

Are you covered?



Accident Insurance can provide protection to help with the high cost of a covered accidental injury. From a simple physician’s office visit, to x-rays, ambulance transportation or an intensive care admission due to an accidental injury – unexpected expenses can add up.

How it works



1 CHOOSE the benefit options that best protect you and your family from a covered accident.



2 RECEIVE treatment for a covered accident.



3 FILE your claim online or mail it in. You’ll receive a cash benefit to use however you wish.

Key features

- Benefit funds are paid directly to you for expenses incurred as the result of a covered accident
- You decide how to use the benefit funds—for medical and non-medical expenses
- Multiple coverage options for your whole family
- Cost-effective premiums with convenient payroll deduction

Summary of Benefits for Louisiana Machinery Company LLC

	Plan 1 Insured Benefit
Type of Coverage	24-Hour Coverage
Spouse or Partner Coverage	Spouse or Partner 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.
Continuation Coverage Based on defined qualifying events defined in your certificate	Coverage will be continued for 12 months following the date the insured ceased active employment.
Portability Coverage	Included, age 79 or younger
Post-Accident Time Frame Requirement Unless otherwise defined, confinement, stay, treatment, therapy, diagnosis, surgery, paralysis, dismemberment, death or prescription of covered items must occur within the defined number of days after a covered accident or for inpatient rehabilitation, if applicable to the plan, within the defined number of days after the date of discharge from the hospital.	90 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.	\$2,000/1 day(s)
Hospital Confinement Pays once per day	\$350/365 day(s)
ICU Admission Pays only once per day, even if the confinement is the result of more than one injury.	\$2,000/1 day(s)
ICU Confinement Pays once per day	\$700/30 day(s)

	Plan 1 Insured Benefit
Initial Treatment Benefits	
Emergency Room Treatment Pays once per day	\$300/3 day(s)
Urgent Care Treatment Pays once per day	\$150/2 day(s)
Physician's Office Treatment Pays once per day	\$100/3 day(s)
Telemedicine Pays once per day	\$25/5 day(s)
Diagnostic Benefits	
X-ray	\$200/5 day(s)
Major Diagnostic Exam	\$75/1 day(s)
Therapy Benefits	
Inpatient Rehabilitation	\$200/30 day(s)
Physical Therapy	\$50/10 day(s)
Extended Treatment	\$50/5 day(s) Benefits includes Chiropractic Therapy, Acupuncture Therapy
Coma and Paralysis Benefits	
Coma Must continue for at least 7 day(s) before a benefit is payable. Pays once per covered accident.	\$15,000
Paralysis Must continue for at least 90 day(s) before a benefit is payable	Quadriplegia - \$22,500 Paraplegia - \$11,250
Accidental Death Benefits	
Accidental Death	Insured - \$25,000 Spouse or Partner - \$15,000 Dependent Child(ren) - \$5,000
Common Carrier Accidental Death	Insured - \$100,000 Spouse or Partner - \$50,000 Dependent Child(ren) - \$20,000
Accidental Death Seatbelt	Insured - \$5,000 Spouse or Partner - \$2,500 Dependent Child(ren) - \$1,250
Dismemberment Benefits	
Dismemberment - Single, Double, Finger/Toe	\$2,000 to \$20,000
Dislocation Benefits	
Dislocation (open reduction) - based on joint involved	\$375 to \$5,000
Dislocation (closed reduction) percentage ¹	50% of open reduction benefit amount
Partial dislocation percentage ¹	25% of open reduction benefit amount
Fracture Benefits	
Fracture (open reduction) - based on bone involved	\$375 to \$5,000
Fracture (closed reduction) percentage ¹	50% of open reduction benefit amount
Chip fracture percentage ¹	25% of open reduction benefit amount
Laceration Benefits	
Based on length of laceration	\$75 to \$100/3 day(s)
Inpatient Surgery Benefits	
Pays once per covered accident based on type of surgery	\$1,500
Outpatient Surgery Benefits	
Tendon/ligament/rotator cuff/torn knee cartilage - based on type of surgery	\$750 to \$1,000/1 day(s)
Brain Injury Benefits	
Concussion	\$450/1 day(s)
Severe Traumatic Brain Injury (TBI)	\$2,500/1 day(s)

