

# AMERICAN PUBLIC LIFE INSURANCE COMPANY

## LIMITED BENEFIT HOSPITAL INDEMNITY PLAN

HI-4005 WPX

for:

### *DeSoto County Schools*

#### **Florida – Employer Paid Plan**

A medical reimbursement plan with benefits paid directly to the employee. These benefits are designed to help cover the deductibles and co-insurance in your Major Medical Health Plan.

#### Benefit Type

#### Benefit Amount

**Daily Hospital Confinement Benefit..... \$100 per day**  
Pays a daily indemnity benefit for each day the Insured Person is confined at the direction of or under the supervision of a Physician for at least 24 hours as an inpatient to a Hospital for a covered Injury or Covered Sickness for each Period of Confinement. The maximum benefit period is 180 days for any one Period of Confinement.

An Accident or Injury is a sudden, unexpected and unintended injury which is caused directly by an Accident; is independent of any Sickness or disease; over which the Insured Person has no control; and takes place while the Insured Person's coverage is in force.

Inpatient means confinement in a Hospital for at least 24 continuous hours.

Sickness includes pregnancy and complications of pregnancy.

**Emergency Accident Rider..... \$300 per covered accident**  
Pays a benefit if You sustain an injury which requires Emergency Care by a Physician. We will pay the expenses incurred up to the Maximum Benefit per visit as shown in the Schedule of Benefits of the Policy/Certificate. The treatment must be rendered in an Emergency Room of a Hospital, in a Physician's Office, Clinic or Urgent Care Facility and received within 30 days of the injury.

Emergency Care means medical treatment for an Injury demanding immediate attention.

**Annual First Occurrence Hospital Confinement Rider ..... \$1000 per calendar year**  
Pays an indemnity benefit for Your First Occurrence Hospital Confinement. The Hospital confinement must be due to a covered Injury or Sickness; begin while this rider is in force; and be at the direction of and under the supervision of a Physician.

First Occurrence Hospital Confinement means the first time You are confined to a Hospital in a Calendar Year for a period of confinement for which benefits are payable under the policy to which this rider is attached.

**Outpatient Sickness Rider..... \$75 per visit**  
Pays an indemnity benefit when You receive treatment by a Physician for covered Sickness or Injury in the Physician's office, Clinic, Urgent Care Facility or Emergency Room. The total number of visits per Calendar Year for You is shown in the Policy/Certificate Schedule of Benefits (5).

#### **Wellness/Diagnostic Test Benefit Rider\***

##### **Wellness Exam and/or Test Benefit**

Pays an indemnity benefit when You have a routine examination or other preventative test as listed; Flexible Sigmoidoscopy; Colonoscopy, Cholesterol and Diabetes Screening; PSA; EKG; or Chest X-Ray.

##### **Diagnostic Testing Benefit**

Pays charges, up to \$250 per Calendar Year, when You have Diagnostic Tests performed that were not covered under the Wellness Exam and/or Test Benefit.

\* The maximum combined benefit payable under this rider form is \$250 per person, per calendar year.

#### **MONTHLY PREMIUM**

**Employee Only \$33.77**

## LIMITATIONS AND EXCLUSIONS

We do not cover hospital confinements or other losses in the Policy or Riders attached thereto:

- (a) due to hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs or elective sterilization within six months after the Effective Date unless due to an emergency;
- (b) for an Injury or Sickness covered under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law;
- (c) for an Injury or Sickness due to war or act of war, whether declared or undeclared;
- (d) for injuries that are intentionally self-inflicted;
- (e) for an Injury or Sickness incurred while committing or attempting to commit a felony;
- (f) for an Injury or Sickness incurred while engaging in an illegal occupation;
- (g) for cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as:
  - (1) surgery to restore a normal bodily function.
  - (2) surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect.
- (h) which are primarily for rest care, convalescent care or for rehabilitation;
- (i) due to being intoxicated. (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);
- (j) for Injury sustained or Sickness, which manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium paid while in such forces;
- (k) for treatment of alcoholism or drug addiction;
- (l) which are rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure; nor,
- (m) for which payment is not legally required, except for:
  - (1) Medicaid;
  - (2) treatment of non-service connected disabilities in Veteran Administration hospitals; and,
  - (3) inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government.