

## Summary of Benefits# for Sam Rayburn ISD

	Plan 1 Insured Benefit	Plan 2 Insured Benefit
<b>Spouse Coverage</b>	Available	Available
<b>Dependent Child(ren) Coverage</b>	Available	Available
<b>Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period</b>	12 months/12 months	12 months/12 months
<b>Portability Amendment Rider</b>	Included	Included
<b>Continuity of Coverage Amendment Rider (Takeover)</b>	Included, credit given for time served under prior coverage for: Pre-Existing Condition Limitation Eligibility Requirements	Included, credit given for time served under prior coverage for: Pre-Existing Condition Limitation Eligibility Requirements
<b>Cancer Plan Benefit</b>	<b>Level 1</b>	<b>Level 3</b>
Radiation Therapy, Chemotherapy, Immunotherapy Maximum per 12-month period	\$10,000	\$15,000
Hormone Therapy Maximum of 12 treatments per calendar year	\$50 per treatment	\$50 per treatment
Experimental Treatment	paid in same manner and under the same maximums as any other benefit	paid in same manner and under the same maximums as any other benefit
<b>Mastectomy</b>		
Confinement	\$50 per day of hospital confinement	\$50 per day of hospital confinement
Surgery	\$25 per surgery	\$25 per surgery
Prosthesis	\$25	\$25
Ovarian/Cervical Cancer Screening 1 test per calendar year	\$10	\$10
Prosthesis and Orthotic Device surgical or non-surgical	\$25	\$25
<b>Internal Cancer First Occurrence Benefit</b>	<b>Level 1</b>	<b>Level 2</b>
Lump Sum Benefit Maximum 1 per lifetime	Insured or Spouse: \$2,500 Eligible Dependent Child(ren): \$3,750	Insured or Spouse: \$5,000 Eligible Dependent Child(ren): \$7,500
<b>Benefit Riders</b>		
<b>Cancer Screening Benefit Rider</b>	<b>Level 1</b>	<b>Level 1</b>
Diagnostic Testing 1 test per calendar year	\$50 per test	\$50 per test
Follow-Up Diagnostic Testing 1 test per calendar year	\$100 per test	\$100 per test
Medical Imaging	\$500 per test; 1 test(s) per calendar year	\$500 per test; 1 test(s) per calendar year
<b>Surgical Benefit Rider</b>	<b>Level 3</b>	<b>Level 4</b>
Surgical Operation	\$45 unit dollar amount; Max \$4,500 per operation	\$60 unit dollar amount; Max \$6,000 per operation
Anesthesia	25% of amount paid for covered surgery	25% of amount paid for covered surgery
Bone Marrow Transplant Maximum per lifetime	\$9,000	\$12,000
Stem Cell Transplant Maximum per lifetime	\$900	\$1,200
Prosthesis Surgical implantation Non-surgical (not hair piece) 1 device per site, per lifetime	\$2,000 per device \$200 per device	\$3,000 per device \$300 per device

