

BENEFITS IN A CARD
Benefits for a Changing Workplace

800-497-4856



2305 Lakeland Drive | Flowood, MS 39232
ampublic.com | 800-256-8606



800-423-2765
www.LincolnFinancial.com



800-507-3800
www.SuperiorVision.com



BENEFITS IN A CARD

Benefits for a Changing Workplace

Specially designed for
Crown Services, Inc.

Your choice.
Your plan.

*We believe you should have freedom of choice in
deciding what's best for your family.*

Enroll today by calling Benefits In A Card at 800-497-4856

Created by Benefits In A Card to comply with the Minimum
Essential Coverage requirements of the Affordable Care Act.

BENEFITS IN A CARD

Benefits for a Changing Workplace

Benefits In A Card is pleased to partner with your employer to offer this new medical coverage. MEC is an innovative and affordable program designed to meet the Affordable Care Act (ACA) mandate requiring individuals to have minimum essential coverage. By enrolling in MEC, employees avoid the ACA's individual penalties.

Highlights of MEC Plus Benefits and Services

- ♦ No Pre-Existing Limitations for Medical or Hospital Indemnity Plans
- ♦ No Medical Deductibles
- ♦ Guaranteed Issue for all eligible employees
- ♦ Benefits for preventive care (follows ACA guidelines)
- ♦ Choice of four family tiers
- ♦ All medications covered under PharmAvail program either through predetermined pricing or discounts
- ♦ Choice of three plans

MEC Plus does not constitute comprehensive health insurance (often referred to as “major medical coverage”) but does satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Additional Benefit Options *(employees do not have to elect MEC to enroll in the following)*

- ♦ 24-Hour Group Accident
- ♦ Short-Term Disability
- ♦ Term Life and AD&D
- ♦ Dental
- ♦ Vision

General Information

- ♦ Employees have 30 days to elect coverage from the date of their first paycheck. If you miss this period, you must wait until the next Open Enrollment period unless you experience a Qualifying Life Event.
- ♦ Coverage always begins the Monday following the first payroll deduction
- ♦ Weekly deductions for weekly coverage
- ♦ COBRA eligible after four consecutive weeks without payroll deduction or direct payments. (Does not apply to Short-Term Disability Income Insurance coverage)
- ♦ Employees may make up to four direct payments to Benefits In A Card while not on assignment to prevent a lapse in coverage
- ♦ Call Center staffed with licensed, bilingual agents on duty 8 a.m. to 9 p.m. ET, Monday-Friday (except holidays)
- ♦ Call Center available to take phone enrollments, answer plan questions, ID Card requests, etc. 800-497-4856

PLAN BENEFIT SUMMARIES

This is NOT Major Medical Insurance

Benefit	MEC	MEC Plus	MEC Plus Enhanced
Preventive Care*	Unlimited ACA Recommended Guidelines	Unlimited ACA Recommended Guidelines	Unlimited ACA Recommended Guidelines
Network Required	Yes	Yes	Yes
Additional Value Added Services and Savings			
PharmAvail Prescription	Not Included	\$10/\$20/\$30 Generic Discount Non-Generic	\$10/\$20/\$30 Generic Discount Non-Generic
MultiPlan Network	Included	Included	Included
Additional Insurance Products-Group Hospital Indemnity			
Daily Hospital Confinement	Not Included	\$50/Day	\$100/Day
Intensive Care/Coronary Care Unit	Not Included	\$200/Day	\$400/Day
Annual First Occurrence Hospital Surgical**	Not Included	\$500 Up to \$1,000/based on surgical schedule	\$1,500 Up to \$2,000/based on surgical schedule
Anesthesia Benefit	Not Included	25% of Surgical Benefit	25% of Surgical Benefit
Outpatient Sickness	Not Included	\$50	\$75
Diagnostic Testing	Not Included	\$250/Year	\$250/Year
Wellness Exam and/or Test	Not Included	\$75/Year	\$75/Year
Weekly Deductions			
Employee	\$12.57	\$22.52	\$29.54
Employee/Spouse	\$18.99	\$37.90	\$51.23
Employee/Children	\$25.06	\$42.01	\$52.00
Family	\$32.46	\$58.31	\$74.64

*See List of Services listed on page 7

**Benefit amount varies based on type of surgery

This brochure describes benefits, exclusions and limitations for separate group insurance policies provided by various carriers. Your employer has elected to offer these policies only as a single offering. While each policy described has a separate cost, the deduction you will pay may, at the option of your employer, be combined into a single deduction which is calculated as the sum of the premium for each of the policies.

