Group Critical Illness Insurance

A SERIOUS ILLNESS CAN LEAD TO SERIOUS BILLS

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.

:39

Approximately every **39 seconds** an American will have a heart attack.[1]

$11,728
The average cost for a **hospital stay**.[2]

69%

69% of Americans have **less than $1,000** in savings.[3]

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 in your claim. 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
- Multiple coverage options for your spouse and child(ren)
- Cost-effective premiums through convenient payroll deduction
- Appropriate regardless of genetics or family medical history

There's no such thing as feeling
too covered, too safe or too protected!

This Critical Illness policy provides limited benefits

1. *2021 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 26, 2021, p2*
2. *AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of February 5, 2019*
3. *GoBankingRates: Survey: 69% of Americans Have Less Than $1,000 in Savings; December 16, 2019*

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2nd Adventure Payroll Services LLC

Summary of Benefits

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 Critical Illness Occurrence

After the first critical illness benefit amount is paid and the covered person is diagnosed with a different critical illness, APL will pay for that additional critical illness if the additional critical illness is not excluded by name or specific description.

Critical Illness Recurrence Benefit

If the covered person is subsequently diagnosed with the same critical illness, APL will pay the critical illness benefit amount previously paid multiplied by the critical illness recurrence amount if the subsequent diagnosis is more than 6 months after the date of diagnosis of the initial critical Illness.

Critical Illness Covered Conditions	Plan 1 Insured Benefit Amount[2]	Plan 2 Insured Benefit Amount[2]	Plan 3 Insured Benefit Amount[2]
Tier 1 Conditions[3]			
Tier 1 Cancer[3]			
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
Tier 1 Vascular[3]			
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
Transient Ischemic Attack (TIA)	$1,000	$2,000	$3,000
Tier 1 Other[3]			
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 Conditions[3]			
Tier 2 Vascular[3]			
Heart Valve Surgery	$5,000	$10,000	$15,000
Coronary Artery Disease (Angioplasty or Atherectomy)	$2,500	$5,000	$7,500
Cardiac Arrhythmia	$2,500	$5,000	$7,500
Sudden Cardiac Arrest	$10,000	$20,000	$30,000
Tier 2 Other[3]			
Advanced Alzheimer's Disease	$10,000	$20,000	$30,000
Advanced Parkinson's Disease	$10,000	$20,000	$30,000
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)	$5,000	$10,000	$15,000

Critical Illness Covered Conditions	Plan 1 Insured Benefit Amount[2]	Plan 2 Insured Benefit Amount[2]	Plan 3 Insured Benefit Amount[2]
Occupational HIV	$10,000	$20,000	$30,000
Permanent Paralysis	$10,000	$20,000	$30,000
Severe Burns	$10,000	$20,000	$30,000
Severe Mental Illness	$2,500	$5,000	$7,500
[2] [3] Spouse critical illness benefit amounts are 100% of the insured's critical illness benefit amount shown. Dependent child(ren) critical illness benefit amounts are 100% of the insured's critical illness benefit amount shown.			
Supplemental Cancer[4]			
Skin Cancer	$250		
[2] [4] Spouse skin cancer benefit amount is 100% of the insured's skin cancer benefit amount shown. Dependent child(ren) skin cancer benefit amount is 100% of the insured's skin cancer benefit amount shown.			
Treatment Benefits[5]			
Outpatient Lodging - Payable if the outpatient treatment is received at a location more than 100 miles one way from the covered person's current legal residence using the most direct route possible. Payable up to 30 days per plan year for each covered person. A charge must be incurred for lodging at a hotel, motel, or other accommodation that does not provide medical treatment. Treatment must not be available locally.	$50		
[2] [5] Spouse treatment benefit amounts are 100% of the insured's treatment benefit amount shown. Dependent child(ren) treatment benefit amounts are 100% of the insured's treatment benefit amount shown.			
Infectious Disease Benefit[6]			
Hospitalization Due to Infectious Disease - Payable once per infectious disease, as defined in the certificate, per each covered person's lifetime. Must be confined to a hospital as in inpatient for a minimum of 3 consecutive days.	$250		
[2] [6] The spouse infectious disease benefit amount is 100% of the insured's infectious disease benefit amount shown. The dependent child(ren) infectious disease benefit amount is 100% of the insured's infectious disease benefit amount shown.			
Wellness Benefits[9] - Maximum of 1 visit per covered person up to 4 visits per family.			
Health Screening - 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. Must be rendered by a physician on an outpatient basis.	$50		
Mammography - Payable once every 2 years. Must be rendered by a physician on an outpatient basis.	$75		
Vaccine - Must be administered under the recommendation of a physician and received for prevention of a covered condition.	$25		
[2] [9] Spouse wellness benefit amounts are 100% of the insured's wellness benefit amount shown. Dependent child(ren) wellness benefit amounts are 100% of the insured's wellness benefit amount shown.			

Group Critical Illness Insurance - Contributory

Uni-Nicotine Plans 1-3 Bi-Weekly Rate per Thousand Premium**		
Age	**Employee**	**Employee + Spouse**
18+	$0.56	$0.92

**The premium and amount of benefits vary dependent upon Plan selected at time of application. Dependent child(ren) coverage included in premium.

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Limitations & Exclusions

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 natural child, legally adopted child, foster child for whom you have been appointed legal guardian or stepchild who is under 26 years of age. 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.

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.

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, excluding personal care provided under the family caregiver benefit; 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); 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 31 days 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 age ; the date the participating employer's coverage under the policy terminates. 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 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 the policy terminates, the date you attain age 65 and the date you are no longer disabled. When the waiver of premium ceases, coverage will continue under the policy provided that premiums continue to be paid and your coverage has not ended in accordance with the termination provision.

Continuation Coverage

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. Coverage will be continued for 12 months following the date you ceased active employment. 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 or if the policy terminates and you do not elect replacement coverage through the policyholder's relationship with another insurance carrier. The requirements for election of portability, election of dependent portability and termination of portability will be defined in your certificate.

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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 | Iowa | Group Critical Illness Insurance Policy | (07/21)