	Plan 1 Insured Benefit	Plan 2 Insured Benefit
<b>Patient Care Benefit Rider</b>	<b>Level 4</b>	<b>Level 4</b>
Hospital Confinement	Insured or Spouse: \$300 per day of hospital confinement, days 1-30; \$600 per day of hospital confinement, days 31+  Eligible Dependent Child(ren): \$600 per day of hospital confinement, days 1-30; \$1,200 per day of hospital confinement, days 31+	Insured or Spouse: \$300 per day of hospital confinement, days 1-30; \$600 per day of hospital confinement, days 31+  Eligible Dependent Child(ren): \$600 per day of hospital confinement, days 1-30; \$1,200 per day of hospital confinement, days 31+
Outpatient Facility	\$600 per day surgery is performed	\$600 per day surgery is performed
Attending Physician	\$50 per day of hospital confinement	\$50 per day of hospital confinement
Dread Disease	\$300 per day of hospital confinement, days 1-30; \$600 per day of hospital confinement, days 31+	\$300 per day of hospital confinement, days 1-30; \$600 per day of hospital confinement, days 31+
Extended Care Facility	\$300 per day	\$300 per day
Donor	\$300 per day	\$300 per day
Home Health Care	\$300 per day	\$300 per day
Hospice Care	\$300 per day; maximum of 365 days per lifetime	\$300 per day; maximum of 365 days per lifetime
US Government, Charity Hospital or HMO	\$300 per day of hospital confinement, days 1-30; \$600 per day of hospital confinement, days 31+	\$300 per day of hospital confinement, days 1-30; \$600 per day of hospital confinement, days 31+
<b>Miscellaneous Benefit Rider</b>	<b>Level 1</b>	<b>Level 2</b>
Cancer Treatment Center Evaluation or Consultation - 1 per lifetime	Not included	\$750
Evaluation or Consultation Travel and Lodging - 1 per lifetime	Not included	\$350
Second / Third Surgical Opinion Per diagnosis of cancer	\$300 / \$300	\$300 / \$300
Drugs and Medicine	\$150 per inpatient confinement; \$50 per outpatient prescription, maximum \$150 per month	\$150 per inpatient confinement; \$50 per outpatient prescription, maximum \$150 per month
Hair Piece (Wig) - 1 per lifetime	\$150	\$150
Transportation and Lodging Transportation - maximum 12 trips per calendar year for all modes of transportation combined Lodging - up to a maximum of 100 days per calendar year	actual coach fare or \$0.40 per mile for travel by bus, plane or train; \$0.40 per mile for travel by car; \$50 per day for lodging	actual coach fare or \$0.75 per mile for travel by bus, plane or train; \$0.75 per mile for travel by car; \$100 per day for lodging
Family Member Transportation and Lodging Transportation - maximum 12 trips per calendar year for all modes of transportation combined Lodging - up to a maximum of 100 days per calendar year	actual coach fare or \$0.40 per mile for travel by bus, plane or train; \$0.40 per mile for travel by car; \$50 per day for lodging	actual coach fare or \$0.75 per mile for travel by bus, plane or train; \$0.75 per mile for travel by car; \$100 per day for lodging
Blood, Plasma and Platelets	\$300 per day	\$300 per day
Ambulance Maximum of 2 trips per hospital confinement for all modes of transportation combined	Ground: \$200 per trip Air: \$2,000 per trip	Ground: \$200 per trip Air: \$2,000 per trip
Inpatient Special Nursing Services	\$150 per day of hospital confinement	\$150 per day of hospital confinement
Outpatient Special Nursing Services	\$150 per day	\$150 per day
Medical Equipment Maximum of 1 benefit per calendar year	Not included	\$150
Physical, Occupational, Speech, Audio Therapy and Psychotherapy	\$25 per visit; maximum of \$1,000 per calendar year	\$25 per visit; maximum of \$1,000 per calendar year

# Cancer

## Group Limited Benefit Cancer Insurance



	<b>Plan 1 Insured Benefit</b>	<b>Plan 2 Insured Benefit</b>
Waiver of Premium	Included	Included
<b>Increase in Coverage</b>	Only available at annual renewal. Must be approved by APL and premium rates will be based upon the insured's attained age. Subject to the Time Limit on Certain Defenses and Pre-Existing Condition provisions, as defined in the policy.	Only available at annual renewal. Must be approved by APL and premium rates will be based upon the insured's attained age. Subject to the Time Limit on Certain Defenses and Pre-Existing Condition provisions, as defined in the policy.

\*The premium and amount of benefits vary dependent upon Plan selected at time of application.

# Cancer

## Group Limited Benefit Cancer Insurance



### Premiums

Plan 1 - Monthly Premium*				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
18+	\$22.98	\$48.46	\$28.68	\$54.12

Plan 2 - Monthly Premium*				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
18+	\$30.06	\$63.32	\$37.08	\$70.34

\*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.

