



Specially designed for

focus workforce
management

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 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 Insure 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
- ♦ Teladoc included on all plans
- ♦ Choice of four plans

Insure 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 or Insure Plus to enroll in the following)*

- ♦ 24-Hour Group Accident*
- ♦ Critical Illness*
- ♦ 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.

***Benefits payable for any Covered Person also covered by Medicaid will be paid directly to Medicaid as required by law.**

PLAN BENEFIT SUMMARIES

This is NOT Major Medical Insurance

Benefit	MEC	Insure Plus	Insure Plus Enhanced	Insure Plus Premier
Preventive Care*	Unlimited ACA Recommended Guidelines	Unlimited ACA Recommended Guidelines	Unlimited ACA Recommended Guidelines	Unlimited ACA Recommended Guidelines
Network Required	Yes	Yes	Yes	Yes
MedTrak	Included	Not Included	Not Included	Not Included

Additional Value Added Services and Savings

PharmAvail Prescription	Not Included	\$10/\$20/\$30 Generic Discount Non-Generic	\$10/\$20/\$30 Generic Discount Non-Generic	\$10/\$20/\$30 Generic Discount Non-Generic
MultiPlan Network	Included	Included	Included	Included
Teladoc 24-Hour Assistance	Not Included	Included	Included	Included

Additional Insurance Products-Group Hospital Indemnity

Daily Hospital Confinement	Not Included	\$50/Day	\$100/Day	\$200/Day
Intensive Care/Coronary Care Unit	Not Included	\$200/Day	\$400/Day	\$1,000/Day
Annual First Occurrence Hospital	Not Included	\$500	\$1,500	\$2,500
Outpatient Sickness	Not Included	\$75	\$75	\$75

Additional Insurance Products-Group Accident

Hospital Emergency Room	Not Included	\$250	\$250	\$250
Physician's Office	Not Included	\$50	\$50	\$50
Emergency Dental Work	Not Included	\$50	\$50	\$50
Hospital Admission	Not Included	\$250	\$250	\$250
Daily Hospital Confinement	Not Included	\$100	\$100	\$100
Intensive Care Unit	Not Included	\$200	\$200	\$200
AD&D Employee or Spouse	Not Included	up to \$15,000	up to \$15,000	up to \$15,000
AD&D Child(ren)	Not Included	up to \$7,500	up to \$7,500	up to \$7,500
Ambulance - Ground or Air	Not Included	\$250	\$250	\$250
Medical Imaging	Not Included	\$100	\$100	\$100

Weekly Deductions

Employee	\$16.10	\$17.04	\$24.60	\$35.94
Employee/Spouse	\$21.87	\$26.97	\$41.29	\$62.81
Employee/Children	\$25.79	\$24.90	\$35.62	\$51.32
Family	\$31.56	\$35.33	\$52.81	\$78.68

*See List of Services listed on page 7

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 and/or fees for each of the policies.

ADDITIONAL BENEFIT OPTIONS

Short-Term Disability

Available for all active employees working 20 hours or more per week.

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

Short-Term Disability Weekly Deduction

Employee	\$3.87
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Critical Illness

Benefit Amount	\$5,000
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Covered Conditions

Heart Attack*	100%
Coronary Artery Bypass Surgery Recommendation*	25%
Coronary Angioplasty Recommendation**	\$500
Permanent Damage Due to a Stroke*	100%
Major Organ Failure*	100%
End Stage Renal Failure*	100%
Coma Due to a Covered Accident*	100%
Permanent Paralysis Due to an Accidental Spinal Cord Injury*	100%
Major Burns*	100%
Occupational HIV, Hepatitis B, C or D*	100%
Invasive Cancer*	100%
Carcinoma in Situ*	25%
Skin Cancer**	\$250

Critical Illness Weekly Deduction

Employee	\$2.46
Employee/Spouse	\$3.81
Employee/Child(ren)	\$2.73
Family	\$4.05

Dental

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

Dental Weekly Deduction

Employee	\$3.58
Employee/Spouse	\$6.89
Employee/Child(ren)	\$9.46
Family	\$14.25

24-Hour Group Accident

When Insure Plus, Insure Plus Enhanced or Insure Plus Premier is elected, amounts below are in addition to Insure Plus Accident benefits.

