

Summary of Benefits[‡] for Rio Rancho Public Schools

	Plan 1 Insured Benefit Amount²	Plan 2 Insured Benefit Amount²	Plan 3 Insured Benefit Amount²
Critical Illness Benefits	Premier Plus	Premier Plus	Premier Plus
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.	Non-Nicotine/Nicotine - Nicotine rates apply to all family members if any family member applying for coverage uses nicotine products.
Spouse Coverage	Available	Available	Available
Dependent Child(ren) Coverage	Available	Available	Available
Additional Occurrence	Included	Included	Included
Additional Occurrence Separation Period	Not Included	Not Included	Not Included
Recurrence Benefit	Included, 100%	Included, 100%	Included, 100%
Recurrence Separation Period	6 months	6 months	6 months
Automatic Benefit Increase	Not Included	Not Included	Not Included
Age Reduction	Not applicable	Not applicable	Not applicable
Waiver of Premium	Included	Included	Included
Continuation Coverage	Included	Included	Included
Portability Coverage	Included	Included	Included
Pre-Existing Condition	6 months	6 months	6 months
Pre-Existing Condition Limitation	12 months	12 months	12 months
Benefit Waiting Period	None	None	None
Tier 1 Cancer³			
Invasive Cancer	\$10,000	\$20,000	\$30,000
Non-Invasive Cancer	\$3,000	\$6,000	\$9,000
Benign Brain Tumor	\$10,000	\$20,000	\$30,000
Skin Cancer	\$250	\$250	\$250
Tier 1 Vascular³			
Heart Attack	\$10,000	\$20,000	\$30,000
Coronary Artery Disease (Bypass Surgery)	\$3,000	\$6,000	\$9,000
Stroke	\$10,000	\$20,000	\$30,000
Transient Ischemic Attack (TIA)	\$2,500	\$5,000	\$7,500
Tier 1 Other³			
Bone Marrow Transplant	\$10,000	\$20,000	\$30,000
Major Organ Failure	\$10,000	\$20,000	\$30,000
End Stage Renal Failure	\$10,000	\$20,000	\$30,000
Tier 2 Vascular³			
Heart Valve Surgery	\$5,000	\$10,000	\$15,000
Coronary Artery Disease (Angioplasty or Atherectomy)	\$3,000	\$6,000	\$9,000
Cardiac Arrhythmia	\$1,000	\$2,000	\$3,000
Sudden Cardiac Arrest	\$10,000	\$20,000	\$30,000
Tier 2 Other³			
Advanced Alzheimer's Disease	\$10,000	\$20,000	\$30,000
Advanced Parkinson's Disease	\$10,000	\$20,000	\$30,000

Critical Illness

Group Limited Benefit Critical Illness Insurance

	Plan 1 Insured Benefit Amount ²	Plan 2 Insured Benefit Amount ²	Plan 3 Insured Benefit Amount ²
Amyotrophic Lateral Sclerosis (ALS)	\$10,000	\$20,000	\$30,000
Coma	\$10,000	\$20,000	\$30,000
Complete Loss of Sight	\$10,000	\$20,000	\$30,000
Complete Loss of Speech	\$10,000	\$20,000	\$30,000
Complete Loss of Hearing	\$10,000	\$20,000	\$30,000
Multiple Sclerosis (MS)	\$10,000	\$20,000	\$30,000
Occupational HIV	\$10,000	\$20,000	\$30,000
Permanent Paralysis	\$10,000	\$20,000	\$30,000
Severe Arthritis	\$2,500	\$5,000	\$7,500
Severe Burns	\$10,000	\$20,000	\$30,000
Severe Mental Illness	\$2,500	\$5,000	\$7,500
Systemic Lupus	\$2,500	\$5,000	\$7,500
Type I Diabetes	\$2,500	\$5,000	\$7,500
Childhood Conditions³			
Cerebral Palsy	\$2,500	\$5,000	\$7,500
Cleft Lip and/or Cleft Palate	\$2,500	\$5,000	\$7,500
Cystic Fibrosis	\$2,500	\$5,000	\$7,500
Down Syndrome	\$2,500	\$5,000	\$7,500
Muscular Dystrophy	\$2,500	\$5,000	\$7,500
Spina Bifida	\$2,500	\$5,000	\$7,500
Tay-Sachs Disease	\$2,500	\$5,000	\$7,500
^{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 25% of the insured's critical illness benefit amounts shown. Childhood Conditions are paid at 100% of the amounts shown.			
Wellness Benefits⁸ Includes: Health Screening, Mammography	Maximum of 1 per covered person, up to 4 per family per plan year	Maximum of 1 per covered person, up to 4 per family per plan year	Maximum of 1 per covered person, up to 4 per family per plan year
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.	\$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 two years	\$50, payable once every two years	\$50, payable once every two years
^{2,8} Spouse wellness benefit amounts are 100% of the insured's wellness benefit amounts shown. Dependent child(ren) wellness benefit amounts are 100% of the insured's wellness benefit amounts shown.			