Refer to the Summary of Benefits for details specific to each plan.

Benefits are only payable following a diagnosis of cancer for a loss incurred for the treatment of cancer while covered under the policy. A charge must be incurred for benefits to be payable. All benefits are per covered person per calendar year, unless otherwise stated. When coverage terminates for loss incurred after the coverage termination date, APL's obligation to pay benefits also terminates for a specified disease that manifested itself while the person was covered under the policy. All benefits are subject to the benefit maximums proposed.

A covered person means a person who is eligible for coverage under the certificate and for whom coverage is in force. An eligible dependent means your lawful spouse; your natural child, adopted child or stepchild who is under 26 years of age; a child who is under the age of 26 and/or for whom you are a party in a suit in which adoption of the child is sought; any child under the age of 26 for whom you provide medical support under an order issued under Chapter 154 of the Texas Family Code, or enforceable by a court in Texas; or grandchildren under the age of 26 if those grandchildren are your dependents for federal income tax purposes at the time application for coverage of the grandchild is made.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility or facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

### **Cancer Treatment Benefits**

**Radiation Therapy, Chemotherapy or Immunotherapy** - Benefits are payable for actual charges, the amount actually paid by or on behalf of the covered person and accepted by the provider for services provided, up to the maximum benefit amount per 12-month period. The 12-month period begins on the first day covered radiation therapy, chemotherapy or immunotherapy is received. Chemotherapy and immunotherapy coverage will be limited to drugs only. Benefits not covered are defined in your certificate.

**Hormone Therapy** - Must be prescribed by a physician. This benefit covers drugs and medicine only. This benefit does not cover associated administrative processes, anti-nausea drugs, pain medicine, administration of anti-nausea drugs or pain medicine, or any drugs or medicines covered under the radiation therapy, chemotherapy or immunotherapy benefit.

**Experimental Treatment** - Must be prescribed by a physician for treatment of cancer the same as any other non-experimental treatment covered under the policy and any attached riders.

### **Mastectomy**

#### **Confinement**

Payable following a mastectomy or lymph node dissection for the treatment of breast cancer.

#### **Surgery**

Payable when a mastectomy is performed on a covered person for a covered diagnosed cancer and surgery is performed in the hospital. Reconstructive surgery to the non-diseased breast must occur within a specified amount of time from the reconstructive surgery of the diseased breast, as determined to be appropriate by the covered person's physician.

#### **Prosthesis**

Payable for mastectomy related prosthesis and treatment of physical complications, including lymphedemas, at all stages of mastectomy.

### **Ovarian/Cervical Cancer Screening**

A charge must be incurred for the screening test. Payable without a diagnosis of cancer, but not payable for any test other than for the detection of ovarian and cervical cancer. Each of these tests are only payable annually, and second follow-up screening tests from an abnormal result are not covered under this benefit.

### **Prosthesis and Orthotic Device Benefit and Related Services**

Covered benefits are limited to the most appropriate model of prosthetic device or orthotic device that adequately meets the medical needs of the covered person as determined by the covered person's treating physician. The prosthesis benefit will include repair or replacement of a prosthetic device or orthotic device, unless the repair or replacement is necessitated by misuse by the covered person. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for prosthesis in relation to a mastectomy will only be payable under the mastectomy prosthesis benefit. Benefits for a hair prosthesis is not covered under this benefit.

### **Internal Cancer First Occurrence Benefit**

First diagnosis of internal cancer must be while the policy is in force. Internal cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Diagnosis must be made based on microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). Internal cancer does not include other conditions that may be considered pre-cancerous or having malignant potential as defined in your certificate. Benefits reduce 50% at age 70.