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	\$1.98
Employee/Spouse	\$2.89
Employee/Child(ren)	\$2.95
Family	\$4.46

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	\$1.71
Employee/Spouse	\$2.07
Employee /Child(ren)	\$2.07
Family	\$2.45

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	\$2.19
Employee/Spouse	\$4.42
Employee/Child(ren)	\$5.04
Family	\$7.76

* Pays percentage listed of Critical Illness Benefit Amount.

**Pays dollar amount listed for Indemnity Benefit Amount.

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.

MedTrak

Included in MEC only

MedTrak Services is pleased to offer prescription benefits for medications covered under the Affordable Care Act (ACA) for Focus Workforce. All ACA qualified medications will be covered without having to pay a co-pay, co-insurance or meeting your deductible as long as you fill your prescription at one of our participating pharmacies – 65,000+ locations nationwide. To find out what medications are covered or to find a pharmacy near you, please register at www.medtrakservices.com (you'll need your member ID) or call 800-771-4648.



MultiPlan Network

Included in MEC, Insure Plus, Insure Plus Enhanced and Insure Plus Premier 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 Insure Plus plans, please call 800-457-1403 or visit multiplan.com.



To find a MultiPlan provider for MEC plans, please call 800-922-4362 or visit multiplan.com.



Teladoc

Included in Insure Plus, Insure Plus Enhanced and Insure Plus Premier plans

Teladoc® gives you access to a national network of U.S. board-certified doctors who are available 24/7/365 to treat many of your medical issues. Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- ♦ When you need care now
- ♦ If you're considering the ER or urgent care center for a non-emergency issue
- ♦ On vacation, on a business trip or away from home
- ♦ For short-term prescription refills

Teladoc is just a click or call away! Talk to a doctor anytime for free!

MyDrConsult.com or 800-DOC-CONSULT (362-2667)

PharmAvail

Included in Insure Plus, Insure Plus Enhanced and Insure Plus Premier 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 APL (American Public Life Insurance Company)

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 APL (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 APL may help provide important accident protection at a competitive cost. This coverage pays a benefit due to a covered accidental injury directly to you.

Group Critical Illness Insurance***

A critical illness can happen to anyone at any time. Many times, major medical insurance plans may only pay some of the incurred charges, leaving you with unexpected expenses. APL's Critical Illness Insurance may help with those unexpected expenses.

Critical Illness Insurance is designed to help supplement out-of-pocket expenses associated with covered critical illnesses that are positively diagnosed by a physician. A critical illness policy can help offset both medical and non-medical out-of-pocket expenses.

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 APL.

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.



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

*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 complete benefits and other provisions, please refer to the policy/certificate/rider.

***Benefits payable for any Covered Person also covered by Medicaid will be paid directly to Medicaid as required by law.

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.



800-423-2765
www.LincolnFinancial.com

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 APL (American Public Life Insurance Company)

Continuation of Coverage for Hospital Indemnity, Accident, Critical Illness 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 Pre-existing Exclusion Period shown in the Schedule of Benefits expires. All benefits payable only up to the maximum benefit listed on the policy/certificate schedule in the policy.

Waived for employees of Focus Workforce

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.

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).

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 of Benefits.

Coverage Specifications for Products Provided by APL (American Public Life Insurance Company) *continued*

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. The term Hospital shall not include any institution used by the Covered Person as: (a) a place for rest, or for the aged, or nursing home; or (b) a convalescent or extended care facility; or (c) an institution or section of an institution operated for treatment of drug addiction or alcoholism.

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 within the two year period 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, while sane; (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.

Supplemental Limited Benefit Group Critical Illness Insurance (GCRIT11 Enhanced)*

Critical Illness Benefit Amount – For coverage issued prior to the Insured's 70th birthday, the Critical Illness Benefit Amount in force for all Covered Persons will reduce by 50% on the Insured's 70th birthday. For coverage issued after the Insured's 70th birthday, coverage was issued at a reduced benefit amount.

Benefits for Dependents – The critical illness benefit amount for dependents is 50% of the primary insured's critical illness benefit amount with the exception of the Coronary Angioplasty Recommendation which is not reduced. Maximum of one critical illness benefit amount payable per critical illness, per covered person. The Coronary Angioplasty Recommendation is only payable once per covered person, per lifetime. Partial payments for the Coronary Artery Bypass Surgery Recommendation and/or the Coronary Angioplasty Recommendation reduce the Heart Attack Benefit. At no time will combined payments for any heart related benefits exceed 100% of the critical illness benefit amount.

