



Specially designed for



## 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.®

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Benefits In A Card is pleased to partner with your Employer to offer insurance benefits. Each of these products were specially selected to keep you and your family healthy by providing coverage for those categories that are used the most. See plan information on the following pages to review the specific plans offered by your Employer. Have questions about the benefits offered? Call us today at 800.497.4856

### Highlights of Stay Healthy (MEC) Benefits and Services

- ♦ Benefits only for preventive care
- ♦ No Pre-Existing Limitations for Medical
- ♦ No Medical Deductibles
- ♦ Choice of four family tiers
- ♦ 100% coverage for covered services as long as a Multiplan provider is utilized
- ♦ Guaranteed Issue for all eligible employees
- ♦ Preventative Prescription benefits available through MedTrak

Stay Healthy (MEC) Plans do not constitute comprehensive health insurance (often referred to as “major medical coverage”)

### Highlights of VIP Benefits and Services (*Employees can elect with or without a Stay Healthy (MEC) plan. Only ACA Compliant if chosen with Stay Healthy (MEC) plan*)

- ♦ Medical Indemnity with Critical Illness Rider plus Cancer Benefits
- ♦ No Pre-Existing Limitations for Medical or Hospital Indemnity Plans
- ♦ No Medical Deductibles
- ♦ Guaranteed Issue for all eligible employees
- ♦ Choice of four family tiers
- ♦ All medications covered under PharmAvail program either through predetermined pricing or discounts
- ♦ MeMD telemedicine included
- ♦ Benefits for preventive care are included ONLY if Stay Healthy (MEC) is chosen with VIP

### Highlights of Minimum Value Plan (MVP) and Services (*ACA Compliant Plan*)

- ♦ No Pre-Existing Limitations for Medical
- ♦ In and Out of Network Benefits
- ♦ Primary Care Physician (PCP), Specialist and Inpatient Hospital Benefits
- ♦ Prescription Benefits available through MedTrak
- ♦ Choice of four family tiers

### Additional Benefit Options (*Employees do not have to elect Stay Healthy (MEC) to enroll in the following*)

- ♦ 24-Hour Group Accident
- ♦ Critical Illness with Cancer Benefits\*\*
- ♦ Short-Term Disability<sup>+</sup>
- ♦ Term Life and AD&D
- ♦ Dental
- ♦ Vision
- ♦ Behavioral Health
- ♦ IDX Social Plus

### 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 of nonpayment, regardless of payroll periods, and will result in a COBRA notice. Nonpayment applies to Stay Healthy (MEC), MVP, Dental & Vision. Does not apply to VIP Plans, Life, Critical Illness with Cancer Benefits, Accident, Behavioral Health, IDX Social Plus and 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.
- ♦ Missed premium payments must be made within 30 days from the Monday of the missed week, (unless file has already been marked as COBRA eligible). If file has been marked for COBRA, employee must elect COBRA in order to pay for the week in question.
- ♦ The HIPAA Privacy Notice, Summary Plan Document, COBRA, Medicare, Summary of Benefits and Coverage (SBC) are posted on [www.mybiac.com/workatfocus](http://www.mybiac.com/workatfocus)

**\*\*Benefits payable for any Covered Person also covered by Medicaid will be paid directly to Medicaid as required by law. †If applying for disability income coverage, OTHER INCOME I AM ENTITLED TO RECEIVE WILL, IF APPLICABLE, REDUCE MY MONTHLY BENEFIT. I SHOULD READ MY CERTIFICATE FOR MORE DETAILED INFORMATION REGARDING HOW OTHER INCOME WILL REDUCE MY BENEFIT.**

