

Proposal for MEDlink[®] Select

Group Supplemental Limited Benefit Medical Expense Insurance

PREPARED FOR
CITY OF HIALEAH – ACTIVE & RETIREES

PRESENTED BY
Emphasis Benefits

DATE
PREPARED
9/11/2020



Policy provisions apply only to FL. Proposal based on information provided to American Public Life Insurance Company (APL) and is valid for 90 days from the date proposed. The certificate issued is not a policy of Workers' Compensation Insurance. Final rates and benefits are subject to verification of data.

MEDlink® Select Series - Group Supplemental Limited Benefit Medical Expense Insurance

Summary of Benefits

CITY OF HIALEAH – ACTIVE & RETIREES - Option 2	
Policy - Separate In-Hospital Policy Benefit	
In-Hospital Benefit Maximum	Maximum of \$7,900 per covered person per calendar year. Maximum of \$15,800 per calendar year for all covered persons combined.
In-Hospital Benefit	Benefits include in-hospital confinement, ambulance and in-hospital treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year). All benefits are subject to the in-hospital benefit maximum.
Policy – Separate Outpatient Policy Benefit	
Outpatient Benefit Maximum	\$250 per covered person per calendar day for covered outpatient services.
Outpatient Benefits	<p>Covered outpatient services include:</p> <ul style="list-style-type: none"> • Hospital emergency room • Urgent care facility • Surgery in a hospital outpatient facility or freestanding outpatient surgery center • Diagnostic testing in a hospital outpatient facility or MRI facility • Physical therapy facility • Ambulance • Outpatient treatment for a mental or emotional disorder in a hospital outpatient facility (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year.) <p style="text-align: center;">All benefits are subject to the outpatient benefit maximum.</p>
Additional Outpatient Riders	
Office Visit Fee Rider	Physician Office Visit Fee: \$25 per visit; Specialist Office Visit Fee: \$50 per visit. Maximum of four visits per covered person per calendar year and eight visits per calendar year for all covered persons combined for any combination of physician or specialist visits. All benefits are subject to the outpatient benefit maximum.
Office Treatment Rider	All benefits are subject to the outpatient benefit maximum
Cancer Outpatient Treatment Rider	All benefits are subject to the outpatient benefit maximum
Amendment Riders	
Retired Employee Amendment Rider	Included

MEDlink® Select Series - Group Supplemental Limited Benefit Medical Expense Insurance

CITY OF HIALEAH – ACTIVE & RETIREES				
Option 2 Monthly Premium*				
In-Hospital Policy				
Issue Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
18+	\$41.92	\$89.21	\$77.82	\$115.57
Outpatient Policy				
Issue Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
18+	\$12.37	\$26.32	\$22.96	\$34.10
Office Visit Fee Rider				
Issue Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
18+	\$3.10	\$6.61	\$5.75	\$8.56
Office Treatment Rider				
Issue Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
18+	\$2.85	\$6.08	\$5.30	\$7.87
Cancer Outpatient Treatment Rider				
Issue Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
18+	\$0.00	\$0.00	\$0.00	\$0.00
Total Monthly Premium **				
Issue Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
18+	\$60.24	\$128.22	\$111.83	\$166.10

**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.*

MEDlink® Select Series - Group Supplemental Limited Benefit Medical Expense Insurance

In-Hospital Policy

The covered person must be covered by the other medical plan at the time any in-hospital covered charges are incurred. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means the insured's lawful spouse who is covered as a dependent under the Other Medical Plan and/or a child (natural, adopted, or step) who is covered as a dependent under the Other Medical Plan and who is under 26 years of age and/or any minor under the insured's charge, care and control, who has been placed for adoption and is under 26 years of age. If the eligible dependent child is still covered under the policy upon reaching the limiting age of 26, the insured may continue to insure the child at least until the end of the calendar year in which the child reaches the age of 30 if the child is unmarried and does not have a dependent of his or her own, is a resident of this state or a full-time or part time student and is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan or is not entitled to benefits under Title XVIII of the Social Security Act.

In-Hospital

In-Hospital Benefit - Pays the out-of-pocket amount for inpatient covered charges incurred by a covered person for treatment while confined in a hospital as an inpatient. A hospital 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.

