



American Public Life Insurance Company

A member of the American Fidelity Group.

MEDlink®II Options

Ages 17-54

Employee Only										
Underlying Plan Deductible	In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$500 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT)									Optional Physician Outpatient Treatment Benefit
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	
\$500	16.74	20.27	22.73	24.63	26.18	27.53	28.80	29.85	31.18	\$4.62
\$1,000	18.67	24.17	27.40	29.62	31.34	32.77	34.05	35.11	36.42	
\$1,500	19.22	25.95	30.85	33.89	35.93	37.53	38.94	40.04	41.43	
\$2,000	19.64	26.78	32.22	36.45	39.32	41.20	42.75	43.95	45.43	
\$2,500	20.01	27.30	33.21	37.74	41.24	43.80	45.59	46.89	48.53	
\$3,000	20.30	27.68	33.69	38.44	42.19	45.12	47.32	48.84	50.74	
\$4,000	20.38	27.81	33.88	38.79	42.79	46.04	48.68	50.37	52.52	
\$5,000	20.49	27.94	34.07	39.15	43.38	46.96	50.01	51.91	54.29	

Employee & Spouse										
Underlying Plan Deductible	In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$500 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT)									Optional Physician Outpatient Treatment Benefit
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	
\$500	38.52	46.64	52.28	56.66	60.22	63.35	66.27	68.66	71.74	\$11.11
\$1,000	42.93	55.59	63.04	68.15	72.08	75.38	78.35	80.75	83.79	
\$1,500	44.22	59.71	70.97	77.95	82.64	86.33	89.56	92.10	95.30	
\$2,000	45.18	61.63	74.13	83.88	90.46	94.76	98.34	101.08	104.51	
\$2,500	46.03	62.81	76.39	86.81	94.86	100.76	104.85	107.83	111.63	
\$3,000	46.70	63.69	77.53	88.43	97.09	103.80	108.85	112.33	116.72	
\$4,000	46.91	63.99	77.94	89.24	98.42	105.91	111.96	115.87	120.81	
\$5,000	47.12	64.28	78.37	90.06	99.78	108.04	115.04	119.39	124.89	

Employee & Children										
Underlying Plan Deductible	In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$500 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT)									Optional Physician Outpatient Treatment Benefit
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	
\$500	31.82	38.52	43.20	46.81	49.75	52.33	54.74	56.72	59.26	\$11.88
\$1,000	35.47	45.92	52.08	56.29	59.55	62.27	64.73	66.71	69.21	
\$1,500	36.53	49.32	58.63	64.39	68.28	71.31	74.00	76.08	78.73	
\$2,000	37.32	50.91	61.23	69.29	74.74	78.28	81.23	83.49	86.34	
\$2,500	38.03	51.89	63.10	71.71	78.35	83.24	86.62	89.07	92.22	
\$3,000	38.57	52.62	64.04	73.06	80.20	85.75	89.93	92.80	96.43	
\$4,000	38.75	52.85	64.39	73.72	81.31	87.49	92.49	95.71	99.78	
\$5,000	38.92	53.09	64.75	74.39	82.43	89.23	95.04	98.64	103.16	

Employee & Family										
Underlying Plan Deductible	In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$500 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT)									Optional Physician Outpatient Treatment Benefit
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	
\$500	56.93	68.94	77.28	83.77	89.02	93.66	97.96	101.50	106.03	\$18.26
\$1,000	63.46	82.18	93.19	100.73	106.57	111.43	115.82	119.38	123.86	
\$1,500	65.37	88.25	104.92	115.23	122.16	127.60	132.41	136.14	140.88	
\$2,000	66.79	91.09	109.58	123.98	133.73	140.07	145.36	149.41	154.50	
\$2,500	68.05	92.85	112.93	128.34	140.21	148.96	155.01	159.39	165.03	
\$3,000	69.02	94.14	114.60	130.71	143.51	153.44	160.91	166.06	172.53	
\$4,000	69.33	94.58	115.23	131.92	145.50	156.56	165.51	171.28	178.57	
\$5,000	69.65	95.02	115.87	133.12	147.52	159.69	170.07	176.49	184.60	

Rates valid for group sizes of 10+ eligible employees (excluding Government entities) and for all states where approved except DC, FL, KY, NC & SC. Contact AlterNet Benefits for rates for \$100 and \$250 Outpatient Hospital Benefit deductibles and for In-Hospital benefit amounts of \$6,000 to \$10,000.

