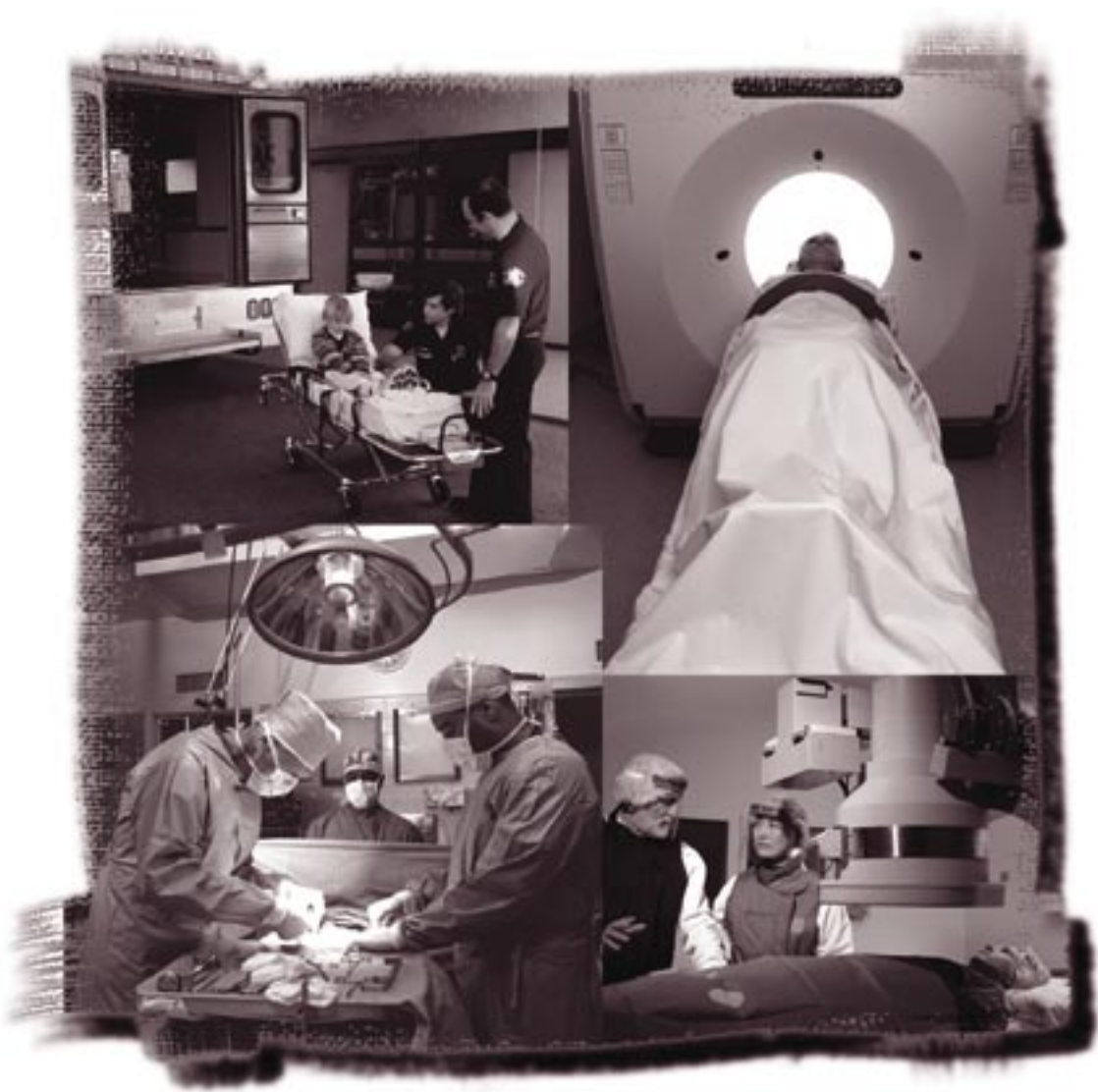


When You Need Solutions
We Have The Answers

Answer Plus™



Limited Benefit Hospital Indemnity Insurance

HIGHER DEDUCTIBLES? INCREASED CO-PAYS? OUT-OF-POCKET COST TOO HIGH? LOOKING FOR AN AFFORDABLE HEALTH CARE OPTION?