ADDITIONAL BENEFIT OPTIONS

Short-Term Disability

Elimination Period	7 Days
Benefit Period	90 Days
Benefit Amount	\$650/month

Short-Term Disability Weekly Deduction

Employee	\$4.03
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Optional Critical Illness Limited Benefit Rider

Benefit Amount	\$10,000
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Critical Illness Limited Benefit Rider Weekly Deduction

Employee	\$4.03
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Dental

Preventative (No Deductible)	100%
Basic	80%
Waiting Period	None
Annual Maximum	\$500
Deductible (Individual/Family)	\$50/\$150

Dental Weekly Deduction

Employee	\$3.60
Employee/Spouse	\$6.80
Employee/Child(ren)	\$9.30
Family	\$14.10

Vision

Co-pay for Eye Exam	\$10
Co-pay for Lenses & Frames	\$25
Co-pay for Contact Lens Fitting	\$25
Frames Allowance	\$130

Vision Weekly Deduction

Employee	\$2.30
Employee/Spouse	\$4.60
Employee/Child(ren)	\$5.20
Family	\$8.10

24-Hour Group Accident

Hospital Emergency Room	\$250
Physician's Office	\$50
Emergency Dental Work	\$50
Hospital Admission	\$250
Daily Hospital Confinement	\$100
Intensive Care Unit	\$200

AD&D

Employee	up to \$15,000
Spouse	up to \$15,000
Child(ren)	up to \$7,500
Ambulance - Ground or Air	\$250
Medical Imaging	\$100

24-Hour Group Accident Weekly Deduction

Employee	\$2.10
Employee/Spouse	\$3.00
Employee/Child(ren)	\$3.10
Family	\$4.60

Term Life & AD&D

Employee (to age 64)	\$20,000
Spouse	\$2,500
Child(ren) 6 months-19 (to 25 if full-time student)	\$2,500
Child(ren) 14 days-6 months	\$500

Term Life and AD&D Weekly Deduction

Employee	\$1.70
Employee/Spouse	\$2.10
Employee /Child(ren)	\$2.10
Family	\$2.50

Medical Benefits

MEC

MEC is an innovative and affordable program designed to meet the standards of the Affordable Care Act (ACA). With the MEC, employees can avoid ACA penalties, benefit with first dollar coverage and cover preventive care at 100% with no deductions or copays.

For a full list of covered services, please refer to page 7.



MultiPlan Network

Included in MEC, MEC Plus and MEC Plus Enhanced plans

With the MultiPlan Network, you now have access to the largest PPO (Preferred Provider Organization) in the nation, which offers you:

- ♦ **Choice** – Broad access to over 4,600 hospitals, 98,000 ancillary facilities and 725,000 health professionals.
- ♦ **Savings** – Negotiated discounts that result in significant cost savings for you when you choose to see a participating provider. A MultiPlan logo on your health insurance card tells both you and your provider that a MultiPlan discount applies. When you use a network provider, you get more value for your benefit dollars.
- ♦ **Quality** – MultiPlan applies rigorous criteria when credentialing providers for participation in the MultiPlan Network, so you can be assured you are choosing your healthcare provider from a high-quality network.

To find a MultiPlan provider for MEC, MEC Plus and MEC Plus Enhanced plans, please call 800-457-1403 or visit multiplan.com.



PharmAvail

Included in MEC Plus and MEC Plus Enhanced plans

PharmAvail offers a convenient way for you to save significant costs when you fill a prescription at your participating pharmacy. All medications are included. Those medications that are available at the defined \$10, \$20 and \$30 levels or less are set at predetermined pricing levels and make up the PharmAvail formulary. If your medication is not included in the formulary, you can still fill your prescription and you will receive a discount off of the pharmacy's normal charge.

