

# MedChoice™ & Term Life

Group Limited Benefit Hospital Indemnity Insurance & Group Term Life Insurance



**A4DD**  
Equipping You for Success™  
Phone: 855-774-7151

**APL**  
AMERICAN PUBLIC LIFE  
Expanding the Benefits Horizon®

Summary of Benefits*	Low Plan	High Plan
<b>MedChoice™ Group Limited Benefit Hospital Indemnity Insurance</b>		
<b>Hospital Admission Benefit</b>	\$500 per day; maximum of 1 day	\$500 per day; maximum of 1 day
<b>Hospital Confinement Benefit</b>	\$400 per day; maximum of 30 days	\$800 per day; maximum of 30 days
<b>Intensive Care Unit Benefit</b>	\$300 per day; maximum of 30 days	\$800 per day; maximum of 30 days
<b>Accident &amp; Sickness Surgery Benefit</b>		
Surgery in a Hospital, Hospital Outpatient Facility or Freestanding Outpatient Surgery Center	\$500 per day; maximum of 2 days	\$1,000 per day; maximum of 2 days
Surgery in a Physician's Office	\$125 per day; maximum of 4 days	\$125 per day; maximum of 4 days
<b>Outpatient Accident &amp; Sickness Treatment Benefit</b>		
Emergency Room	\$100 per day; maximum of 2 days	\$150 per day; maximum of 2 days
Urgent Care Facility	\$50 per day; maximum of 1 day	\$75 per day; maximum of 1 day
Physician's Office	\$50 per day; maximum of 5 days	\$75 per day; maximum of 6 days
Physical, Speech or Occupational Therapy Facility	\$15 per day; maximum of 1 day	\$30 per day; maximum of 1 day
<b>Routine Health Screening Benefit</b>		
Tier 1	\$50 per day; maximum of 1 day	\$75 per day; maximum of 1 day
Tier 2	\$25 per day; maximum of 1 day	\$50 per day; maximum of 1 day
Tier 3	\$75 per day; maximum of 1 day	\$100 per day; maximum of 1 day
<b>Diagnostic Testing Benefit</b>		
Medical Imaging Tests	\$100 per day; maximum of 1 day	\$200 per day; maximum of 1 day
Advanced Study/Follow-up Tests	\$100 per day; maximum of 1 day	\$100 per day; maximum of 1 day
<b>Outpatient Prescription Drug Benefit</b>	\$20 per day; maximum of 10 days	\$25 per day; maximum of 12 days
<b>Ambulance Benefit</b>		
Ground	\$300 per day; maximum of 1 day	\$500 per day; maximum of 1 day
Air	\$300 per day; maximum of 1 day	\$500 per day; maximum of 1 day
<b>Benefit Rider</b>		
<b>Critical Illness Rider</b>	<b>Benefit</b>	<b>Benefit</b>
Individual	\$2,000	\$4,000
Spouse	\$2,000	\$4,000
Child(ren)	\$1,000	\$2,000
	Benefit amount payable is 100% for invasive cancer, heart attack, permanent damage due to a stroke, major organ failure or end stage renal failure; 25% for carcinoma in situ.	Benefit amount payable is 100% for invasive cancer, heart attack, permanent damage due to a stroke, major organ failure or end stage renal failure; 25% for carcinoma in situ.
<b>Life Group Term Life Insurance (Member Only)</b>		
<b>One-Year Term</b>	\$10,000	\$20,000

## MedChoice™ and Group Term Life Monthly Premium by Plan

Low Plan				
Monthly Premiums*				
	Member	Member & Spouse	Member & Child(ren)	Member & Family
Ages 18+	\$119.08	\$212.12	\$179.39	\$292.55

High Plan				
Monthly Premiums*				
	Member	Member & Spouse	Member & Child(ren)	Member & Family
Ages 18+	\$187.91	\$347.05	\$291.09	\$484.70

\* Includes insurance premium and the UTBA monthly association fee of \$21.62. The premium and amount of benefits vary dependent upon Plan selected at time of application. This is a brief description of coverage. Premiums are subject to increase with notice.

This brochure describes benefits, exclusions and limitations for two separate group insurance policies provided by American Public Life Insurance Company. Your Association has elected to offer these two policies only as a single offering. While each policy described has a separate cost, the premium you will pay may, at the option of your Association, be combined into a single premium amount which is calculated as the sum of the premium for each of the policies.

# MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

## Benefits

Benefits are per day, up to the maximum number of days per calendar year, per covered person, with the exception of the Critical Illness Rider benefit. The Critical Illness Rider benefit is payable once per covered person, per calendar year. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

**Hospital Admission Benefit** - Pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. APL will not pay this benefit for outpatient treatment, emergency room treatment or a stay less than 18 hours in an observation unit. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, 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.

**Hospital Confinement Benefit** - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

**Intensive Care Unit Benefit** - Pays a per day benefit when a covered person is confined in an ICU due to an injury or covered sickness. Benefits will be paid beginning the first day of ICU confinement when the ICU confinement begins after the covered person's effective date.

**Accident & Sickness Surgery Benefit** - Pays the applicable per day benefit when a surgical procedure is performed on a covered person in a hospital, hospital outpatient facility, a freestanding outpatient surgery center or a physician's office due to an injury or covered sickness.

**Outpatient Accident & Sickness Treatment Benefit** - Pays the applicable per day benefit when a covered person receives treatment in an emergency room, urgent care facility, physician's office or physical/speech/occupational therapy facility due to an injury or covered sickness.

