

Summary of Benefits[‡] for Scurry-Rosser ISD

	Plan 1 Insured Benefit Amount²	Plan 2 Insured Benefit Amount²
Nicotine Class	Non-Nicotine/Nicotine - Nicotine rates apply to all family members if any family member applying for coverage uses nicotine products.	Non-Nicotine/Nicotine - Nicotine rates apply to all family members if any family member applying for coverage uses nicotine products.
Spouse Coverage	Available	Available
Dependent Child(ren) Coverage	Available	Available
Additional Occurrence	Included	Included
Additional Occurrence Separation Period	Not Included	Not Included
Recurrence Benefit	Included, 100%	Included, 100%
Recurrence Separation Period	6 months	6 months
Automatic Benefit Increase	Not included	Not included
Waiver of Premium	Not included	Not included
Continuation Coverage	Not included	Not included
Portability Coverage	Included	Included
Pre-Existing Condition	Waived	Waived
Pre-Existing Condition Limitation	Not applicable	Not applicable
Benefit Waiting Period	None	None
Tier 1 Cancer³		
Invasive Cancer	\$10,000	\$20,000
Non-Invasive Cancer	\$2,500	\$5,000
Benign Brain Tumor	\$10,000	\$20,000
Skin Cancer	\$1,000	\$1,000
Tier 1 Vascular³		
Heart Attack	\$10,000	\$20,000
Coronary Artery Disease (Bypass Surgery)	\$2,500	\$5,000
Stroke	\$10,000	\$20,000
Tier 1 Other³		
Major Organ Failure	\$10,000	\$20,000
End Stage Renal Failure	\$10,000	\$20,000
Tier 2 Other³		
Advanced Alzheimer's Disease	\$2,500	\$5,000
Advanced Parkinson's Disease	\$2,500	\$5,000
Coma	\$10,000	\$20,000
Complete Loss of Sight	\$10,000	\$20,000
Complete Loss of Speech	\$10,000	\$20,000
Complete Loss of Hearing	\$10,000	\$20,000
Multiple Sclerosis (MS)	\$2,500	\$5,000
Occupational HIV	\$10,000	\$20,000
Permanent Paralysis	\$10,000	\$20,000
Severe Burns	\$10,000	\$20,000
Systemic Lupus	\$2,500	\$5,000

Critical Illness

Group Limited Benefit Critical Illness Insurance



	Plan 1 Insured Benefit Amount ²	Plan 2 Insured Benefit Amount ²
Childhood Conditions³		
Muscular Dystrophy	\$5,000	\$10,000
<i>^{2,3}Spouse critical illness benefit amounts are 50% of the insured's critical illness benefit amounts shown. Dependent child(ren) critical illness benefit amounts are 50% of the insured's critical illness benefit amounts shown. Childhood Conditions are paid at 100% of the amounts shown.</i>		
Wellness Benefits⁸ Includes: Health Screening and Mammography	Maximum of 1 per covered person, up to 4 per family	Maximum of 1 per covered person, up to 4 per family
Health Screening	\$50, payable for a wellness test; or routine physical exam; or any additional generally medically accepted screening test used to evaluate risk or promote prevention of a covered condition.	\$50, payable for a wellness test; or routine physical exam; or any additional generally medically accepted screening test used to evaluate risk or promote prevention of a covered condition.
Mammography	\$50, payable once every 2 years	\$50, payable once every 2 years
<i>^{2,8}Spouse wellness benefit amounts are 50% of the insured's wellness benefit amounts shown. Dependent child(ren) wellness benefit amounts are 50% of the insured's wellness benefit amounts shown.</i>		

†The benefit amounts vary dependent upon the Plan selected at time of application.

Critical Illness

Group Limited Benefit Critical Illness Insurance



Premiums

Non-Nicotine Plan 1 Monthly Age Based Premium** <i>Dependent child(ren) coverage included in premium.</i>			Nicotine Plan 1 Monthly Age Based Premium** <i>Dependent child(ren) coverage included in premium.</i>		
Age	Employee	Employee + Spouse	Age	Employee	Employee + Spouse
18-24	\$3.45	\$6.29	18-24	\$4.83	\$8.55
25-29	\$4.06	\$7.22	25-29	\$5.87	\$10.12
30-34	\$4.90	\$8.47	30-34	\$7.30	\$12.26
35-39	\$6.22	\$10.45	35-39	\$9.51	\$15.59
40-44	\$8.58	\$14.00	40-44	\$13.48	\$21.55
45-49	\$12.47	\$19.84	45-49	\$20.04	\$31.39
50-54	\$18.91	\$29.50	50-54	\$30.90	\$47.68
55-59	\$28.11	\$43.30	55-59	\$46.39	\$70.93
60-64	\$39.99	\$61.12	60-64	\$66.40	\$100.95
65-69	\$54.81	\$83.36	65-69	\$91.37	\$138.42
70-99	\$69.03	\$104.71	70-99	\$115.34	\$174.40