### Limitations and Exclusions

No benefits will be paid for any of the following: care or treatment received outside the territorial limits of the United States; treatment by any program engaged in research that does not meet the definition of experimental treatment; or losses or medical expenses incurred prior to the covered person's effective date regardless of when specified disease, or Internal Cancer, or Heart Attack or Stroke was diagnosed. Loss must result from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy does not cover any other disease, sickness or incapacity which existed prior to the diagnosis of cancer, even though after contracting cancer it may have been complicated, aggravated or affected by cancer or the treatment of cancer.

With respect to the First Occurrence Benefit or Heart or Stroke only, no benefits will be paid for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; alcoholism or drug addiction; any act of war, declared or undeclared, or any act related to war, or active service in the armed forces, or military service for any country at war: (If coverage is suspended for any covered person during a period of military service, we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of the policyholder's written request); participation in any activity or even while intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (a felony is defined by the law of the jurisdiction in which the activity takes place).

With respect to the First Occurrence Benefit for Internal Cancer only, no benefits will be paid for: a diagnosis of internal cancer received outside the territorial limits of the United States; or a metastasis to a new site of any cancer diagnosed prior to the covered persons effective date, as this is not considered a first diagnosis of an internal cancer.

### Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the defined pre-existing condition exclusion period following the covered person's effective date of the certificate as the result of a pre-existing condition. Pre-existing conditions specifically named or described as excluded in any part of the policy are never covered.

### Termination of Certificate

Insurance coverage under the certificate and any attached riders 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 insurance has ceased on all persons covered under the certificate; the end of the certificate month in which the policyholder requests to terminate the coverage; the date you no longer qualify as an insured; or the date of your death.

### Termination of Coverage

Insurance coverage for a covered person under the certificate and any attached riders will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the end of the certificate month in which the policyholder requests to terminate the coverage for an eligible dependent; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person's death. We may end the coverage of any covered person who submits a fraudulent claim.

### Benefit Riders

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. A charge must be incurred for benefits to be payable, with the exception of the Internal Cancer First Occurrence Benefit Rider and the Heart Attack/Stroke First Occurrence Benefit Rider, if applicable to the plan. No benefits are payable for loss incurred during the defined pre-existing condition exclusion period following the covered person's effective date of the rider as a result of a pre-existing condition, with the exception of the Hospital Intensive Care Unit Rider, if applicable to the plan.

### Cancer Screening Benefit Rider

**Diagnostic Testing** - Must be a screening test that is generally medically recognized to detect internal cancer. Not payable for any test payable under the medical imaging benefit.

**Follow-Up Diagnostic Testing** - An abnormal result from a covered screening test must be received for an invasive screening test to be payable. For an invasive test involving an incision or surgery, this benefit will only be paid for a test that results in a negative diagnosis of cancer. For invasive tests that do not require an incision, this benefit will be paid regardless of the diagnosis.

**Medical Imaging** - CT, CAT, PET scan(s) or MRI must be requested by a physician and performed due to a diagnosis of cancer or treatment of cancer.

### Limitations and Exclusions

No benefits will be paid for any of the following: care or treatment received outside the territorial limits of the United States; treatment by any program engaged in research that does not meet the definition of experimental treatment, as defined in the policy; or losses or medical expenses incurred prior to the covered person's effective date of the rider.

### Surgical Benefit Rider

Benefits are only payable for a loss incurred and treatment of a diagnosed cancer or skin cancer while covered under the rider.

**Surgical Operation** - Must be performed for a covered diagnosed cancer, skin cancer or for reconstructive surgery due to cancer. Pays the lesser of the surgical unit value assigned to the procedure multiplied by the unit dollar amount or the maximum per operation amount. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Reconstructive surgery to the non-diseased breast to establish symmetry with a diseased breast must occur within 24 months of the reconstructive surgery of the diseased breast. Diagnostic surgeries that result in a negative diagnosis of cancer, surgeries required to implant a permanent prosthetic device or bone marrow transplant or stem cell transplant surgeries are not covered under this benefit

**Anesthesia** - Payable at 25% of the paid surgical benefit amount. Anesthesiologist services must be for the result of a covered surgery. Services of an anesthesiologist for bone marrow or stem cell transplants, skin cancer or surgical prosthesis implantation are not covered under this benefit.

