

Summary of Benefits[#]

	Low Plan Insured Benefit	High Plan Insured Benefit
Type of Coverage	24-Hour Coverage	24-Hour Coverage
Spouse Coverage	Spouse benefit amounts are 100% of the insured's benefit amount, unless otherwise stated.	Spouse benefit amounts are 100% of the insured's benefit amount, unless otherwise stated.
Dependent Child(ren) Coverage	Dependent child(ren) benefit amounts are 100% of the insured's benefit amount, unless otherwise stated.	Dependent child(ren) benefit amounts are 100% of the insured's benefit amount, unless otherwise stated.
Continuation Coverage Based on defined qualifying events defined in your certificate	Coverage will be continued for 6 months following the date the insured ceased active employment.	Coverage will be continued for 6 months following the date the insured ceased active employment.
Portability Coverage	Included	Included
Organized Sports Benefit Booster for Children and Adults	25%	25%
Injury-Free	\$200 Payable after the completion of a full claim period of 3 years.	\$200 Payable after the completion of a full claim period of 3 years.
Post-Accident Time Frame Requirement Unless otherwise defined, confinement, stay, treatment, therapy, diagnosis, surgery, paralysis, dismemberment, or death of covered items must occur within 180 days after a covered accident or for inpatient rehabilitation, within 180 days after the date of discharge from the hospital.	180 day(s)	180 day(s)
Hospital Benefits		
Hospital Admission Pays only once per day, even if the confinement or observation long stay is the result of more than one injury.	\$500/5 day(s)	\$1,250/5 day(s)
Hospital Confinement Pays once per day	\$150/365 day(s)	\$225/365 day(s)
ICU Admission Pays only once per day, even if the confinement is the result of more than one injury.	\$1,000/5 day(s)	\$2,500/5 day(s)
ICU Confinement Pays once per day	\$300/365 day(s)	\$450/365 day(s)
Initial Treatment Benefits		
Observation Room Treatment Pays once per day	\$50/5 day(s)	\$125/5 day(s)
Emergency Room Treatment Pays once per day	\$50/10 day(s)	\$200/10 day(s)
Urgent Care Treatment Pays once per day	\$25/10 day(s)	\$100/10 day(s)
Physician's Office Treatment Pays once per day	\$25/10 day(s)	\$100/10 day(s)
Telemedicine Pays once per day	\$25/10 day(s)	\$65/10 day(s)
Diagnostic Benefits		
X-ray	\$25/5 day(s)	\$65/5 day(s)
Major Diagnostic Exam	\$50/5 day(s)	\$150/5 day(s)
Therapy Benefits		
Inpatient Rehabilitation	\$50/365 day(s)	\$125/365 day(s)
Physical Therapy	\$25/20 day(s)	\$40/20 day(s)

