change jobs.
- Available to issue ages 17-64.
- Available through payroll deduction or monthly bank draft.
- Simplified Underwriting.



*Nearly one-third of Americans (32%) are very worried about not*

*being able to afford the health care services they think they need.<sup>1</sup>*

*26% of children under the age of 6 and 18% of children ages 6 to 17 have visited the emergency department at least once in the past 12 months.<sup>2</sup>*

*About 1 in 10 Americans visited a hospital emergency room due to an accidental injury in 2004.<sup>3</sup>*

*The average length of a hospital stay is 5.7 days.<sup>4</sup>*



<sup>1</sup>Kaiser Family Foundation/Harvard School of Public Health Poll (Kaiser/HSPH), 2005, Storrs, Conn.; Roper Center for Public Opinion Research, March 31-April 3. <sup>2</sup>National Center for Health Statistics: Health, United States, 2006 <sup>3</sup>National Safety Council, Injury Facts, 2007 Edition, page 2. <sup>4</sup>AHA Hospital Statistics 2005.

# Policy Benefit Highlights

## Daily Hospital Confinement Benefit

Pays a daily indemnity benefit for each day an Insured Person is Hospital Confined for each One Period of Confinement. The maximum benefit period for this benefit is 90 days.

Hospital Confinement (Hospital Confined) means the Insured Person must be confined to a bed as a resident Inpatient in a Hospital at the direction of and under the supervision of a Physician due to Injury or Sickness for at least 24 consecutive hours to be considered one day of Hospital Confinement.

Sickness means a disease or illness of the Insured Person.

An Injury means a sudden, unexpected and unintended bodily injury which is caused directly by an accident; is independent of Sickness, disease, bodily infirmity or any other cause; over which the Insured Person has no control; and occurs while the policy is in force for the person on whom claim is made.

Inpatient means an Insured Person who is admitted and confined as a resident patient to a Hospital for at least 24 continuous hours and is being charged for room and board facilities.

## Intensive Care/Coronary Care Unit Rider

Pays an indemnity benefit if an Insured Person is confined in a Hospital's Intensive Care or Coronary Care Unit due to an Injury or Sickness. We will pay the indemnity benefit for each day of such confinement, but not to exceed 20 days during any One Period of Confinement. Confinement in the Intensive Care Unit or Coronary Care Unit must begin after the Effective Date of this Rider. This benefit will be paid in addition to the Hospital Confinement Benefit in the Policy. One Period of Confinement means continuous Hospital Confinement as a resident Inpatient. Successive Hospital stays will be considered One Period of Confinement if they are due to the same or related cause and are separated by less than 180 days.

## Annual First Occurrence Hospital Rider

Pays an indemnity benefit for an Insured Person's First Occurrence Hospital Confinement. The Hospital Confinement must be due to a covered Injury or Sickness; begin while this rider is in force; be for at least one day (24 hours); and be at the direction of and under the supervision of a Physician. First Occurrence Hospital Confinement means the first time an Insured Person is confined to a Hospital in a Calendar Year for a period of confinement for which benefits are payable under the policy to which this rider is attached.

## Surgical and Anesthesia Benefits Rider

Pays an indemnity benefit when surgery is performed by a Physician due to a covered Injury or Sickness. We will pay the lesser of the surgical unit value assigned to the procedure multiplied by the Unit Dollar Amount\*; or the Maximum Surgical Benefit\* amount. We will use the most current Physicians' Fee Reference Manual and the Current Procedural Terminology (CPT) Code to determine the surgical unit value assigned to each procedure. A benefit will be calculated as follows: Unit Dollar Amount shown x surgical unit value = Benefit Amount (up to the maximum amount shown per operation). The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a Physician's office.

This benefit includes reconstructive breast surgery and prosthesis and physical complications due to mastectomy on the breast on which the mastectomy has been performed; and on the nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the nondiseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

## Anesthesia Benefits

Pays 25% of the indemnity benefit paid under the Surgical Benefits when a covered surgical procedure is performed and anesthesia is administered on the Insured Person by a Physician in connection with the covered surgical procedure.

## Outpatient Surgical Facility Benefit Rider

Pays an indemnity benefit when an Insured Person has a surgical procedure performed due to a covered Sickness or Injury as an outpatient in a Hospital or at an Ambulatory Surgical Facility. This benefit is paid once per Insured Person per 24-hour period even if more than one surgical procedure is performed.

## Hospital Emergency Accident Rider

Pays an indemnity benefit if an Insured Person sustains an Injury which requires Emergency Care by a Physician. The treatment must be rendered in an Emergency Room of a Hospital and received within three days of the Injury. Emergency Care means medical treatment for an Injury demanding immediate attention.

## Outpatient Physician Benefit Rider

Pays an indemnity benefit for an Insured Person for outpatient treatment of a covered Sickness or Injury by a Physician or Surgeon. The treatment must be rendered personally by a Physician or Surgeon in that Physician's or Surgeon's office, clinic, or other Out-Of-Hospital facilities.