Ambulance Benefit - Pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person is confined as an inpatient. A licensed ambulance company must provide the ambulance service.

Outpatient Policy

The covered person must be covered by the other medical plan at the time any outpatient covered charges are incurred.

Outpatient

Outpatient Benefit - Pays the out-of-pocket amount for outpatient covered charges incurred by a covered person.

Ambulance Benefit - Pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person resides less than 18 hours. A licensed ambulance company must provide the ambulance service.

A hospital 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.

Exclusions

No benefits will be payable for expenses incurred during any period the covered person does not have coverage under the other medical plan. If a claim is received after coverage under the other medical plan has terminated, APL's liability will be limited to a refund of any premium paid since coverage terminated.

No benefits are payable for expenses incurred resulting from or caused by, whether directly or indirectly, by: 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, (APL will refund the pro-rata portion of any premium paid for any such covered person upon receipt of the insured's written request.); outpatient routine newborn care (except newborn circumcision); rest care or rehabilitative care and treatment (this does not include rehabilitation for treatment of physical disability); voluntary abortion except, with respect to the insured or covered eligible dependent: where the insured or dependent's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; 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.); 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.); 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; being intoxicated or under the influence of any narcotic unless administered on the advice of a physician (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the loss occurred.); alcoholism or drug addiction; sex changes; experimental treatment, drugs or surgery (bone marrow transplants are not considered experimental); accident or sickness arising out of, and in the course of, any occupation for compensation, wage or profit for which benefits are paid by Workers' Compensation (This does not apply to those sole

MEDlink® Select Series - Group Supplemental Limited Benefit Medical Expense Insurance

proprietors or partners not covered by workers' compensation.); dental or vision services, including treatment, surgery, extractions or x-rays, unless resulting from an accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such accident or due to congenital disease or anomaly of a covered newborn child; elective cosmetic surgery (except newborn circumcision); drugs (prescription and non-prescription for use outside of a covered facility as defined in this policy or any attached rider); sterilization and reversal of sterilization; an expense that does not meet the definition of inpatient covered charge; an expense or service that exceeds any of the maximum benefits, as shown in the schedule of benefits in the policy/certificate; any expense for which benefits are not payable under the other medical plan; or pregnancy of an eligible dependent child.

Premium Changes

The premium rates may be changed by APL at the first anniversary date of the policy or any premium due date thereafter.

Non-Duplication of Benefits

Duplication of benefits is not allowed under the policy and/or any attached riders. If a covered charge is payable under more than one benefit, only one benefit, the largest, will be payable.

Termination

Termination of Policy - APL or the policyholder may terminate the policy at any time following the policy effective date. Insurance coverage under the policy will end on the earliest of these dates: the end of the grace period if the premium for all certificates in force remains unpaid; the date all certificates under the policy terminate; the date in which APL receives a written request from the policyholder to terminate the policy; or the end of the policy month in which APL has terminated the policy, subject to a 60-day written or electronic notice.

Termination of Coverage – Insurance coverage under the certificate and/or 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 date in which APL receives a written request from the policyholder to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person's death. We may end the coverage of any covered person who submits a fraudulent claim.

COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

Benefit Riders

All riders are part of the policy/certificate to which it is attached and are subject to all the provisions of the policy/certificate that are not in conflict with the provisions of the rider.

Additional Outpatient Riders

For all Additional Outpatient Riders, the covered person must be covered by the other medical plan at the time any covered charges are incurred.

Office Visit Fee Rider

Pays the out-of-pocket amount, up to the benefit elected, for the physician's office visit fee charged by a physician or specialist in the physician's office. This benefit is only payable if billed separately from the treatment and is not subject to the certificate deductible.

Office Treatment Rider

Pays the out-of-pocket amount for physician covered charges. This does not pay any benefit for the physician's office visit fee charged by a physician or specialist in a physician's office.

Cancer Outpatient Treatment Rider

Pays the out-of-pocket amount for cancer treatment performed in a cancer treatment facility.

This product is inappropriate for people who are eligible for Medicaid. For actual benefits, definitions, limitations, exclusions and other provisions, please refer to the policy and riders.