

**American Public Life Insurance Company
Medical Supplement Plan
HI-4005**

for:

Employees of Raymondville Independent School District

Presented by Financial Benefit Services, LLC

TEXAS – Voluntary 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 Plan.

Daily Hospital Confinement Benefit

Pays a daily benefit, due to covered injury or sickness, for an inpatient hospital confinement at the direction of a physician. We will pay up to a maximum of 180 days per confinement, unless confinement is due to a mental or emotional disorder. We will pay up to a maximum of 30 days per confinement for a mental or emotional disorder.

\$100 per day

Intensive Care/Coronary Care Rider

Pays a daily benefit for confinement in a Hospital Intensive Care Unit or Coronary Care Unit due to an injury or sickness, up to a maximum of 20 days per confinement. Each period of confinement must be separated by a period of at least 30 days.

\$100 per day

First Occurrence Hospital Confinement Rider

Pays a lump sum benefit the first time an insured is confined to a hospital as an inpatient. This benefit is payable only once per calendar year.

\$200 per year

Emergency Accident Rider

Pays incurred expenses, not to exceed the maximum benefit selected, for treatment of an injury requiring immediate attention by a Physician in the Physician's Office, Clinic, Urgent Care Facility or Hospital Emergency Room. This benefit is subject to a maximum of 2 visits per calendar year per Covered Adult, except for covered Dependent Children. The maximum number of visits for all Dependent Children combined is 2 visits per calendar year.

\$100 per accident

Surgical & Anesthesia Rider*

Pays actual charges, not to exceed the scheduled amount for Surgery performed, due to a covered injury or sickness by a physician. Scheduled amounts are based on the selected benefit amount multiplied by the maximum percentage of the surgical benefit shown in the rider. We will only pay for one surgical procedure regardless of the number of procedures performed at the same time. We will pay actual charges for anesthesia administered by a physician in connection with the surgery, up to 25% of the amount paid for the surgical procedure.

\$1,000 max

Outpatient Sickness Benefit Rider

Pays the benefit selected for treatment of a covered sickness by a Physician in a Physician's Office, Clinic, Urgent Care Facility or Emergency Room subject to a 5 Visit maximum per Covered Adult, except for Covered Dependent Children. The maximum number of visits for all Dependent Children combined is 5 visits per calendar year. The maximum number of visits is 10 per calendar year, per family.

\$25/Visit

**Refer to the policy for specific benefits and schedules.*

Employee Only	\$25.69
Employee & Spouse	\$48.90
Employee & Children	\$38.20
Employee & Family	\$61.39

ScriptSave Select Card

Covered insureds will receive a complimentary ScriptSave Select Prescription Discount Card which provides discounts for all prescribed drugs.

A MINIMUM OF 10 APPLICATIONS IS REQUIRED TO ISSUE A GROUP.

This is a brief description of benefits. Please refer to the back of this flyer for information pertaining to exclusions, limitations and pre-existing conditions. Refer to the policy for a complete description of coverage, exclusions and limitations.

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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 Employer's 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 Dental Treatment unless due to an Injury;
- (e) for Injuries that are self-inflicted;
- (f) for an Injury or Sickness incurred while committing or attempting to commit a felony;
- (g) for an Injury or Sickness incurred while engaged in an illegal occupation;
- (h) 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.
 - (3) breast reconstruction following mastectomy.
- (i) which are primarily for rest care, convalescent care or for rehabilitation;
- (j) 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);
- (k) 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;
- (l) for treatment of alcoholism or drug addiction;
- (m) 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,
- (n) 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.

RENEWABILITY

We may terminate this policy on any premium due date after the first policy anniversary. We must provide at least 60 days' notice prior to cancellation. We cannot cancel the policy due to your age or a change in health. We can change your premium if we change it for all similar policyholders. We must give you at least 60 days' notice of any premium change.

TERMINATION

Termination of Certificate: Insurance Coverage under a Certificate will terminate on the earliest of:

- (a) the date the Insured no longer qualifies as an Insured;
- (b) the last day of the period for which a premium has been paid; subject to the Grace Period;
- (c) the date the Policy terminates;
- (d) the date the Insured retires;
- (e) the date the Insured ceases to be Actively at Work;
- (f) the date the Insured ceases employment, or terminates his/her contract with the employer through whom he/she originally became Insured under the Policy; or
- (g) the date we receive the Insured's written request for termination.

Termination of Dependents: Insurance coverage on a Dependent will terminate on the earliest of:

- (a) the date the coverage under the Certificate terminates;
- (b) the date the Dependent no longer meets the definition of Eligible Dependent;
- (c) the date the Policy is modified so as to exclude Dependent coverage; or
- (d) the date We receive the Insured's written request for termination.

We may end the coverage of any Insured Person who submits a fraudulent claim.

Provisions may vary according to state requirements and policy may not be available in all states.

HI-4005 WPX