

# HI-4005 Limited Benefit Group Hospital Indemnity Insurance (51+ Eligibles)

Suwannee County School Board



Summary of Benefits		
	Plan 1	Plan 2
Daily Hospital Confinement Benefit	\$50 per day	\$50 per day
<b>Riders</b>		
Intensive Care/Coronary Care Unit Rider	\$100 per day	\$100 per day
Annual First Occurrence Hospital Rider	\$1,500 per calendar year	\$2,500 per calendar year

Total Weekly Premiums by Plan*				
Ages 18+	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Plan 1	\$5.03	\$9.32	\$7.13	\$11.31
Plan 2	\$7.59	\$14.05	\$10.93	\$17.27

\*Total premium includes the Plan selected and any applicable rider premium. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

## Limitations and Exclusions for Policy and Riders

### Eligibility

This policy/certificate will be issued to those persons who meet American Public Life Insurance Company's insurability requirements.

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.

### 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.

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 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

Pays an indemnity benefit if You or Your covered Dependent is confined in a Hospital's Intensive Care or Coronary Care Unit due to a covered 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. A step-down unit is not considered an Intensive Care Unit.

### 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 for the person confined; and be at the direction of and under the supervision of a Physician. 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.

### Renewability

This policy/certificate is optionally 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 cancel Your coverage because of change in Your age or health. We can, however, 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.

# HI-4005 Limited Benefit Group Hospital Indemnity Insurance

## 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 Insured Person's Effective Date unless due to an emergency; (b) for an Injury or Sickness paid 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 injuries that are intentionally self-inflicted; (e) for an Injury or Sickness incurred while committing or attempting to commit a felony; (f) for an Injury or Sickness incurred while engaging in an illegal occupation; (g) 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 (h) which are primary for rest care, convalescent care or for rehabilitation; (i) 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); (j) 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; (k) for treatment of alcoholism or drug addiction; (l) 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; (m) 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.

## 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.



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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 HI-4005 series | FL | Limited Benefit Group Hospital Indemnity Insurance. | 07/16