Limitations – Any critical illness not specifically listed in the critical illness definition is not payable under the policy/certificate. If the occurrence date of two or more critical illnesses is within the same 24-hour period, we will pay the critical illness that occurred first. Critical illnesses with a critical illness benefit amount of less than 100% are not subject to this requirement.

Pre-Existing Condition Limitation – No benefits are payable during the pre-existing condition exclusion period following the covered person's effective date for any critical illness resulting from a pre-existing condition. The pre-existing condition exclusion period is shown on the certificate schedule. In the event coverage provided by this policy replaces an existing critical illness policy, credit will be given for the time the covered person was covered under the replaced coverage. If any change to coverage after the certificate effective date results in an increase or addition to coverage, the time limit on certain defenses and pre-existing condition limitation for such increase will be based on the effective date of such increase (see Changes to Coverage in the Policy/Certificate).

Exclusions – We will not pay benefits for any critical illness resulting from or caused, whether directly or indirectly, by (a) war or any act caused by war, whether declared or undeclared, or active service in the armed forces (This exclusion includes accident sustained or sickness contracted while in the service of any military, naval or air force of any country engaged in war. If coverage is suspended for any covered person during a period of military service, we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of the policyholder's written request.); (b) an intentionally self-inflicted injury or sickness; (c) suicide or attempted suicide, while sane; (d) 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.); (e) being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the

physician's instructions; (Intoxication mean that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the critical illness occurred.) (f) 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.); (g) alcoholism or drug addiction; (h) a diagnosis received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. You, at your own expense, are responsible for obtaining such confirmation; (i) cosmetic surgery or lasik surgery including complications thereof. (Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered sickness or injury will be covered as any other sickness or injury); (j) piercings including complications thereof.

Premium Changes – The premium rates may be changed by APL at the first anniversary date of this policy or any premium due date thereafter. No such increase in rates will be made unless 60 days prior notice is given to the policyholder. If a change in benefits increases our liability, premium rates may be changed on the date the liability is increased. Premiums will not increase during the initial 12 months of coverage.

Optionally Renewable – This policy is renewable at the option of APL. The policyholder or APL may terminate the policy on any premium due date after the first anniversary following the policy effective date, subject to 60 days written notice.

Termination of Coverage – Your insurance coverage under this certificate and any attached riders for a covered person will end as follows: (a) the date the policy terminates; (b) the date the certificate terminates; (c) the end of the grace period if the premium remains unpaid; (d) the date the maximum critical illness benefit amount for all covered critical illnesses has been paid for all covered persons; (e) the date insurance has ceased on all persons covered under this certificate; (f) the end of the certificate month in which the policyholder requests to terminate coverage or coverage for an eligible dependent; (g) the date you or a covered person no longer qualify as an insured or eligible dependent (unless you continue this certificate under portability); or (h) the date of your death or the covered person's death.

Cancer Critical Illness Benefits for Dependents – The critical illness benefit amount for dependents is 50% of the primary insured with the exception of the Skin Cancer Benefit which is not reduced. Maximum of one critical illness benefit amount payable per critical illness, per covered person. The Skin Cancer Benefit is only payable once per covered person, per lifetime. Partial payments for Carcinoma In Situ and/or Skin Cancer reduce the Invasive Cancer benefit. At no time will combined payments for any cancer related benefits exceed 100% of the critical illness benefit amount.

Cancer Critical Illness Benefit Limitations – The Carcinoma In Situ and/or Skin Cancer benefits are payable only once per covered person, per lifetime. If a covered person has previously received a benefit for invasive cancer, then 100% of the cancer related benefits has been exhausted and these benefits are not payable. The Carcinoma In Situ and Skin Cancer occurrence dates are not subject to the 180-day separation period. The first diagnosis of Carcinoma In Situ or Skin Cancer must occur after the rider effective date or the covered person's effective date under this rider, whichever is later.