# PLAN BENEFIT SUMMARIES

*This is NOT Major Medical Insurance*

Benefit	Stay Healthy (MEC)	VIP Standard	VIP Classic	VIP Plus
Preventive Care*	ACA Compliant	Not Included	Not Included	Not Included
Network Required	Yes	No	No	No
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
MeMD Telehealth Services	Not Included	Included	Included	Included
Additional Insurance Products-Group Hospital Indemnity with Critical Illness Rider plus Cancer				
Hospital Admission Benefit	Not Included	\$500/Day; Max 1 Day	\$500/Day; Max 1 Day	\$1,000/Day; Max 1 Day
Hospital Confinement Benefit	Not Included	\$50/Day; Max 30 Days	\$50/Day; Max 30 Days	\$100/Day; Max 30 Days
Intensive Care Unit Benefit	Not Included	Not Included	\$100/Day; Max 20 Days	\$200/Day; Max 20 Days
Rehabilitation Benefit	Not Included	Not Included	\$25/Day; Max 30 Days	\$50/Day; Max 30 Days
Surgery in Hospital, Hospital Outpatient Facility or Freestanding Outpatient Surgery Center	Not Included	\$250/Day; Max 1 Day	\$500/Day; Max 1 Day	\$1,000/Day; Max 1 Day
Surgery in a Physician Office	Not Included	\$125/Day; Max 2 Days	\$250/Day; Max 2 Days	\$250/Day; Max 2 Days
Emergency Room	Not Included	\$50/Day; Max 2 Days	\$50/Day; Max 2 Days	\$100/Day; Max 2 Days
Urgent Care Facility	Not Included	\$50/Day; Max 4 Days	\$50/Day; Max 4 Days	\$100/Day; Max 4 Days
Physician's Office	Not Included	\$50/Day; Max 4 Days	\$50/Day; Max 4 Days	\$100/Day; Max 4 Days
Physical, Speech or Occupational Therapy Facility	Not Included	\$30/Day; Max 4 Days	\$30/Day; Max 4 Days	\$60/Day; Max 4 Days
Medical Imaging Tests	Not Included	\$100/Day; Max 1 Day	\$100/Day; Max 1 Day	\$200/Day; Max 1 Day
Advanced Study/Follow-up Tests	Not Included	\$25/Day; Max 1 Day	\$25/Day; Max 1 Day	\$50/Day; Max 1 Day
Outpatient Prescription Drug Benefit	Not Included	\$10/Day; Max 15 Days	\$10/Day; Max 15 Days	\$20/Day; Max 15 Days
Ambulance Ground/Air	Not Included	\$50/\$100 Day; Max 1 Day	\$100/\$200 Day; Max 1 Day	\$200/\$400 Day; Max 1 Day
Preventive Surgery in Hospital, Hospital Outpatient Facility or Freestanding Outpatient Surgery Center	Not Included	Not Included	\$500/Day; Max 1 Day	\$1,000/Day; Max 1 Day
Preventive Surgery in a Physician Office	Not Included	Not Included	\$250/Day; Max 1 Day	\$500/Day; Max 1 Day
<b>Critical Illness Benefit Rider</b>				
Individual/Spouse/Child(ren)	Not Included	\$5,000/\$2,500/\$1,250	\$5,000/\$2,500/\$1,250	\$5,000/\$2,500/\$1,250
Benefit amount payable is 100% for invasive cancer, heart attack, permanent damage due to a stroke, major organ failure or end stage renal failure; 25% for carcinoma in situ.				

**Stay Healthy (MEC) plan can be chosen with a VIP plan of your choice.**

*\*See List of Services listed on page 8*

Weekly Deductions					My Benefits	
	Employee	Employee & Spouse	Employee & Child(ren)	Family	Stay Healthy (MEC)	\$
Stay Healthy (MEC)	\$15.34	\$18.39	\$18.86	\$21.54	VIP Plan	+ \$
VIP Standard	\$17.75	\$33.63	\$27.38	\$46.43	Total Deduction	\$
VIP Classic	\$19.66	\$38.15	\$30.33	\$52.33		
VIP Plus	\$31.74	\$66.76	\$51.44	\$92.90		

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. Deductions may include insurance premium and any applicable fees.

# 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

<b>Employee</b>	<b>\$3.95</b>
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## Critical Illness with Cancer Benefits

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 with Cancer Benefits Weekly Deduction

<b>Employee</b>	<b>\$2.51</b>
<b>Employee/Spouse</b>	<b>\$3.87</b>
<b>Employee/Child(ren)</b>	<b>\$2.78</b>
<b>Family</b>	<b>\$4.13</b>

## Dental

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

## Dental Weekly Deduction

<b>Employee</b>	<b>\$3.64</b>
<b>Employee/Spouse</b>	<b>\$7.01</b>
<b>Employee/Child(ren)</b>	<b>\$9.62</b>
<b>Family</b>	<b>\$14.49</b>

