HOSPITAL INDEMNITY INSURANCE

We are required to provide you with the following consumer protection federal notice.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov online** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (NAIC.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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.

Group Limited Benefit Hospital Indemnity Insurance

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

How it Works

1 **CHOOSE** the plan that best helps protect you and your family.

2 **RECEIVE** treatment in a covered facility.

3 **FILE** your claim online or mail it in. You'll receive benefit funds to use however you wish.

This brochure highlights important features of the policy. Please refer to your certificate for complete details. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

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Summary of Benefits[‡] for 2nd Adventure Payroll Services LLC - HSA Compatible

	Plan 1
HSA Compatible	Yes
Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period	Not applicable
Pregnancy Coverage/Waiting Period	Included/None
Enhanced Portability Option Rider	Included
Occupational Exclusion Rider	Not included, 24-Hr Coverage
Continuity of Coverage Amendment Rider (Takeover)	Not included
Treatment for Mental and Emotional Disorders	Not included
Treatment for Alcohol or Drug Addiction	Not included
Hospital Admission Benefit	$1,000 per day; max of 1 day
Hospital Confinement Benefit	$100 per day; max of 15 days
Intensive Care Unit Benefit	$200 per day; max of 15 days
Rehabilitation Benefit	$200 per day; max of 5 days

[‡]The benefit amount varies dependent upon the Plan selected at time of application.

Premiums

Plan 1 - Bi-Weekly Premium*				
Age	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
18+	$5.89	$13.99	$8.60	$17.21

*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.

Hospital Indemnity

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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 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) 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.

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.

Hospital Indemnity

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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.

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.

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This Hospital Indemnity policy provides limited benefits.

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. | Policy Form GHI17/GHI21 Series including AMDI547APL Group Limited Benefit Hospital Indemnity Insurance Policy Series | Iowa | (06/24)