Whether you have a PPO health plan, HMO health plan, traditional health plan, or no health plan. American Public Life's **Answer Plus™** Plan is the answer to your supplemental Health Care Needs.

American Public Life's **Answer Plus™** offers a Flexible Benefits Plan that can fill the financial gaps created by Higher Deductibles and Increased Co-Pay amounts.

American Public Life's **Answer Plus™** Limited Benefit Hospital Indemnity Insurance

- Pays regardless of all other plans (except Workers Compensation or similar law)
- Covers Maternity as any other illness
- Benefits Paid Directly to the Insured or assignable to a chosen hospital, treatment facility or physician
- Guaranteed Issue available

Regardless of your current coverage, you can choose an American Public Life Plan to meet your needs - AT AN AFFORDABLE PRICE.

SELECT THE OPTION THAT IS BEST FOR YOUR EMPLOYEES

Answer Plus™ is a brand name of American Public Life Insurance Company's form HI-4005. This is a Limited Benefit Hospital Indemnity policy and is not a Mini-Medical or Major Medical Plan.

SCHEDULE OF BENEFITS

Answer PlusTM

A Limited Benefit Hospital Indemnity Insurance (Form HI-4005)

| BENEFIT TYPE | DESCRIPTION | AVAILABLE BENEFIT AMOUNTS ¹ |
|---|---|--|
| Base Policy: Daily Hospital Confinement Benefit | Pays a daily benefit, due to a 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. | \$30 to \$1,000 per day Available in \$10/day units |
| OPTIONAL RIDERS | | |
| Annual First Occurrence Hospital Confinement Rider | Pays a lump sum benefit the first time each calendar year an Insured is confined to a hospital as an inpatient. The confinement must be due to an injury or sickness and at the direction of a physician. | \$100 to \$3,000 Available in \$100 units |
| 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, \$200 or \$300 |
| Intensive Care/Coronary Care Rider | Pays a daily benefit for confinement in a Hospital Intensive Care Unit or Hospital 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. This benefit is in lieu of the Daily Hospital Confinement Benefit. | \$100 to \$1,000 per day Available in \$100/day units |
| Surgery and 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 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 to \$10,000 Available in \$1,000 units |
| Outpatient Sickness Benefit Rider | Pays the selected benefit for treatment of a covered sickness by a Physician in a Physician's Office, Clinic, Urgent Care Facility or Emergency Room. This benefit is subject to a maximum number of visits per calendar year for Covered Adults and Covered Dependent Children. The maximum number of visits is outlined on the schedule. | \$25, \$50 or \$75 per visit |
| Wellness & Diagnostic Test Benefit Rider² | <p>Wellness Benefit² Pays \$75 for covered routine examinations or other preventative testing. Benefit is payable once per person per calendar year up to two times per family per calendar year. The following examinations and tests are covered by this benefit: Mammography, Pap Smear, Flexible Sigmoidoscopy, Colonoscopy, Cholesterol and Diabetes Screening, PSA, EKG and Chest X-ray.</p> <p>Diagnostic Testing Benefit² Pays actual charges, up to \$250 per calendar year, for diagnostic tests not covered under the Wellness Benefit. Benefit is payable once per person per calendar year up to two times per family per calendar year. The benefit will be reduced by any payment received under the Wellness Benefit for the same test in the same calendar year. The maximum benefit per covered person is \$250 per calendar year not to exceed \$500 per family per calendar year.</p> | <p>Wellness - \$75 per calendar year</p> <p>Diagnostic Testing - \$250 per calendar year</p> <p>Combined Benefit Maximum - \$250 per calendar year</p> |

¹Benefits will be paid according to your selection of the available benefit amounts and optional riders. The selected benefit amount and optional rider will be shown on the schedule page of the certificate and are chosen at time of application. The premium will be based on the policy benefit amounts of any optional riders selected.