Cancer Critical Illness Benefit Pre-Existing Condition Exclusion - No benefits are payable during the Pre-Existing Condition Exclusion Period following the rider effective date or the Covered Person's Effective Date under this rider, whichever is later, for any Carcinoma In Situ, Invasive Cancer or Skin Cancer resulting from a Pre-Existing Condition. The Pre-Existing Condition Exclusion Period is shown on the certificate schedule. The benefits under this rider will be subject to the new Pre-Existing Condition Exclusion Period if this rider is added to the policy/certificate after the policy/certificate effective date. The new Pre-Existing Condition Exclusion Period will be measured from the rider effective date or the covered person's effective date, whichever is later.

Termination of Cancer Critical Illness Benefit – All riders will terminate and coverage will end for all covered persons on the earliest of: the end of the grace period if the premium for this rider remains unpaid; the date the policy or certificate to which this rider is attached terminates; the end of the certificate month in which we receive a written request from the policyholder to terminate this rider; the date 100% of the critical illness benefit amount for all critical illness benefits combined has been paid for all covered persons under this rider; the date of your death.

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. Monthly benefit amount not to exceed 60% of your Monthly Compensation.

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 received no medical advice or treatment in connection with such disease, Injury, Sickness, physical condition or mental illness 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 medical advice or treatment was received 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 15% 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; (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. Upon notice to the Company of entry into such service, the pro rata unearned premiums shall be refunded for any such period You are not covered; (d) Committing a felony; (e) 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.

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.

***Benefits payable for any Covered Person also covered by Medicaid will be paid directly to Medicaid as required by law.**

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.

**Focus
Workforce Mgt.
FWM**

Benefits-In-A-Card

A Limited Benefit Plan

This is not Major Medical Coverage

1-800-497-4856

www.benefitsinacard.com

Enrollment Form

Please Complete Entire Section (Print)

No coverage during period without Payroll deduction or direct payment to Benefits-In-A-Card

COBRA eligible after 4 consecutive weeks without payroll deductions or direct payments (Does not apply to Disability Income Coverage)

Plan Options	Coverage Elections – Must elect same level of coverage for all benefits			
No Coverage	<input type="checkbox"/> I chose not to participate			
Medical <input type="checkbox"/> MEC	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Family
<input type="checkbox"/> Insure Plus <input type="checkbox"/> Insure Plus Enhanced <input type="checkbox"/> Insure Plus Premier	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Family
Dental	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Family
Disability	<input type="checkbox"/> Employee			
Life	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Family
Vision	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Family
Critical Illness	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Family
Accident	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Family

For changes or cancellations, you **MUST** mark the appropriate box below and complete all required information. If no box is marked, this will be considered an enrollment form. **YOU WILL NOT BE CONTACTED.** For faster results, call 1-800-497-4856

Change ☐ Cancellation ☐

I understand that deductions will continue until request is processed. Premiums will not be refunded. Changes coincide with premium adjustments.

Are you covered by other insurance?
Yes ☐ No ☐

General Information Section
Complete Entire Section (Please Print)

Employee's Name (Please Print)		Sex	Social Security Number		<input type="checkbox"/> Married <input type="checkbox"/> Single
Home Address (Street or PO Box)		City	State	Zip Code	
Date of Birth (MM/DD/YY)	Telephone ()	Email address			
Beneficiary's Full Name		Relationship			

Dependent Coverage Section (Please Use Additional Sheets If Necessary)

Dependent's Name	Relation	Sex	Date of Birth (MM/DD/YY)	Social Security Number
	Spouse			/ /
	Child			/ /
	Child			/ /
	Child			/ /

Health Benefits Offered Through Your Employer

Coverage	Employee	Employee + Spouse	Employee + Child(ren)	Family
Medical – MEC	\$16.10	\$21.87	\$25.79	\$31.56
Insure Plus	\$17.04	\$26.97	\$24.90	\$35.33
Insure Plus Enhanced	\$24.60	\$41.29	\$35.62	\$52.81
Insure Plus Premier	\$35.94	\$62.81	\$51.32	\$78.68
Dental Benefit	\$3.58	\$6.89	\$9.46	\$14.25
Disability Benefit	\$3.87	N/A	N/A	N/A
Term Life Benefit	\$1.71	\$2.07	\$2.07	\$2.45
Vision Benefit	\$2.19	\$4.42	\$5.04	\$7.76
Critical Illness Benefit	\$2.46	\$3.81	\$2.73	\$4.05
Accident Benefit	\$1.98	\$2.89	\$2.95	\$4.46
Total Weekly Deductions				

Signature:

Date:



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