



Decide Today To Protect Tomorrow[®]



**American Public Life
Insurance Company**

A member of the American Fidelity Group[®]

Summary of Benefits

Benefit Description	Available Options
Daily Hospital Confinement Benefit	\$30 to \$1,000 per day; Available in \$10 units
Optional Benefit Riders	
Intensive Care/Coronary Care Unit Rider	\$100 to \$1,000 per day; maximum 20 days per confinement; Available in \$100 units
Annual First Occurrence Hospital Rider	\$100 to \$3,000 per calendar year; Available in \$100 units
Surgical and Anesthesia Benefits Rider	Charges up to maximum scheduled benefit of \$1,000 to \$10,000; Available in \$1,000 units
Outpatient Sickness Rider	\$25, \$50, or \$75 per visit
Outpatient Surgical Facility Benefit Rider	Charges up to \$100 to \$1000 per day of surgery
Emergency Accident Rider	Charges up to \$100, \$200, or \$300 per covered accident
Wellness/Diagnostic Test Benefit Rider	Wellness Exam and/or Test Benefit - \$75 per calendar year Diagnostic Testing Benefit - Charges up to \$250 per calendar year Combined Benefit Maximum - \$250 per calendar year

Policy Benefit Highlights

Daily Hospital Confinement Benefit

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 for this benefit 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 in duration.

Sickness means an illness or disease which first manifests itself after coverage becomes effective for the Insured Person.

Intensive Care/Coronary Care Unit Rider

Pays an indemnity benefit if You or Your covered Dependent is confined in a Hospital's Intensive Care or Coronary Care Unit due to an Injury or Sickness. We will pay the indemnity benefit for each day of such confinement, but not to exceed 20 days during any one Period of Confinement. Each Period of Confinement must be separated by at least 30 days. This benefit will be paid in addition to the Hospital Confinement Benefit in the Policy.

Annual First Occurrence Hospital Rider

Pays an indemnity benefit for You or Your covered Dependent's 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 or Your covered Dependent is 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.

Surgical and Anesthesia Benefits Rider

Surgical Benefits

Pays a benefit when surgery is performed by a Physician on You or Your covered Dependent due to a covered Injury or Sickness. We will pay the charges, not to exceed the amount equal to the percentage set opposite the procedure listed in the Schedule of Operations, multiplied by the Insured Person's Maximum Surgical Benefit*, as shown in the Schedule of Benefits of the Policy/Certificate. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a Physician's office.

Anesthesia Benefits

Pays 25% of the benefit paid under the Surgical Benefits when a covered surgical procedure is performed and anesthesia is administered on You or Your covered Dependent by a Physician in connection with the covered surgical procedure.

Outpatient Sickness Rider

Pays an indemnity benefit when You or Your covered Dependent receives treatment by a Physician for a covered Sickness or Injury in the Physician's Office; Clinic; Urgent Care Facility; or Emergency Room.

Outpatient Surgical Facility Benefit Rider

Pays expenses incurred, up to the maximum benefit, for the facility fee charged by the Hospital or Ambulatory Surgical Facility when an Insured Person has a surgical procedure performed due to a covered Sickness or Injury as an outpatient in a Hospital or at an Ambulatory Surgical Facility.

Ambulatory Surgical Facility is a licensed facility whose primary purpose is to provide Surgical Procedures and in which the patient is admitted to and discharged within the same day. It has one or more Physicians on duty whenever a patient is in the center. It is not a facility existing for the primary purpose of terminating pregnancies; nor an office maintained by a Physician for the practice of medicine; nor does it provide services or accommodations for patients to stay overnight.

Emergency Accident Rider

Pays a benefit if You or Your covered Dependent sustains 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.

Wellness/Diagnostic Test Benefit Rider

Wellness Exam and/or Test Benefit

Pays an indemnity benefit when You or Your covered Dependent has a routine examination or other preventative test as listed: Mammography; Pap Smear; Flexible Sigmoidoscopy; Colonoscopy; Cholesterol and Diabetes Screening; PSA; EKG; or Chest X - Ray.

Diagnostic Testing Benefit

Pays charges, up to \$250.00 per Calendar Year, when You or Your covered Dependent has Diagnostic Tests performed that were not covered under the Wellness Exam and/or Test Benefit.

Refer to Limitation and Exclusions section for benefit rider visit and testing limits. The premium and amount of benefits vary dependent upon the plan selected. *The Maximum Surgical Benefit is listed on the policy schedule page included in the policy.

Limitations and Exclusions

Eligibility

This policy will be issued to those persons who meet American Public Life Insurance Company's insurability requirements. Evidence of insurability acceptable to us may be required.

If You are working either under contract to or as an employee of the Policyholder, or are a member in or employed by the association, if the Policy is issued to an association, You are eligible for insurance provided You qualify for coverage as defined in the Master Application and are Actively at Work on Your effective date of coverage.

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.

Base Policy and Riders

No benefits are payable for the first twelve (12) months as a result of a Pre-Existing Condition. A Pre-Existing Condition is a disease or physical condition for which the Insured Person had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician; during the twelve (12) month period of time immediately prior to the Effective Date of coverage. The term "Pre-Existing Condition" will also include conditions that 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. All benefits payable only up to the maximum benefit listed on the Policy Schedule in the policy.