†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**					Nicotine Plan 1 Monthly Age Based Premium**				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
18-24	\$3.72	\$6.53	\$6.53	\$9.57	18-24	\$4.98	\$8.48	\$7.80	\$11.52
25-29	\$4.82	\$8.26	\$7.63	\$11.30	25-29	\$7.19	\$12.01	\$10.00	\$15.05
30-34	\$6.01	\$10.08	\$8.83	\$13.12	30-34	\$9.51	\$15.64	\$12.33	\$18.68
35-39	\$7.85	\$12.82	\$10.67	\$15.86	35-39	\$12.96	\$20.91	\$15.77	\$23.95
40-44	\$11.89	\$18.80	\$14.70	\$21.83	40-44	\$20.51	\$32.37	\$23.33	\$35.40
45-49	\$18.06	\$27.83	\$20.88	\$30.86	45-49	\$32.97	\$50.99	\$35.79	\$54.03
50-54	\$27.73	\$41.54	\$30.55	\$44.58	50-54	\$55.32	\$83.53	\$58.14	\$86.57
55-59	\$40.17	\$58.99	\$42.99	\$62.03	55-59	\$85.57	\$127.19	\$88.39	\$130.22
60-64	\$58.64	\$85.05	\$61.45	\$88.09	60-64	\$132.51	\$194.97	\$135.32	\$198.01
65-69	\$84.41	\$121.50	\$87.23	\$124.53	65-69	\$203.88	\$298.64	\$206.69	\$301.67
70-74	\$105.78	\$159.60	\$108.60	\$162.63	70-74	\$297.07	\$446.53	\$299.88	\$449.56
75-99	\$140.50	\$213.87	\$143.32	\$216.90	75-99	\$451.14	\$678.91	\$453.95	\$681.94

Non-Nicotine Plan 2 Monthly Age Based Premium**					Nicotine Plan 2 Monthly Age Based Premium**				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
18-24	\$5.57	\$9.34	\$9.12	\$13.25	18-24	\$8.08	\$13.24	\$11.64	\$17.15
25-29	\$7.76	\$12.80	\$11.31	\$16.71	25-29	\$12.49	\$20.29	\$16.05	\$24.21
30-34	\$10.15	\$16.44	\$13.71	\$20.35	30-34	\$17.15	\$27.55	\$20.70	\$31.46
35-39	\$13.83	\$21.92	\$17.38	\$25.83	35-39	\$24.04	\$38.10	\$27.59	\$42.01
40-44	\$21.90	\$33.87	\$25.46	\$37.78	40-44	\$39.14	\$61.00	\$42.70	\$64.91
45-49	\$34.19	\$51.84	\$37.75	\$55.75	45-49	\$63.99	\$98.13	\$67.55	\$102.04
50-54	\$53.26	\$78.87	\$56.81	\$82.78	50-54	\$108.33	\$162.68	\$111.88	\$166.59
55-59	\$77.89	\$113.41	\$81.45	\$117.32	55-59	\$168.49	\$249.49	\$172.05	\$253.40
60-64	\$114.46	\$165.00	\$118.01	\$168.91	60-64	\$261.83	\$384.28	\$265.39	\$388.19
65-69	\$165.35	\$236.94	\$168.91	\$240.85	65-69	\$403.59	\$590.14	\$407.14	\$594.06
70-74	\$207.13	\$311.62	\$210.69	\$315.54	70-74	\$588.28	\$883.34	\$591.83	\$887.25
75-99	\$275.71	\$418.82	\$279.27	\$422.74	75-99	\$894.39	\$1,345.04	\$897.94	\$1,348.95

**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 you reach the next attained age or age bracket on renewal effective date.

