

How would cancer impact you and your family?



If you or a family member are diagnosed with cancer, APL's Cancer Insurance may help cover the costs associated with the detection and treatment of cancer and help you be more financially prepared.

How it works



1 CHOOSE the benefit options that best protect you and your family.



2 RECEIVE treatment for a covered benefit.



3 FILE your claim online or mail it in.

Key features

- Radiation Therapy, Chemotherapy, Immunotherapy
- Experimental Treatments
- Surgical and Anesthesia Benefits
- Prescriptions, Transportation Benefits and more
- Plus, multiple plan options to cover you, your spouse or your child(ren) with convenient payroll deduction

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Summary of Benefits for

	Plan 1 Insured Benefit
Spouse Coverage	Available
Dependent Child(ren) Coverage	Available
Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period	12 months/12 months
Cancer Plan Benefits	Level 3
Radiation Therapy, Chemotherapy, Immunotherapy Maximum per 12-month period	\$15,000
Hormone Therapy Maximum of 12 treatments per calendar year	\$50 per treatment
Experimental Treatment	paid in same manner and under the same maximums as any other benefit
Mastectomy	
Confinement	\$50 per day of hospital confinement
Surgery	\$25 per surgery
Prosthesis surgical or non-surgical; 1 device per site, per lifetime	\$25
Ovarian/Cervical Cancer Screening 1 test per calendar year	\$10
Prosthesis and Orthotic Device surgical or non-surgical	\$25

	Plan 1 Insured Benefit
Optional Benefit Riders	
Cancer Screening Benefit Rider	Level 1
Diagnostic Testing 1 test per calendar year	\$50 per test
Follow-Up Diagnostic Testing 1 test per calendar year	\$100 per test
Medical Imaging	\$500 per test; 1 test(s) per calendar year
Internal Cancer First Occurrence Benefit Rider	Level 3
Lump Sum Benefit Maximum 1 per lifetime	Insured or Spouse: \$7,500 Eligible Dependent Child(ren): \$11,250
Heart Attack/Stroke First Occurrence Benefit Rider	Level 3
Lump Sum Benefit Maximum 1 per lifetime	Insured or Spouse: \$7,500 Eligible Dependent Child(ren): \$11,250
Increase in Coverage	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.
Additional Rider(s)	
Portability Amendment Rider	Included

Premiums

Plan 1 - Monthly Premium*				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
18+	\$19.38	\$41.82	\$22.56	\$44.96

*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 who lives with you; your natural child, adopted child or stepchild who is under 26 years of age; a child under your charge, care and control, if placed with you for adoption, 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 the insured's 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 Plan 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.

Limitations and Exclusions

No benefits will be paid for any of the following: 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 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.

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: 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.

Internal Cancer First Occurrence Benefit Rider

First diagnosis of internal cancer must be while the rider 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 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 person's effective date, as this is not considered a first diagnosis of an internal cancer.

Heart Attack/Stroke First Occurrence Benefit Rider

First diagnosis of heart attack or stroke must be while the rider is in force. Heart attack must be diagnosed by a physician and treatment must occur within 72 hours of the onset of symptoms. Refer to your certificate for diagnosis not covered under this benefit. Benefits reduce 50% at age 70.

Limitations and Exclusions

No benefits will be paid for any loss caused by or resulting from an 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, APL 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 event 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).

Additional Riders

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 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.



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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 guidelines. | Policy Form GC14APL Series | Texas | **Limited Benefit Group Specified Disease Cancer Insurance** | (10/22)