

Accident Insurance

Supplemental Limited Benefit Accident Expense Insurance (A-3)



APSB-21402(FL)-0920
Bi-Weekly

APL
AMERICAN PUBLIC LIFE
Expanding the Benefits Horizon®

Summary of Benefits

Benefit Description	Level 1 - 1 Unit	Level 2 - 2 Units
Accidental Death - per unit	\$5,000	\$10,000
Medical Expense Accidental Injury Benefit - per unit	actual charges up to \$500	actual charges up to \$1,000
Daily Hospital Confinement Benefit	\$75 per day	\$150 per day
Air and Ground Ambulance Benefit	actual charges up to \$1,250	actual charges up to \$2,500
Accidental Dismemberment Benefit - per unit		
♦ Single Finger or toe	\$250	\$500
♦ Multiple fingers or toes	\$500	\$1,000
♦ Single hand, arm, foot or leg	\$2,500	\$5,000
♦ Multiple hands, arms, feet or legs	\$5,000	\$10,000
Accidental Loss of Sight Benefit - per unit		
♦ Loss of Sight in one eye	\$2,500	\$5,000
♦ Loss of Sight in both eyes	\$5,000	\$10,000
Optional Benefits		
Accidental Disability Income Benefit (Primary Insured Only)	\$400 - \$1,000 per month \$100 per unit	\$400 - \$1,000 per month \$100 per unit
Hospital Admission Benefit	\$100 - \$400 upon admission \$100 per unit	\$100 - \$400 upon admission \$100 per unit
Accident Only - Intensive Care Benefit	\$150 - \$600 per day \$150 per unit	\$150 - \$600 per day \$150 per unit
Optional Riders (Primary Insured Only)		
Total Disability - Sickness Rider	\$400 - \$1,000 per month \$100 per unit	\$400 - \$1,000 per month \$100 per unit

Policy Benefit Highlights

Medical Expense Accidental Injury Benefit

Pays actual charges up to the benefit selected for an Insured Person when medical treatment is required as a result of an Accidental Bodily Injury. For medical treatment received on an out-patient basis, Covered Expenses include physician charges, surgery, x-rays, radiation of fractures or other emergency first-aid expenses incurred in a physician's office, clinic, out-patient hospital facility or ambulatory surgical center. If Covered Expenses are incurred at a Hospital emergency room, a \$50 deductible will apply for each Accidental Injury. For medical treatment received by the Insured Person confined in a Hospital as a resident bed patient, Covered Expenses include physician charges, hospital room and medically necessary hospital billed services and supplies.

Air and Ground Ambulance Benefit

Pays actual charges up to the benefit selected for an Insured Person that requires emergency air or ground ambulance transportation, to or from a Hospital, for covered treatment as a result of an Accidental Bodily Injury.

Daily Hospital Confinement Benefit

Pays a daily benefit each day an Insured Person is Hospital confined as the result of an Accidental Bodily Injury. The maximum benefit period for this benefit is 30 days per covered accident.

Accidental Death

Pays an indemnity benefit for an Insured Person when an Accidental Bodily Injury results in the loss of life.

Injury or Accidental Injury or Accidental Bodily Injury means physical damage to an Insured Person, sustained on or after the Effective Date, and while this Policy is in force, which is the direct cause of the Loss, independent of disease, bodily infirmity or any other cause. All injuries sustained in any one accident and all complications arising therefrom and recurrence and complication shall be deemed to be a single "Injury".

Accidental Dismemberment Benefit

Pays an indemnity benefit, as shown below, for an Insured Person if an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight.

Single Finger or Toe	\$250 Per Unit
Multiple Fingers or Toes	\$500 Per Unit
Single Hand, Arm, Foot or Leg	\$2,500 Per Unit
Multiple Hand, Arm, Foot or Leg	\$5,000 Per Unit

Accidental Loss of Sight Benefit

Pays an indemnity benefit, as shown below, for an Insured person if an Accidental Bodily Injury results in the Loss of Sight in one eye. Pays double the indemnity benefit, as shown below, for an Insured Person if an Accidental Bodily Injury results in the Loss of Sight in both eyes.

Loss of Sight in one eye	\$2,500 Per Unit
Loss of Sight in both eyes	\$5,000 Per Unit

Optional Benefits

Accidental Disability Income Benefit (Primary Insured Only)

Pays a per unit monthly disability income benefit to the Primary Insured for loss of income due to a Disability caused by a covered Accidental Injury. This benefit begins the first day of a covered Disability.

Hospital Admission Benefit

Pays a per unit admission benefit for an Insured Person upon admission to a hospital due to a covered Accidental Injury.

