

AMERICAN PUBLIC LIFE

# Cancer

YOUR  
BENEFITS



## About this Benefit

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.



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### DID YOU KNOW?



Breast Cancer is the most commonly diagnosed cancer in women.



If caught early, prostate cancer is one of the most treatable malignancies.

This is a general overview of your plan benefits. If the terms of this outline differ from your policy, the policy will govern. Additional plan details on covered expenses, limitations and exclusions are included in the summary plan description located on the Port Neches Grove ISD Benefits Website: [www.mybenefitshub.com/portnechesgroveisd](http://www.mybenefitshub.com/portnechesgroveisd)

# GC12 Limited Benefit Group Cancer Indemnity Insurance

Port Neches Grove ISD

THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYEE LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

Summary of Benefits		
Benefits	Option 1 Base Plan	Option 2 Base Plan
<b>Cancer Screening Benefits</b>	<b>Level 1</b>	<b>Level 1</b>
<b>Diagnostic Testing</b> - 1 test per Calendar Year	\$50 per test	\$50 per test
<b>Follow-Up Diagnostic Testing</b> - 1 test per Calendar Year	\$100 per test	\$100 per test
<b>Medical Imaging</b> – 1 per Calendar Year	\$500 per test	\$500 per test
<b>Cancer Treatment Benefits</b>	<b>Level 1</b>	<b>Level 4</b>
<b>Radiation Therapy, Chemotherapy or Immunotherapy</b> Maximum per 12-month period	\$10,000	\$20,000
<b>Hormone Therapy</b> - Maximum of 12 treatments per Calendar Year	\$50 per treatment	\$50 per treatment
<b>Surgical Benefits</b>	<b>Level 1</b>	<b>Level 1</b>
<b>Surgical</b>	\$30 Unit Dollar Amount Maximum \$3,000 per operation	[\$30 Unit Dollar Amount Maximum \$3,000 per operation
<b>Anesthesia</b>	25% of amount paid for covered surgery	25% of amount paid for covered surgery
<b>Bone Marrow Transplant</b> - Maximum per lifetime	\$6,000	\$6,000
<b>Stem Cell Transplant</b> - Maximum per lifetime	\$600	\$600
<b>Prosthesis</b> Surgical Implantation – 1 device per site, per lifetime Non-Surgical (not hair piece) – 1 device per site, per lifetime	\$1,000 \$100	\$1,000 \$100
<b>Patient Care Benefits</b>	<b>Level 1</b>	<b>Level 1</b>
<b>Hospital Confinement</b> Per day of Hospital Confinement (1-30 days) Per day for Eligible Dependent children Per day of Hospital Confinement (31+ days) Per day for Eligible Dependent children	\$100 \$200 \$100 \$200	\$100 \$200 \$100 \$200
<b>Outpatient Facility</b> - Per day surgery is performed	\$200	\$200
<b>Attending Physician</b> - Per day of Hospital Confinement	\$30	\$30
<b>Dread Disease</b> Per day of Hospital Confinement (1-30 days) Per day of Hospital Confinement (31+ days)	\$100 \$100	\$100 \$100
<b>Extended Care Facility</b> Up to the same number of Hospital Confinement Days	\$100 per day	\$100 per day
<b>Donor</b>	\$100 per day	\$100 per day
<b>Home Health Care</b> Up to the same number of Hospital Confinement Days	\$100 per day	\$100 per day
<b>Hospice Care</b> Up to maximum of 365 days per lifetime	\$100 per day	\$100 per day
<b>US Government, Charity Hospital or HMO</b> Per day of Hospital Confinement (1-30 days) Per day of Hospital Confinement (31+ days)	\$100 \$100	\$100 \$100