Period of Confinement means continuous confinement in a Hospital. Periods of Confinement for the same or a related cause, which are separated by less than 90 days, will be considered the same Period of Confinement. Each Period of Confinement must begin while coverage is in force for the Insured Person confined.

Daily Hospital Confinement Benefit

Benefits payable will not exceed the Maximum Total Benefit of 180 Days for any one Period of Confinement, unless such confinement is due to a Mental or Emotional Disorder. If confinement is due to a Mental or Emotional Disorder, benefits payable will not exceed the Maximum Total Benefit of 30 days for any one Period of Confinement. The Hospital Confinement must begin while this policy is in force for the Insured Person. The Daily Benefit is shown in the Policy Schedule.

A Hospital is not an institution 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.

Intensive Care/Coronary Care Unit Rider

A step-down unit is not considered an Intensive Care Unit.

Annual First Occurrence Hospital Rider

The Benefit for this rider is payable one time each Calendar year for You and each of Your covered Dependents. The first day of confinement must be in the Calendar Year for which the benefit amount is payable.

Surgical and Anesthesia Benefits Rider

Surgical Benefits

If an operation is not listed in the Schedule of Operations, We will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations, which is most nearly similar in severity and complexity. If two or more surgical procedures are performed at the same time, through the same or different incisions, only one benefit, the largest, will be payable. The patient must be admitted to and discharged within the same day.

Outpatient Sickness Rider

The total Maximum Visits per Calendar Year, for You and for each of Your covered Dependents, is as shown in the Policy/Certificate Schedule of Benefits: 5 per Adult, 5 for all covered Dependent children, and 10 per family.

Outpatient Surgical Facility Benefit Rider

If the Insured Person's outpatient surgery in a Hospital requires a stay of 24 hours or longer, this benefit will not be paid. The Hospital Confinement Benefit will be paid in lieu of this benefit if the Hospital requires a stay of 24 hours or longer. This benefit will not be paid for any surgical procedure performed in a Hospital emergency room. We will pay the Outpatient Surgical Facility Benefit once per Insured Person per day (24-hour period) even if more than one surgical procedure is performed. The maximum number of days payable for the Outpatient Surgical Facility Benefit per Calendar Year is 2 days per Insured Person, 4 days per family.

Emergency Accident Rider

Benefits for Emergency Care treatments are limited to two treatments, per person, in a Calendar Year, with the exception of covered Dependent Children. The benefits for covered Dependent Children are limited to a total of two Emergency Care treatments per Calendar Year, for ALL covered children combined.

Wellness/Diagnostic Test Benefit Rider

Wellness Exam and/or Test Benefit

This benefit is payable one time per Calendar Year for You and each of Your covered Dependents, up to a total of two payments per family per Calendar Year. Examination or test must be performed while this Rider is in force for the covered person tested.

Diagnostic Testing Benefit

This benefit is payable one time per Calendar Year for You and each of Your covered Dependents, up to a total of two payments per family per Calendar Year. This benefit will be reduced by any payment received under the Wellness Exam and/or Test Benefit. The maximum benefit per covered person is \$250 per Calendar Year, up to \$500 per family per Calendar Year. Diagnostic Testing must be performed while this Rider is in force for the covered person being tested.

Conditionally Renewable

This policy/certificate is conditionally renewable. This means that We have the right to terminate your policy/certificate on any premium due date after the first Policyholder's Anniversary Date. We must give the Policyholder at least 60 days written notice prior to cancellation. We cannot change Your coverage because of change in Your age or health. We can change Your premiums if We change premiums for all similar Certificates issued to the Policyholder. We must give the Policyholder at least 60 days written notice before We change Your premiums.

Family Coverage:

You can take advantage of several options to extend coverage to your family:

- Family Plan – You and your spouse and any Eligible Dependent* under age 25.
- Single Parent Family – You and any Eligible Dependent* under age 25.

*Please consult the policy for the definition of eligible Dependent.

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.

Limitations and Exclusions *continued*

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 primary 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;
- (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; nor,
- (o) Pre-Existing Conditions, unless the Insured Person has satisfied the Pre-Existing Condition Exclusion Period shown in the Schedule.

Termination of Coverage

Termination of Certificate

Your Insurance coverage will end on the earliest of these dates: the date You no longer qualify as an Insured; the last day of the period for which a premium has been paid, subject to the Grace Period; the date the Policy terminates; the date You retire; the date You cease to be on Actively at Work, as defined in the Policy/Certificate; the date You cease employment, or terminate Your contract with the employer through whom You originally became insured under the Policy; or the date We receive Your written request for termination.

Termination of Dependent(s)

Insurance coverage on Your Dependent will end on the earliest of these dates: the date the coverage under the Certificate terminates; the date the Dependent no longer meets the definition of Eligible Dependent, as defined in the Policy/Certificate; the date the Policy is modified so as to exclude Dependent coverage; or the date We receive Your written request for termination.

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

Great American Discount Buyers Association

515 North Broad Street
Thomasville, GA 31792
www.GADBA.com
888-MYGADBA - 888-694-2322

Underwritten by:



This is a brief description of the coverage. For actual benefits and other provisions, please refer to the policy. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage. ■ Policy Form HI-4005 ■ Georgia ■ Limited Benefit Hospital Indemnity Insurance. ■ Employer Brochure. ■ (04/08) ■ GADBA