Non-Nicotine Plan 2 Monthly Age Based Premium** <i>Dependent child(ren) coverage included in premium.</i>			Nicotine Plan 2 Monthly Age Based Premium** <i>Dependent child(ren) coverage included in premium.</i>		
Age	Employee	Employee + Spouse	Age	Employee	Employee + Spouse
18-24	\$5.46	\$9.60	18-24	\$8.25	\$14.14
25-29	\$6.70	\$11.45	25-29	\$10.33	\$17.27
30-34	\$8.40	\$13.99	30-34	\$13.17	\$21.53
35-39	\$11.03	\$17.95	35-39	\$17.61	\$28.21
40-44	\$15.74	\$25.03	40-44	\$25.56	\$40.13
45-49	\$23.52	\$36.70	45-49	\$38.67	\$59.81
50-54	\$36.40	\$56.03	50-54	\$60.37	\$92.38
55-59	\$54.81	\$83.64	55-59	\$91.38	\$138.90
60-64	\$78.55	\$119.27	60-64	\$131.38	\$198.92
65-69	\$108.19	\$163.75	65-69	\$181.33	\$273.86
70-99	\$136.65	\$206.45	70-99	\$229.28	\$345.83

**The premium and amount of benefits vary dependent upon Plan selected at time of application. Nicotine rates apply to all family members if any family member applying for coverage uses nicotine products. Premiums will increase when the insured reaches the next attained age or age bracket on renewal effective date.

Critical Illness

Group Limited Benefit Critical Illness Insurance



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

A covered person means you and any dependents covered under the policy and the certificate. If dependent coverage is applicable to your plan, a dependent means your spouse; grandchild if claimed as a dependent on your federal tax return as of the date the grandchild's application for coverage is submitted to APL; a child for whom you must provide medical support regardless of whether the child resides with you; or natural child, legally adopted child, including where you are a party to a suit in which you seek to adopt the child, or stepchild who is under 26 years of age. Dependent also includes any minor under your charge, care and control who has been placed in your home for adoption and is under 26 years of age. Benefits will also be paid to any managing conservator if court ordered for a covered Dependent.

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.

Critical Illness Benefits

The critical illness, infectious disease and the treatment benefits, as defined in the certificate, are payable if the critical illness is diagnosed, occurs or is the result of a critical illness that is first diagnosed after the covered person's effective date of coverage. A critical illness benefit amount must not have been previously paid for any critical illnesses. The critical illness must not be excluded by name or specific description. Payable once per day per covered person. If multiple critical illness benefits would otherwise be payable for the same covered person on the same day, only one benefit, the highest, will be payable for that day.

Additional Occurrence

If a covered person is diagnosed with a different critical illness and the additional critical illness is not excluded by name or specific description, an additional benefit is payable.

Recurrence Benefit

If a covered person is subsequently diagnosed with the same critical illness and the critical illness is not excluded by name or specific description and the subsequent diagnosis is more than the defined number of months (recurrence separation period) after the date of diagnosis of the initial critical illness, APL will pay the critical illness benefit amount previously paid multiplied by the critical illness recurrence percentage stated above.

Health Screening

Wellness test(s), as defined in the certificate, must be rendered by a physician on an outpatient basis.

Mammography

Must be rendered by a physician on an outpatient basis.

Limitations & Exclusions

Exclusions

No benefits for treatment, diagnosis, or other services are payable under the policy for any critical illness that is contributed to, caused by, or resulting from: any condition, sickness, or illness that does not satisfy the definition of a critical illness; a critical illness occurring prior to the covered person's effective date of coverage; intentional self-harm or attempting or committing suicide, whether sane or not; a covered person's use of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs; treatment that is not medically necessary; committing, or attempting to commit, an assault or felony, or while being incarcerated in any type of penal institution; diagnosis, services, or treatment provided by a family member, excluding personal care provided under the family caregiver benefit; diagnosis or treatment received outside the United States, its territories, or Canada; 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 (the pro-rata portion of any premium paid for any such covered person will be refunded upon receipt of your written request); or cosmetic surgery or Lasik surgery including complications thereof (reconstructive surgery related to a covered condition is eligible for coverage).

Termination of Coverage

Your coverage ends on the earliest of: the date you leave an eligible class under the certificate; any premium due date, if full payment for your coverage is not made within the grace period following the premium due date; the date the policy terminates and you have not elected coverage under the portability provision of the certificate; or the last day of the month during which you attain the limiting age defined in your certificate. If dependent coverage is included in your plan, coverage for a dependent ends on the earliest of: your termination date; the last day of the month during which the dependent is no longer eligible for coverage due to a change to the policy or the last day of the month during which a dependent no longer satisfies the definition of a dependent. Termination will not affect a claim that occurred while a covered person was covered by the policy.

Critical Illness

Group Limited Benefit Critical Illness Insurance



Portability Coverage

You may elect portability coverage when your coverage ends under the policy, including the termination of the policy. The requirements for election of portability, election of dependent portability and termination of portability will be defined in your certificate. If elected, portability coverage does not end when the policyholder's policy ends.



This Critical Illness policy provides limited benefits.

If the critical illness 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 GCI21 Group Limited Benefit Critical Illness Insurance Series | Texas | 11/24