

AMERICAN PUBLIC LIFE INSURANCE COMPANY

LIMITED BENEFIT HOSPITAL INDEMNITY PLAN

HI-4005

for:

OLTON ISD

TEXAS – Employer Paid Plan

A medical reimbursement plan with benefits paid directly to the employee. These benefits are designed to help cover the deductibles and co-insurance in your Major Medical Health Plan.

	<u>Benefit Amount</u>
Daily Hospital Confinement Benefit	\$150 per day
Pays a daily benefit, due to a covered injury or sickness, for an inpatient hospital confinement of at least 24 hours at the direction of a physician. We will pay up to a maximum of 180 days per confinement, unless confinement is due to a mental or emotional disorder. We will pay up to a maximum of 30 days per confinement for a mental or emotional disorder.	
Emergency Accident Rider	\$100 per accident
Pays incurred expenses, not to exceed the maximum benefit selected, for treatment of an injury requiring immediate attention by a Physician in the Physician's Office, Clinic, Urgent Care Facility or Hospital Emergency Room. This benefit is subject to a maximum of 2 visits per calendar year per Covered Adult, except for Covered Dependent Children. The maximum number of visits for all Dependent Children combined is 2 visits per calendar year.	
Intensive Care/Coronary Care Rider	\$100 per day
Pays a daily benefit for confinement in a Hospital Intensive Care Unit or Hospital Coronary Care Unit due to an injury or sickness, up to a maximum of 20 days per confinement. Each period of confinement must be separated by a period of at least 30 days. This benefit is in lieu of the Daily Hospital Confinement Benefit.	
Annual First Occurrence Hospital Confinement Rider	\$1,000 per year
Pays a lump sum benefit the first time each calendar year an Insured is confined to a hospital as an inpatient. The confinement must be due to an injury or sickness and at the direction of a physician.	
Surgical & Anesthesia Rider*	\$2,000 max
Pays actual charges, not to exceed the scheduled amount for Surgery performed, due to a covered injury or sickness by a physician. Scheduled amounts are based on the selected benefit amount multiplied by the maximum percentage of surgical benefit shown in the rider. We will only pay for one surgical procedure regardless of the number of procedures performed at the same time. We will pay actual charges for anesthesia administered by a physician in connection with the surgery, up to 25% of the amount paid for the surgical procedure.	
Outpatient Sickness Rider	\$75 per visit
Pays the selected benefit for treatment of a covered sickness by a Physician in a Physician's Office, Clinic, Urgent Care Facility or Emergency Room subject to a 5 visit maximum per Covered Adult, except for Covered Dependent Children. The maximum number of visits for all Dependent Children combined is 5 visits per calendar year. The maximum number of visits is 10 per calendar year, per family.	
Wellness & Diagnostic Benefit Rider:	
Wellness Benefit Rider**	\$75 per year
Pays \$75 for covered routine examinations or other preventative testing. Benefit is payable once per person per calendar year up to two times per family per calendar year. The following examinations and tests are covered by this benefit: Mammography, Pap Smear, Flexible Sigmoidoscopy, Colonoscopy, Cholesterol and Diabetes Screening, PSA, EKG, and Chest X-ray.	
Diagnostic Testing Benefit**	\$250 per year
Pays actual charges, up to \$250 per calendar year, for diagnostic tests not covered under the Wellness Benefit. Benefit is payable once per person per calendar year up to two times per family per calendar year. This benefit will be reduced by any payment received under the Wellness Benefit for the same test in the same calendar year. The maximum benefit per covered person is \$250 per calendar year not to exceed \$500 per family per calendar year.	

*Refer to the policy for specific benefits and schedules.

**The maximum combined benefit payable for all benefits under this rider form is \$250 per person, per calendar year.

MONTHLY PREMIUM							
	Ages 18-54	Ages 55-59	Ages 60+		Ages 18-54	Ages 55-59	Ages 60+
Employee Only	\$46.45	\$ 62.25	\$ 74.65	Employee + Children	\$ 79.40	\$ 89.10	\$ 97.15
Employee + Spouse	\$88.50	\$118.40	\$142.20	Employee + Family	\$121.45	\$145.25	\$164.70

ScriptSave Select Prescription Discount Card

You will receive a complimentary ScriptSave Select Prescription Discount Card which provides discounts for all prescribed drugs.

A MINIMUM OF 10 APPLICATIONS IS REQUIRED TO ISSUE A GROUP.

This is a brief description of benefits. Please review the back of this flyer for information pertaining to exclusions and limitations.

Refer to the policy for a complete description of coverage, exclusions and limitations.