# GC12 Limited Benefit Group Cancer Indemnity Insurance

Miscellaneous Benefits	Level 1	Level 1
<b>Cancer Treatment Center Evaluation or Consultation</b> - 1 per lifetime	N/A	N/A
<b>Evaluation or Consultation Travel and Lodging</b> - 1 per lifetime	N/A	N/A
<b>Second and Third Surgical Opinion</b> Second Surgical Opinion Third Surgical Opinion	\$300 per Diagnosis of Cancer \$300 per Diagnosis of Cancer	\$300 per Diagnosis of Cancer \$300 per Diagnosis of Cancer
<b>Drugs and Medicine</b> Inpatient Outpatient - Maximum \$150 per month	\$150 per Confinement \$50 per Prescription	\$150 per Confinement \$50 per Prescription
<b>Hair Piece (Wig)</b> - 1 per lifetime	\$150	\$150
<b>Transportation</b> Travel by bus, plane or train	Actual coach fare or \$.40 per mile	Actual coach fare or \$.40 per mile
Travel by car <i>Maximum of 12 trips per Calendar year for all modes of transportation combined</i>	\$.40 per mile	\$.40 per mile
Lodging - up to a maximum of 100 days per Calendar Year	\$50 per day	\$50 per day
<b>Family Transportation</b> Travel by bus, plane or train	Actual coach fare or \$.40 per mile	Actual coach fare or \$.40 per mile
Travel by car <i>Maximum of 12 trips per Calendar year for all modes of transportation combined</i>	\$.40 per mile	\$.40 per mile
Family Lodging - up to a maximum of 100 days per Calendar Year	\$50 per day	\$50 per day
<b>Blood, Plasma and Platelets</b>	\$300 per day	\$300 per day
<b>Experimental Treatment</b>	Paid in the same manner and under the same maximums as any other benefit	
<b>Ambulance</b> Ground Air <i>Maximum of 2 trips per Hospital Confinement for all modes of transportation combined</i>	\$200 per trip \$2,000 per trip	\$200 per trip \$2,000 per trip
<b>Inpatient Special Nursing Services</b> - Per day of Hospital Confinement	\$150 per day	\$150 per day
<b>Outpatient Special Nursing Services</b> Up to same number of Hospital Confinement days	\$150 per day	\$150 per day
<b>Medical Equipment</b> - Maximum of 1 benefit per Calendar Year	N/A	N/A
<b>Physical, Occupational, Speech, Audio Therapy &amp; Psychotherapy</b> Maximum per Calendar Year	\$25 per visit \$1,000	\$25 per visit \$1,000
<b>Waiver of Premium</b>	Waive Premium	Waive Premium

# GC12 Limited Benefit Group Cancer Indemnity Insurance

Benefit Riders			
Internal Cancer First Occurrence Benefit Rider		Level 1	Level 2
Lump Sum Benefit Maximum 1 per Covered Person per lifetime		\$2,500	\$2,500
Lump Sum for Eligible Dependent Children Maximum 1 per Covered Person per lifetime		\$3,750	\$3,750
Heart Attack/Stroke First Occurrence Benefit Rider		Level 1	Level 1
Lump Sum Benefit Maximum 1 per Covered Person per lifetime		\$2,500	\$2,500
Lump Sum for Eligible Dependent Children Maximum 1 per Covered Person per lifetime		\$3,750	\$3,750
Hospital Intensive Care Unit Rider			
Intensive Care Unit		\$600 per day	\$600 per day
Step Down Unit Maximum of 45 days per Confinement for any combination of Intensive Care Unit or Step Down Unit		\$300 per day	\$300 per day

## Monthly Premiums\*

OPTION 1 TOTAL MONTHLY PREMIMS BY PLAN**				
Issue Ages	Individual	Individual & Spouse	1 Parent Family	2 Parent Family
18+	\$20.64	\$43.80	\$26.70	\$49.80

OPTION 2 TOTAL MONTHLY PREMIUMS BY PLAN**				
Issue Ages	Individual	Individual & Spouse	1 Parent Family	2 Parent Family
18+	\$26.90	\$56.62	\$34.14	\$63.86