Most pharmacies are included in the PharmAvail network. However, in the event the pharmacy will not accept your card, you may call 800-933-3734 and a customer service representative will assist you.

Benefits Provided By American Public Life

Group Hospital Indemnity Insurance

A typical family of four will spend \$23,215 per year on medical costs.* Even when you have medical insurance, you may be faced with uncovered medical costs after a hospital stay. These costs could include your deductible, co-insurance or other out-of-pocket expenses.

Hospital Indemnity Insurance coverage provided by American Public Life Insurance Company is designed to help with these out-of-pocket medical expenses and can be paid directly to you or assigned to a chosen hospital, treatment facility or physician.

24-Hour Group Accident Insurance

Accidents can happen anytime, anywhere, and without warning; and the unexpected bills that follow can be overwhelming. From a simple physician's office visit, to air ambulance transportation or an intensive care admission due to an accidental injury, 24-hour accident insurance from American Public Life may help provide important accident protection at an competitive cost. This coverage pays a benefit due to a covered accidental injury directly to you.

Group Short-Term Disability Income Insurance

If your paycheck stopped today due to an off-the-job injury or sickness, would you be able to pay your current expenses? 70 percent of working Americans do not have enough savings to meet short-term emergencies.** Help cover your out-of-pocket expenses with Short-Term Disability Income Insurance from American Public Life.

Short-Term Disability Income Insurance can help provide an income when you are disabled due to a covered injury or sickness that keeps you away from work for an extended period of time. Benefits are paid directly to you, not to a doctor or your employer. The policy's monthly benefit can be used for daily living expenses, mortgage/rent, utilities, groceries, car payments, even credit card payments.



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*2014 Milliman's Medical Index, May 2014

**"Worker Disability Planning and Preparedness Study." Council for Disability Awareness. 2010. Web. 24 Mar. 2011.

Limitations, exclusions and waiting periods may apply. Not all products available in all states. Products may be inappropriate for people who are eligible for Medicaid coverage. For actual benefits and other provisions, please refer to the policy/certificate/rider.

Benefits Provided by Lincoln Financial Group

Group Dental Insurance

Good dental health does more than keep your smile nice. By taking care of your teeth and gums, you can also help protect yourself from serious health conditions including: Heart Disease, Diabetes, Alzheimer's, and Osteoporosis. By enrolling in Lincoln *DentalConnect*, you get a simple, convenient plan to help protect your family's dental health, and your budget. While you may choose any dentist, using dentists participating in the network should lower your out-of-pocket expenses. A list of in-network dentists may be accessed at www.LincolnFinancial.com. For assistance or additional information, please contact Lincoln Financial Group at 800-423-2765.

Voluntary Life Insurance with Accidental Death & Dismemberment (AD&D)

The voluntary term life benefit is provided to the designated beneficiary upon the death of the insured. This benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product. The Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment. In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. For assistance or additional information, please contact Lincoln Financial Group at 800-423-2765 or log on to www.LincolnFinancial.com.



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Benefits Provided by Superior Vision

Vision

Vision benefits are not just for individuals who wear glasses or contacts. A comprehensive annual eye exam is important for everyone at every age to help maintain healthy eyes and vision, and for your overall wellness. In fact, a comprehensive eye exam can provide an early diagnosis of vision and eye issues, health conditions and systemic diseases.

Our goal is to make your benefits easy to understand and use, and to minimize your out-of-pocket costs. Superior Vision offers the broadest access to vision care with a diverse provider network of MDs, ODs and retail optical chains. Members can use the same provider for their eye exam and their materials or choose to use one provider for their exam and another for their materials. In-network chains include:

- ♦ America's Best Glasses
- ♦ Costco Optical
- ♦ LensCrafters
- ♦ Pearle Vision
- ♦ Sam's Club Optical
- ♦ Sears Optical
- ♦ Shopko
- ♦ Target Optical
- ♦ Visionworks
- ♦ Walmart Vision Centers

This means that you can obtain products or services through any provider you choose, though you'll generally pay less with our in-network providers. For more information or questions, please contact SuperiorVision.com or Customer Service at 800-507-3800.