7/07 HI4005 WPX

DEFINITIONS

Additional Definitions may be contained in the Benefit Provisions of any attached Endorsement or Rider.

ACCIDENT or INJURY means sudden, unexpected and unintended injury: (a) which is directly caused by an Accident; (b) which is independent of any Sickness or disease; (c) over which the Insured Person has no control; and (d) that takes place while the Insured Person's coverage is in force.

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.

DEPENDENT includes: (a) Your married spouse (under age 70); or (b) unmarried dependent child (under age 25); who live with you. A child who does not live with you will be considered a Dependent if attending an accredited school full time or if You are legally required to support such child. Dependent does not include (1) a child who is eligible for medical coverage as an Insured under the Policy; or (2) Your grandchild (unless required by law); or (3) a child who works more than 30 hours a week for compensation, profit or gain and who is not a full time student.

HOSPITAL shall not include any institution used by the Covered Person as: (a) a place for rehabilitation; (b) a place for rest, or for the aged; (c) a nursing or convalescent home; (d) a long term nursing unit or geriatrics ward; or (e) an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

MENTAL OR EMOTIONAL DISORDER means a neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind.

SICKNESS - Illness or disease which first manifests itself after coverage becomes effective for the person insured.

ELIGIBILITY AND EFFECTIVE DATE

Your Eligibility: You are eligible for insurance under the Policy if You are working either under contract to or as an employee of the Policyholder at least 18 hours, normally, per week, or are a member in or employed by a member of the association, if the Policy is issued to an association. You must qualify as an eligible Insured and be Actively at Work on Your effective date of coverage. Evidence of insurability acceptable to Us may be required.

Your Effective Date: You must use forms provided by Us when applying for insurance. The insurance will take effect on the requested Certificate Effective Date following approval of Your application, provided Our underwriting rules are met; You are Actively at Work; and the premium has been paid.

If You are not Actively at Work due to an Accident or Sickness when Your coverage is to take effect, it will take effect on the first day of the calendar month after the date You return to active work.

Dependent Eligibility: If Dependent coverage is available under the Policy, Your Dependents will be eligible for such coverage on the date You become eligible for coverage; or the date a person becomes a Dependent. You must complete any required forms within 31 days of the date the Dependent becomes eligible.

Dependent Effective Date: The Effective Date of coverage for each eligible Dependent will be the first of the month following Our approval of the application and receipt of the first premium.

LIMITATIONS AND EXCLUSIONS

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 primarily 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; nor,
- (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.

RENEWABILITY

We may terminate this policy on any premium due date after the first policy anniversary. We must provide at least 60 days' notice prior to cancellation. We cannot cancel the policy due to your age or a change in health. We can change your premium if we change it for all similar policyholders. We must give you at least 60 days' notice of any premium change.

TERMINATION

Termination of Certificate: Insurance coverage under a Certificate will terminate on the earliest of:

- (a) the date the Insured no longer qualifies as an Insured;
- (b) the last day of the period for which a premium has been paid, subject to the Grace Period;
- (c) the date the Policy terminates;
- (d) the date the Insured retires;
- (e) the date the Insured ceases to be Actively at Work;
- (f) the date the Insured ceases employment, or terminates his/her contract with the employer through whom he/she originally became insured under the Policy; or
- (g) the date We receive the Insured's written request for termination.

Termination of Dependents: Insurance coverage on a Dependent will terminate on the earliest of: (a) the date the coverage under the Certificate terminates; (b) the date the Dependent no longer meets the definition of Eligible Dependent; (c) the date the Policy is modified so as to exclude Dependent coverage; or (d) the date We receive the Insured's written request for termination.

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

Olton American Public HI 4005 Rates

Employees Waiving Medical
Ages 18-54

Employee	\$0.00
Employee & Spouse	\$42.05
Employee & Children	\$32.95
Employee & Family	\$75.00

Ages 55-59

Employee	\$0.00
Employee & Spouse	\$56.15
Employee & Children	\$26.85
Employee & Family	\$59.20

Ages 60+

Employee	\$0.00
Employee & Spouse	\$67.55
Employee & Children	\$22.50
Employee & Family	\$90.05

Employees NOT Waiving Medical

Ages 18-54

Employee	\$46.45
Employee & Spouse	\$88.50
Employee & Children	\$79.40
Employee & Family	\$121.45

Ages 55-59

Employee	\$62.25
Employee & Spouse	\$118.40
Employee & Children	\$89.10
Employee & Family	\$142.25

Ages 60+

Employee	\$74.65
Employee & Spouse	\$142.20
Employee & Children	\$97.15
Employee & Family	\$164.70