## 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

<b>Employee</b>	<b>\$2.01</b>
<b>Employee/Spouse</b>	<b>\$2.95</b>
<b>Employee/Child(ren)</b>	<b>\$3.01</b>
<b>Family</b>	<b>\$4.54</b>

## 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

<b>Employee</b>	<b>\$2.15</b>
<b>Employee/Spouse</b>	<b>\$4.35</b>
<b>Employee/Child(ren)</b>	<b>\$4.94</b>
<b>Family</b>	<b>\$7.62</b>

## Term Life & AD&D\*\*\*

Employee (to age 64)	\$20,000
Spouse	\$2,500
Child(ren) 6 months up to age 26	\$2,500
Child(ren) 14 days up to 6 months	\$500

## Term Life and AD&D Weekly Deduction

<b>Employee</b>	<b>\$2.11</b>
<b>Employee/Spouse</b>	<b>\$2.54</b>
<b>Employee /Child(ren)</b>	<b>\$2.54</b>
<b>Family</b>	<b>\$3.17</b>

## Behavioral Health

### Behavioral Health Weekly Deduction

Employee/ES/EC and Family	\$1.48
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## IDX Social Plus

### IDX Social Plus Weekly Deduction

<b>Employee</b>	<b>\$2.01</b>
<b>Employee/Spouse</b>	<b>\$2.95</b>
<b>Employee /Child(ren)</b>	<b>\$3.01</b>
<b>Family</b>	<b>\$4.54</b>

\* Pays percentage listed of Critical Illness Benefit Amount.

\*\*Pays dollar amount listed for Indemnity Benefit Amount.

\*\*\*AD&D coverage applies to Employee Only.

# Medical Benefits

## Stay Healthy (MEC)

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



## MedTrak

*Included in Stay Healthy (MEC) only*

MedTrak Services is pleased to offer prescription benefits for medications covered under the Affordable Care Act (ACA) for Focus Workforce Management, Inc. 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](http://www.medtrakservices.com) (you'll need your member ID) or call 800.771.4648.

## MultiPlan Network

*Included in Stay Healthy (MEC), VIP Standard, VIP Classic & VIP Plus 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 VIP plans, please call 800-457-1403 or visit [multiplan.com](http://multiplan.com).



To find a MultiPlan provider for Stay Healthy (MEC) plans, please call 800-884-6993 or visit [multiplan.com](http://multiplan.com).



## MeMD Telehealth Services

*Included in VIP Standard, VIP Classic & VIP Plus plans*

MeMD gives you access to a national network of US-licensed medical providers who are available after hours to treat many of your medical issues. MeMD does not replace your primary care physician. It is a convenient and affordable option to receive care and a personalized treatment plan.

- ♦ 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

**MeMD is just a click or call away! Talk to a licensed medical provider anytime with no extra out of pocket costs! [www.memd.me/group/mybiac](http://www.memd.me/group/mybiac) or 855.636.3669**

## PharmAvail

*Included in VIP Standard, VIP Classic & VIP Plus 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.**

# Minimum Value Plan (MVP) Schedule of Benefits

**NOTE:** All employees who work 1,430 hours in an 11-month period (lookback period) are eligible for coverage beginning on the first of the month 60 days after the end of that lookback period. Please contact Benefits In A Card at 800-497-4856 for more information or if you would like to enroll in the MVP Plan. MVP is a comprehensive medical and prescription program that offers In and Out of Network benefits after you meet the applicable deductible. With the MVP, employees may avoid ACA individual tax penalties.

