

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



APSB-22044(CO)



**American Public Life  
Insurance Company**

A member of the American Fidelity Group<sup>®</sup>

# Summary of Benefits by Plan\*

Benefit Description	Available Options
Daily Hospital Confinement Benefit	\$30 to \$1,000 per day; Available in \$10 units
Optional Benefit Riders	
Intensive Care/Coronary Care Unit Rider	\$100 to \$1,000 per day; Available in \$100 units
Annual First Occurrence Hospital Rider	\$100 to \$3,000 per calendar year; Available in \$100 units
Outpatient Sickness Rider	\$25, \$50, or \$75 per visit

## Family Coverage:

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

- Family Plan – You and your spouse and any Eligible Dependent\*\* under age 25.
- Single Parent Family – You and any Eligible Dependent\*\* under age 25.

## Policy Benefit Highlights

### Daily Hospital Confinement Benefit

Pays a daily indemnity benefit for each day the Insured Person is confined at the direction of or under the supervision of a Physician for at least 24 hours as an Inpatient to a Hospital for a covered Injury or covered Sickness for each Period of Confinement. The maximum benefit period for this benefit is 180 days for any one Period of Confinement.

Inpatient means confinement in a Hospital for at least 24 continuous hours in duration.

Sickness means an illness or disease which first manifests itself after coverage becomes effective for the Insured Person.

### Intensive Care/Coronary Care Unit Rider

Pays an indemnity benefit if You or Your covered Dependent 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. Each Period of Confinement must be separated by at least 30 days. This benefit will be paid in addition to the Hospital Confinement Benefit in the Policy/Certificate.

### Annual First Occurrence Hospital Rider

Pays an indemnity benefit for You or Your covered Dependent's First Occurrence Hospital Confinement. The Hospital Confinement must be due to a covered Injury or Sickness; begin while this rider is in force; and be at the direction of and under the supervision of a Physician.

First Occurrence Hospital Confinement means the first time You or Your covered Dependent is confined to a Hospital in a Calendar Year for a period of confinement for which benefits are payable under the policy/certificate to which this rider is attached.

### Outpatient Sickness Rider

Pays an indemnity benefit when You or Your covered Dependent receives treatment by a Physician for a covered Sickness in the Physician's Office; Clinic; Urgent Care Facility; or Emergency Room.

## Limitations and Exclusions

### Eligibility

This policy/certificate will be issued to those persons who meet American Public Life Insurance Company's insurability requirements. Evidence of insurability acceptable to us may be required.

If You are working either under contract to or as an employee of the Policyholder, or are a member in or employed by the association, if the Policy is issued to an association, You are eligible for insurance provided You qualify for coverage as defined in the Master Application and are Actively at Work on Your effective date of coverage.

Actively At Work means the person is performing the normal duties of his/her principal occupation, at his/her usual place of business, on a full time basis (at least 18 hours per week). A person is deemed to be Actively at Work on each day of regular paid vacation during which he/she is not totally disabled, provided he/she was Actively at Work on the last preceding working day.

# Limitations and Exclusions *continued*

## 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. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract 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/Certificate Schedule in the policy.

Period of Confinement means continuous confinement in a Hospital. Periods of Confinement for the same or a related cause, which are separated by less than 90 days, will be considered the same Period of Confinement. Each Period of Confinement must begin while coverage is in force for the Insured Person confined.

## Daily Hospital Confinement Benefit

Benefits payable will not exceed the Maximum Total Benefit of 180 Days for any one Period of Confinement, unless such confinement is due to a Mental or Emotional Disorder. If confinement is due to a Mental or Emotional Disorder, benefits payable will not exceed the Maximum Total Benefit of 30 days for any one Period of Confinement. The Hospital Confinement must begin while this policy/certificate is in force for the Insured Person. The Daily Benefit is shown in the Policy Schedule.

A Hospital is not an institution 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.

## Intensive Care/Coronary Care Unit Rider

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

## Annual First Occurrence Hospital Rider

The Benefit for this rider is payable one time each Calendar year for You and each of Your covered Dependents. The first day of confinement must be in the Calendar Year for which the benefit amount is payable.

## Outpatient Sickness Rider

The total Maximum Visits per Calendar Year, for You and for each of Your covered Dependents, is as shown in the Policy/Certificate Schedule of Benefits: 5 per Adult, 5 for all covered Dependent children, and 10 per family (for all covered persons combined).

## Renewability

This policy/certificate is conditionally renewable. This means that We have the right to terminate your policy/certificate on any premium due date after the first Policyholder's Anniversary Date. We must give the Policyholder at least 60 days written notice prior to cancellation. We cannot change Your coverage because of change in Your age or health. We can change

Your premiums if We change premiums for all similar Certificates issued to the Policyholder. We must give the Policyholder at least 60 days written notice before We change Your premiums.

We do not cover hospital confinements or other losses in the Policy or Riders attached thereto:

- (a) due to 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;
- (b) for an Injury or Sickness covered under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law;
- (c) for an Injury or Sickness due to war or act of war, whether declared or undeclared;
- (d) for Dental Treatment unless due to Injury;
- (e) for injuries that are intentionally self-inflicted;
- (f) for an Injury or Sickness incurred while committing or attempting to commit a felony;
- (g) for an Injury or Sickness incurred while engaging in an illegal occupation;
- (h) for cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as:
  - 1. surgery to restore a normal bodily function.
  - 2. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect.
  - 3. breast reconstruction following mastectomy.
- (i) which are primary for rest care, convalescent care or for rehabilitation;
- (j) due to being 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 was incurred);
- (k) for 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;
- (l) for treatment of alcoholism or drug addiction;
- (m) which are 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;
- (n) for which payment is not legally required, except for:
  - 1. Medicaid;
  - 2. treatment of non-service connected disabilities in Veteran Administration hospitals; and,
  - 3. inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government; nor,
- (o) Pre-Existing Conditions, unless the Insured Person has satisfied the Pre-Existing Condition Exclusion Period shown in the Schedule.

# Limitations and Exclusions *continued*

## Termination of Coverage

### Termination of Certificate

Your Insurance coverage will end on the earliest of these dates: the date You no longer qualify as an Insured; the last day of the period for which a premium has been paid, subject to the Grace Period; the date the Policy terminates; the date You retire; the date You cease to be on Actively at Work, as defined in the Policy/Certificate; the date You cease employment, or terminate Your contract with the employer through whom You originally became insured under the Policy; or the date We receive Your written request for termination.

### Termination of Dependent(s)

Insurance coverage on Your Dependent will end on the earliest of these dates: the date the coverage under the Certificate terminates; the date the Dependent no longer meets the definition of Eligible Dependent, as defined in the Policy/Certificate; the date the Policy is modified so as to exclude Dependent coverage; or the date We receive Your written request for termination.

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

*Underwritten by:*



**American Public Life  
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This is a brief description of the coverage. For actual benefits and other provisions, please refer to the policy/certificate. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage. ■ Policy Form HI-4005 series ■ Colorado ■ Limited Benefit Hospital Indemnity Insurance. ■ (08/10)