




## Are you financially prepared to survive a critical illness?



Critical Illness insurance from APL can help you prepare for the financial impact you may face after a heart attack, stroke, invasive cancer or other covered critical illnesses.

### How it works

- 
**1 CHOOSE** the benefit options that best protect you and your family from a covered critical illness.
- 
**2 RECEIVE** a positive diagnosis of a covered critical illness.
- 
**3 FILE** your claim online or mail it in. You'll receive a lump sum benefit to use however you wish.

### Key features

- Pays a lump sum upon diagnosis of a covered critical illness
- You decide how to use the benefit funds—for medical and non-medical expenses
- Appropriate regardless of genetics or family medical history
- Cost-effective premiums with convenient payroll deduction

## Summary of Benefits for Louisiana Machinery Company, Inc.

Critical Illness Covered Conditions	Plan 1 Insured Benefit Amount <sup>2</sup>	Plan 2 Insured Benefit Amount <sup>2</sup>	Plan 3 Insured Benefit Amount <sup>2</sup>
<b>Nicotine Class</b>	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.
<b>Spouse Coverage</b>	Available	Available	Available
<b>Dependent Child(ren) Coverage</b>	Available	Available	Available
<b>Pre-Existing Condition</b>	Waived	Waived	Waived
<b>Pre-Existing Condition Limitation</b>	Not applicable	Not applicable	Not applicable
<b>Benefit Waiting Period</b>	30 days	30 days	30 days
<b>Tier 1 Cancer<sup>3</sup></b>			
Invasive Cancer	\$10,000	\$20,000	\$30,000
Non-Invasive Cancer	\$2,500	\$5,000	\$7,500
Benign Brain Tumor	\$10,000	\$20,000	\$30,000
Skin Cancer	\$250	\$250	\$250
<b>Tier 1 Vascular<sup>3</sup></b>			
Heart Attack	\$10,000	\$20,000	\$30,000
Coronary Artery Disease (Bypass Surgery)	\$2,500	\$5,000	\$7,500
Stroke	\$10,000	\$20,000	\$30,000
<b>Tier 1 Other<sup>3</sup></b>			
Bone Marrow Transplant	\$10,000	\$20,000	\$30,000

	Plan 1 Insured Benefit Amount <sup>2</sup>	Plan 2 Insured Benefit Amount <sup>2</sup>	Plan 3 Insured Benefit Amount <sup>2</sup>
Major Organ Failure	\$10,000	\$20,000	\$30,000
End Stage Renal Failure	\$10,000	\$20,000	\$30,000
<b>Tier 2 Vascular<sup>3</sup></b>			
Sudden Cardiac Arrest	\$2,500	\$5,000	\$7,500
<b>Tier 2 Other<sup>3</sup></b>			
Acute Respiratory Distress Syndrome (ARDS)	\$2,500	\$5,000	\$7,500
Addison's Disease	\$2,500	\$5,000	\$7,500
Advanced Alzheimer's Disease	\$10,000	\$20,000	\$30,000
Advanced Parkinson's Disease	\$10,000	\$20,000	\$30,000
Amyotrophic Lateral Sclerosis (ALS)	\$2,500	\$5,000	\$7,500
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
Diphtheria	\$2,500	\$5,000	\$7,500
Encephalitis	\$2,500	\$5,000	\$7,500
Huntington's Disease	\$2,500	\$5,000	\$7,500
Legionnaire's Disease	\$2,500	\$5,000	\$7,500
Lyme Disease	\$2,500	\$5,000	\$7,500
Malaria	\$2,500	\$5,000	\$7,500
Meningitis	\$2,500	\$5,000	\$7,500
Multiple Sclerosis (MS)	\$2,500	\$5,000	\$7,500
Myasthenia Gravis	\$2,500	\$5,000	\$7,500
Necrotizing Fasciitis	\$2,500	\$5,000	\$7,500
Occupational Hepatitis	\$2,500	\$5,000	\$7,500
Occupational HIV	\$2,500	\$5,000	\$7,500
Osteomyelitis	\$2,500	\$5,000	\$7,500
Permanent Paralysis	\$10,000	\$20,000	\$30,000
Poliomyelitis	\$2,500	\$5,000	\$7,500
Pulmonary Embolism	\$2,500	\$5,000	\$7,500
Pulmonary Fibrosis	\$2,500	\$5,000	\$7,500
Rabies	\$2,500	\$5,000	\$7,500
Rocky Mountain Spotted Fever	\$2,500	\$5,000	\$7,500
Ruptured Aneurysm	\$2,500	\$5,000	\$7,500
Severe Arthritis	\$2,500	\$5,000	\$7,500
Severe Mental Illness	\$2,500	\$5,000	\$7,500
Severe Osteoporosis	\$2,500	\$5,000	\$7,500
Sickle Cell Anemia	\$2,500	\$5,000	\$7,500
Systemic Lupus	\$2,500	\$5,000	\$7,500
Systemic Sclerosis (Scleroderma)	\$2,500	\$5,000	\$7,500
Tetanus	\$2,500	\$5,000	\$7,500
Tuberculosis	\$2,500	\$5,000	\$7,500
Type I Diabetes	\$2,500	\$5,000	\$7,500