Accident

Group Limited Benefit Accident Insurance

	Plan 1 Insured Benefit	Plan 4 Insured Benefit
Extended Treatment	\$25/10 day(s) Benefits includes Chiropractic Therapy, Acupuncture Therapy, Mental Health Services	\$40/10 day(s) Benefits includes Chiropractic Therapy, Acupuncture Therapy, Mental Health Services
Coma and Paralysis Benefits		
Coma Must continue for at least 30 day(s) before a benefit is payable. Pays once per covered accident.	\$2,500	\$7,500
Paralysis Must continue for at least 365 day(s) before a benefit is payable	Quadriplegia - \$5,000 Paraplegia - \$2,500 Uniplegia - \$1,250	Quadriplegia - \$15,000 Paraplegia - \$7,500 Uniplegia - \$3,750
Accidental Death Benefits		
Accidental Death	Insured - \$40,000 Spouse - \$20,000 Dependent Child(ren) - \$10,000	Insured - \$60,000 Spouse - \$30,000 Dependent Child(ren) - \$15,000
Common Carrier Accidental Death	Insured - \$200,000 Spouse - \$100,000 Dependent Child(ren) - \$50,000	Insured - \$300,000 Spouse - \$150,000 Dependent Child(ren) - \$75,000
Dismemberment Benefits		
Dismemberment - Single, Double, Finger/Toe	\$4,000 to \$40,000	\$6,000 to \$60,000
Dislocation Benefits		
Dislocation (open reduction) - based on joint involved	\$300 to \$4,000	\$525 to \$7,000
Dislocation (closed reduction) percentage	50% of open reduction benefit amount	50% of open reduction benefit amount
Partial dislocation percentage	25% of open reduction benefit amount	25% of open reduction benefit amount
Fracture Benefits		
Fracture (open reduction) - based on bone involved	\$300 to \$4,000	\$525 to \$7,000
Fracture (closed reduction) percentage	50% of open reduction benefit amount	50% of open reduction benefit amount
Chip fracture percentage	25% of open reduction benefit amount	25% of open reduction benefit amount
Laceration Benefits		
Based on length of laceration	\$50 to \$200/5 day(s)	\$150 to \$600/5 day(s)
Inpatient Surgery Benefits		
Pays once per covered accident based on type of surgery	\$250 to \$500	\$625 to \$1,250
General Anesthesia	25% of inpatient surgery benefit amount	25% of inpatient surgery benefit amount
Outpatient Surgery Benefits		
Tendon/ligament/rotator cuff/torn knee cartilage - based on type of surgery	\$50 to \$250/5 day(s)	\$150 to \$750/5 day(s)
Other miscellaneous surgery for repair	\$50/5 day(s)	\$150/5 day(s)
Exploratory Surgery	\$50/2 day(s)	\$150/2 day(s)
Brain Injury Benefits		
Concussion	\$50/5 day(s)	\$150/5 day(s)
Severe Traumatic Brain Injury (TBI)	\$2,000/5 day(s)	\$5,000/5 day(s)
Severe Burn Benefits		
2nd degree & 3rd degree Burns Pays once per covered accident based on degree and size of burn	\$125 to \$2,500	\$375 to \$7,500

Accident

Group Limited Benefit Accident Insurance

	Plan 1 Insured Benefit	Plan 4 Insured Benefit
Skin Graft	50% of severe burn benefit amount	50% of severe burn benefit amount
Lodging and Travel Benefits		
Transportation for treatment for the injured covered person by train, bus, coach or plane must be at least 150 miles from the covered person's primary residence. Not payable if ambulance benefit is payable.		
Non-Local Transportation	\$50/up to 3 round trip(s)	\$150/up to 3 round trip(s)
Family Lodging	\$25/30 night(s)	\$65/30 night(s)
Ambulance Benefits		
Air Ambulance	\$1,000/3 day(s)	\$1,750/3 day(s)
Ground or Water Ambulance	\$250/3 day(s)	\$625/3 day(s)
Emergency Dental & Vision Treatment Benefits		
Emergency dental extraction of a broken sound, natural tooth	\$50	\$65
Emergency repair of a broken sound, natural tooth with a crown	\$100	\$175
Eye surgery or removal of a foreign object	\$100	\$175
Appliance and Prosthesis Benefits		
Wheelchair, motorized scooter, walker, walking boot, any other medical device used for mobility, including a brace, cane and crutches - based on type of appliance	\$50 to \$250/5 day(s)	\$125 to \$625/5 day(s)
Prosthesis Pays once per covered accident, per plan year based on number of devices	\$250 to \$500	\$625 to \$1,250
Other Benefits		
Auto & Home Modification	\$1,250/1 time	\$3,750/1 time
Blood/Plasma/Platelets	\$150/5 day(s)	\$225/5 day(s)
Epidural/Pain Management	\$50/5 day(s)	\$150/5 day(s)
Family Care - Dependent child(ren) are not eligible for this benefit.	\$100/5 day(s)	\$100/5 day(s)
Gunshot Wound	\$1,000	\$1,000
Post-Traumatic Stress Disorder (PTSD)	\$200	\$500
Accident Screening Benefit		
Accident Screening	\$50/1 per covered person, up to 4 per family Additional screening tests included	\$50/1 per covered person, up to 4 per family Additional screening tests included

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

Accident

Group Limited Benefit Accident Insurance

Premiums*

Monthly Premium		
Age 18+	Plan 1	Plan 4
Employee Only	\$11.05	\$18.69
Employee + Spouse	\$17.27	\$28.43
Employee + Child(ren)	\$23.93	\$41.37
Family	\$32.29	\$55.18

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

Accident

Group Limited Benefit Accident Insurance

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

Benefits are only paid as a result of injuries received in a covered accident that occurs while coverage is in force for a covered person. Payable once per covered accident, up to the defined number of days per plan year for each covered person. All diagnosis, treatment, therapy and/or confinement, as a result of death or injuries, must begin/occur within 180 days after a covered accident, unless stated otherwise.

