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GROUP LIMITED BENEFIT HOSPITAL INDEMNITY INSURANCE

CERTIFICATE OF INSURANCE: We hereby certify that we have issued and delivered to the Policyholder a group Policy, described on the Certificate Schedule attached hereto. The group Policy covers certain eligible persons, as described in this Certificate. The Policy is a legal contract between the Policyholder and us.

CONSIDERATION: We have issued this Certificate on the basis of the enrollment form and in exchange for payment of the first premium. The Certificate Effective Date is the date we assign after we have received the enrollment form for this Certificate and the first premium. This Certificate will not take effect until the first premium is received by us. Dates begin and end at 12:01 a.m. Standard Time at the address of the Policyholder.

RENEWABILITY – OPTIONALLY RENEWABLE: The Policy, under which this Certificate is issued, is optionally renewable. This means that we or the Policyholder have the right to terminate the Policy on any premium due date after the first anniversary following the Policy Effective Date. We must give at least 60 days written or electronic notice to the Policyholder prior to cancellation. We cannot cancel your coverage under this Certificate because of a change in your age or health. We can change your premiums for this Certificate if we change premiums for all similar Certificates issued under the Policy.

CONTINUATION: This Certificate was issued under a Policy issued to a Policyholder named on the Certificate Schedule Page. While the Policy is in force, this Certificate will continue, subject to the Termination of Coverage provision, provided the premiums are paid when due.

Signed for American Public Life Insurance Company.

Chief Administrative Officer

President, Chief Executive Officer

PLEASE READ YOUR CERTIFICATE CAREFULLY
THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED PROVIDES LIMITED BENEFITS

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information or knowingly presents false information in an application for insurance may be guilty of insurance fraud.

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SECTION 3 – DEFINITIONS

The following section defines some important terms that may be applicable to your coverage. These defined terms may appear in your Certificate or attached riders, as applicable to your plan. These are only definitions and not indicative of coverage. Please review the Benefit Section of your Certificate, any attached rider and the Schedule of Benefits for specific coverage.

ACCIDENT: A sudden, unexpected and unintended event, which results in bodily Injury, and which is independent of disease, bodily infirmity, or any other excluded cause.

ACTIVELY AT WORK: You are:

1. performing in the usual manner all of the regular duties of your employment as a Benefit-Eligible employee on a scheduled work day; and
2. these duties are being done at one of the places of business where you normally do such duties or at some location to which your employer sends you.

Actively At Work will include a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your employment as if it were a scheduled work day.

BENEFIT-ELIGIBLE: The employee's or member's eligibility criteria as defined on the Master Application.

CALENDAR YEAR: The period beginning on January 1 and ending on December 31 of the same year.

CERTIFICATE: The individual Certificate issued to you. It describes the coverage under the Policy; how benefits will be paid; any limitations of the Policy; and all other essential features of the Policy. If you are issued more than one Certificate under the Policy, only the last one will be in effect.

CERTIFICATE EFFECTIVE DATE: The effective date of the individual Certificate issued to you.

CERTIFICATE PERIOD: That period of time beginning at 12:01 a.m. Standard Time on the same day of the month/day of the week that your Certificate became effective, as shown on the Certificate Schedule, and ending at 12:00 a.m. Standard Time the following month/week on the same day.

CERTIFICATE SCHEDULE: Page 3 of this Certificate issued to you.

COMPANY (we, us or our): American Public Life Insurance Company.

COMPLICATION OF PREGNANCY: A non-elective Caesarean section, termination of ectopic pregnancy; or spontaneous termination of pregnancy occurring during a period of gestation in which a viable birth is not possible, or conditions requiring Hospital Confinement (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy, but are adversely affected by pregnancy, or are caused by pregnancy, such as:

1. acute nephritis; or
2. nephrosis; or
3. cardiac decompensation; or
4. missed abortion; or
5. hyperemesis gravidarum and pre-eclampsia; or
6. intrauterine fetal growth retardation; or
7. similar medical and surgical conditions of comparable severity; or
8. disease of the vascular, hemopoietic, nervous, or endocrine systems.

But shall not include:

1. multiple gestation pregnancy; or
2. false labor; or

3. occasional spotting; or
4. Physician-prescribed rest during the period of pregnancy; or
5. morning sickness; or
6. Caesarean delivery unrelated to a diagnosed Complication of Pregnancy; or
7. similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct Complication of Pregnancy.

CONFINEMENT (CONFINED): The Covered Person must be Confined to a Hospital as an Inpatient on the advice of a Physician for at least 18 consecutive hours to be considered one day of Hospital Confinement. One Period of Confinement includes all consecutive calendar days a Covered Person is Confined as an Inpatient in a Hospital.

COVERED ACCIDENT: An Accident which :

1. occurs on or after the Covered Person's Effective Date shown on the Certificate Schedule; and
2. occurs while this Certificate is in force; and
3. is not specifically excluded in this Certificate.

COVERED PERSON(S): A person who is eligible for coverage under the Policy and for whom coverage is in force (See the Eligibility and Effective Date section).

COVERED PERSON'S EFFECTIVE DATE: The date the Covered Person's coverage under the Policy becomes effective. Your effective date will be the same as the Certificate Effective Date (subject to the Eligibility and Effective Date section). Your dependents are eligible for insurance on the date you become eligible for insurance or the date a person becomes an Eligible Dependent, whichever is later. The effective date of coverage for each Eligible Dependent will be the first day of the month/week following our receipt of the enrollment form and the first premium (See Newborn/Adopted Children provision).

COVERED SICKNESS: A Sickness for which loss:

1. occurs on or after the Covered Person's Effective Date shown on the Certificate Schedule; and
2. occurs while this Certificate is in force; and
3. is not specifically excluded in this Certificate.

DENTAL TREATMENT: Treatment of the teeth and/or periodontal area.

ELIGIBLE DEPENDENTS: Unless specifically named as excluded in any part of this contract, this means:

1. your lawful spouse; and/or
2. your child (natural, adopted or step) who:
 - a. is under 26 years of age; or
 - b. becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Policy and prior to reaching the limiting age for dependent children. The child must be dependent on you for support and maintenance. We must receive proof of incapacity within 31 days after coverage would otherwise terminate. Coverage will then continue as long as your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the two-year period following the child's attainment of the limiting age. The child's coverage will terminate at the earlier of the end of the Certificate Period in which the conditions cease or the date this Certificate terminates; or
 - c. is any minor under your charge, care and control, who has been Placed For Adoption and is under 26 years of age.

The term Eligible Dependent does not include your grandchild (unless required by law).

FAMILY HISTORY OF CANCER: Incidences of diagnosed cancer in family members. The following factors suggest that a person may be at risk of developing cancer:

1. having three or more relatives on the same side of the family with the same or related forms of cancer;
2. having two or more relatives diagnosed with cancer at an early age;
3. having two or more types of cancer occurring in the same relative.

FREESTANDING OUTPATIENT SURGERY CENTER: A licensed freestanding facility where surgical and diagnostic services are provided on an ambulatory basis.

GENETIC PREDISPOSITION: An increased likelihood of developing a cancer due to the presence of one or more gene mutations and/or a Family History of Cancer that indicates an increased risk of the disease. Also called genetic susceptibility. For the purpose of this Certificate, this means a documented Family History of Cancer, or the presence of mutated genes, determined by a gene blood test, indicative of an increased risk of breast cancer, ovarian cancer, or prostate cancer.

HOSPITAL: A place that:

1. is licensed and operated pursuant to law; and
2. provides care and Treatment for ill and injured persons on an Inpatient basis; and
3. provides facilities for medical, diagnostic, and surgical care (These facilities need not be at the Hospital. They may be elsewhere if there is a formal agreement for their use.); and
4. provides 24 hour a day nursing care by or under the supervision of a graduate registered nurse; and
5. is supervised by a staff of one or more Physicians; and
6. is accredited by the Joint Commission on the Accreditation of Hospitals; and
7. is not an institution, or part thereof, 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.

HOSPITAL EMERGENCY ROOM: A portion of a Hospital where emergency diagnosis and Treatment of Sickness or Injury is provided.

HOSPITAL OUTPATIENT FACILITY: An area contained within a Hospital building that is owned and operated by the Hospital and not otherwise excluded under the terms of the Policy where patients receive diagnostic testing or Treatment without being admitted to the Hospital on an Inpatient basis.

IMMEDIATE FAMILY: Anyone who is related to the Covered Person by any degree of blood, marriage or operation of law. This includes the following relatives: parents, grandparents, brothers, sisters, children, grandchildren, aunts, uncles, cousins, nephews, nieces, in-laws, adopted relatives, and step-relatives.

INITIAL ENROLLMENT: One of the following periods during which the Benefit-Eligible employee or association/union member and any Eligible Dependent may first enroll in writing for coverage under the Policy:

1. if the Benefit-Eligible employee, association/union member, or Eligible Dependent is eligible for coverage on the Policy Effective Date, the defined period before the Policy Effective Date as set by us and the Policyholder; or
2. if the Benefit-Eligible employee, association/union member, or Eligible Dependent becomes eligible for coverage after the Policy Effective Date, the period ending 31 days after the date you are first eligible to enroll for coverage.

INJURY: A bodily Injury which is caused directly by a Covered Accident, independent of Sickness, disease, bodily infirmity or any other cause.

INPATIENT: Confinement in a Hospital.

INSURED (you and your): The person named as the Insured on the Certificate Schedule. The Insured must be:

1. a Benefit-Eligible employee of the Policyholder; or
2. a Benefit-Eligible member of the Policyholder ; or
3. is a Benefit-Eligible employee of a member of the Policyholder.

INTENSIVE CARE UNIT (ICU): Only that portion of the Hospital that:

1. is operated solely to give the highest level of medical care for the critically ill or injured; and
2. is kept separate from other Hospital facilities; and
3. has special supplies and equipment necessary for immediate use; and
4. provides room, board and constant observation and care by registered professional nurses or other highly trained Hospital personnel.

The ICU must be listed in the current edition of the American Hospital Association Guide. Types of facilities that meet the requirements, include but are not limited to: Intensive Care Units, cardiac Intensive Care Units, burn units, and neonatal Intensive Care Units.

Intensive Care Unit does not include:

1. any Hospital facility used to provide normal post-operative recovery Treatment; or
2. service or Confinement in units such as: surgical recovery rooms, progressive care, intermediate care, private monitored rooms, Step Down-Units, Observation Units, telemetry units or psychiatric units not involving intensive medical care; or
3. other facilities which do not meet the standards for ICU as defined above.

MASTER APPLICATION: The document signed by the Policyholder that contains the answers to our questions and are the Policyholder's representations, which we accepted in good faith as being true, complete and correct. The Master Application is the basis upon which we issued the Policy.

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

OBSERVATION UNIT: A specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored following outpatient surgery or Treatment in the Emergency Room by a Physician, and that fully meets each of the following requirements:

1. it is under the direct supervision of a Physician or registered nurse; and
2. it is staffed by nurses assigned specifically to that unit; and
3. it provides care seven days per week, 24 hours per day.

PERIOD OF CONFINEMENT: A Period of Confinement for the same or a related cause, which is 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 Covered Person Confined.

PHYSICAL, SPEECH, OR OCCUPATIONAL THERAPY: The Treatment of physical dysfunction or Injury, at a Physical, Speech, or Occupational Therapy Facility, by the use of therapeutic exercise and the application of modalities, intended to restore or facilitate normal function or development. Physical Speech, or Occupational Therapy does not include kinesiology, or equipment recommended, used or purchased for use outside of the Physical, Speech, or Occupational Therapy Facility.

PHYSICAL, SPEECH, OR OCCUPATIONAL THERAPY FACILITY: An office, center, or clinic in which a licensed therapist provides Physical, Speech, or Occupational Therapy.

PHYSICIAN: A practitioner of the healing arts who is legally qualified and licensed to practice medicine and who is practicing within the scope of his or her license in the state where so licensed. The Physician must not be a member of your Immediate Family or anyone who normally resides with you in your residence.

PHYSICIAN'S OFFICE: The location in which a Physician routinely, on an appointment basis, provides health examinations, diagnosis and Treatment of Sickness or Injury due to an Accident on an ambulatory or telemedicine basis. Face-to-face contact between a Physician and a patient is not required as a prerequisite for payment for services appropriately provided through Telemedicine. Physician's Office does not include a Freestanding Outpatient Surgery Center, Hospital Emergency Room, Hospital Outpatient Facility, Physical Therapy Facility, or Urgent Care Facility.

PLACEMENT (or PLACED) FOR ADOPTION: For purposes of this Certificate, Placement For Adoption means the assumption by you of physical custody of the child to be adopted and the financial support and care of the child or the date the adoption was filed, whichever is earlier.

POLICY: The Policy issued to the Policyholder which covers the Covered Persons.

POLICY EFFECTIVE DATE: The date shown as the Policy Effective Date in the Certificate Schedule.

POLICYHOLDER: The legal entity which holds the Policy. The Policyholder is shown on the Policy and Certificate Schedule.

POLICY PERIOD: That period of time beginning at 12:01 a.m. Standard Time on the same day of the month/day of the week that this Policy became effective, as shown on the Schedule of Insurance herein and ending at 12:00 a.m. Standard Time the following month/week on the same day.

POLICY SCHEDULE: Page 3 of the Policy.

PRE-EXISTING CONDITION: An Injury, Sickness or physical condition for which medical advice or Treatment, including prescribed medications, was recommended by or received from a member of the medical profession within the Pre-Existing Period immediately preceding the Covered Person's Effective Date. The Pre-Existing Period is shown on the Certificate Schedule. The term "Pre-Existing Condition" will also include conditions which are related to such Injury, Sickness or physical condition.

PROPHYLACTIC SURGERY: Surgery to remove an organ or gland that shows no signs of cancer, in an attempt to prevent development of a cancer of that organ or gland. Prophylactic surgery is an elective surgery chosen by people who have been documented by a Physician as having a high risk of cancer due to Genetic Predisposition and/or Family History of Cancer.

REHABILITATION CARE SERVICES: The combined use of medical, social, educational, and vocational services to enable patients disabled by Injury or Sickness to achieve the highest possible functional ability. Services are provided by or under the supervision of a Physician in a Rehabilitation Unit.

REHABILITATION UNIT: An appropriately licensed facility that provides Rehabilitation Care Services on an inpatient basis to resident patients and is charging room and board to such patients. For the purpose of this Certificate, a Rehabilitation Unit is not:

1. a nursing home; or
2. an extended care facility; or
3. a rest home or home for the aged; or
4. a hospice care facility; or
5. a place for alcoholics or drug addicts; or
6. an assisted living facility.

SCHEDULE OF BENEFITS: The benefit schedule set forth in the Policy or Certificate.

SICKNESS: Any illness, disease, infection or abnormal condition of the body, not caused by an Accident, which is the direct cause of the loss.

SKILLED NURSING FACILITY: An institution that meets all of the following standards:

1. it is licensed by the state in which it is located; and
2. it is a separate facility or a distinct part of another facility physically separated from the rest of such facility; and
3. it provides confined nursing care to individuals who are not able to care for themselves and who require nursing care; and
4. its primary function is to provide nursing care, and room and board; and the facility charges for these services; and
5. the care is performed under the direction of a licensed Physician or licensed nurse; and
6. it is not a Hospital, a home for the aged, a retirement home, a rest home, a community living center, or a place mainly for the Treatment of alcoholism, mental illness or drug abuse.

STEP-DOWN (TELEMETRY) UNIT: A specifically designated part of a Hospital that provides medical care to patients whose medical conditions do not require Intensive Care Unit Confinement but do require services beyond that provided in regular Hospital private or semi-private rooms, observation rooms or surgical recovery units. Hospital private or semi-private rooms, private monitored rooms, observation rooms or surgical recovery units are not considered Step-Down Units.

TELEMEDICINE: The use of interactive audio, video, or other telecommunications technology that is used by a health care provider or health care facility to deliver health care services at a site other than the site where the patient is located and delivered over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1320d, et seq. The term includes the use of electronic media for consultation relating to the health care diagnosis or Treatment of a patient in real time or through the use of store-and-forward technology. The term does not include the use of audio-only telephone, e-mail, or facsimile transmission.

TREATMENT: Consultation, management and care of a patient provided by a Physician. For the purpose of this Certificate, Treatment does not include surgery.

URGENT CARE: Necessary medical intervention that is required for a Sickness or Injury that would not result in further disability or death if not treated immediately, but requires professional attention and has the potential to develop such a threat if Treatment is delayed longer than 24 hours.

URGENT CARE FACILITY: A medical facility or clinic where ambulatory patients can be treated on a walk-in basis, without an appointment, and receive immediate Urgent Care.

WAITING PERIOD: A specified number of days following the Covered Person's Effective Date. No benefits will be paid for the specific condition that occurs during the Waiting Period. The Waiting Period is shown on the Certificate Schedule.

SECTION 4 - ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY: A person and his/her Eligible Dependents are eligible for insurance under the Policy if:

1. a person meets the benefit eligibility standards described on the Master Application; and
2. the person is Actively at Work with the Policyholder and qualify for coverage as defined in the Master Application; or
3. the person is Actively At Work with a member company of the Policyholder; or
4. you are a Benefit-Eligible member of the Policyholder and qualify for coverage as defined in the Master Application.

EFFECTIVE DATE: A person must use forms provided by us when enrolling for insurance. If our eligibility requirements are met and the premium has been paid, the insurance will take effect on the later of the following dates:

1. the requested Certificate Effective Date; or
2. the Certificate Effective Date assigned by us upon receipt of the person's enrollment form.

If the person is not Actively at Work due to an Accident or Sickness when his/her coverage is to take effect, it will take effect on the first day of the calendar month/week after the date he/she returns to Actively At Work.

NEWBORN/ADOPTED CHILDREN: If your plan is Individual or Individual and Spouse, any newborn children will be covered automatically on the day he/she is born as long as your coverage was in force on that date. The newborn child's coverage will not continue past the 31-day period following his or her birth unless we are notified in writing by the end of such 31-day period of the addition of such newborn child, and any applicable additional premium is paid.

Coverage for newborn children will also include coverage for: any newborn child adopted by you, from the moment of birth, if a petition for adoption was filed within 31 days of the birth of the child; and a child adopted by you from the date of Placement For Adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for the adopted child will not continue past 31 days after the date of Placement For Adoption unless we are notified in writing by the end of such 31-day period of the addition of such adopted child, and any applicable additional premium is paid.

If your plan is One-Parent Family or Two-Parent Family, all newborn children are covered from the moment of birth and all adopted children are covered from the moment of Placement For Adoption. No notification is necessary and no additional premium is due.

Coverage for Newborn/Adopted Children includes prematurity, congenital defects and birth abnormalities of a newborn/adopted child. Newborn coverage also includes Inpatient routine newborn care.

SECTION 5 – BENEFITS

This section explains benefits we provide for a covered loss incurred while covered under the Policy. All benefit amounts and maximums are shown on the Schedule of Benefits which is attached and is a part of this Certificate. Benefit amounts can vary based on place of service. Please review your Schedule of Benefits in relation to the benefits described in this section.

HOSPITAL ADMISSION BENEFIT

We will pay the Hospital Admission Benefit when a Covered Person is admitted to a Hospital and Confined as an Inpatient due to an Injury or Covered Sickness. We will not pay this benefit for outpatient Treatment, Emergency Room Treatment, or a stay of less than 18 hours in an Observation Unit. This benefit is only payable once per Period of Confinement.

HOSPITAL CONFINEMENT BENEFIT

We will pay the Hospital Confinement Benefit per day when a Covered Person is Confined as an Inpatient to a Hospital due to an Injury or Covered Sickness.

INTENSIVE CARE UNIT BENEFIT

We will pay the Intensive Care Unit Benefit per day when a Covered Person is Confined in an ICU due to an Injury or Covered Sickness. Benefits will be paid beginning with the first day of ICU Confinement when such Confinement begins after the Certificate Effective Date.

REHABILITATION BENEFIT

We will pay the Rehabilitation Benefit for each day a Covered Person is receiving Rehabilitation Care Services while Confined in a Rehabilitation Unit or Skilled Nursing Facility immediately after a covered Period of Confinement due to an Injury or Covered Sickness. This benefit is not payable in addition to any other Confinement benefit provided under the Policy on the same day. If more than one Confinement occurs on the same day, the higher benefit will be paid.

ACCIDENT SURGERY BENEFIT

We will pay the applicable Accident Surgery Benefit per day when a surgical procedure, due to an Injury, is performed on a Covered Person in a Hospital, Hospital Outpatient Facility or a Freestanding Outpatient Surgery Center.

We will pay the applicable Accident Surgery Benefit per day when a surgical procedure, due to an Injury, is performed on a Covered Person in a Physician's Office.

ACCIDENT & SICKNESS SURGERY BENEFIT

We will pay the applicable Accident & Sickness Surgery Benefit per day when a surgical procedure, due to an Injury or Covered Sickness, is performed on a Covered Person in a Hospital, Hospital Outpatient Facility or a Freestanding Outpatient Surgery Center.

We will pay the applicable Accident & Sickness Surgery Benefit per day when a surgical procedure, due to an Injury or Covered Sickness, is performed on a Covered Person in a Physician's Office.

OUTPATIENT ACCIDENT TREATMENT BENEFIT

We will pay the applicable Outpatient Accident Treatment Benefit per day when Treatment, due to an Injury, is received by a Covered Person in an Emergency Room.

We will pay the applicable Outpatient Accident Treatment Benefit per day when Treatment, due to an Injury, is received by a Covered Person in an Urgent Care Facility.

We will pay the applicable Outpatient Accident Treatment Benefit per day when Treatment, due to an Injury, is received by a Covered Person in a Physician's Office.

We will pay the applicable Outpatient Accident Treatment Benefit per day when Treatment, due to an Injury, is received by a Covered Person in a Physical, Speech, or Occupational Therapy Facility.

OUTPATIENT ACCIDENT & SICKNESS TREATMENT BENEFIT

We will pay the applicable Outpatient Accident & Sickness Treatment Benefit per day when Treatment, due to an Injury or a Covered Sickness, is received by a Covered Person in an Emergency Room.

We will pay the applicable Outpatient Accident & Sickness Treatment Benefit per day when Treatment, due to an Injury or a Covered Sickness, is received by a Covered Person in an Urgent Care Facility.

We will pay the applicable Outpatient Accident & Sickness Treatment Benefit per day when Treatment, due to an Injury or a Covered Sickness, is received by a Covered Person in a Physician's Office.

We will pay the applicable Outpatient Accident & Sickness Treatment Benefit per day when Treatment, due to an Injury or a Covered Sickness, is received by a Covered Person in a Physical, Speech, or Occupational Therapy Facility.

ROUTINE HEALTH SCREENING BENEFIT – TIER 1

We will pay the Routine Health Screening Benefit per day when the Covered Person receives an annual physical. For the purpose of this benefit, this means the Physician's fee only.

ROUTINE HEALTH SCREENING BENEFIT – TIER 2

We will pay the Routine Health Screening Benefit per day when the Covered Person receives one of the following routine examinations or preventive tests under the recommendation of a Physician:

- Blood test for triglycerides
- CA 19-9 (blood test for pancreatic cancer)
- CEA (blood test for colon cancer)
- Fasting blood glucose test
- Pap smear (including ThinPrep Pap test)
- Routine skin check for cancer
- Serum protein electrophoresis (blood test for myeloma)
- CA 15-3 (blood test for cancer)
- CA 125 (blood test for ovarian cancer)
- Chest x-ray
- Hemoccult stool analysis
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL

ROUTINE HEALTH SCREENING BENEFIT – TIER 3

We will pay the Routine Health Screening Benefit per day when the Covered Person receives one of the following routine examinations or preventive tests under the recommendation of a Physician:

- Breast thermography
- Colonoscopy
- Echocardiogram
- Exercise or pharmacologic stress test
- Mammogram
- Thermography
- Breast ultrasound
- Doppler ultrasound
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Testicular ultrasound

DIAGNOSTIC TESTING BENEFIT

We will pay the Diagnostic Testing Benefit per day when a Covered Person receives one of the diagnostic tests listed below under the recommendation of a Physician.

Medical Imaging Tests

- Magnetic Resonance Imaging (MRI)
- Computerized Axial Tomography Scan (CAT)
- Radioactive Iodine (Thyroid) Uptake Test (RAIU)
- Computerized Tomography Scan (CT)
- Positron Emission Tomography Scan (PET)

Advanced Study/Follow-up Tests

- Angiogram
- Barium enema/Lower GI series
- Myelogram
- Nuclear stress test
- Arteriogram
- Barium swallow/Upper GI series
- Sleep study
- Transesophageal Echocardiogram (TEE)

OUTPATIENT PRESCRIPTION DRUG BENEFIT

We will pay the Outpatient Prescription Drug Benefit per day when a Covered Person has a written prescription filled or refilled. The prescription must be ordered by a Physician and be dispensed by a licensed pharmacist. For the purpose of this benefit, prescription does not include:

1. therapeutic devices or appliances; or
2. experimental drugs; or
3. drugs, medicines or insulin used by or administered to a person while he/she is Confined to a Hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or

4. immunization agents, biological sera, blood or blood plasma; or
5. contraceptive materials, devices or medications or infertility medication, except where required by law.

AMBULANCE BENEFIT

We will pay the Ambulance Benefit per day when a Covered Person is transported by air or ground ambulance to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital Confined. A licensed ambulance company must provide the ambulance service. If air and ground ambulance service are both required in the same day, only the higher benefit amount will be paid.

PREVENTIVE ELECTIVE SURGERY BENEFIT

We will pay the Preventive Elective Surgery Benefit per day when a Prophylactic Surgery is performed on a Covered Person in a Hospital, Hospital Outpatient Facility or a Freestanding Outpatient Surgery Center.

We will pay the applicable Preventive Elective Surgery Benefit per day when a Prophylactic Surgery is performed on a Covered Person in a Physician's Office.

SECTION 6 - LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION: No benefits are payable during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date for any loss resulting from a Pre-Existing Condition. The Pre-Existing Condition Exclusion Period is shown on the Certificate Schedule.

WAITING PERIOD: We will not pay benefits for loss that is caused by, or occurs as a result of the Covered Person's pregnancy or childbirth during the Pregnancy Waiting Period as shown on the Certificate Schedule. Loss due to Complications of Pregnancy will be covered to the same extent as a Sickness.

After the Pregnancy Waiting Period, benefits for a loss that is caused by, or occurs as a result of, the Insured's pregnancy or childbirth will be payable to the same extent as any other Sickness.

We will not pay benefits for a Routine Health Screening during the Routine Health Screening Waiting Period as shown on the Certificate Schedule. After the Routine Health Screening Waiting Period, future screenings will be payable to the same extent as any other screening.

We will not pay benefits for a Preventive Elective Surgery during the Preventive Elective Surgery Waiting Period as shown on the Certificate Schedule. After the Preventive Elective Surgery Waiting Period, future preventive elective surgeries will be payable to the same extent as any other preventive elective surgery.

EXCLUSIONS: No benefits are payable for any loss resulting from or caused, whether directly or indirectly, by:

- hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the Certificate Effective Date unless due to an emergency.
- war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto. (We will refund the pro-rata portion of any premium paid for any such Covered Person upon receipt of your written request.)
- dental Treatment or routine vision services unless:
 - due to Injury and if performed within 12 months of the date of the Covered Accident; or
 - due to congenital defect or birth anomaly of a covered newborn child.
- an intentionally self-inflicted Injury or Sickness.

- committing, or attempting to commit, an illegal act that is defined as a felony. (Felony is as defined by the law of the jurisdiction in which the act takes place.)
- an Injury or Sickness incurred while engaging in an illegal occupation.
- cosmetic care, except when the Hospital Confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as:
 - surgery to restore a normal bodily function;
 - surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly;
 - breast reconstruction following mastectomy.
- being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions. (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.)
- experimental Treatment, drugs, or surgery with the exception of:
 - drugs recognized for treatment in at least one standard reference compendium; and
 - cancer recommended drugs found to be safe and effective in formal clinical studies and their results are listed in a peer reviewed professional medical journal published in either the United States or Great Britain.
- immunizations.
- artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation, or vasectomy, and reversal thereof.
- participation in any sport for pay or profit.
- Mental or Emotional Disorders without demonstrable organic disease.
- alcoholism or drug addiction Treatment.
- services for which payment is not legally required, except for:
 - Medicaid;
 - Treatment of non-service connected disabilities in Veterans Administration hospitals; and,
 - care rendered to armed services retirees and dependents in military medical facilities of the United States Government.
- voluntary abortion except, with respect to you or your covered Eligible Dependent spouse:
 - where you or your Dependent spouse's life would be endangered if the fetus were carried to term; or
 - where medical complications have arisen from abortion.
- pregnancy of an Eligible Dependent child.
- participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.)
- participation in a contest of speed in power driven vehicles, parachuting, or hang gliding.
- air travel, except:
 - as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - as a passenger for transportation only and not as a pilot or crew member.
- sex changes.
- a diagnosis or Treatment received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States. The Covered Person, at his or her own expense, is responsible for obtaining such confirmation.

SECTION 7 - PREMIUMS

PREMIUM PAYMENT: The monthly premium and the Certificate Effective Date are shown on the Certificate Schedule. If the premium is not paid when due or within the grace period, this Certificate will terminate at the end of the period for which premium is due.

PREMIUM TERM: The premium term is the period of time that a premium payment will keep this Certificate in force.

PREMIUM MODE: The premium mode the Policyholder selected upon application for the Policy is shown on the Master Application. The Policyholder may change the premium mode on any premium due date if we agree.

PREMIUM CHANGES: The premium rates may be changed by us at the first anniversary date of the Policy or any premium due date thereafter. No such increase in rates will be made unless 60 days prior written or electronic notice is given to the Policyholder.

SECTION 8 - TERMINATION OF COVERAGE

TERMINATION OF POLICY: We or the Policyholder may terminate the Policy on any premium due date after the first Policy anniversary date.

Insurance coverage under the Policy will end on the earliest of these dates: or

1. the end of the grace period if the premium remains unpaid for all Certificates in force; or
2. the date all Certificates under the Policy terminate; or
3. the end of the Policy Period in which we receive a written request from the Policyholder to terminate the Policy; or
4. the end of the Policy Period in which we have terminated the Policy, subject to a 60-day written or electronic notice.

TERMINATION OF CERTIFICATE: Insurance coverage under this Certificate, including any attached riders, will end on the earliest of these dates:

1. the date the Policy terminates; or
2. the end of the grace period if the premium remains unpaid; or
3. the date you no longer qualify as an Insured; or
4. the date of your death.

TERMINATION OF COVERAGE: Insurance coverage under the Policy and/or any attached riders for a Covered Person will end as follows:

1. the date the Policy terminates; or
2. the date this Certificate terminates or
3. the end of the grace period if the premium remains unpaid; or
4. the end of the Certificate Period in which we receive a written request from you to terminate the Covered Person's coverage; or
5. the date a Covered Person no longer qualifies as an Insured or Eligible Dependent; or
6. the date of the Covered Person's death.

TERMINATION WITHOUT PREJUDICE: If termination of coverage occurs because of termination of your:

1. employment with the Policyholder; or
2. membership with the Policyholder; or
3. employment with a member company of the Policyholder;

such termination shall be without prejudice to any loss which commenced while this Certificate was in force.

COBRA CONTINUATION OF COVERAGE: This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

SECTION 9 - CLAIMS

NOTICE OF CLAIM: We must receive written or electronic notice, including the Policy and Certificate number, when there is a claim. Notice must be given within 60 days of any loss covered under the Policy, or as soon as reasonably possible. Notice of claim must be received at our administrative office

at the address shown on page 1. Information sufficient to identify the Covered Person shall be deemed notice to us.

CLAIM FORMS: When we receive notice of claim, we will send the applicable claim forms. If these forms are not sent within 15 working days, Proof of Loss may be submitted by giving us a written or electronic statement of the nature and extent of the loss.