²Rider Maximum: The maximum combined benefit payable for all benefits under this rider form is \$250 per person, per calendar year.

IMPORTANT POLICY PROVISIONS

DEFINITIONS

Additional Definitions may be contained in the Benefit Provisions of any attached Endorsement or Rider.

ACCIDENT or INJURY means sudden, unexpected and unintended injury:

- (a) which is directly caused by an Accident;
- (b) which is independent of any Sickness or disease;
- (c) that takes place while the Insured Person's coverage is in force.

ACTIVELY AT WORK means the person is performing the normal duties of his/her principal occupation, at his/her usual place of business, on a full time basis (at least 18 hours per week).

A person is deemed to be Actively at Work on each day of regular paid vacation during which he/she is not totally disabled, provided he/she was Actively at Work on the last preceding working day.

DEPENDENT includes: (a) Your married spouse (under age 70); or (b) unmarried dependent child (under age 25); who live with you. A child who does not live with you will be considered a Dependent if attending an accredited school full time or if You are legally required to support such child. Dependent does not include (1) a child who is eligible for medical coverage as an Insured under the Policy; or (2) Your grandchild (unless required by law); or (3) a child who works more than 30 hours a week for compensation, profit or gain and who is not a full time student.

HOSPITAL shall not include any institution used by the Covered Person as:

- (a) a place for rehabilitation;
- (b) a place for rest, or for the aged;
- (c) a nursing or convalescent home;
- (d) a long term nursing unit or geriatrics ward; or
- (e) an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

MENTAL OR EMOTIONAL DISORDER means a neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind.

SICKNESS - Illness or disease which first manifests itself after coverage becomes effective for the person insured.

ELIGIBILITY AND EFFECTIVE DATE

Your Eligibility: You are eligible for insurance under the Policy if You are working either under contract to or as an employee of the Policyholder at least 18 hours, normally, per week, or are a member in or employed by a member of the association, if the Policy is issued to an association. You must qualify as an eligible Insured and be Actively at Work on Your effective date of coverage. Evidence of insurability acceptable to Us may be required.

Your Effective Date: You must use forms provided by Us when applying for insurance. The insurance will take effect on the requested Certificate Effective Date following approval of Your application, provided Our underwriting rules are met; You are Actively at Work; and the premium has been paid.

If You are not Actively at Work due to an Accident or Sickness when Your coverage is to take effect, it will take effect on the first day of the calendar month after the date You return to active work.

Dependent Eligibility: If Dependent coverage is available under the Policy, Your Dependents will be eligible for such coverage on the date You become eligible for coverage; or the date a person becomes a Dependent. You must complete any required forms within 31 days of the date the Dependent becomes eligible.

Dependent Effective Date: The Effective Date of coverage for each eligible Dependent will be the first of the month following Our approval of the application and receipt of the first premium.

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 Dental Treatment unless due to Injury;
- (e) for injuries that are intentionally 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 engaging 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.

PRE-EXISTING CONDITIONS LIMITATION

We do not cover Pre-Existing Conditions for the first twelve (12) months after coverage becomes effective.

Pre-Existing Condition means a disease or physical condition for which the Covered Person:

- (a) had treatment;
 - (b) incurred expense;
 - (c) took medication; or
 - (d) received a diagnosis or advice from a Physician;
- during the twelve (12) month period of time immediately before the Effective Date of the Covered Person's coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease or physical condition.

Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never

covered. Pre-Existing Conditions specifically named or described as excluded for a limited time will be covered after the excluded period expires.

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.



American Public Life Insurance Company

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This brochure does not constitute the full contract and is intended to provide basic information about American Public Life Insurance Company's Limited Benefit Hospital Indemnity product, HI-4005. For specific details, please consult an actual policy and its provisions.