**Bone Marrow and Stem Cell Transplant** - Payable in lieu of the surgical and the anesthesia benefits. If a bone marrow transplant and a stem cell transplant are performed on the same day, only the bone marrow transplant benefit will be payable.

**Prosthesis** - Surgically implanted prosthetic device must be prescribed by a physician as a direct result of surgery for cancer. Artificial limbs will be paid under the surgical implantation portion of this benefit. Temporary prosthetic devices used as tissue expanders are covered under the surgical benefit. Prosthetic related supplies and hair prosthesis are not covered under this benefit.

### Limitations and Exclusions

No benefits will be paid for any of the following: care or treatment received outside the territorial limits of the United States; treatment by any program engaged in research that does not meet the definition of experimental treatment; or losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed.

### Patient Care Benefit Rider

Benefits are only payable for a loss incurred and treatment of a diagnosed specified disease while covered under the rider.

**Hospital Confinement** - Must be confined to a hospital for the treatment of a covered cancer or the treatment of a condition or disease directly caused by cancer or the treatment of cancer. Outpatient treatment or a stay of less than 18 hours in an observation unit or an emergency room is not covered.

**Outpatient Facility** - Facility fee must be charged and surgical procedure performed on an outpatient basis in a hospital or ambulatory surgical center. Surgical procedures for skin cancer are not covered under this benefit.

**Attending Physician** - Services of a physician, other than a surgeon, must be required while confined in a hospital for the treatment of cancer.

**Dread Disease** - Must be confined in a hospital for treatment of a dread disease, as defined in the policy.

**Extended Care Facility** - Confinement in an extended care facility must be due to cancer, at the direction of a physician and begin within 14 days after a hospital confinement. Payable for up to the same number of days benefits were paid for the covered person's preceding hospital confinement.

**Donor** - Expenses must be incurred for treatment of cancer on behalf of a covered person for a surgery due to organ transplant, bone marrow transplant or stem cell transplant. Blood donor expenses are not covered under this benefit. Donor may not be the same covered person for which expenses are incurred.

**Home Health Care** - Care required due to cancer must be in lieu of hospital confinement, prescribed by a physician, provided by a nurse or by a home health nurse's aide under the supervision of a registered nurse and must begin within 14 days after a covered hospital confinement. Payable up to the same number of days benefits were paid for the covered person's preceding hospital confinement. Caregiver may not be a member of your immediate family. Physical, speech, occupational or audio therapies or psychotherapy are not covered under this benefit. If the covered person qualifies for coverage under the hospice care benefit, the hospice care benefit will be paid in lieu of this benefit.

**Hospice Care** - Must be diagnosed by a physician as terminally ill, as defined in the policy, and require hospice care due to cancer. Care must be directed by a licensed hospice organization in the patient's home or on an outpatient or short-term inpatient basis in a hospice facility.

**U.S. Government Hospital / Charity Hospital / HMO** - An itemized list of services must not be available due to confinement in a charity hospital, U.S. Government owned or operated hospital or coverage under a Health Maintenance Organization (HMO) or a Diagnostic Related Group (D.R.G.) where no charges are made to the covered person. If this option is elected, this benefit will be paid in lieu of any amounts payable under the rider, base policy, cancer screening benefit rider, surgical benefit rider and miscellaneous benefit rider (except for the transportation and lodging benefits), if applicable to the plan.

### Limitations and Exclusions

No benefits will be paid for any of the following: care or treatment received outside the territorial limits of the United States; treatment by any program engaged in research that does not meet the definition of experimental treatment; or losses or medical expenses incurred prior to the

covered person's effective date of the rider regardless of when a specified disease was diagnosed. The rider only pays for loss for cancer or dread disease resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The rider also covers other conditions or diseases directly caused by cancer or the treatment of cancer. The rider does not cover any other disease, sickness or incapacity, which existed prior to the diagnosis of cancer, even though after contracting cancer it may have been complicated, aggravated or affected by cancer or the treatment of cancer except for conditions specifically provided in the dread disease benefit.