APS-2088

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3.15.07



American Public Life Insurance Company

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MEDlink® II Options

Ages 55+

<u>Employee Only</u>										
Underlying Plan Deductible	In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$500 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT)									Optional Physician Outpatient Treatment Benefit
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	
\$500	30.15	36.50	40.92	44.34	47.14	49.58	51.86	53.73	56.13	\$4.62
\$1,000	33.61	43.51	49.34	53.32	56.40	59.00	61.31	63.19	65.57	
\$1,500	34.61	46.71	55.55	61.00	64.68	67.55	70.09	72.07	74.58	
\$2,000	35.36	48.23	58.02	65.64	70.79	74.15	76.96	79.10	81.78	
\$2,500	36.02	49.16	59.80	67.95	74.24	78.86	82.05	84.40	87.36	
\$3,000	36.54	49.84	60.67	69.21	75.97	81.24	85.18	87.91	91.35	
\$4,000	36.71	50.07	60.99	69.85	77.02	82.89	87.63	90.68	94.53	
\$5,000	36.88	50.32	61.35	70.49	78.09	84.54	90.04	93.43	97.72	
<u>Employee & Spouse</u>										
Underlying Plan Deductible	In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$500 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT)									Optional Physician Outpatient Treatment Benefit
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	
\$500	69.34	83.96	94.11	102.00	108.40	114.03	119.27	123.59	129.12	\$11.11
\$1,000	77.29	100.08	113.47	122.66	129.74	135.70	141.02	145.35	150.82	
\$1,500	79.60	107.48	127.74	140.31	148.76	155.39	161.21	165.77	171.55	
\$2,000	81.33	110.94	133.43	150.98	162.83	170.56	177.01	181.94	188.12	
\$2,500	82.86	113.06	137.51	156.26	170.74	181.36	188.72	194.09	200.94	
\$3,000	84.05	114.64	139.55	159.18	174.76	186.84	195.94	202.20	210.10	
\$4,000	84.42	115.17	140.29	160.64	177.15	190.64	201.54	208.55	217.45	
\$5,000	84.82	115.71	141.08	162.09	179.61	194.46	207.08	214.90	224.79	
<u>Employee & Children</u>										
Underlying Plan Deductible	In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$500 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT)									Optional Physician Outpatient Treatment Benefit
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	
\$500	57.28	69.34	77.75	84.27	89.55	94.18	98.52	102.10	106.67	\$11.88
\$1,000	63.84	82.67	93.73	101.33	107.20	112.08	116.51	120.09	124.57	
\$1,500	65.74	88.79	105.53	115.91	122.90	128.36	133.20	136.94	141.73	
\$2,000	67.18	91.63	110.22	124.72	134.53	140.90	146.22	150.28	155.41	
\$2,500	68.45	93.40	113.60	129.07	141.03	149.83	155.91	160.31	165.99	
\$3,000	69.42	94.70	115.27	131.50	144.36	154.34	161.87	167.03	173.56	
\$4,000	69.75	95.14	115.90	132.69	146.35	157.48	166.48	172.28	179.61	
\$5,000	70.05	95.57	116.54	133.90	148.38	160.62	171.07	177.55	185.68	
<u>Employee & Family</u>										
Underlying Plan Deductible	In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$500 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT)									Optional Physician Outpatient Treatment Benefit
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	
\$500	102.48	124.09	139.10	150.79	160.23	168.59	176.32	182.69	190.85	\$18.26
\$1,000	114.22	147.92	167.74	181.31	191.83	200.58	208.47	214.88	222.95	
\$1,500	117.67	158.86	188.86	207.43	219.89	229.68	238.34	245.05	253.58	
\$2,000	120.23	163.97	197.24	223.15	240.70	252.13	261.65	268.95	278.10	
\$2,500	122.48	167.13	203.28	231.01	252.38	268.13	279.00	286.90	297.05	
\$3,000	124.25	169.46	206.29	235.28	258.31	276.18	289.65	298.91	310.56	
\$4,000	124.81	170.26	207.40	237.47	261.90	281.82	297.93	308.31	321.42	
\$5,000	125.37	171.03	208.55	239.63	265.54	287.44	306.12	317.69	332.28	

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