A covered person means you and any dependent currently covered under the policy and the certificate. If dependent coverage is applicable to your plan, a dependent means your spouse or natural child, legally adopted child, foster child for whom you have been appointed legal guardian or stepchild who is under 26 years of age. Dependent also includes any child under 26 years of age who is under your charge, care, and control who has been placed for adoption; or any child you are legally required to support. Dependent does not include a grandchild unless required by law.

A hospital is a facility offering inpatient services, nursing, and overnight care for three or more individuals on a 24 hours per day, seven days per week basis for the diagnosis and treatment of physical, behavioral or rehabilitative health conditions.

Hospital Benefits

Hospital Admission – Not payable for treatment in an emergency room, urgent care facility or rehabilitation unit, for an observation unit short stay or for treatment as an outpatient.

Hospital Confinement – Not payable for any day for which a hospital admission benefit is payable, for treatment in an emergency room, urgent care facility or rehabilitation unit, for an observation unit short stay or for treatment as an outpatient.

ICU Admission – Not payable for treatment in an emergency room, urgent care facility, rehabilitation unit or observation unit or for treatment as an outpatient. This benefit is payable in addition to the Hospital Admission Benefit.

ICU Confinement – Not payable for any day for which an ICU admission benefit is payable, for treatment in an emergency room, urgent care facility, rehabilitation unit or observation unit or for treatment as an outpatient. This benefit is payable in addition to the Hospital Confinement Benefit.

Initial Treatment Benefits

Observation Room Treatment (Short Stay) – Not payable for any day for which a hospital admission, hospital confinement, ICU admission or ICU confinement benefit is payable.

Urgent Care Treatment – Benefit will not be paid for routine health examinations and immunizations, physical therapy, chiropractic care or other therapy services.

Physician's Office Treatment – Benefit will not be paid for immunizations, routine health examinations, physical therapy, chiropractic care, other therapy services or treatment received through telemedicine.

Telemedicine – Benefit will not be paid for treatment, service or advice which is not directly for a covered accident.

Diagnostic Benefits

X-ray – Does not include a major diagnostic exam or lab test.

Major Diagnostic Exam – Major diagnostic exams include those defined in your certificate.

Therapy Benefits

Inpatient Rehabilitation – Not payable for any day for which a hospital admission, hospital confinement, ICU admission or ICU confinement benefit is payable.

Physical Therapy – Physical therapy must begin within 180 days and be rendered within 365 days after the covered accident occurs. Payable up to 20 days per plan year for each covered person. Physical therapy must follow initial treatment in a hospital, emergency room or other medical facility for a covered accident for this benefit to be payable.

Extended Treatment – Treatment must begin within 180 days and be rendered within 365 days after the covered accident occurs. This benefit is payable up to 10 days per plan year for each covered person.

Coma and Paralysis Benefits

Coma – Must be diagnosed by a physician as having commenced within 180 days after the covered accident occurs.

Paralysis – Must begin within 180 days after the covered accident occurs and be determined by a physician as expected to be permanent. Only one paralysis benefit amount, the highest amount, is payable per covered accident.

Accidental Death Benefits

Accidental Death – If the covered accident that causes the covered person's loss of life occurs while the covered person is on or occupying a common carrier, the common carrier accidental death benefit will be paid in lieu of the accidental death benefit.

Accident

Group Limited Benefit Accident Insurance

Dismemberment Benefits

Single, Double and/or Finger/Toe Dismemberment – If the covered person later dies as a result of the same covered accident, APL will pay the applicable death benefit less any amounts paid under this benefit.