Critical Illness

Group Limited Benefit Critical Illness Insurance

Premiums

Non-Nicotine Plan 3 Monthly Age Based Premium**					Nicotine Plan 3 Monthly Age Based Premium**				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
18-24	\$7.41	\$12.14	\$11.70	\$16.93	18-24	\$11.19	\$17.99	\$15.48	\$22.77
25-29	\$10.70	\$17.34	\$15.00	\$22.12	25-29	\$17.80	\$28.57	\$22.09	\$33.63
30-34	\$14.30	\$22.80	\$18.59	\$27.59	30-34	\$24.78	\$39.46	\$29.07	\$44.25
35-39	\$19.81	\$31.02	\$24.10	\$35.80	35-39	\$35.12	\$55.28	\$39.41	\$60.07
40-44	\$31.92	\$48.94	\$36.21	\$53.73	40-44	\$57.78	\$89.64	\$62.07	\$94.42
45-49	\$50.32	\$75.85	\$54.61	\$80.63	45-49	\$95.01	\$145.27	\$99.30	\$150.06
50-54	\$78.78	\$116.20	\$83.07	\$120.99	50-54	\$161.34	\$241.83	\$165.63	\$246.62
55-59	\$115.61	\$167.83	\$119.90	\$172.62	55-59	\$251.41	\$371.78	\$255.70	\$376.57
60-64	\$170.28	\$244.94	\$174.57	\$249.73	60-64	\$391.16	\$573.59	\$395.45	\$578.38
65-69	\$246.30	\$352.38	\$250.59	\$357.17	65-69	\$603.30	\$881.65	\$607.59	\$886.44
70-74	\$308.49	\$463.65	\$312.78	\$468.44	70-74	\$879.48	\$1,320.15	\$883.77	\$1,324.94
75-99	\$410.92	\$623.78	\$415.21	\$628.57	75-99	\$1,337.64	\$2,011.17	\$1,341.93	\$2,015.96

**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 you reach 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, natural child, legally adopted child, foster child for whom you have been appointed legal guardian, stepchild who is under 26 years of age or any child you are legally required to support. 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. Dependent does not include a grandchild unless required by law.

Critical Illness Benefits

The critical illness, as defined in the certificate, is 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

Pre-Existing Condition Limitation - APL will not pay benefits for any critical illness that results from, or is caused or contributed to by, a pre-existing condition until after the defined number of months a covered person is continuously covered under the policy. A pre-existing condition limitation of the defined number of months will also apply to any benefit amount increase or the addition of any benefit under the policy. This limitation does not apply to newborn children. In the event coverage provided by the policy replaces an existing critical illness policy issued by APL, credit will be given for the time the covered person was covered under the replaced coverage.

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, within two years of the effective date of coverage; 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; 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; 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. 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.

Waiver of Premium

If applicable to your plan, if you are disabled, APL will waive the premium that is owed by you for the coverage provided under the certificate during the period that begins on the premium due date after you have been disabled for three months and ends on the earliest of the following: 24 months after you become eligible for waiver of premium, the date you attain age 65 and the date you are no longer disabled, or the date the policy terminates if portability is not available on the plan or not elected by you when available on your plan.

Critical Illness

Group Limited Benefit Critical Illness Insurance

Continuation Coverage

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

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.

Underwritten and administered by:

 **APL** American Public Life Insurance Company

ampublic.com | 800.256.8606

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.

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, 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 GC121 Group Limited Benefit Critical Illness Insurance Series | New Mexico | 09/25