800-507-3800
www.SuperiorVision.com

MEC Summary Schedule of Benefits

NOTE: Benefits are payable at 100% when performed by an In-Network provider. There are no benefits for any services rendered by an Out-of-Network provider.

This Plan Description is a Summary only and not representative of all benefits available, applicable exclusions or eligibility requirements. For complete descriptions of plans offered, refer to the appropriate Summary Plan Description.

Benefit/Coverage	Coverage Criteria
Deductible	Not applicable
Coinsurance	Not applicable
Copayments	Not applicable
Preventive Examination for Adults 18 years and over	Up to once per year
Preventive Examination for Children through age 19	As per the American Academy of Pediatrics Guidelines
Blood Pressure Screening	Included in Preventive Examination for children and adults
Body Mass Index (BMI)	Included in Preventive Examination for children and adults
Breastfeeding Counseling and Support	During pregnancy and up to 1 year after birth
Breastfeeding Supplies	For breast pump and related supplies up to 1 year after birth
Cervical Cancer Screening	Pap smear for women ages 21 to 65 years every 3 years, and for all sexually active adolescent girls; or, for women ages 30 to 65 years, pap smear plus HPV screening every 5 years
Cholesterol or Lipid Disorders Screening, Adults who have not been previously diagnosed with dyslipidemia	Every 5 years for ages 20 and over
Colorectal Cancer Screening	For adults ages 50 through 74; by fecal occult blood, annually; or by sigmoidoscopy every 5 years and fecal occult blood every 3 years; or by colonoscopy every 10 years.
Contraceptive methods counseling	Annually for females
Contraceptive Procedures (includes sterilization, placement of implantable devices, and device fitting, and removal if necessary) (See Prescription Drug Benefits for contraceptive medication coverage)	For females only, for FDA-approved contraceptives
Diabetes Screening, Type 2, Adults	Every 3 years in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.
Human Immunodeficiency Virus (HIV) Screening	No more than annually for ages 11 and up, and once per pregnancy for pregnant females
Human Papilloma Virus (HPV) Testing	Every 3 years for women ages 30 and over
Immunizations	For children and adults for routine immunizations as explicitly recommended by the Advisory Committee on Immunization Practices (ACIP)
Lung Cancer Screening with low-dose computed tomography	Annually for adults ages 55 to 80 years who have a 30 pack a year smoking history and currently smoke or have quit within the past 15 years.
Mammography Screening	For women aged 50 through 74 every 2 years
Newborn Blood Screening [includes Congenital Heart Defect using pulse oximetry; Hypothyroidism; Phenylketonuria (PKU); Sickle Cell (hemoglobinopathies)]	Recommended Uniform Newborn Screening Panel - One-time screening for all newborns
Obesity Screening (Body Mass Index Calculation)	Included in Preventive Examination for all ages
Osteoporosis Screening with DXA	For women ages 65 and over; and for younger women with certain risk factors
Tobacco Cessation Counseling	For adults and pregnant women
Tobacco Prevention Counseling, Brief	For school-aged children and adolescents
Violence – Domestic, Interpersonal, Intimate Partner; Screening for	Included in Preventive Examination for women of all ages
Visual Acuity Screening	For children ages 19 and younger – no more than annually

MEC Prescription Drug Benefit Schedule

Pharmacy Option (30 day Supply)	In-Network providers only
Generic Drugs	\$0 Copayment
Brand Name Drugs (when there is no generic available)	\$0 Copayment
Mail Order Option (90 Day Supply)	In-Network providers only
Generic Drugs	\$0 Copayment
Brand Name Drugs (when there is no generic available)	\$0 Copayment

Coverage Specifications for Products Provided by American Public Life Insurance Company

Continuation of Coverage for Hospital Indemnity, Accident and Short-Term Disability – You may be eligible to continue coverage when your coverage ends. Details of your options are explained in your certificates of coverage. The policyholder or APL may terminate the policy/certificate on any premium due date after the first policy anniversary date, subject to 60 days written notice. APL has the right to terminate your policy/certificate, and any attached riders, if you make a fraudulent claim.