*\*The premium and amount of benefits vary dependent upon Plan selected at time of application.*  
*\*\*Total premium includes the Plan selected and any applicable rider premium.*

# GC12 Limited Benefit Group Cancer Indemnity Insurance

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## Plan Benefit Highlights

### Cancer Screening Benefits

#### Diagnostic Testing

Pays the indemnity amount for one test per Calendar Year when a Covered Person receives a screening test that is generally medically recognized to detect internal cancer. The test must be performed after the 30-day period following the Covered Person's effective date for this benefit to be paid. This benefit is payable without a diagnosis of Cancer. This benefit ONLY pays for a screening test and does not include any test payable under the Medical Imaging benefit.

#### Follow-Up Diagnostic Testing

Pays the indemnity amount for one follow-up invasive screening test per Calendar Year when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, this benefit will only be paid for a test that results in a negative diagnosis of Cancer. Diagnostic surgeries that result in a positive diagnosis of Cancer will be paid under the Surgical benefit.

#### Medical Imaging

Pays the indemnity amount, up to the maximum number of tests per Calendar Year, when a Covered Person has been diagnosed with Cancer and receives a MRI, CT scan, CAT scan or PET scan. These tests must be at the request of a Physician.

### Cancer Treatment Benefits

#### Radiation Therapy, Chemotherapy or Immunotherapy

Pays actual charges, up to the maximum benefit per 12-month period, when a Covered Person receives treatment and incurs a charge for covered Radiation Therapy, Chemotherapy or Immunotherapy. The 12-month period begins on the first day the Covered Person receives covered Radiation Therapy, Chemotherapy or Immunotherapy. Chemotherapy or Immunotherapy coverage will be limited to drugs only. This benefit does not cover other procedures related to Radiation Therapy, Chemotherapy, Immunotherapy, anti-nausea drugs or any drugs or medicines covered under the Drugs and Medicine benefit or Hormone Therapy benefit.

#### Hormone Therapy

Pays an indemnity amount, up to 12 treatments per calendar year, when hormone therapy treatment is prescribed by a Physician for a Covered Person. This benefit covers drugs and medicine only. This benefit does not cover associated administrative processes or any drugs or medicines covered under the Drugs and Medicine benefit or Radiation Therapy, Chemotherapy or Immunotherapy benefit.

### Surgical Benefits

#### Surgical

Pays an indemnity amount when a surgical operation is performed on a Covered Person for a covered diagnosed Cancer, Skin Cancer or for reconstructive surgery due to Cancer. The indemnity amount is payable up to the maximum per operation amount chosen and 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. This benefit will be paid for surgery performed in or out of the Hospital.

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 or Stem Cell Transplant surgeries are paid under the Bone Marrow or Stem Cell Transplant benefits. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis benefit.

This benefit is payable for reconstructive breast surgery performed on a non-diseased breast to establish symmetry with a diseased breast when the reconstructive surgery of the diseased breast is performed while covered under this policy. Reconstructive surgery to the non-diseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

#### Anesthesia

Pays 25% of the paid Surgical benefit amount for services of an anesthesiologist as a result of a covered surgery. Services of an anesthesiologist for Bone Marrow or Stem Cell Transplants are covered under the Bone Marrow or Stem Cell Transplant benefits. Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered under this benefit.

#### Bone Marrow/Stem Cell Transplant

Pays an indemnity amount once per lifetime when a bone marrow or stem cell transplant is performed on a Covered Person as treatment for a diagnosed Cancer. This benefit is payable in or out of the Hospital and is payable in lieu of the Surgical and Anesthesia benefits. If a bone marrow and a stem cell transplant are performed on the same day, only the Bone Marrow Transplant benefit will be payable.

#### Prosthesis

Pays an indemnity amount once per lifetime for a non-surgical or a surgically implanted prosthetic device prescribed by a Physician as a direct result of surgery for Cancer. The Cancer must have manifested after the 30 days following the Effective Date. This benefit does not cover prosthetic related supplies. Artificial limbs will be paid under the surgical implantation portion of this benefit. Temporary prosthetic devices used as tissue expanders are covered under the Surgical benefit. Benefits for hair prosthesis will only be covered under the Hair Piece benefit.

