Cancer Insurance

Limited Benefit Specified Disease Group Cancer Indemnity Insurance (GC-3) with Continuation Rider



THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

APSB-22175(TX)-0423
Burnet CISD

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Summary of Policy Benefits by Level*

Benefit Description	Low Option	High Option
Radiation Therapy / Chemotherapy / Immunotherapy Benefit	$500 per calendar month of treatment	$1,500 per calendar month of treatment
Hormone Therapy Benefit	$50 per treatment, up to 12 per calendar year	$50 per treatment, up to 12 per calendar year
Surgical Benefit	$1,600 max per operation; $15 per surgical unit	$4,800 max per operation; $45 per surgical unit
Anesthesia Benefit	25% of the amount paid for covered surgery	25% of the amount paid for covered surgery
Outpatient Hospital or Ambulatory Surgical Center Benefit	$200 per day of surgery	$600 per day of surgery
Hospital Confinement Benefit	$100 per day, 1 - 90 days; $100 per day, 91+ days, in lieu of all other benefits	$300 per day, 1 - 90 days; $300 per day, 91+ days, in lieu of all other benefits
U.S. Government / Charity Hospital / HMO Benefit	$100 per day in lieu of most other benefits	$300 per day in lieu of most other benefits
Drugs and Medicine Benefit • Inpatient • Outpatient	$150 per Confinement $50 per prescription, up to $50 per calendar month	$150 per Confinement $50 per prescription, up to $150 per calendar month
Blood, Plasma and Platelets Benefit	$150 per day, up to $7,500 per calendar year	$250 per day, up to $12,500 per calendar year
Transportation and Outpatient Lodging Benefit • Transportation • Lodging	$.50 per mile per round trip; $100.00 per day up to 100 days per calendar year	$.50 per mile per round trip; $100.00 per day up to 100 days per calendar year
Family Member Transportation and Lodging Benefit • Transportation • Lodging	$.50 per mile per round trip; $100.00 per day up to 100 days per calendar year	$.50 per mile per round trip; $100.00 per day up to 100 days per calendar year
Bone Marrow / Stem Cell Transplant Benefit	Autologous - $500 per calendar year Non-Autologous - $1,500 per calendar year	Autologous - $1,500 per calendar year Non-Autologous - $4,500 per calendar year
Attending Physician Benefit	$30 per day of Confinement	$50 per day of Confinement
Prosthesis Benefit • Surgical Implantation • Hair Prosthesis	$1,000 per device, (includes surgical fee); max. 1 device per site, 2 lifetime max $50 per hair prosthetic; 2 lifetime max.	$3,000 per device, (includes surgical fee); max. 1 device per site, 2 lifetime max $50 per hair prosthetic; 2 lifetime max.
Second and Third Surgical Opinion Benefit	$300 per diagnosis; additional $300 if third opinion required	$300 per diagnosis; additional $300 if third opinion required
Ambulance Benefit • Ground • Air	$200 per ground trip $2,000 per air trip; up to 2 trips per Hospital Confinement (any combination of ground/air)	$200 per ground trip $2,000 per air trip; up to 2 trips per Hospital Confinement (any combination of ground/air)
Extended Care Facility Benefit	$100 per day	$300 per day
Home Health Care Benefit	$100 per day	$300 per day
Hospice Care Benefit	$50 per day, $9,000 lifetime max	$100 per day, $18,000 lifetime max
Physical / Speech Therapy Benefit	$25 per visit, up to 4 visits per calendar month, $1,000 lifetime max	$25 per visit, up to 4 visits per calendar month, $1,000 lifetime max
Dread Disease Benefit	$100 per day, 1 - 90 days of Hospital Confinement	$300 per day, 1 - 90 days of Hospital Confinement
Experimental Treatment Benefit	Pays as any non-experimental benefit	Pays as any non-experimental benefit
Inpatient Special Nursing Services Benefit	$150 per day of Confinement	$150 per day of Confinement
Waiver of Premium Benefit	Premium waived after 90 days of Primary Insured continuous total disability due to Cancer	Premium waived after 90 days of Primary Insured continuous total disability due to Cancer

Refer to Benefit Highlights for more complete Benefit Descriptions and limits on the Group Cancer Indemnity Plan. ***The premium and amount of benefits provided vary dependent upon the Level selected at time of application.**

Riders *(Included)*

Diagnostic Testing Benefit Rider

For a Covered Person:

- Pays an indemnity amount for one medically recognized screening test per calendar year to detect internal Cancer.
- Payable without a diagnosis of Cancer.