Limited Benefit Group Hospital Indemnity Insurance (HI-4005)

Pre-Existing Condition – No benefits are payable for the first 12 months as a result of a Pre-Existing Condition. A Pre-Existing Condition is a disease or physical condition for which the insured person had treatment; incurred expense; took medication; or received a diagnosis or advice from a physician during the 12 month period of time immediately prior to the effective date of coverage. The term “Pre-Existing Condition” will also include conditions that are related to such disease or physical condition. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered. Pre-Existing Conditions specifically named or described as excluded for a limited time will be covered after the excluded period expires. All benefits payable only up to the maximum benefit listed on the policy/certificate schedule in the policy.

Waived for employees of Crown Services, INC.

Daily Hospital Confinement – Pays a daily indemnity for each day you or your covered dependent is confined at the direction of or under the supervision of a physician for at least 24 hours as an inpatient in a hospital for a covered injury or a covered sickness for each period of confinement. The maximum benefit period for this benefit is 180 days for any one period of confinement, unless such confinement is due to a mental or emotional disorder. If confinement is due to a mental or emotional disorder, the maximum benefit period is 30 days for any one period of confinement.

A Hospital is not an institution 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.

Intensive Care/Coronary Care Unit – Pays an indemnity benefit if you or your covered dependent is confined in a Hospital's Intensive Care or Coronary Care Unit due to a covered injury or sickness. We will pay the indemnity benefit for each day of such confinement, but not to exceed 20 days during any one period of confinement. Each period of confinement must be separated by at least 30 days. This benefit will be paid in addition to the Daily Hospital Confinement benefit.

Annual First Occurrence Hospital – Pays one time each calendar year for you and each of your covered dependents.

Surgical Benefits – Pays when surgery is performed by a physician on you or your covered dependent due to a covered injury or sickness. If two or more surgical procedures are performed at the same time, through the same or different incisions, only one benefit, the largest, will be payable.

Anesthesia Benefit – Pays 25% of the Surgical Benefit amount paid when you or your covered dependent has a covered surgical procedure performed, there is a separate charge for anesthesia and the anesthesia is administered by a physician in connection with the covered surgical procedure.

Outpatient Sickness – Pays an indemnity benefit when you or your covered dependent receives treatment by a physician for a covered sickness in the physician's office, clinic, urgent care facility or emergency room. The total maximum visits per calendar year are five per adult, five for all covered dependent children and 10 per family (all covered persons combined).

Diagnostic Testing, Wellness Exam and/or Test – Pays an indemnity benefit when you or your covered dependent has one of the following diagnostic tests performed: MRI, CT or Colonoscopy. Pays an indemnity benefit when you or your covered dependent has a routine examination or other preventative test under the supervision of a physician. Maximum benefit amount payable for Diagnostic Testing benefit and Wellness Exam and/or Test per calendar year per covered person is \$250 and \$500 for all covered persons combined.

Renewability – This policy/certificate is conditionally renewable. This means that we have the right to terminate your policy/certificate on any premium due date after the first policyholder's anniversary date. We must give the policyholder at least 60 days written notice prior to cancellation. We cannot cancel your coverage because of change in your age or health. We can, however, change your premiums if we change premiums for all similar certificates issued to the policyholder. We must give the policyholder at least 60 days written notice before we change your premiums.

Exclusions – APL does not cover hospital confinements or other losses in the policy or riders attached thereto: (a) due to hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs or elective sterilization within six months after the insured person's effective date unless due to an emergency; (b) for an injury or sickness covered under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law; (c) for an injury or sickness due to war or act of war, whether declared or undeclared; (d) for dental treatment unless due to injury; (e) for injuries that are intentionally self-inflicted; (f) for an injury or sickness incurred while committing or attempting to commit a felony; (g) for an injury or sickness incurred while engaging in an illegal occupation; (h) for cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as: (1) surgery to restore a normal bodily function; (2) surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; (3) breast reconstruction following mastectomy; (i) which are primary for rest care, convalescent care or for rehabilitation; (j) due to being intoxicated. (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);

(k) for injury sustained or sickness, which manifests itself while on full-time duty in the armed forces. Upon notice, APL will refund the proportion of unearned premium paid while in such forces; (l) for treatment of alcoholism or drug addiction; (m) which are rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of sickness or accidental Injury sustained while traveling for business or pleasure; (n) for which payment is not legally required, except for: (1) Medicaid; (2) treatment of non-service connected disabilities in Veteran Administration hospitals; and, (3) inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government; nor, (o) Pre-Existing Conditions, unless the insured person has satisfied the Pre-Existing Condition Exclusion Period shown in the Schedule.