Accident Only - Intensive Care Benefit

Pays a daily benefit for an Insured Person when confined in an Intensive Care Unit as a result of Accidental Bodily Injury.

Limitations and Exclusions

Eligibility

This policy will be issued to only those persons who meet American Public Life Insurance Company's insurability requirements. Persons not meeting APL's insurability requirements will be excluded from coverage by an endorsement attached to the policy. An eligible family member is your legal spouse or your dependent child (by blood or adoption) or stepchild under the age of 26.

Base Policy and Optional Benefits

No benefits are payable for a pre-existing condition. Pre-existing condition means an Injury that pertains solely to an Accidental Bodily Injury which resulted from an accident sustained before the Effective Date of coverage. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered.

A Hospital is not an institution which is primarily a place for alcoholics or drug addicts; the aged; a nursing, rest or convalescent nursing home; a mental institution or sanitarium; a facility contracted for or operated by the United States Government for treatment of members or ex-members of the armed forces (unless You are legally required to pay for services rendered in the absence of insurance); or, a long-term nursing unit or geriatrics ward.

Medical Expense Accidental Injury Benefit

Expenses must commence within 60 days of the covered accident. The maximum benefit amount payable for any one accident for the Insured Person shall not exceed the Medical Expense Benefit.

Air and Ground Ambulance Benefit

Emergency transportation must occur within 21 calendar days of the accident causing such Injury.

Daily Hospital Confinement Benefit

The maximum benefit period for this benefit is 30 days per covered accident.

Accidental Death

Accidental Death must result within 90 days of the covered accident causing the injury.

Accidental Dismemberment Benefit

The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit of \$5,000 cumulative per unit, per Accident. Loss must be within 90 days of the accident causing such Injury.

Accidental Disability Income Benefit

The minimum benefit is 4 units and the maximum benefit is 10 units. Benefits selected are subject to a 60% maximum replacement of lost income.

Disability means Your inability, as a result of covered Accidental Injury, to perform the substantial and material duties of Your occupation and You are not gainfully employed.

The maximum benefit period will not exceed 12 months.

Hospital Admission Benefit

The maximum benefit is 4 units.

Accident Only - Intensive Care Benefit

The maximum benefit is 4 units. The maximum benefit period for this benefit is up to 30 days for any one accident.

Exclusions

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such 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 unless 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 on 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 first manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium while in such forces.
- (12) Injury incurred while engaging in an illegal occupation;
- (13) Injury incurred while attempting to commit a felony or an assault;
- (14) Mental or emotional disorders;
- (15) 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;
- (16) driving in any race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
- (17) charges incurred outside the U.S., if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
- (18) hernia, carpal tunnel syndrome or any complication therefrom;
- (19) 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 in the aggregate three (3) months for any Injury.

Guaranteed Renewable

You have the right to renew this Policy until the first premium due date on or after Your 69th birthday, if you pay the correct premium when due or within the Grace Period. When an Insured's coverage terminates at age 70, coverage for other Insured Persons, if any, shall continue under this Policy. We have the right to change premium rates by class.

Supplemental Limited Benefit Accident Expense Insurance A-3

Base Plan Bi-Weekly Premiums*

	Individual	Individual & Spouse	One Parent Family	2 Parent Family
Level 1 - 1 Unit	\$2.17	\$3.90	\$4.26	\$6.00
Level 2 - 2 Units	\$3.44	\$6.00	\$7.03	\$9.59

Optional Benefits Bi-Weekly Premium*

Accident Disability Income Benefit (Primary Insured Only)

\$400	\$500	\$600	\$700	\$800	\$900	\$1000
2.01	2.52	3.02	3.52	4.02	4.53	5.03

Hospital Admission Benefit

	\$100	\$200	\$300	\$400
Individual	\$0.09	\$0.18	\$0.28	\$0.37
Individual & Spouse	\$0.13	\$0.26	\$0.39	\$0.52
One Parent Family	\$0.16	\$0.31	\$0.47	\$0.63
Two Parent Family	\$0.19	\$0.39	\$0.58	\$0.78

Accident Only - Intensive Care Benefit

	\$150	\$300	\$450	\$600
Individual	\$0.09	\$0.18	\$0.28	\$0.37
Individual & Spouse	\$0.13	\$0.26	\$0.39	\$0.52
One Parent Family	\$0.16	\$0.31	\$0.47	\$0.63
Two Parent Family	\$0.19	\$0.39	\$0.58	\$0.78



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*The premium and amount of benefits may vary dependent upon the plan selected at time of application.

Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy / certificate/rider(s). This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** Policy Form A-3 series | Florida | Supplemental Limited Benefit Accident Expense Insurance | Employee Brochure | (09/20)