### Miscellaneous Benefit Rider

Benefits are only payable for a loss incurred and treatment of a diagnosed cancer while covered under the rider.

**Cancer Treatment Center Evaluation or Consultation** - Treatment opinion must be obtained at a national cancer institute designated comprehensive cancer treatment center. If the comprehensive cancer treatment center is located more than 50 miles from the covered person's place of residence, an evaluation or consultation travel or lodging benefit is also payable. This benefit is payable in lieu of the transportation and lodging benefit and family member transportation and lodging benefit listed in the rider.

**Second/Third Surgical Opinion** - Surgery must be recommended by an attending physician as treatment for a diagnosed cancer. Second and/or third surgical opinion must be obtained from the consulting physician prior to surgery. Surgical opinions for reconstructive, skin cancer or prosthesis surgeries are not covered under this benefit.

**Drugs and Medicine** - Anti-nausea and pain medication must be prescribed by a physician and administered while receiving radiation therapy, chemotherapy, immunotherapy, a covered surgery, bone marrow transplant or stem cell transplant due to cancer. This benefit does not include coverage for associated administrative charges or drugs or medicines covered under the radiation therapy, chemotherapy, immunotherapy or hormone therapy benefits.

**Hair Piece (Wig)** - Must be needed as a direct result of cancer or treatment of cancer.

**Transportation and Lodging** - Travel by a covered person to the hospital that provides radiation therapy, chemotherapy, immunotherapy, bone marrow transplant, stem cell transplant or surgery due to cancer must be by scheduled bus, plane, train or car and be within the United States or its territories. Hospital must be prescribed by a physician, be the nearest hospital which offers the specialized treatment and be at least 50 miles away from the covered person's residence, using the most direct route. Proof of coach fare for bus, plane, train transportation must be provided or the per mile benefit will be paid. Travel by car will be paid at the stated rate per mile for up to 1,000 miles round trip. Benefits will be provided for only one mode of transportation per round trip. If treatment is received while confined in a hospital, benefits for transportation will be paid once per hospital confinement. Lodging for the covered person must be in a single room in a motel, hotel or other accommodation acceptable to APL. Benefit will only be paid on the days the covered person receives specialized treatment on an outpatient basis.

**Family Member Transportation and Lodging** - Travel must be for an adult family to be near a covered person who is receiving treatment in the hospital at least 50 miles away from the covered person's residence, using the most direct route. If the family member travels by bus, plane or train, you will have the option to receive the coach fare benefits or the per mile benefit. Proof of coach fare for bus, plane, train transportation must be provided or the per mile benefit will be paid. Travel by car will be paid at the stated rate per mile for up to 1,000 miles round trip. Benefits will be provided for only one mode of transportation per round trip. If the covered person receives treatment while confined in a hospital, benefits for travel and/or lodging will be paid once per hospital confinement. If the family member and the covered person who is receiving treatment travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the transportation and lodging benefit.

**Blood, Plasma and Platelets** - This benefit does not include coverage for any laboratory processes or colony stimulating factors.

**Ambulance** - Transportation must be by licensed air or ground ambulance to a hospital or from one medical facility to another. Must be admitted as an inpatient and confined in a hospital for at least 18 consecutive hours for the treatment of cancer. If both air and ground ambulance is required on the same day, only the highest benefit amount will be paid.

**Inpatient Special Nursing Services** - Full-time special nursing care for the treatment of cancer (other than that regularly furnished by a hospital), must be provided by a nurse and prescribed by a physician. Care must be for at least eight consecutive hours during a 24-hour period.