Diagnostic Testing Benefit
$50
per person, per calendar year

Critical Illness Rider

For a Covered Person:

- Pays when diagnosed after the 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/ Stroke depending upon the Critical Illness coverage elected at time of application.
- Pays up to the specified Maximum Benefit Amount per Covered Critical Illness, as shown in the certificate policy schedule.
- Each benefit is a one time paid benefit.
- All Critical Illness benefit amounts reduce by 50% at age 70.

Cancer Benefit	Heart Attack / Stroke Benefit
$2,500 lump sum benefit	$2,500 lump sum benefit
payable once for internal cancer	payable once for heart attack/stroke

Optional Rider

Hospital Intensive Care Unit Rider

For a Covered Person:

- Confinement must be due to accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.

Pays $600	Pays $100
per day up to 30 days	in Ambulance expenses
per confinement in an ICU.	per admission in an ICU.

Policy Benefit Highlights

Radiation Therapy/Chemotherapy/Immunotherapy Benefit

Pays the indemnity amount when a Covered Person receives treatment and incurs a charge for covered therapy or covered drugs for Radiation Therapy, Chemotherapy, or Immunotherapy as defined in the policy/certificate. We will pay only one Radiation Therapy/Chemotherapy/Immunotherapy benefit per calendar month regardless of the number of treatments received during the month. This benefit does not cover other procedures related to Radiation Therapy/Chemotherapy/Immunotherapy as listed in the policy/certificate. Anti-nausea drugs are not covered under this benefit. This benefit does not include any drugs/medicines covered under the Drugs and Medicine Benefit or the Hormone Therapy Benefit.

Hormone Therapy Benefit

Pays the indemnity amount for hormone therapy treatments as defined in the policy/certificate, prescribed by a Physician. This benefit covers drugs and medicines only and not associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation Therapy/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit.

Surgical Benefit

Pays an indemnity benefit up to the Maximum Per Operation amount shown in the Schedule of Benefits in the policy/certificate when a surgical operation is performed on a Covered Person for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits will be calculated by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the Unit Dollar Amount shown in the Schedule of Benefits. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow/Stem Cell Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit.

Anesthesia Benefit

The Anesthesia benefit pays 25% of the amount paid for a covered surgery for the services of an anesthesiologist. Services of an anesthesiologist for bone marrow transplants, Skin Cancer, or surgical prosthesis implantation are not covered under this benefit.

Outpatient Hospital or Ambulatory Surgical Center Benefit

Pays the indemnity amount shown towards the facility fee charges of an Ambulatory Surgical Center or Hospital for an outpatient surgical procedure of a diagnosed Cancer. Surgical procedures for Skin Cancer are not covered under this benefit.

Hospital Confinement Benefit

Pays the indemnity amount shown for a Covered Person while confined to a Hospital for at least 18 continuous hours for the treatment of a covered Cancer or the treatment of a condition or disease directly caused by Cancer or the treatment of Cancer. When the Covered Person's Hospital Confinement continues for more than 90 days, this benefit will be paid in lieu of all other benefits payable for the Covered Person during such Hospital Confinement beginning on the 91st day. A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

U.S. Government / Charity Hospital / HMO Benefit

If an itemized list of services is not available because a Covered Person is: confined in a charity Hospital or U.S. Government owned Hospital; or covered under a Health Maintenance Organization (HMO) or a Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person. This benefit will be paid in lieu of most benefits under the policy/certificate.

Drugs and Medicine Benefit

Pays the indemnity amount for anti-nausea and pain medication prescribed by a Physician for a Covered Person for treatment of Cancer, who is also receiving Radiation Therapy/Chemotherapy/Immunotherapy, a covered surgery, or a Bone Marrow/Stem Cell Transplant. This benefit does not cover associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation Therapy/Chemotherapy/Immunotherapy Benefit or the Hormone Therapy Benefit.

Blood, Plasma & Platelets Benefit

Pays the indemnity amount for blood, plasma and platelets. This does not include any laboratory processes. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma and Platelets are ONLY provided under this benefit.