PPO Network: MultiPlan	In Network	Out of Network
Deductible per Participant / Family	\$6,500/\$14,700	\$10,000/\$20,000
Out-of-Pocket Maximum per Participant / Family	\$6,500/\$14,700	No Maximum/No Maximum
Plan Paid Coinsurance	100%	50%
Office Visit Primary Care / Specialist (including MHSA) The in network office visit copayment is for the office visit (consultation) only. All other services are subject to deductible and coinsurance.	\$15 primary/\$30 specialist	50% after deductible
Chemotherapy	Not Covered	Not Covered
Medical Specialty Drugs	Not Covered	Not Covered
Emergency Room Benefit (Emergency Room visits that are not considered a medical emergency will only be paid at 50% after deductible)	100% after deductible	50% after deductible
Urgent Care	100% after deductible	50% after deductible
Inpatient Hospital (including MHSA)	100% after deductible	50% after deductible
Inpatient Physician	100% after deductible	50% after deductible
Outpatient Hospital and Outpatient Physician	100% after deductible	50% after deductible
Physician/Surgeon/Anesthesiologist Fee (IP/OP)	100% after deductible	50% after deductible
Outpatient Surgery	100% after deductible	50% after deductible
Diagnostic XRay and Lab	100% after deductible	50% after deductible
Preventive Care	100%	50% after deductible
Chiropractic	Not Covered	Not Covered
Land Ambulance Service	100% after deductible	50% after deductible
Advanced Imaging	100% after deductible	50% after deductible
Dialysis	100% after deductible	50% after deductible
Home Health Care, Rehabilitation (Cardiac, PT, OT, ST), SNF (Skilled Nursing Facility), Hospice	100% after deductible	50% after deductible
Radiation Therapy	100% after deductible	50% after deductible
Durable Medical Equipment	100% after deductible	50% after deductible
Prescription Drugs  Preferred Brand will only be covered when a generic is not available	<b>Retail:</b> Generic - Subject to deductible Preferred Brand - Subject to deductible Non-Preferred Brand - Not Covered <b>Mail Order:</b> Generic - Subject to deductible Preferred Brand - Subject to deductible Non-Preferred Brand - Not Covered *BioTech and Speciality Drugs are not covered.	

Please contact Focus Workforce Management at 877-440-8256 or your local branch for questions on your monthly premium for the MVPPhd plan.

Monthly Premiums	
Employee	\$532.42
Employee/Spouse	\$1,090.92
Employee/Child(ren)	\$907.66
Family	\$1,468.18

*The Preventive Care Benefit covers routine examinations, well child care, immunizations, pap smears, mammograms, colorectal screenings, prostate screenings and other services required by law if provided by an in network provider. A current listing of required preventive care can be accessed at <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>*

*This Plan excludes specialty drugs, non-preferred brand drugs, chiropractic charges, Acupuncture, Bariatric Surgery, Cosmetic surgery, Dental care, infertility treatment, long term care, non-emergency care outside US, private duty nursing, routine eye care, routine foot care, weight loss programs, any benefit not specifically listed and the exclusions and limits that apply to other Stay Healthy (MEC)/MVP also apply to this benefit.*

# Benefits Provided By APL (American Public Life Insurance Company)<sup>≠</sup>

## Group Hospital Indemnity Insurance

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 with Cancer Benefits 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 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<sup>+</sup>

APL's 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.

## Group Dental Insurance

The expense of having a beautiful smile shouldn't be something you worry about. Routine oral examinations and professional cleanings are simple ways to help protect your oral health. APL's group dental insurance is designed to help with expenses associated with covered dental services so you and your family can have a smile that lasts a lifetime. This plan includes Careington International Corporation PDNO Dental Network

- Save on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, and crowns through one of the largest and most recognized dental networks in the nation with a focus on neighborhood dentists.
- Third party administrators will pay for covered services according to the plan design.
- All applicable co-pays, deductibles or co-insurance, outlined by the plan design, are to be paid directly to the dental office at the time service is rendered. Please ask the dentist or office staff to explain all charges before treatment begins.

***This is a PPO plan. This is not a discount plan.***

## Group Term Life Insurance with Accidental Death & Dismemberment (AD&D)<sup>‡</sup>

While it's impossible to emotionally compensate for the loss of a loved one, life insurance may ease expenses. Benefits may help cover rent or mortgage payments, credit card payments, children's education expenses, medical expenses and more. We also have life insurance options for your spouse and children. You can't predict your family's future, but with term life insurance, you may be better prepared for it.