### Patient Care Benefits

#### Hospital Confinement

Pays an indemnity amount when a Covered Person is confined to a Hospital for the treatment of a covered Cancer or the treatment of a condition or disease directly caused by Cancer or the treatment of Cancer. Outpatient treatment or a stay of less than 18 hours in an observation unit or an Emergency Room is not covered. 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; or a facility primarily affording custodial, educational care, or care of treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

#### Outpatient Facility

Pays an indemnity amount when a facility fee is charged for a surgical procedure performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center on a Covered Person for a diagnosed Cancer. Surgical procedures for Skin Cancer performed on an outpatient basis in a Hospital or Ambulatory Surgical Center are not covered under this benefit.

#### Attending Physician

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

#### Extended Care Facility

Pays the indemnity amount when a Covered Person is confined to an Extended Care Facility due to Cancer. Confinement must be at the direction of a Physician and begin within 14 days after a Hospital Confinement. This benefit is payable for the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

#### Home Health Care

Pays the indemnity amount when a Covered Person requires Home Health Care in lieu of Hospital Confinement due to Cancer. Home Health Care must be prescribed by a Physician and provided by a Nurse or by a home health Nurse's aide under the supervision of a registered Nurse. Confinement must begin within 14 days after a covered Hospital Confinement and is payable up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. The caregiver may not be a member of the Insured's Immediate Family.

This benefit does not include physical, speech or audio therapy, or psychotherapy as these therapies are covered under the Physical, Occupational, Speech or Audio Therapy or Psychotherapy benefit. If the Covered Person qualifies for coverage under the Hospice Care benefit, the Hospice Care benefit will be paid in lieu of this benefit.



# GC12 Limited Benefit Group Cancer Indemnity Insurance

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## Hospice Care

Pays the indemnity amount, up to the maximum number of days per lifetime, when a Covered Person is diagnosed by a Physician as terminally ill and requires Hospice Care due to Cancer. Care must be directed by a licensed hospice organization in the patient's home or on an outpatient or short-term Inpatient basis in a hospice facility. The Covered Person is considered terminally ill if expected to live six months or less.

## US Government, Charity Hospital or H.M.O.

Pays an indemnity amount 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 (H.M.O.) or a Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person. If this option is elected and the Covered Person is confined as an Inpatient in a Hospital as a result of Cancer or Dread Disease, benefits for each full day of confinement will be paid. If outpatient services are provided, we will pay the benefit for each day that outpatient surgery is performed or outpatient therapy is received for Cancer covered by the Policy. This benefit will be paid in lieu of most benefits under the Policy/Certificate.

## Miscellaneous Benefits

### Cancer Treatment Cancer Evaluation or Consultation

Pays the indemnity amount once per lifetime when a Covered Person obtains a treatment opinion at a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the center is located more than 50 miles from the Covered Person's place of residence, we will also pay a transportation and lodging indemnity amount in lieu of the Transportation and Lodging benefit and Family Member Transportation and Lodging benefit.

### Second & Third Surgical Opinion

Pays the indemnity amount for a second surgical opinion when the attending Physician recommends surgery for a Covered Person as treatment of a diagnosed Cancer. The second surgical opinion must be obtained from the consulting Physician prior to surgery. If the second surgical opinion does not agree with the first surgical opinion and a third surgical opinion is required, we will pay an indemnity amount for a third surgical opinion. Each surgical opinion is payable once per diagnosis of Cancer. Surgical opinions for reconstructive, Skin Cancer or prosthesis surgeries are not covered under this benefit.