Transportation and Outpatient Lodging Benefit

Pays for transportation of a Covered Person, who has been diagnosed as having Cancer, to receive covered Radiation Therapy, Chemotherapy, Immunotherapy treatment, Bone Marrow/Stem Cell Transplant, or surgery in a Hospital that is at least 50 miles away from the Covered Person's residence, using the most direct route. Such Hospital must be prescribed by a Physician and be the nearest Hospital which offers the specialized treatment. If treatment is received on an outpatient basis, we will also pay the amount shown in the Schedule of Benefits for the Covered Person's lodging in a single room in a motel, hotel or other accommodation acceptable to us while the Covered Person is receiving the specialized treatment. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Benefits will be provided for only one mode of transportation per round trip (maximum benefit of up to 1,000 miles per round trip) and will be paid for up to 12 round trips per Calendar Year. If the Covered Person receives treatment while Hospital Confined, benefits for transportation will be paid once per Hospital Confinement. Benefits for lodging will be paid only on those days the Covered Person received outpatient treatment.

Family Member Transportation and Lodging Benefit

Pays for one adult family member to be near a Covered Person who is receiving covered Radiation Therapy, Chemotherapy, Immunotherapy treatment, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in a non-local Hospital. Non-local means the Hospital is at least 50 miles away from the Covered Person's residence, using the most direct route. We will pay the amount shown in the Schedule of Benefits for the family member's:

(1) lodging in a single room in a motel, hotel or other accommodation acceptable to us; and
(2) travel by scheduled bus, plane or train, or by car.

Benefits will be provided for only one mode of transportation per round trip (maximum benefit of up to 1,000 miles per round trip) and will be paid for up to 12 round trips per Calendar Year. If the family member and the Covered Person who is receiving treatment travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit. Benefits will be provided for only one mode of transportation per round trip. Travel must be within the United States or its Territories. If the Covered Person receives treatment while Hospital Confined, benefits for travel and/or lodging will be paid once per Hospital Confinement. If treatment is received on an outpatient basis, benefits for travel and/or lodging will be paid only on those days the Covered Person received outpatient treatment.

Bone Marrow Benefit / Stem Cell Transplant Benefit

Pays the indemnity amount when a bone marrow transplant or peripheral blood stem cell transplant is performed on a Covered Person as treatment for a diagnosed Cancer. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor.

This benefit is payable in or out of the Hospital.

Attending Physician Benefit
Pays the indemnity amount for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon while Hospital Confined for the treatment of Cancer.

Prosthesis Benefit and Hair Prosthesis Benefit
Pays the indemnity amount for a surgically implanted prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date, provided it was prescribed by a Physician as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. Hair Prosthesis benefit pays the indemnity amount for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer.

Second & Third Surgical Opinion Benefit
Pays the indemnity amount once per diagnosis for a Covered Person's second surgical opinion and if the second disagrees with the first, we will pay a third opinion, when the attending Physician recommends surgery for the treatment of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.

Ambulance Benefit
Pays the indemnity amount per trip for either licensed air or ground ambulance transportation of a Covered Person to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital confined for at least 18 consecutive hours for treatment of Cancer.

Extended Care Facility Benefit
Pays the indemnity amount for each day room and board charges are incurred while a Covered Person is confined in an Extended Care Facility due to Cancer at the direction of a Physician that begins within 14 days after a covered Hospital Confinement. Paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

Home Health Care Benefit
Pays the indemnity amount for a Covered Person's Home Health Care, as described in the policy/certificate, required due to Cancer when prescribed by a Physician in lieu of Hospital Confinement. This benefit does not include physical therapy or speech therapy. This benefit does not include: nutrition counseling; medical social services; medical supplies; prosthesis or orthopedic appliances; rental or purchase of durable medical equipment; drugs or medicines; child care; meals or house-keeping services. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit. The caregiver may not be a family member.

Hospice Care Benefit
Pays the indemnity amount for Hospice Care directed by a licensed Hospice organization, as defined in the policy/certificate, of a Covered Person expected to live six months or less due to Cancer. This benefit does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person.

Physical or Speech Therapy Benefit
Pays the indemnity amount if a Physician advises a Covered Person to seek physical therapy or speech therapy. Physical or speech therapy must be performed by a caregiver licensed in physical or speech therapy and be needed as a result of Cancer or the treatment of Cancer. We will pay for one treatment per day up to four treatments per calendar month per Covered Person for any combination of physical or speech therapy up to a lifetime maximum of $1,000 per covered person.