	Plan 1 Insured Benefit Amount <sup>2</sup>	Plan 2 Insured Benefit Amount <sup>2</sup>	Plan 3 Insured Benefit Amount <sup>2</sup>
<b>Childhood Conditions<sup>3</sup></b>			
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
<i><sup>2,3</sup>Spouse critical illness benefit amounts are 50% of the insured's critical illness benefit amounts shown. Dependent child(ren) critical illness benefit amounts, except for Childhood Conditions, are 50% of the insured's critical illness benefit amounts shown. Childhood Conditions are paid at 100% of the amounts shown.</i>			
<b>Additional Occurrence</b>	Included	Included	Included
<b>Recurrence Benefit</b>	Included, 100%	Included, 100%	Included, 100%
<b>Recurrence Separation Period</b>	12 months	12 months	12 months
<b>Wellness Benefits<sup>8</sup></b>	Maximum of 1 per covered person, up to 4 per family	Maximum of 1 per covered person, up to 4 per family	Maximum of 1 per covered person, up to 4 per family
<b>Health Screening</b>	\$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.
<b>Mammography</b>	\$50, payable once every 2 Years	\$50, payable once every 2 Years	\$50, payable once every 2 Years
<i><sup>2,8</sup>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.</i>			
<b>Continuation Coverage</b>	Included	Included	Included
<b>Portability Coverage</b>	Included, age 79 or younger	Included, age 79 or younger	Included, age 79 or younger

Non-Nicotine Plan 1 Monthly Age Based Premium**			Nicotine Plan 1 Monthly Age Based Premium**		
Age	Employee	Employee + Spouse	Age	Employee	Employee + Spouse
18-29	\$4.25	\$7.07	18-29	\$5.16	\$8.45
30-39	\$8.63	\$13.78	30-39	\$11.66	\$18.38
40-49	\$16.77	\$26.22	40-49	\$25.09	\$38.70
50-59	\$28.95	\$44.77	50-59	\$44.38	\$67.86
60-69	\$38.44	\$59.24	60-69	\$59.41	\$90.70
70-79	\$58.00	\$88.08	70-79	\$163.38	\$255.23

Non-Nicotine Plan 2 Monthly Age Based Premium**			Nicotine Plan 2 Monthly Age Based Premium**		
Age	Employee	Employee + Spouse	Age	Employee	Employee + Spouse
18-29	\$7.11	\$11.40	18-29	\$12.09	\$14.17
30-39	\$15.60	\$24.23	30-39	\$21.76	\$33.46
40-49	\$31.51	\$48.32	40-49	\$48.15	\$73.28
50-59	\$55.34	\$84.33	50-59	\$84.06	\$130.48
60-69	\$73.23	\$112.37	60-69	\$115.83	\$175.29
70-79	\$114.95	\$174.06	70-79	\$323.81	\$504.35

Non-Nicotine Plan 3 Monthly Age Based Premium**			Nicotine Plan 3 Monthly Age Based Premium**		
Age	Employee	Employee + Spouse	Age	Employee	Employee + Spouse
18-29	\$8.15	\$14.95	18-29	\$9.49	\$17.16
30-39	\$17.21	\$28.60	30-39	\$23.97	\$39.22
40-49	\$39.87	\$63.01	40-49	\$66.65	\$104.70
50-59	\$81.51	\$127.23	50-59	\$154.18	\$239.38
60-69	\$159.51	\$246.35	60-69	\$320.50	\$494.39
70-79	\$172.44	\$260.68	70-79	\$485.77	\$755.36

\*\*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. **Dependent child(ren) coverage included in premium.**

## 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, or partner or natural child, legally adopted child, or grandchild for whom the insured has been appointed legal guardian, or stepchild who is under 26 years of age. Dependent also includes: any minor under the insured's charge, care and control, who has been placed for adoption; and is any child who is 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 and is under 26 years of age.

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

**Benefit Waiting Period** - A covered person must complete the benefit waiting period before becoming eligible for benefits under the policy. If a covered person is diagnosed with a critical illness or receives treatment during the benefit waiting period, benefits are not payable. A benefit waiting period will also apply to any increase in benefits or benefit amounts. The benefit waiting period does not apply to a newborn child.

### 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; 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 the insured's 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; 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.

### 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 coverage ends under the policy. The requirements for election of portability, election of dependent portability and termination of portability will be defined in your certificate.

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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 guidelines. | Policy Form GCI21 Critical Illness Insurance Series | Louisiana | **Limited Benefit Group Critical Illness Insurance** | (02/22)