**Outpatient Special Nursing Services** - Outpatient full-time private duty nursing for the treatment of cancer at the covered person's home must be provided by a nurse, prescribed by a physician and begin within 14 days following a hospital confinement for the treatment of cancer. Care must be for at least eight consecutive hours during a 24-hour period. Payable for up to the same number of days of the covered person's preceding hospital confinement. If both inpatient special nursing services and outpatient special nursing services occur within the same 24-hour period, only the inpatient special nursing services benefit will be paid.

**Medical Equipment** - Rental or purchase of medical equipment, as listed in the rider, must be prescribed by a physician for the treatment of cancer. This benefit will not be paid while the covered person is confined in a hospital.

# Cancer

## Group Limited Benefit Cancer Insurance



**Physical, Occupational, Speech, Audio Therapy or Psychotherapy** - Must be advised by a physician as a result of cancer or treatment of cancer and performed by a licensed caregiver. If two or more therapies occur on the same day, only one benefit will be paid.

### Waiver of Premium

You must remain disabled for 60 continuous days due to cancer and disability must occur while receiving treatment for such cancer. Proof of disability must be provided to APL. Proof includes, but is not limited to, a physician's statement containing the date the cancer was diagnosed, the date disability due to cancer began, the expected date, if any, the disability will end and an employer's statement with the last date of work and expected date of return, if known. Waiver of Premium will continue for as long as you remain disabled until the earliest of the following: the date you are no longer disabled; the date coverage ends according to the termination provisions in the certificate; or the date coverage ends according to the termination provisions in this rider. Proof of disability must be provided for each new period of disability.

### Limitations and Exclusions

No benefits will be paid for any of the following: care or treatment received outside the territorial limits of the United States; treatment by any program engaged in research that does not meet the definition of experimental treatment; or losses or medical expenses incurred prior to the covered person's effective date of the rider regardless of when a specified disease was diagnosed.

### Portability Rider

You may elect portability coverage when coverage ends under the policy for reasons other than non-payment of premium. The requirements for election of portability, election of dependent portability and termination of portability will be defined in the rider attached to your certificate. When elected, APL will notify you of the amount of premium due, the frequency of the premium payments and the premium due dates.

### Continuity of Coverage Amendment Rider (Takeover)

You and your covered dependents may qualify for continuity of coverage, credit for certain limitations served under the prior group cancer coverage, upon transfer of insurance carriers. The provisions for continuity of coverage will be defined in the rider attached to your certificate. APL may request proof of coverage to determine if each person to be insured is eligible for continuity of coverage. Continuity of coverage is only extended to the benefits provided under the APL policy. The APL policy may not include all of the benefits provided under the prior group cancer coverage. Continuity of coverage does not include any losses or medical expenses incurred prior to the covered person's effective date of coverage under the APL certificate. Continuity of coverage is not available to those who were not enrolled under the prior group coverage. You must meet all the requirements of the APL policy. Continuity of coverage does not mean a continuation of benefits provided by the prior group coverage.

### Benefit Rider(s) Termination of Coverage

Rider(s) will terminate and coverage will end for all covered persons on the earliest of any of the following: the end of the grace period if the premium for the rider remains unpaid; the date the policy or certificate to which the rider is attached terminates; the end of the certificate month in which APL receives a request from the policyholder to terminate the rider; the date of your death; if applicable to the plan, the date the lump sum benefit amount for the internal cancer first occurrence benefit rider has been paid for all covered persons under the rider; and if applicable to the plan, the date of covered person's death or the date the lump sum benefit amount for the heart attack/stroke benefit rider has been paid for all covered persons under the rider. Coverage for an eligible dependent terminates under the rider when such person ceases to meet the definition of eligible dependent.



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### This Cancer policy provides limited benefits.

If the cancer insurance premium is paid on a pre-tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding tax treatment of your policy benefits.

Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. This product contains Limitations, Exclusions and Waiting Periods. For complete benefits and other provisions, please refer to your policy/certificate. 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. | Policy Form GC7002APL Group Limited Benefit Specified Disease Cancer Insurance Series | Texas | (08/24)