Dread Disease Benefit
Pays the indemnity amount for each period of Hospital Confinement of a Covered Person for treatment of Dread Disease, as defined in the policy/certificate. Benefits for Dread Disease are ONLY provided under this provision of the policy/certificate.

See the policy/certificate for more information regarding the benefits listed above.

Experimental Treatment Benefit
Pays benefits for Experimental Treatment, as defined in the policy/certificate, the same as any other non-experimental treatment covered under this policy/certificate. This benefit does not provide coverage for treatments received outside of the United States or its Territories.

Inpatient Special Nursing Services Benefit
Pays the indemnity amount shown in the schedule of benefits for full-time special nursing care (other than that regularly furnished by a Hospital) while a Covered Person is Hospital Confined for treatment of Cancer. "Full-time" means at least eight consecutive hours during a 24-hour period. Care must be provided by a Nurse, as defined in this policy/certificate; be prescribed by a Physician; and be Medically Necessary for the treatment of Cancer.

Waiver of Premium Benefit
If the Primary Insured becomes disabled due to Cancer and remains so for 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means the Primary Insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training, or experience; not working at any job for pay or benefits; and are under the care of a Physician for the treatment of Cancer. This policy/certificate must be in force at the time disability begins and the Primary Insured must be under age 65.

Continuation Rider

Continuation
Coverage is continued when the Insured (You) cease employment with the employer through whom You originally became insured under the Policy. You will have the option to continue this Certificate (including any Riders, if applicable) by paying the premiums directly to Us at Our home office. Premiums must be paid within thirty-one (31) days after employment with Your employer terminates. Premium rates required under this Continuation provision will be the same rates as those charged under the Employer's Policy as if You had continued employment. We will bill You for these premiums after You notify Us to continue this coverage. Coverage will continue until the earlier of: (1) the Policy under which You originally became insured ends; or (2) You stop paying premiums under this option (subject to the terms of the Grace Period).

Conversion
If the Policy is terminated, or You cease employment with the Subscribing Unit or the Policyholder, this Certificate will terminate. If Your coverage under this Certificate terminates and such termination is not due to non-payment of required premium, You will be entitled to convert to an individual policy of insurance issued by Us without evidence of insurability provided You notify Us in writing within thirty-one (31) days. Premiums will be figured from the premium rate table in effect on the date of conversion.

Subject to the terms of this provision, a covered child who ceases to be eligible may convert to an individual policy of insurance and a covered spouse who ceases to be eligible for coverage because of divorce or annulment may convert to an individual policy.

Terms of this provision include: (1) Application for the individual policy and payment of the first premium must be made within 60 days after coverage ceases under the Policy/Certificate. Premiums will be figured from the premium rate table in effect on the date of conversion. (2) The individual policy will be issued without proof of insurability. It will provide benefits that most nearly approximates those of the Policy/Certificate. (3) The individual policy will take effect the day after coverage ceases under the Policy/Certificate. However, no benefits will be payable under the individual policy for any loss for which benefits are payable under the Policy/Certificate. (4) The Pre-Existing Condition Limitation and Incontestability provisions for the individual policy will be figured from the Covered Person's Effective Date of coverage under the Policy/Certificate. (5) Any benefit maximums will be figured from the Effective Date of the Policy/Certificate.

This rider is subject to all the provisions of the Policy and Certificate to which it is attached that are not in conflict with this rider.

Limitations and Exclusions

Eligibility

This policy/certificate will be issued only to those persons who meet American Public Life Insurance Company's insurability requirements. The policy/certificate and the Internal Cancer coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for Cancer in the previous ten years. The Heart Attack or Stroke coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for any heart or stroke related conditions. The Hospital Intensive Care Unit Rider will not cover heart conditions for a period of two years following the Effective Date of coverage for anyone who has been diagnosed or treated for any heart related condition prior to the 30th day following the Covered Person's Effective Date of coverage.