**Routine Health Screening Benefit - Tier 1:** Pays the applicable per day benefit when a covered person receives an annual physical. For the purpose of this benefit, this means the physician's fee only. **Tier 2:** Pays the applicable per day benefit when a covered person receives one of the following routine examinations and preventive tests under the recommendation of a physician: blood test for triglycerides, CA 15-3 (blood test for cancer), CA 19-9 (blood test for pancreatic cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, fasting blood glucose test, hemocult stool analysis, pap smear (including ThinPrep pap test), PSA (blood test for prostate cancer), routine skin check for cancer, serum cholesterol test to determine level of HDL and LDL or serum protein electrophoresis (blood test for myeloma). **Tier 3:** Pays the applicable per day benefit when a covered person receives one of the following routine examinations and preventive tests under the recommendation of a physician: breast thermography, breast ultrasound, colonoscopy, doppler ultrasound, echocardiogram, EKG (electrocardiogram), exercise or pharmacologic stress test, flexible sigmoidoscopy, mammogram, testicular ultrasound or thermography.

**Diagnostic Testing Benefit** - Pays the applicable per day benefit when a covered person receives one of the diagnostic tests listed below under the recommendation of a physician. **Medical Imaging Tests:** Magnetic Resonance Imaging (MRI), Computerized Tomography (CT) Scan, Computerized Axial Tomography (CAT) Scan, Positron Emission Tomography (PET) Scan or Radioactive Iodine (Thyroid) Uptake (RAIU) Test. **Advanced Study/Follow-up Tests:** Angiogram, arteriogram, barium enema/lower GI series, barium swallow/upper GI series, myelogram, sleep study, nuclear stress test or transesophageal echocardiogram (TEE).

**Outpatient Prescription Drug Benefit** - Pays a per day benefit when a covered person has a written prescription filled or refilled. The prescription must be ordered by a physician and be dispensed by a licensed pharmacist. For the purpose of this benefit, prescription does not include: therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he/she is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; immunization agents, biological sera, blood or blood plasma; or contraceptive materials, devices or medications or infertility medication, except where required by law.

**Ambulance Benefit** - Pays a per day benefit when a covered person is transported by air or ground ambulance to a hospital or from one medical facility to another where the covered person is admitted as an inpatient and hospital confined. A licensed ambulance company must provide the ambulance service. If air and ground ambulance service are both required in the same day, the higher benefit will be paid.

## Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medical necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated 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); experimental treatment, drugs or surgery, with the exception of drugs recognized for treatment in at least one standard reference compendium and cancer recommended drugs found to be safe and effective in formal clinical studies and their results are listed in a peer reviewed professional medical journal published in either the United States or Great Britain; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.

## Termination of Certificate

Your Insurance coverage under the Certificate, including any attached riders, will end on the earliest of these dates: the date the Policy terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the date the Insured no longer qualifies as an Insured; or the date of the Insured's death.



# MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

## Termination of Coverage

Your Insurance coverage under the Certificate and/or any attached riders for a Covered Person will end as follows: the date the Policy terminates; the date the Certificate terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the end of the Policy Period in which we receive a written request from the Insured to terminate the Covered Person's coverage; the date a Covered Person no longer qualifies as an Insured or Eligible Dependent; or the date of the Covered Person's death.

## COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

## Benefit Rider

All riders are part of the policy/certificate to which it is attached and are subject to all the provisions of the policy/certificate that are not in conflict with the provisions of the rider.

## Critical Illness Rider

Pays a benefit when a covered person has a covered critical illness, as defined in the rider. The benefit is payable once per covered person per calendar year. Once 100% of the applicable critical illness benefit amount has been paid for a covered person in a calendar year, no additional critical illness benefit amount is available for the covered person in that same calendar year.

If a covered person receives a benefit for carcinoma in situ, and is later diagnosed with another critical illness within the same calendar year, APL will pay the critical illness benefit amount less the amount previously paid for carcinoma in situ. In any calendar year, APL will not pay more than 100% of the critical illness benefit amount. Any critical illness not specifically listed in the critical illness definition is not payable under this rider. The occurrence date of the critical illness must occur on or after the covered person's effective date or the effective date of the rider, whichever is later, and while coverage is in force.

---

Underwritten by American Public Life Insurance Company. 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. For complete benefits and other provisions, please refer to the policy/certificate/rider. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form GH117 Series | GA | Group Limited Benefit Hospital Indemnity Insurance Policy | (08/22)

---

## Term Life Group Term Life Insurance (Member Only)

Subject to all provisions contained in the policy, benefits payable in a lump sum upon your death will be the benefit amount minus any due and unpaid premium (see grace period provision), plus the portion of any premium paid that applies to a period beyond the certificate month of death.

## Limitations

The benefit amount will reduce as follows: at age 65, benefits will reduce by 25% of the original benefit amount; at age 70, benefits will further reduce by an additional 25% for a total reduction of 50% of the original benefit amount. If you are at age 65 or older on the certificate effective date, the above age reductions will apply to the maximum amount of insurance for which you are eligible. The policy and/or certificate has no cash value. We will not pay the proceeds if you commit suicide, while sane or insane, within one year from the certificate effective date. Instead, we will return all premiums paid less any indebtedness.

## Termination of Certificate

Insurance coverage under this certificate will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured; the end of the certificate month in which we receive a written request from you to terminate your coverage; or the date of your death. We may terminate the coverage of any person who submits a fraudulent claim.

## Conversion

Coverage is convertible in certain circumstances and within certain time frames. Please refer to your certificate for more information.

---

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. **We will not pay the proceeds if the Insured commits suicide, while sane or insane, within one year from the Certificate Effective Date. Instead, we will return all premiums paid less any indebtedness.** | Policy Form GTL18APLGA Series | Group Term Life Insurance Policy | Employee Brochure | (08/22)



2305 Lakeland Drive | Flowood, MS 39232  
ampublic.com | 800.256.8606