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*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.*

**<sup>≠</sup>APL products are not meant to meet any individual Minimum Essential Coverage requirements of the Affordable Care Act.**

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

**<sup>+</sup>If applying for disability income coverage, OTHER INCOME I AM ENTITLED TO RECEIVE WILL, IF APPLICABLE, REDUCE MY MONTHLY BENEFIT. I SHOULD READ MY CERTIFICATE FOR MORE DETAILED INFORMATION REGARDING HOW OTHER INCOME WILL REDUCE MY BENEFIT.**

**<sup>‡</sup>AD&D coverage applies to Employee Only.**

# 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](http://SuperiorVision.com) or Customer Service at 800.507.3800.

**SUPERIOR VISION** 

800.507.3800

[SuperiorVision.com](http://SuperiorVision.com)

# Benefits Provided by MeMD

## Behavioral Health

MeMD also improves access to mental health care via our telebehavioral health service. Traditional therapy often requires you to wait weeks or months for an appointment with a qualified therapist, which can be especially inconvenient if you are experiencing a mental or emotional issue that's impacting your daily life now. We have made it easier to connect with a licensed provider via phone, computer or mobile device to receive confidential, convenient and affordable therapy wherever you are. Our network of providers includes Licensed Professional Counselors, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists and other equivalent licensed professionals. Your therapy session begins with a scientifically backed Behavioral Health Screen, a quick-yet-comprehensive assessment that ranks mental health risks and helps therapist benchmark for progress and improvements providing true outcome-based care.

 **MeMD**<sup>®</sup>

855.636.3669

[www.memd.me/group/mybiac](http://www.memd.me/group/mybiac)

# Benefits Provided by MyIDCare

## MyIDCare

MyIDCare by ID Experts provides identity theft protection to help keep you safe from fraud. By applying the same level of protection that Fortune 500 firms and government institutions use, the MyIDCare platform protects the identities of individuals and their families, providing you the only coverage with a 100% Recovery Guarantee.

- ♦ Social media monitoring (Social Sentry)
- ♦ Dark web monitoring
- ♦ Password Detective
- ♦ \$1 Million insurance
- ♦ Recovery Services

 **IDEX**<sup>™</sup>  
The Privacy Platform

800.939.4170

# Stay Healthy (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 15 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 40 through 74 every 1-2 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 under 18 years – no more than annually

## Stay Healthy (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) <sup>±</sup>

**Continuation of Coverage for Hospital Indemnity, Accident, Critical Illness with Cancer Benefits, Dental and Term Life** – 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-17)

**Benefits** - Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate.

**Hospital Admission Benefit** - Pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. APL will not pay this benefit for outpatient treatment, emergency room treatment or a stay less than 18 hours in an observation unit. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

**Hospital Confinement Benefit** - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

**Intensive Care Unit Benefit** - Pays a per day benefit when a covered person is confined in an ICU due to an injury or covered sickness. Benefits will be paid beginning the first day of ICU confinement when the ICU confinement begins after the covered person's effective date.

**Rehabilitation Benefit** - Pays a per day benefit when a covered person is receiving rehabilitation care services while confined in a rehabilitation unit or skilled nursing facility immediately after a covered period of confinement due to an injury or covered sickness. This benefit is not payable in addition to any other confinement benefit provided under the policy on the same day. If more than one confinement occurs on the same day, the higher benefit will be paid.

**Accident & Sickness Surgery Benefit** - Pays the applicable per day benefit when a surgical procedure is performed on a covered person in a hospital, hospital outpatient facility, a freestanding outpatient surgery center or a physician's office due to an injury or covered sickness.

**Outpatient Accident & Sickness Treatment Benefit** - Pays the applicable per day benefit when a covered person receives treatment in an emergency room, urgent care facility, physician's office or physical/speech/occupational therapy facility due to an injury or covered sickness.

**Diagnostic Testing Benefit** - Pays the applicable per day benefit when a covered person receives one of the diagnostic tests listed below under the recommendation of a physician. Medical Imaging Tests: Magnetic Resonance Imaging (MRI), Computerized Tomography (CT) Scan, Computerized Axial Tomography (CAT) Scan, Positron Emission Tomography (PET) Scan or Radioactive

Iodine (Thyroid) Uptake (RAIU) Test. Advanced Study/Follow-up Tests: Angiogram, arteriogram, barium enema/lower GI series, barium swallow/upper GI series, myelogram, sleep study, nuclear stress test or transesophageal echocardiogram (TEE).

**Outpatient Prescription Drug Benefit** - Pays a per day benefit when a covered person has a written prescription filled or refilled. The prescription must be ordered by a physician and be dispensed by a licensed pharmacist. For the purpose of this benefit, prescription does not include: therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he/she is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; immunization agents, biological sera, blood or blood plasma; or contraceptive materials, devices or medications or infertility medication, except where required by law.

**Ambulance Benefit** - Pays a per day benefit when a covered person is transported by air or ground ambulance to a hospital or from one medical facility to another where the covered person is admitted as an inpatient and hospital confined. A licensed ambulance company must provide the ambulance service. If air and ground ambulance service are both required in the same day, the higher benefit will be paid.

**Preventive Elective Surgery Benefit** - Pays the applicable per day benefit when a prophylactic surgery is performed on a covered person in a hospital, hospital outpatient facility, a freestanding outpatient surgery center or physician's office.

**Exclusions** – No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medical necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy,

## Coverage Specifications for Products Provided by APL (American Public Life Insurance Company) <sup>≠</sup> *continued*

and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.

**Termination of Certificate** - Your insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the date you no longer qualify as an insured; or the date of your death.

**Termination of Coverage** - Your insurance coverage under the policy and/or any attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the end of the certificate period in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person's death. APL may end coverage of any covered person who submits a fraudulent claim.

**COBRA Continuation of Coverage** - This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

### 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

## Coverage Specifications for Products Provided by APL (American Public Life Insurance Company) <sup>≠</sup> *continued*

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 under the Certificate and/or any attached riders for a Covered Person will end as follows: the date the Policy terminates; the date the Certificate terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the end of the Policy Period in which we receive a written request from the Insured to terminate the Covered Person's coverage; the date a Covered Person no longer qualifies as an Insured or Eligible Dependent; or the date of the Covered Person's death. We may end the coverage of any Covered Person who submits a fraudulent claim.

### **Supplemental Limited Benefit Group Critical Illness with Cancer Benefits 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).

**Continuity of Coverage** – Continuity of coverage will be provided if the insured has prior coverage, has coverage on the termination date, elects coverage under this policy and the termination date

of the prior coverage is immediately prior to the effective date of this policy. The same continuity of coverage will be provided to eligible dependents if they were insured under the prior coverage. Proof of coverage under prior carrier's policy must be provided at time of claim.

**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

## Coverage Specifications for Products Provided by APL (American Public Life Insurance Company) <sup>≠</sup> *continued*

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.

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

### **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 is 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.

**Continuity of Coverage/Takeover** - Available for all employees who are insured by their employer's current group disability policy if the current policy provides a sickness benefit and the plan proposed by APL has either a similar or lesser benefit period. If you were insured by the prior carrier's group disability income policy at the date of change in coverage to a group disability income policy underwritten by APL and were not subject to a pre-existing condition limitation under the prior carrier's policy, there shall be no pre-existing condition limitation under the APL policy. However, if you are subject to a pre-existing condition limitation under the prior carrier's policy, credit will be given toward satisfaction of the pre-existing condition limitation of the APL policy for the period of time that you were continuously covered under the prior carrier's policy. Proof of coverage under prior carrier's policy must be provided at time of claim. Any increase in benefit amount will be subject to a pre-existing condition limitation. This provision applies only up to the amount of coverage you held with the prior group disability carrier. If you were not enrolled under the current employer's prior group disability carrier's plan, benefit payments will be subject to the pre-existing condition limitation.

**Minimum Disability Benefit** - The disability payment payable will be no less than 15% or \$100 of your monthly disability benefit, whichever is greater.

**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

## Coverage Specifications for Products Provided by APL (American Public Life Insurance Company) <sup>†</sup> *continued*

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.

**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.

<sup>†</sup>If applying for disability income coverage, **OTHER INCOME I AM ENTITLED TO RECEIVE WILL, IF APPLICABLE, REDUCE MY MONTHLY BENEFIT. I SHOULD READY MY CERTIFICATE FOR MORE DETAILED INFORMATION REGARDING HOW OTHER INCOME WILL REDUCE MY BENEFIT.**

### Group Dental (D-4)

Pays a benefit based upon the allowable percentage and usual, customary and reasonable charges (UCR) upon receipt of proof of loss for incurred covered dental services and procedures for you and your eligible dependents who are insured under the policy/certificate. Benefits are payable up to the benefit maximum for each calendar year. Benefits are subject to all applicable deductibles, maximums and limitations contained in the policy/

certificate. