

Are you financially prepared?



Hospital indemnity insurance may help cover the costs of an unexpected illness or serious accident that results in a hospital stay, outpatient surgery or treatment in a doctor's office. Focus on recovery, not your finances, with a hospital indemnity plan from APL.

How it works



1 CHOOSE the plan that best helps protect you and your family.



2 RECEIVE treatment in a covered facility.



3 FILE your claim online or mail it in. You'll receive benefit funds to use however you wish.

Key features

- You may be covered for doctor's office visits, urgent care, outpatient surgery, hospital stays and more!
- You decide how to use the benefit funds—for medical and non-medical expenses
- Guarantee Issue with no medical questions or exams
- Cost-effective premiums with convenient payroll deduction

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.

Summary of Benefits for Business Workers of America Assn.

	Plan 2
HSA Compatible	No
Spouse Coverage	Available
Dependent Child(ren) Coverage	Available
Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period	Not applicable
Pregnancy Coverage	Included
Hospital Admission Benefit	\$750 per day; max of 1 day(s)
Hospital Confinement Benefit	\$200 per day; max of 30 day(s)
Intensive Care Unit Admission Benefit	\$1,500 per day; max of 1 day(s)
Intensive Care Unit Benefit	\$350 per day; max of 30 day(s)
Accident & Sickness Surgery Benefit	
Inpatient Surgery	\$500 per day; max of 1 day(s)
Outpatient Surgery in a Hospital, Outpatient Facility or Freestanding Outpatient Surgery Center	\$300 per day; max of 1 days(s)
General Anesthesia Benefit	\$125 per day
Outpatient Accident & Sickness Treatment Benefit	
Emergency Room	\$200 per day; max of 2 day(s)
Urgent Care Facility	\$50 per day; max of 3 day(s)
Physician's Office	\$50 per day; max of 3 day(s)
Physical, Speech or Occupational Therapy Facility	\$15 per day; max of 5 days(s)

	Plan 2
Additional Rider(s)	
Portability Option Rider	Included
Occupational Exclusion Rider	Not included
Continuity of Coverage Amendment Rider (Takeover)	Included, credit given for time served under prior coverage for: Pre-Existing Condition Period
Additional Treatment	
Treatment for Serious Mental Illness	Not included
Treatment for Alcohol or Drug Addiction	Not included

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Summary of Benefits for Business Workers of America Assn.

	Plan 3
HSA Compatible	No
Spouse Coverage	Available
Dependent Child(ren) Coverage	Available
Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period	Not applicable
Pregnancy Coverage	Included
Hospital Admission Benefit	\$1,000 per day; max of 1 day(s)
Hospital Confinement Benefit	\$300 per day; max of 30 day(s)
Intensive Care Unit Admission Benefit	\$2,000 per day; max of 1 day(s)
Intensive Care Unit Benefit	\$500 per day; max of 30 day(s)
Accident & Sickness Surgery Benefit	
Inpatient Surgery	\$500 per day; max of 1 day(s)
Outpatient Surgery in a Hospital, Outpatient Facility or Freestanding Outpatient Surgery Center	\$300 per day; max of 1 day(s)
General Anesthesia Benefit	\$125 per day
Outpatient Accident & Sickness Treatment Benefit	
Emergency Room	\$300 per day; max of 2 day(s)
Urgent Care Facility	\$50 per day; max of 3 day(s)
Physician's Office	\$50 per day; max of 3 day(s)
Physical, Speech or Occupational Therapy Facility	\$15 per day; max of 5 day(s)

	Plan 3
Additional Rider(s)	
Portability Option Rider	Included
Occupational Exclusion Rider	Not included
Continuity of Coverage Amendment Rider (Takeover)	Included, credit given for time served under prior coverage for: Pre-Existing Condition Period
Additional Treatment	
Treatment for Serious Mental Illness	Included
Treatment for Alcohol or Drug Addiction	Included

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Summary of Benefits for Business Workers of America Assn.

	Plan 4
HSA Compatible	No
Spouse Coverage	Available
Dependent Child(ren) Coverage	Available
Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period	Not applicable
Pregnancy Coverage	Included
Hospital Admission Benefit	\$2,000 per day; max of 1 day(s)
Hospital Confinement Benefit	\$500 per day; max of 30 day(s)
Intensive Care Unit Admission Benefit	\$2,000 per day; max of 1 day(s)
Intensive Care Unit Benefit	\$500 per day; max of 30 day(s)
Accident & Sickness Surgery Benefit	
Inpatient Surgery	\$750 per day; max of 1 day(s)
Outpatient Surgery in a Hospital, Outpatient Facility or Freestanding Outpatient Surgery Center	\$400 per day; max of 1 day(s)
General Anesthesia Benefit	\$300 per day
Outpatient Accident & Sickness Treatment Benefit	
Emergency Room	\$500 per day; max of 2 day(s)
Urgent Care Facility	\$75 per day; max of 5 day(s)
Physician's Office	\$75 per day; max of 5 day(s)

	Plan 4
Physical, Speech or Occupational Therapy Facility	\$75 per day; max of 5 days(s)
Minor Diagnostic Exam Benefit	\$100 per day; max of 1 day(s)
Major Diagnostic Exam Benefit	\$500 per day; max of 1 day(s)
Ambulance Benefit	
Ground	\$500 per day; max of 1 day(s)
Air	\$1,000 per day; max of 1 day(s)
Additional Rider(s)	
Portability Option Rider	Included
Occupational Exclusion Rider	Not included
Continuity of Coverage Amendment Rider (Takeover)	Not included
Additional Treatment	
Treatment for Serious Mental Illness	Not included
Treatment for Alcohol or Drug Addiction	Not included