




Are you financially prepared?



Hospital indemnity insurance may help cover the costs of an unexpected illness or serious accident that results in a hospital stay, outpatient surgery or treatment in a doctor's office. Focus on recovery, not your finances, with a hospital indemnity plan from APL.

How it works

- 
1 CHOOSE the plan that best helps protect you and your family.
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2 RECEIVE treatment in a covered facility.
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3 FILE your claim online or mail it in. You'll receive benefit funds to use however you wish.

Key features

- You may be covered for doctor's office visits, urgent care, outpatient surgery, hospital stays and more!
- You decide how to use the benefit funds—for medical and non-medical expenses
- Guarantee Issue with no medical questions or exams
- Cost-effective premiums with convenient payroll deduction

Summary of Benefits for Louisiana Machinery Company, Inc.

	Plan 1
HSA Compatible	No
Spouse Coverage	Available
Dependent Child(ren) Coverage	Available
Pregnancy Coverage/Waiting Period	Included/10 months
Hospital Admission Benefit	\$1,000 per day; max of 1 day(s)
Hospital Confinement Benefit	\$150 per day; max of 10 day(s)
Intensive Care Unit Admission Benefit	\$1,000 per day; max of 1 day(s)
Intensive Care Unit Benefit	\$300 per day; max of 10 day(s)
Rehabilitation Benefit	\$25 per day; max of 5 day(s)
Additional Rider(s)	
Portability Option Rider	Included
Continuity of Coverage Amendment Rider (Takeover)	Included, credit given for time served under prior coverage for: Pregnancy Waiting Period

Premiums

Plan 1 - Monthly Premium*				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
18+	\$13.00	\$38.09	\$15.34	\$43.03

*Total premium includes the Plan selected and any applicable rider premium. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

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

Benefits are per day, up to the maximum number of days per calendar year, per covered person, with the exception of the general anesthesia benefit and critical illness rider benefit. The general anesthesia benefit is payable per day. The critical illness rider benefit is payable once per covered person, per calendar year. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. No benefits are payable during the defined pre-existing condition exclusion period following the covered person's effective date for any loss resulting from a pre-existing condition. If applicable to the plan, no benefits are payable for a loss that is caused by or occurs as a result of a covered person's pregnancy or childbirth during the 10-month pregnancy waiting period. Loss due to complications of pregnancy will be covered to the same extent as a sickness.

A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption or any child under the age of 26 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/or a grandchild residing with the insured 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.

Hospital Admission Benefit - Payable only once per period of confinement if a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. Not payable for outpatient treatment, emergency room treatment or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit - Must be confined as an inpatient to a hospital due to an injury or covered sickness. This benefit is not payable on any day a hospital admission benefit is payable.

Intensive Care Unit (ICU) Admission Benefit - Must be admitted to and confined in an ICU due to an injury or covered sickness. Payable only once per period of confinement in an ICU.

Intensive Care Unit (ICU) Benefit - Must be confined in an ICU due to an injury or covered sickness. If the plan is Non-HSA compatible, benefits will be paid beginning the first day of ICU confinement when confinement begins after the certificate effective date. If the plan is HSA compatible, this benefit is not payable on any day an intensive care unit admission benefit is payable.

Rehabilitation Benefit - Must be confined in a rehabilitation unit or skilled nursing facility and receiving rehabilitation care services immediately after a covered period of confinement due to an injury or covered sickness. This benefit is not payable in addition to any other confinement benefit provided under the policy on the same day. If more than one confinement occurs on the same day, the higher benefit will be paid.

Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly, by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; 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 (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medically necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental or emotional disorders without demonstrable organic disease, if not applicable to the plan; alcoholism or drug addiction treatment, if not applicable to the plan; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; pregnancy or childbirth, except complications of pregnancy, if not applicable to the plan; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation. If the plan includes occupational exclusion rider, the following is applicable: accident and sickness arising out of and in the course of any occupation for compensation, wage or profit for which loss qualifies for benefits under Workers' Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law. This does not apply to those sole proprietors or partners not covered by Workers' Compensation, or for claims that were denied under such laws.

Termination of Certificate

Insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the date you no longer qualify as an insured or the date of your death.

Termination of Coverage

Insurance coverage under the policy and/or any attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the end of the policy period in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent or the date of the covered person's death. APL may end coverage of any covered person who submits a fraudulent claim.

Additional Rider(s)

All riders are part of the policy/certificate to which it is attached and are subject to all the provisions of the policy/certificate that are not in conflict with the provisions of the rider.

Portability Option Rider

You may elect portability coverage when coverage ends under the policy for reasons other than non-payment of premium. The requirements for election of portability, election of dependent portability and termination of portability will be defined in portability option rider attached to your certificate. When elected, APL will notify you of the amount of premium due, the frequency of the premium payments and the premium due dates.

Continuity of Coverage Amendment Rider

You and your covered dependents may qualify for continuity of coverage, credit for certain limitations served under the prior group hospital indemnity coverage, upon transfer of insurance carriers. The provisions for continuity of coverage will be defined in the continuity of coverage amendment rider attached to your certificate. APL may request proof of coverage to determine if each person to be insured is eligible for continuity of coverage. Continuity of coverage is only extended to the benefits provided under the APL policy. The APL policy may not include all of the benefits provided under the prior group hospital indemnity coverage. Continuity of coverage does not include any losses or medical expenses incurred prior to the covered person's effective date of coverage under the APL certificate. Continuity of coverage is not available to those employees who were not enrolled under the prior group coverage. Those employees must meet all the requirements of the APL policy. Continuity of coverage does not mean a continuation of benefits provided by the prior group coverage.



2305 Lakeland Drive | Flowood, MS 39232
ampublic.com | 800.256.8606

If the hospital indemnity 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 product contains Limitations, Exclusions and Waiting Period. For complete benefits and other provisions, please refer to the policy/certificate/rider. All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider. 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 GHI17/GHI21 Series including AMDI547APL Series | Louisiana | **Limited Benefit Group Hospital Indemnity Insurance Policy** | (05/22)