## Drugs & Medicine

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

## Transportation & Lodging

Pays the actual coach fare for transportation for a Covered Person by bus, plane or train or the per mile amount for transportation by car, to receive covered Radiation Therapy, Chemotherapy, Immunotherapy, Bone Marrow Transplant, 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. The Hospital must be prescribed by a Physician and be the nearest Hospital which offers the specialized treatment. If the Covered Person travels by bus, plane or train, the Insured will have the option to receive the coach fare benefit or the per mile benefit. If the Insured is unable to provide proof of coach fare, the per mile benefit will be paid. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Travel by car will be paid at the stated rate per mile for up to 1,000 miles round trip. Benefits will be provided for only one mode of transportation per round trip, up to the maximum number of trips per Calendar year. If the Covered Person receives treatment while Hospital Confined, benefits for transportation will be paid once per Hospital Confinement.

Pays the indemnity amount for lodging, up to the maximum number of days, when treatment is received on an outpatient basis. The Covered Person's lodging must be in a single room in a motel, hotel or other accommodation acceptable to us and will be paid only while the Covered Person is receiving the specialized treatment as an outpatient.

## Family Transportation & Lodging

Pays the actual coach fare for transportation by bus, plane or train, or the per mile amount for transportation by car for one adult family member to be near a Covered Person who is receiving covered Radiation Therapy, Chemotherapy, Immunotherapy, Bone Marrow Transplant, Stem Cell Transplant or surgery due to Cancer in a Hospital that is at least 50 miles away from the Covered Person's residence, using the most direct route. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. If the family member travels by bus, plane or train, the Insured will have the option to receive the coach fare benefit or the per mile benefit. If the Insured is unable to provide proof of coach fare, the per mile benefit will be paid. Travel by car will be paid at the stated rate per mile for up to 1,000 miles round trip. Benefits will be provided for only one mode of transportation per round trip, up to the maximum number of trips per Calendar year. If the Covered Person receives treatment while Hospital Confined, benefits for travel and/or lodging will be paid once per Hospital Confinement.

If treatment for the Covered Person is received on an outpatient basis, we will pay the indemnity amount for lodging, subject to the maximum number of days, for the family member's lodging in a single room in a motel, hotel or other accommodation acceptable to us. 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.

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.

## Blood, Plasma & Platelets

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

## Ambulance

Pays the indemnity amount, up to two trips per confinement, 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 the treatment of Cancer. If both air and ground ambulance is required on the same day, we will only pay the highest benefit amount.

## Physical, Occupational, Speech, Audio Therapy or Psychotherapy

Pays the indemnity amount, up to the maximum per Calendar Year, when a Covered Person is advised by a Physician to seek physical, occupational, speech, audio therapy or psychotherapy as a result of Cancer or the treatment of Cancer. These therapies must be performed by a caregiver licensed in physical, occupational, speech, audio therapy or psychotherapy. If two or more therapies occur on the same day, only one benefit will be paid.

## Waiver of Premium

When the Certificate is in force and the Insured becomes Disabled, we will waive all premiums due including premiums for any riders attached to the Certificate. Disability must be due to Cancer and occur while receiving treatment for such Cancer for which benefits are payable under the Policy. The Insured must remain Disabled for 60 continuous days before this benefit will begin. The Waiver of Premium will begin on the next premium due date following the 60 consecutive days of Disability. This benefit will continue for as long as the Insured remains Disabled until the earliest of either the date the Insured is no longer Disabled or the date coverage ends according to the Termination provisions in the Certificate. Proof of Disability must be provided for each new period of Disability before a new Waiver of Premium benefit is payable.

Other Benefits include:

- Donor
- Dread Disease
- Experimental Treatment
- Hair Piece
- Inpatient Special Nursing Services
- Medical Equipment
- Outpatient Special Nursing Services

*See your Policy/Certificate for more information regarding the benefits listed above.*

# GC12 Limited Benefit Group Cancer Indemnity Insurance

## Important Policy Provisions

### Eligibility

You and your Eligible Dependents are eligible to be insured under the Certificate if you and your Eligible Dependents meet APL's underwriting rules and you are Actively at Work and qualify for coverage as defined in the Master Application.