PROOF OF LOSS: Proof of Loss must be provided by you at your expense and must be given to us within 90 days after the loss. However after the 90 days, the claim will not be reduced or denied if:

1. it was not reasonably possible to give proof in that time; and
2. the proof is filed as soon as reasonably possible.

In no event, except in the absence of legal capacity, may proof be given later than 12 months after the date proof is otherwise required.

Proof of loss must include, but may not be limited to, the following documentation:

1. a Physician's statement; and
2. a completed claim form; and
3. an itemized bill – which must contain the claimant's name, date of service, procedure and diagnosis codes, place of service, and charge amount.

TIME OF PAYMENT OF CLAIMS: All benefits will be paid promptly after we receive acceptable Proof of Loss but no later than 15 working days after Proof of Loss. In situations where additional information or additional documents are required for accurate claim determination purposes, we will pay benefits within 15 working days after receipt of such information or documents. If the claim is not denied for valid and proper reasons by the end of the 15 working day period, we will pay you 18% interest on the proceeds or benefits under the terms of the Policy.

PAYMENT OF CLAIMS: Benefits payable under the Policy will be paid to you or to the providers of services and supplies, if you so direct electronically or in writing. Any unassigned benefits that have not been paid at the time of your death will be paid to your designated beneficiary, if living, or to the contingent beneficiary. If no such designation is made, or in the event of death of both the beneficiary and contingent beneficiary, benefits will be paid to your estate. If benefits are payable to your estate or to any person who is not competent to give us a valid release, we have the right to pay up to \$1,000 of those benefits to any person related to you by blood or marriage who we believe is justly entitled to such payment. If we make a payment under this provision in good faith, we will be released from liability to the extent of the payment.

PHYSICAL EXAMINATION: If you make a claim, you or the Covered Person on whose behalf the claim is made must submit to a physical examination as often as we may reasonably request. We will pay for such examinations.

LEGAL ACTION: No legal action can be taken to receive benefits under the Policy less than 60 days after written proof of loss has been furnished as required or more than 3 years after written proof of loss is required to be furnished.

SECTION 10 - GENERAL PROVISIONS

ENTIRE CONTRACT-CHANGES: The contract is made up of the Policy, the Master Application of the Policyholder, the Schedule of Benefits, and any attached riders or endorsements.

Statements made by the Policyholder or you, in the absence of fraud, are representations and not warranties. No such statements will be used to void the insurance, reduce benefits or defend a claim under the Policy unless the statement is in writing; and a copy of that statement is given to you, your beneficiary, or your personal representative.

CHANGES TO THE ENTIRE CONTRACT: No changes to the Policy, this Certificate, or any attached riders or endorsements, will be valid unless it is approved by one of our executive officers. The change must be signed by the officer and attached to the Policy and this Certificate. No insurance producer may change the Policy or this Certificate or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the Covered Person's Effective Date, no misstatement made in the enrollment form, in the absence of fraud, will be used to void this Certificate or deny a claim for any loss commencing after the end of the two year period.

GRACE PERIOD: This Certificate has a 7/14/31-day grace period for paying premium. This means that if a renewal premium is not paid by the date due, it may be paid during the following 7/14/31 days. During the grace period this Certificate will stay in force. If the premium is not paid by the end of the 7/14/31-day grace period, your Certificate will terminate as of the date the renewal premium became due.

The Policyholder or you may cancel coverage under this Certificate on any future premium due date or on any date during the grace period by writing to us. If coverage is canceled on a premium due date, the grace period will not apply. If coverage is canceled during the grace period and a claim is filed for expenses incurred during the grace period for which benefits are payable, we will deduct the premium for the grace period from the claim payment. This will not further extend the grace period.

NEW INSUREDS: To the group originally insured, there will be added from time to time eligible new employees or members, in accordance with the terms of the Policy.

UNPAID PREMIUM: When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

MISSTATEMENT OF AGE: If you misstated the age of any Covered Person on your enrollment form, the benefits will be based on such Covered Person's correct age. Any difference in premium will be deducted from claims paid and future premiums will be adjusted accordingly. If we have accepted a premium on behalf of the person for a period after the date when coverage should have ended, we will refund any such premium, but we will not pay any claims for services the person received after coverage should have ended.

NON-DUPLICATION OF BENEFITS: Duplication of benefits is not allowed under the Policy and any attached riders. If a covered charge is payable under more than one benefit, only one benefit, the largest, will be payable.

CONFORMITY WITH STATE STATUTES: On the Effective Date, any provision of this Certificate that is in conflict with the laws of the state of issue is amended to meet the minimum requirements of those laws.



FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606

GROUP LIMITED BENEFIT HOSPITAL INDEMNITY INSURANCE