Dislocation Benefits – If multiple dislocations or partial dislocations, are suffered as the result of one covered accident, APL will not pay more than two times the greatest dislocation benefit payable for an individual joint per covered accident for each covered person. No more than one dislocation benefit per joint per covered accident will be paid for each covered person.

Fracture Benefits – If multiple fractures or chip fractures, are suffered as the result of one covered accident, APL will not pay more than two times the greatest fracture benefit payable for an individual bone per covered accident for each covered person. No more than one fracture benefit per bone per covered accident will be paid for each covered person.

Laceration Benefits – Treatment for the laceration must occur within 14 days after the covered accident occurs. Benefits are payable when laceration is repaired with stitches by a physician as a result of a covered accident. Payable up to 5 days per plan year for each covered person. Payable only once per covered accident for each covered person, even if treatment is received for more than one laceration.

Inpatient Surgery Benefits

Inpatient Surgery Benefits – Surgery must be performed by a physician within 180 days after the covered accident occurs.

General Anesthesia – Inpatient surgery benefit must be payable and general anesthesia must be received during inpatient surgery for this benefit to be payable.

Outpatient Surgery Benefits

Outpatient Surgery Benefits – Surgery must be performed by a physician within 180 days after the covered accident occurs.

Exploratory Surgery – Exploratory arthroscopic surgery must be performed by a physician within 180 days after the covered accident occurs.

Brain Injury Benefits – Concussion must be diagnosed by a physician. A severe traumatic brain injury (TBI) must be diagnosed by a neurologist. If both a concussion and a severe traumatic brain injury (TBI) occur in the same covered accident, only the highest benefit will be payable.

Severe Burn Benefits

Severe Burn Benefits – No benefits will be paid if the degree and percentage of the body surface burned is not shown as a covered benefit.

Skin Graft – Severe burns benefit must be payable and skin graft treatment undergone for this benefit to be payable.

Lodging and Travel Benefits

Non-Local Transportation – Treatment in a hospital must be advised by a physician because treatment for an injury is not available locally. Payable only once per round trip for up to 3 round trip(s) per plan year for each covered person. This benefit is not payable on any day that an ambulance benefit is payable.

Family Lodging – Expense must be incurred for lodging by an adult family member accompanying a covered person who is confined away from the family member's primary residence for treatment as the result of a covered accident. Payable up to 30 nights per plan year for each covered person. Payable only once per night, even if more than one family member accompanies the covered person; if the adult family member is providing care for the covered person or is acting as an advocate on the behalf of the covered person; and while the covered person is receiving treatment in a hospital that is advised by a physician because treatment for an injury is not available locally. Proof of the expense incurred for lodging, evidenced by a receipt, invoice or another appropriate document, must be submitted with the claim. Mileage is measured as the geographic distance from the family member's primary residence to the facility at which the confinement occurs.

Ambulance Benefits – Ambulance transportation, to or from a hospital or between medical facilities, must occur within 72 hours after the covered accident.

Emergency Dental & Vision Treatment Benefits – Emergency dental work or vision work must occur within 180 days after the covered accident. Payable once per plan year for each covered person and only once per covered accident even if multiple teeth or eyes are affected. If more than one type of procedure is performed on the same day, only the highest emergency dental and vision treatment benefit will be payable.

Appliance and Prosthesis Benefits

Appliance – Medical appliance must be prescribed within 180 days after the covered accident occurs. Payable 5 days per plan year for each covered person. If more than one type of medical appliance is prescribed on the same day, only the highest appliance benefit will be payable.

Prosthesis – Prosthetic device, artificial limb or artificial eye must be prescribed by a physician and received within 180 days after the covered accident occurs.

Other Benefits

Auto & Home Modification – Residence and/or vehicle modification must occur within 365 days after the covered accident occurs.

Accident

Group Limited Benefit Accident Insurance

Blood/Plasma/Platelets - Payable up to 5 days per plan year for each covered person. Transfusion of blood, plasma or platelets must be received during a surgery for which an inpatient surgery or outpatient surgery benefit is payable.

Epidural/Pain Management - Epidural injection, for treatment of an injury, must occur within 180 days after the covered accident occurs.