### Limitations & Exclusions

No benefits will be paid for any of the following:

- care or treatment received outside the territorial limits of the United States
- treatment by any program engaged in research that does not meet the definition of Experimental Treatment
- losses or medical expenses incurred prior to the Covered Person's Effective Date regardless of when Cancer was diagnosed

### Only Loss for Cancer or Dread Disease

The 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. The Policy/Certificate also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy/Certificate does not cover any other disease, sickness or incapacity which existed prior to the diagnosis of Cancer, even though after contracting Cancer it may have been complicated, aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically provided in the Dread Disease benefit.

### Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date as the result of a Pre-Existing Condition. Pre-Existing Conditions specifically named or described as excluded in any part of the Policy/Certificate are never covered. If any change to coverage after the Certificate Effective Date results in an increase or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase.

### Waiting Period

The Policy/Certificate contains a Waiting Period during which no benefits will be paid. If any Covered Person has a Specified Disease diagnosed before the end of the Waiting 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 Covered Person's Effective Date. If any Covered Person is diagnosed as having a Specified Disease during the Waiting Period immediately following the Covered Person's Effective Date, the Insured may elect to void the Certificate from the beginning and receive a full refund of premium.

If the Policy/Certificate replaced Specified Disease Cancer coverage from another company that terminated within 30 days of the Certificate Effective Date, the Waiting Period will be waived for those Covered Persons that were covered under the prior coverage. However, the Pre-Existing Condition Limitation will still apply.

### Termination of Certificate

Insurance coverage under the Certificate and any attached riders will end on the earliest of any of the following dates:

- the date the Policy terminates
- the end of the grace period if the premium remains unpaid
- the date insurance has ceased on all persons covered under this Certificate
- the end of the Certificate Month in which the Policyholder requests to terminate this coverage
- the date you no longer qualify as an Insured
- the date of your death

### Termination of Coverage

Insurance coverage for a Covered Person under the Certificate and any attached riders for a Covered Person will end as follows:

- the date the Policy terminates
- the date the Certificate terminates
- the end of the grace period if the premium remains unpaid
- the end of the Certificate Month in which the Policyholder requests to terminate the coverage for an Eligible Dependent
- the date a Covered Person no longer qualifies as an Insured or Eligible Dependent
- the date of the Covered Person's death

### Optionally Renewable

The policy is optionally renewable. The Policyholder has the right to terminate the policy on any premium due date after the first Anniversary following the Policy Effective Date. APL must give at least 60 days written notice prior to cancellation.

### Portability (Voluntary Plans Only)

When the Insured no longer meets the definition of Insured, he or she will have the option to continue this coverage, including any attached riders. No Evidence of Insurability will be required. Portability must meet all of the following conditions:

- the Certificate has been continuously in force for the last 12 months
- APL receives a request and payment of the first premium for the portability coverage no later than 30 days after the date the Insured no longer qualifies as an eligible Insured. All future premiums due will be billed directly to the Insured. The Insured is responsible for payment of all premiums for the portability coverage
- the Policy, under which this Certificate was issued, continues to be in force on the date the Insured ceases to qualify for coverage

The benefits, terms and conditions of the portability coverage will be the same as those elected under the Certificate immediately prior to the date the Insured exercised portability. Portability coverage may include any Eligible Dependents who were covered under the Certificate at the time the Insured ceased to qualify as an eligible Insured. No new Eligible Dependents may be added to the portability coverage except as provided in the Newborn and Adopted Children provision. No increases in coverage will be allowed while the Insured is exercising his or her rights under this rider. If the Policy is no longer in force, then portability coverage is not available.



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Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. For complete benefits, limitations, exclusions and other provisions, please refer to the policy and riders. 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. | This product contains Limitations & Exclusions | Policy Form GC12APL Limited Benefit Group Cancer Indemnity Insurance Series | Texas | (04/13) | Port Neches Grove ISD

APSB-22338(TX) MGM/FBS Port Neches Grove ISD