Termination of Coverage – Insurance coverage on you and your dependent will end on the earliest of these dates: the date you no longer qualify as an insured or your dependent no longer meets the definition of eligible dependent as defined in the policy/certificate; the last day of the period for which a premium has been paid, subject to the grace period; the date the policy/certificate terminates; the date you retire; the date you cease to be on actively at work, as defined in the policy/certificate; the date you cease employment or terminate your contract with the employer through whom you originally became insured under the policy; the date the policy is modified so as to exclude dependent coverage; or the date APL receives your written request for termination.

Limited Benefit Group Accident Only 24-Hour Insurance (GA508)

Hospital Emergency Room – Payable for initial medical treatment in a Hospital Emergency Room for accidental injuries sustained in a covered accident. This must be the first treatment received for such Injuries and occur within 72 hours following the covered accident. This benefit is not payable if a Physician's Office benefit is payable.

Physician's Office – Payable for initial medical treatment in a Physician's office for accidental injuries sustained in a covered accident. This must be the first treatment received for such accidental injuries and occur within 30 days following the covered accident. This benefit is not payable if a Hospital Emergency Room benefit is payable.

Emergency Dental Work – Payable for initial dental treatment to repair natural teeth by a physician or dentist within 72 hours of the covered accident. Dental work needed must be the result of accidental injuries sustained in a covered accident.

Hospital Admission – Payable for a one-time Hospital Admission per covered accident if a covered person is hospital confined due to accidental injuries.

Daily Hospital Confinement – Payable for Hospital Confinement that is longer than 18 hours due to an accidental injury sustained in a covered accident. This benefit is payable up to 30 days per covered person for any one covered accident. A Hospital is not an institution, or part thereof, used as: a hospice unit,

including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Intensive Care Unit – Payable for a covered person who is confined in an Intensive Care Unit due to an accidental injury sustained in a covered accident. This benefit is payable up to 15 days per covered person for any one covered accident. This benefit is paid in addition to the Daily Hospital Confinement benefit.

Accidental Death – Payable for an accidental bodily injury that results in the loss of life of a covered person within 90 days of a covered accident.

Dismemberment – Payable for an accidental bodily injury that results in loss of finger, toe, hand, arm, foot, leg or sight of a covered person within 90 days of a covered accident.

Ambulance – Payable for emergency air or ground ambulance transportation to or from a hospital as a result of a covered accident. The ambulance service must be provided by a licensed ambulance company.

Medical Imaging – Payable for either a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, Computed Axial Tomography (CAT) scan, Positron Emission Tomography (PET) scan, or an ultrasound at the request of a physician due to an accidental bodily injury sustained in a covered accident.

Limitations and Exclusions – The Policy will not pay benefits for injuries received prior to the certificate effective date of coverage that are aggravated or re-injured by any event that occurs after the certificate effective date. Benefits otherwise provided by the policy will not be payable for services or expenses or any such loss resulting from or in connection with: (a) sickness, illness or bodily infirmity; (b) intentionally self-inflicted bodily Injury, suicide or attempted suicide, whether sane or insane; (c) any act that was caused by war, declared or undeclared, or service in the armed forces; (d) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft; (e) participation in any activity or event while under the influence of any narcotic drug, medication or sedative, unless prescribed and taken as directed by a Physician; (f) voluntary taking of poison or asphyxiation from the voluntary taking or inhaling of poison, gas or fumes other than as the result of an occupational accident; (g) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is defined by the law of the jurisdiction in which the activity takes place.); (h) participation in any sport for pay or profit; (i) participation in any contest of speed in a power driven vehicle for pay or profit; (j) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding; (k) any bacterial infection (except pyogenic infections which result from an accidental cut or wound); (l) medical treatment received outside the United States or its territories.

Termination of Coverage – Insurance coverage will end on the earliest of these dates: the date you no longer qualify as an insured or a dependent no longer qualifies as an eligible dependent, as defined in the policy; the last day of the period for which a premium has been paid, subject to the grace period; the date the policy terminates; the date you retire; the date you attain age 70 (if you work for an employer employing less than 20 employees); the date you cease employment with the employer through whom you originally became insured under the policy, or terminate your membership with the association through whom you originally became insured under the policy; or the date APL receives written request for termination.

Group Short-Term Disability Income Insurance (GDIS11)

Disability payments are payable when you are disabled due to a covered injury or sickness while coverage is in force. Disability payments will be provided for each period you remain disabled due to a covered disability and under the regular and appropriate care of a physician, which continues beyond the elimination period. Disability payments will be provided for only one disability when more than one disability exists at the same time or a disability results from two or more causes. Disability will be considered to have begun on the date you were seen and treated by a physician following continuous cessation of work.

Pre-Existing Condition Limitation - No disability benefit is payable if disability is caused by or resulting from a pre-existing condition and begins before you have been continuously covered under the policy for 12 months. This provision will not apply if you have gone treatment free, incurred no expense, taken no medication and received no diagnosis or advice from a physician for 12 consecutive months after the effective date of coverage for such condition(s). This limitation will not apply to a disability resulting from a pre-existing condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by APL.

Pre-Existing Condition – A disease, injury, sickness, physical condition or mental illness for which you have experienced treatment, incurred expense, took medication, received care or services including diagnostic testing or related measures or received a diagnosis or advice from a physician, during the 12 month period immediately before the effective date of your coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition or mental illness.

Mental Illness Limited Benefit - If you become disabled due to mental illness, disability payments will be paid up to three months provided you are under the regular and appropriate care of a physician, and receive medical treatment from either: a registered specialist in psychiatry; a physician administering treatment on the advice of a registered specialist in psychiatry who certifies that such treatment is medically necessary; or a physician, if in our opinion, a specialist in psychiatry is not required to certify that such treatment is medically necessary.

Alcohol and Drug Addiction Limited Benefit - If you are disabled due to alcoholism or drug addiction, a limited disability benefit of up to 15 days for each disability will be paid. In no event will benefits be paid beyond the maximum disability period shown in the policy schedule of benefits. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other illness.

Deductible Sources of Income - Deductible Sources of Income will include all of the following: (a) Other group disability income; (b) Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits; (c) United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability; (d) State Disability; (e) Unemployment compensation; (f) Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 30 calendar days from the date of disability.

Minimum Disability Benefit - The disability payment payable will be no less than 10% or \$100 of your monthly disability benefit, whichever is greater.

Exclusions - The policy does not cover any loss, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or sickness contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration.

We will not pay benefits for disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; (f) Injury or sickness arising out of and in the course of any occupation for wage or profit, or for which you are entitled to Workers' Compensation.*

*The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period during which you are entitled to Workers' Compensation benefits.

Termination of Insurance - Your insurance coverage will end on the earliest of these dates: (a) the date you do not meet the eligibility requirements as defined in the eligibility section of this brochure; (b) the date you retire; (c) the date you cease to be on active employment, except as provided for under the leave of absence provision; (d) the end of the last period for which premium has been paid; (e) the date the policy is discontinued; or (f) the date your employment terminates. If your coverage ends as a result of your termination of active employment, such termination is caused by an injury or sickness for which disability benefits would be payable, and disability is established prior to the termination of active employment, then disability benefits will be paid as if such termination had not occurred. Termination of the policy will have no effect on disability payments that began before such termination.

Optional Critical Illness Limited Benefit Rider

Critical Illness Limited Benefit Rider Benefits – Pays a one-time benefit if you are diagnosed with one of the following conditions: Heart Attack; Kidney Failure; Major Organ Failure; Paralysis; or Stroke AND the Date of Diagnosis is after the 30 day Critical Illness Waiting Period; Date of Diagnosis occurs while the Rider is in force; and the Critical Illness is not excluded by name or specific description in the Rider.

Critical Illness Limited Benefit Rider Pre-Existing Condition – No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. This exclusion will not apply to a Critical Illness caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs after you have been continuously covered under this Rider for 12 consecutive months.

Critical Illness Limited Benefit Rider Limitations – No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The Waiting Period is 30 days from the Effective Date of the Rider. This benefit will be paid only once during your lifetime regardless of the number of Critical Illnesses diagnosed. Benefits will be reduced by 50% at age 70.

In case of a Heart Attack, a Physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms. In the case of Paralysis, you have experienced the complete loss of use of two or more limbs for at least 180 consecutive days as a result of a neurological injury. In the case of a Stroke, the presence of neurological deficits must persist for a period of 30 days or greater.

Critical Illness Limited Benefit Rider Exclusions – In addition to the Exclusions listed in the Base Policy to which the Rider is attached, no benefits will be paid for any loss caused by or resulting from: a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; a Critical Illness diagnosed outside of the United States; or an Injury or Sickness not specifically defined in the Rider.

Termination of Critical Illness Limited Benefit Rider – Your coverage under this Rider will end on the earliest of: the date the Maximum Critical Illness Benefit is paid; or the end of the last period for which premium payment has been made to us; or the date you notify us in writing to terminate coverage; or the date this Rider is discontinued; or the date the Policy is discontinued. This Rider is subject to all the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.

The previous pages are a brief description of each coverage. **These products are inappropriate for people who are eligible for Medicaid coverage.** Policies are 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. APL is liable only for losses related to APL's insured products and not liable for losses related to any self-funded plans.

Coverage Specifications for Products Provided by Lincoln Financial Group

Group Dental Insurance

Exclusions – This is a summary of policy exclusions. The policy contains other, more specific, exclusions and limitations not fully explained in this benefit summary.

- The plan does not cover services started before coverage begins or after it ends. Services must be necessary and appropriate for the claimant's condition. Benefits are limited to services specifically shown on the list of procedures included in the policy, unless coverage for additional services is required by state law. Benefits are not payable for duplication of services or for treatment by a practitioner who lives with or is related to the employee or dependent.
- Benefits are not payable for placement of a prosthetic, unless it is needed to replace teeth extracted while covered. Installation, maintenance or removal of implants or any related expense is excluded. Policy does not cover the cost of athletic mouth guards, appliances to correct harmful habits or the replacement of lost or stolen dental appliances. Policy excludes services for treatment of TMJ or congenital malformations, except as required by law.
- Benefits are not payable for veneers, cosmetic procedures or medications administered outside the dentist's office, for prescription drugs, or for analgesia, sedation, hypnosis, acupuncture administered for the purposes of alleviating anxiety or apprehension. Nitrous oxide is not covered.
- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under workers' compensation or a similar law; or for a condition attributed to employment or military service. Coverage is not available for dental conditions caused by an act of war, self-inflicted injury, involvement in an illegal occupation, attempt to commit a felony, or active participation in a riot.
- If benefits for orthodontia are included, the plan does not cover any treatment plan started before coverage begins or during the benefit waiting period unless the member was receiving orthodontia benefits from this employer's previous group dental policy. In that case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by the two policies is equal to this policy's lifetime orthodontia.

Alternative benefits provision – In certain situations there may be two or more methods of treating a dental condition. Your policy includes an alternative benefit provision that may reduce benefits to the lowest cost, generally effective and necessary form of treatment. For example, the policy covers amalgam fillings on posterior teeth even if tooth-colored fillings are used.

Late entrants – If you enroll more than 31 days after becoming eligible, you will be subject to the plan's Late Entrant limitation and Prior Carrier Credit will not be available.

Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

Eligibility – You or your spouse may elect insurance coverage on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your spouse have not been previously declined, withdrawn or pending for coverage. Benefits will reduce 25% at age 65, with an additional 25% of the original amount at age 70. Benefits terminate at retirement.

Conversion – If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.

Exclusion: Suicide – Benefits will not be paid if the death results from suicide within one year after coverage is effective. May apply if employee contributes toward the premium.

Coverage Specifications for Products Provided by Superior Vision

Vision

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements. The plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan. Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties and definitions are governed by the Certificate of Insurance for your vision plan.