## Medical Testing Benefit Rider

### Imaging Test Benefits

Pays an indemnity benefit when an Insured Person receives one of the following Imaging tests: a Magnetic Resonance Imaging (MRI); Computerized Tomography Scan (CT); Computerized Axial Tomography Scan (CAT); Positron Emission Tomography Scan (PET); Multiple Gated Acquisition (MUGA); Single Photon Emission Computer Tomography (SPECT); Pulmonary Ventilation/Perfusion Scan (V/Q); or an Ultrasound. The Imaging Test must be performed on the advice of a Physician for the purpose of diagnosis of a Sickness or Injury.

### Other Diagnostic Test Benefit

Pays an indemnity benefit for other Diagnostic Tests when an Insured Person receives a diagnostic test not covered under the Imaging Tests Benefit. The test must be performed on the advice of a Physician for the purpose of diagnosis of a Sickness or Injury.

### Wellness Test Benefit

Pays an indemnity benefit when an Insured Person receives a routine examination or other preventive test.

\*The Maximum Surgical Benefit and the Unit Dollar Amount are listed on the policy schedule page included in the policy.

# Limitations and Exclusions

## Eligibility

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

## Base Policy and Riders

No benefits are payable for the first twelve (12) months as a result of a Pre-Existing Condition. A Pre-Existing Condition is a disease or physical condition for which the Insured Person had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician; during the twelve (12) month period of time immediately prior to the Effective Date of coverage. The term "Pre-Existing Condition" will also include conditions that are related to such disease or physical condition and any pregnancy that commences before the Effective Date of the Insured Person's coverage. Complications of Pregnancy that begin after the Policy Date shown on the Policy Schedule page will be covered as any other Sickness regardless of when the pregnancy commenced. Pre-Existing Conditions specifically named or described as permanently excluded in the attached signed waiver rider are never covered. Pre-Existing Conditions specifically named or described as excluded for a limited time will be covered after the excluded period expires. All benefits payable only up to the maximum benefit listed on the Policy Schedule in the policy.

## Daily Hospital Confinement Benefit

A Hospital is not (other than in a minor way) an institution or part of an institution used as a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

## Intensive Care/Coronary Care Unit Rider

A step-down unit is not considered an Intensive Care Unit.

## Annual First Occurrence Hospital Rider

Benefits for this rider will be limited to the benefit amount each Calendar Year for each Insured Person. The first day of confinement must be in the Calendar Year for which the benefit amount is payable.

## Surgical and Anesthesia Benefits Rider

Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. In no case will the benefit payable for one operation exceed the maximum amount per operation in the Policy Schedule. If the surgery is performed in an Ambulatory Surgical Facility, the patient must be admitted, treated and released within a 24-hour period.

## Outpatient Surgical Facility Benefit Rider

The patient must be admitted, treated and released within a 24-hour period. If the Insured Person's outpatient surgery in a Hospital requires a stay of 24 hours or longer, this benefit will not be paid. In such case, the Hospital Confinement Benefit in the Policy will be paid in lieu of this benefit. This benefit will not be paid for any surgical procedure performed in a Hospital emergency room.

## Hospital Emergency Accident Rider

Benefits for Emergency Care are limited to two treatments, per Insured Person, in a Calendar Year, with the exception of Eligible Dependent Children. The benefits for Eligible Dependent Children are limited to a total of two Emergency Care treatments, for ALL children, in a Calendar Year. This benefit is not payable for treatment received in a Physician's office, clinic, or urgent care facility.

## Outpatient Physician Benefit Rider

This benefit is limited to five visits in a Calendar Year per Insured Person with the exception of a total of five visits for all Eligible Dependent Children. A maximum of 10 visits per Calendar Year for all covered persons. Treatment received in a hospital emergency room is not covered under this Rider. Treatment must occur after the Insured Person's effective date of coverage under this rider and occur while this rider is in effect for the Insured Person.

## Medical Testing Benefit Rider

### Imaging Test Benefit

Benefits for Imaging Tests are limited to one such test, per Insured Person, in a Calendar Year, with the exception of Eligible Dependent Children. The benefits for Eligible Dependent Children are limited to a total of two Imaging Tests, for ALL children combined, in a Calendar Year. The test must be performed while the person is covered under this Rider.

### Other Diagnostic Tests Benefit

Benefits for Other Diagnostic Tests are limited to two such tests, per Insured Person, in a Calendar Year, with the exception of Eligible Dependent Children. The benefits for Eligible Dependent Children are limited to a total of two Other Diagnostic Tests, for ALL children combined, in a Calendar Year. This benefit is not payable for any test covered under the Imaging Tests Benefit or Wellness Test Benefit. The test must be performed while the person is covered under this Rider.

### Wellness Test Benefit

Benefits for Wellness Tests are limited to one such test, per Insured Person, in a Calendar Year. This benefit is not payable for any test covered under the Imaging Tests Benefit or the Other Diagnostic Tests Benefit. The test must be performed while the person is covered under this Rider.

## Guaranteed Renewable

You have the right to renew this Policy until: the first premium due date on or after Your 65th birthday; or, if the Policy Date is after Your 60th birthday, the fifth Policy Anniversary; if You pay the correct premium when due or within the Grace Period. We have the right to change premium rates by class.

## Family Coverage:

You can take advantage of several options to extend coverage to your family:

- Family Plan – You and your spouse and any Eligible Child\* under age 26.
- Single Parent Family – You and any Eligible Child\* under age 26.

\*Please consult the policy for the definition of Eligible Child.

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.

# Limitations and Exclusions *continued*

We do not cover Hospital Confinements or other losses in the Policy or Riders attached thereto that are caused by or occur as a result of:

- (1) hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs or elective sterilization within six months after the Effective Date unless due to an emergency;
- (2) Injury or Sickness covered under Workers' Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law;
- (3) Injury or Sickness due to war or act of war, whether declared or undeclared;
- (4) Dental Treatment unless due to Injury;
- (5) Injuries that are intentionally self-inflicted;
- (6) Injury or Sickness incurred while actively participating or attempting to participate in a felony (A felony is as defined by the law of the jurisdiction in which the activity takes place.);
- (7) Injury or Sickness incurred while actively participating in an illegal occupation;
- (8) cosmetic care, except when the Hospital Confinement is due to medically necessary reconstructive surgery. Medically necessary reconstructive surgery is defined as:
  - (a) surgery to correct damage caused by injury or sickness;
  - (b) surgery to restore a normal bodily function.
  - (c) surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect.
  - (d) breast reconstruction following mastectomy.
- (9) rest care, convalescent care or for rehabilitation;
- (10) being intoxicated at or above the legal limit 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);
- (11) Injury sustained or Sickness, which manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium paid while in such forces;
- (12) treatment of Mental or Nervous Disorders;
- (13) treatment of alcoholism or drug addiction;
- (14) routine newborn care that is not due to such newborn child's Sickness or Injury;
- (15) treatment or Hospital Confinement rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure; nor,
- (16) services for which payment is not legally required, except for:
  - (a) Medicaid;
  - (b) treatment of non-service connected disabilities in Veteran Administration hospitals; and,
  - (c) inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government.

# The Company Behind Your Plan

American Public Life Insurance Company (APL) has an A. M. Best Rating of A- (Excellent)\*. Founded in 1945, with an executive office located in Jackson, MS, we are licensed to transact business in 49 states and the District of Columbia.

For many years, APL has focused on the worksite market, providing a broad portfolio of Voluntary Supplemental Insurance products. Our products are distributed through an Agent/Broker network that is supported by our experienced sales and marketing staff. We take great pride in our support and service to our Agent/Broker partners and their clients. We work hard every day to live up to our slogan, "EZ2doBizWith®".

We hope that you will give us the opportunity to show you what our product portfolio and services can mean to you.

## Available Products offered by American Public Life

- Dental
- Accident
- Intensive Care
- Medical Supplement
- Hospital Indemnity
- Cancer
- Whole Life
- Term Life
- Disability Income
- Heart Disease/Heart Attack/Stroke



\*Best Insurance Reports: Life and Health, 2007 Edition (A- is 4 out of 16 with one being the highest).

American Public Life Insurance Company ■ P.O. Box 925 ■ Jackson, MS 39205

# Decide Today To Protect Tomorrow<sup>®</sup>

## Hospital Indemnity Insurance Proposal

HI-2200

*Prepared for:*

# Sample Policy

Presented By:

**Chris Burton**

&



**American Public Life  
Insurance Company**

A member of the American Fidelity Group

Proposal is based on information provided to American Public Life. Final rates and benefits are subject to verification of data on which this is based. Proposal is valid for 60 days from date proposed.

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**AMERICAN PUBLIC LIFE INSURANCE COMPANY**  
**HOSPITAL INDEMNITY INSURANCE PROPOSAL**

HI-2200

*for:*

***SamplePolicy***

*Presented By: Chris Burton*

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**Option I    Utah**

SUMMARY OF BENEFITS	
<u>Benefit Description</u>	<u>Benefit Amount</u>
Hospital Confinement	\$1,000 per day
Intensive Care/Coronary Care Benefit Rider	\$1,000 per day
Annual First Occurrence Hospital Rider	\$1,000 per calendar year

TOTAL MONTHLY PREMIUM				
		Employee & Spouse	1 Parent Family	2 Parent Family
<b>Ages 17 - 34</b>		161.80	144.80	223.20
<b>Ages 35 - 44</b>		188.80	150.30	242.45
<b>Ages 45 - 54</b>		266.90	174.95	306.40
<b>Ages 55 - 59</b>		363.40	220.95	400.40
<b>Ages 60 - 64</b>		484.80	280.15	519.80

*This quote must be used in conjunction with APSB-21396-0709 series. Refer to Limitations and Exclusions section for benefit rider visit and testing limits. The premium and amount of benefits may vary dependant upon the plan selected.*

Proposal is based on information provided to American Public Life. Final rates and benefits are subject to verification of data on which this is based. Proposal is valid for 60 days from date proposed.

APSB-21916