	Plan 1 Insured Benefit
Severe Burn Benefits	
2nd degree & 3rd degree Burns Pays once per covered accident based on degree and size of burn	\$200 to \$10,000
Skin Graft ¹	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 100 miles from the covered person's primary residence. Not payable if ambulance benefit is payable.	
Non-Local Transportation	\$375/up to 3 round trip(s)
Family Lodging	\$150/30 night(s)
Ambulance Benefits	
Air Ambulance	\$600/3 day(s)
Ground or Water Ambulance	\$200/3 day(s)
Emergency Dental & Vision Treatment Benefits	
Emergency dental extraction of a broken sound, natural tooth	\$200
Emergency repair of a broken sound, natural tooth with a crown	\$150
Eye surgery or removal of a foreign object	\$150
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	\$200/1 day(s)
Prosthesis Pays once per covered accident, per plan year based on number of devices	\$750 to \$1,500
Other Benefits	
Blood/Plasma/Platelets	\$450/1 day(s)
Accident Screening Benefit	
Accident Screening ¹	\$50/1 per covered person, up to 4 per family. Additional screening tests included

¹Spouse or Partner and/or dependent child(ren) benefit amount and/or percentage is the same as the insured's benefit amount and/or percentage.

Premiums

Monthly Premium*	
Age 18+	Plan 1
Employee Only	\$12.82
Employee + Spouse or Partner	\$19.95
Employee + Child(ren)	\$26.21
Family	\$36.00

Semi-Monthly Premium*	
Age 18+	Plan 1
Employee Only	\$6.41
Employee + Spouse or Partner	\$9.97
Employee + Child(ren)	\$13.10
Family	\$18.00

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

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, unless stated otherwise. All diagnosis, treatment, therapy and/or confinement, as a result of death or injuries, must begin/occur within the defined number of days after a covered accident.

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 partner or natural child, legally adopted child, grandchild for whom you have been appointed legal guardian or stepchild who is under 26 years of age. Dependent, under 26 years of age, also includes any minor under the insured's charge, care and control who has been placed for adoption and any child placed in the insured's home following the execution of an act of voluntary surrender in favor of the insured or the insured's legal representative, effective on the date on which the act of voluntary surrender becomes irrevocable.

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.

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, if applicable to your plan.

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, if applicable to your plan.

Physical Therapy – Physical therapy must begin within the defined number of days and be rendered within 365 days after the covered accident occurs. Payable up to the defined number of 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 the defined number of days and be rendered within 365 days after the covered accident occurs. This benefit is payable up to the defined number of days per plan year for each covered person.

Coma and Paralysis Benefits

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

Paralysis – Must begin within the defined number of 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, if applicable to your plan.

Accidental Death Seatbelt - The police report of the covered accident must clearly establish that the covered person was properly strapped in a seatbelt at the time of the covered accident.

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, if applicable to your plan.

Dislocation Benefits - If multiple dislocations or partial dislocations, if applicable to your plan, 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, if applicable to your plan, 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 the defined number of 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 the defined number of days after the covered accident occurs.

Outpatient Surgery Benefits

Outpatient Surgery Benefits - Surgery must be performed by a physician within the defined number of 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 applicable to your plan. If both a concussion and a severe traumatic brain injury (TBI) occur in the same covered accident, only the highest benefit will be payable, if applicable to your plan.

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 the defined number of 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 the defined number of 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 168 hours after the covered accident.

Emergency Dental & Vision Treatment Benefits – Emergency dental work or vision work must occur within the defined number of 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 the defined number of days after the covered accident occurs. Payable the defined number of 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 the defined number of days after the covered accident occurs.

Group Accident Insurance



Other Benefits

Blood/Plasma/Platelets - Payable up to the defined number of 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.

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; 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); any 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 that is not medically necessary, 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; treatment of mental or nervous disorder(s) that is not a direct result of trauma sustained by a covered accident; 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, luging, parachuting, paragliding, parakiting, parasailing, ski jumping, skydiving, spelunking, tricking or wingsuit flying; or an on the job injury, if applicable to your plan. 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; the last day of the month during which you attain the limiting age defined in your certificate or, if applicable to your plan, the date the participating entity's coverage under the policy terminates. 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.



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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.

Underwritten by American Public Life Insurance Company | 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 guidelines. | Policy Form GAO21APL Series | Louisiana | Group Accident Insurance | **Limited Benefit Group Accident Insurance (02/22)**