Family Care - Payable only once per day, up to 5 days per plan year when an adult covered person is confined to a hospital as an inpatient and an expense is incurred for dependent adult care provided at a dependent adult care center and/or dependent child care provided at a dependent child care center. Proof of the expense incurred by an adult covered person for dependent adult care or dependent child care must be submitted with the claim. Benefit is not payable for dependent adult or dependent child care provided by a facility or provider which is owned or operated by a covered person or family member. Dependent child(ren) are not eligible for this benefit.

Gunshot Wound - Benefit is only payable if: the covered person did not intentionally shoot themselves; the gunshot wound does not cause the covered person to die; the gunshot wound is caused by a shot from a conventional firearm; the gunshot wound requires treatment by a physician within 24 hours after the covered accident; and the gunshot wound requires the covered person to be confined as an inpatient in a hospital.

Injury-Free - Payable if during a claim period, a covered person does not incur a covered accident for which a benefit is payable. Must be covered without interruption during the claim period and submit a notice of claim to APL. If APL pays the injury-free benefit and then receives a claim that was incurred during the claim period, the injury-free benefit must be repaid in full. APL has the right to reduce future benefits payable under the certificate and any applicable riders toward recovery of any overpayment.

Organized Sports Benefit Booster for Children and Adults - Pays an additional percentage only if a covered person suffers an injury for which a benefit is payable under the certificate and the injury occurred while the covered person was participating in an organized sport.

Post-Traumatic Stress Disorder (PTSD) - Must be under the active care of a physician or mental health professional for the treatment of PTSD.

Accident Screening Benefit - Service must be rendered by a physician while the covered person is not an inpatient in a hospital and while the covered person is covered under the policy. Covered tests are defined in your certificate.

Exclusions

APL will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following: voluntary intoxication (as defined by the law of the jurisdiction in which such intoxication occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instructions of a physician or medical professional; voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption; committing or attempting to commit a felony, or active participation in a riot, insurrection or terrorist activity; intentional self-harm or attempting or committing suicide, whether sane or not within two years of the effective date of coverage; 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); an injury that occurs while a covered person is engaged in an illegal occupation or activity, or legally incarcerated in a penal or correctional institution; cosmetic surgery or other elective procedure, except for reconstructive surgery incidental to or following surgery for trauma to the affected body part; diagnosis or treatment received outside the United States, its territories or Canada; treatment provided at a facility, office or other location owned or operated by a covered person or family member; any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger; travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere; participation in any organized sport in a professional or semi-professional capacity; riding or driving an air, land or water vehicle in any organized and scheduled race, speed or endurance contest; participation in base jumping, bungee jumping, cliff jumping, kite surfing, kiteboarding, lugging, parachuting, paragliding, parakiting, parasailing, ski jumping, skydiving, spelunking, tricking or wingsuit flying. Additionally, no benefits will be paid for an injury that occurs prior to a covered person being covered under the certificate.

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. 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.

Continuation Coverage

If applicable to the plan and in accordance with the personnel practices of the policyholder, the insured may continue coverage if they are no longer in active employment while coverage is in force with APL due to one of the defined qualifying events listed in the insured's certificate. Premium payments must be continued, and the policyholder must approve the insured's leave in writing. If the insured's coverage ends while on an unpaid Family and Medical Leave of Absence (FMLA), the insured's coverage will be reinstated when the insured returns to active status.

Accident

Group Limited Benefit Accident Insurance

Portability Coverage

The insured may elect portability coverage when their 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 the insured's certificate. If elected, portability coverage does not end when the policyholder's policy ends.

Underwritten and administered by:

 **American Public Life Insurance Company**

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This Accident policy provides limited benefits.

If the accident 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.

This is not intended to be a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your coverage, other items may summarize our standard product features and not the specific features of your coverage. Provisions are provided in the certificate and this summary does not modify those provisions or the insurance in any way. This is not a contract. A certificate will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the certificate, the certificate will govern.

This is a brief description of the coverage. This product contains limitations and exclusions. For complete benefits and other provisions, please refer to the policy/certificate. This is not a Medicare supplement policy. **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, union 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 GAO21APL Group Limited Benefit Accident Insurance Series | New Mexico | (03/25)