If You are a Full Time Employee of the Subscribing Unit or the Policyholder, You are eligible for insurance provided You qualify for coverage as defined in the Master Application. You must apply for insurance within thirty (30) days of the Policy Effective Date or the date that You become eligible for coverage. If You do not apply within thirty (30) days of the Policy Effective Date or the date You become eligible for coverage, You may be subject to additional underwriting by Us.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant tumors. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

A covered person is a person who is eligible for coverage under the certificate and for whom the coverage is in force. An eligible dependent means Your lawful spouse; Your natural, adopted or stepchild who is under the age of 26; and/or any child under the age of 26 who is under Your charge, care and control, and who has been placed in Your home for adoption, or for whom You are a party in a suit in which adoption of the child is sought; or any child under the age of 26 for whom You must provide medical support under an order issued under Chapter 154 of the Texas Family Code, or enforceable by a court in Texas; or grandchildren under the age of 26 if those grandchildren are Your dependents for federal income tax purposes at the time application for coverage of the grandchild is made.

Base Policy

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. This policy/certificate pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This policy/certificate also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

No benefits are payable for any Covered Person for any loss incurred during the first year of this policy/certificate as a result of a Pre-Existing Condition. A Pre-Existing Condition is a Specified Disease for which, within 12 months prior to the Covered Person's Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. This policy/certificate contains a 30-day waiting period during which no benefits will be paid under this policy/certificate. If any Covered Person has a Specified Disease diagnosed before the end of the 30-day period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Effective Date of such person's coverage. If any Covered Person is diagnosed as having a Specified Disease during the 30-day period immediately following the Effective Date, You may elect to void the policy/certificate from the beginning and receive a full refund of premium. All benefits payable only up to the maximum amount listed in the Schedule of Benefits in the policy/certificate.

Diagnostic Testing Benefit Rider

We will pay the indemnity amount for one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year. Screening test include, but are not limited to: mammogram; breast ultrasound; breast thermography; breast cancer blood test (CA 15-3); colon cancer blood test (CEA); prostate-specific antigen blood test (PSA); flexible sigmoidoscopy; colonoscopy; virtual colonoscopy; ovarian cancer blood test (CA-125); pap smear (lab test required); chest x-ray; hemocult stool specimen; serum protein electrophoresis (blood test for myeloma); Thin Prep Pap test.

Screening tests payable under this benefit will ONLY be paid under this benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's effective date of coverage.

Critical Illness Rider

Benefits will only be paid for a Covered Critical Illness as shown on the Policy/Certificate Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war; or military service for any country at war; or a Pre-Existing Condition; or a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period, if applicable; or participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place). Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or non-malignant monoclonal gammopathy; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or carcinoma in situ or any skin cancer other than invasive malignant melanoma into the dermis or deeper. For a Pre-Existing Condition no benefits are payable. Pre-Existing Condition, as used in this rider means any sickness or condition for which prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.

Hospital Intensive Care Unit Rider

No benefits will be provided during the first two years of this rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of this rider. The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date. No benefits will be provided if the loss results from: attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. For a newborn child born within the ten-month period following the effective date of this rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child.

Limitations and Exclusions *continued*

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 cancel Your coverage because of a change in Your age or health. We can, however, change Your premiums if We can 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.

Termination of Coverage

Your Insurance coverage will end on the earliest of these dates: (a) the date You no longer qualify 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 (See Conversion provision); (d) the date You retire; (e) the date You cease employment with the Subscribing Unit or the Policyholder (See Conversion provision); or (f) the date We receive Your written request for termination. Insurance coverage on Your Dependent(s) will end on the earliest of these dates: (a) the date the coverage under the Certificate terminates; (b) the date the Dependent no longer meets the definition of Dependent, as defined in the Policy/Certificate (See Conversion provision); (c) the date We receive Your written request for termination.

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

Termination of Rider Coverage

This rider terminates: (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or, (b) when any premium for this rider is not paid before the end of the Grace Period; or, (c) when You give Us a written request to do so. Coverage on a Dependent terminates under this rider when such person ceases to meet the definition of Dependent, as defined in the Policy.

GC-3 Group Cancer Indemnity Insurance

Group Cancer Monthly Premiums By Level*

Issue Ages 18+	Low Option	Low Option + ICU Rider	High Option	High Option + ICU Rider
Individual	$14.80	$17.80	$29.40	$32.40
1-Parent Family	$20.60	$24.80	$40.40	$44.60
2-Parent Family	$26.40	$32.70	$51.50	$57.80

*The premium and amount of benefits provided vary dependent upon the Level selected at time of application

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Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy/certificate and rider(s). 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 GC-3 series | Texas | Limited Benefit Specified Group Disease Cancer Indemnity Insurance | Employee Brochure | (04/23) | MGM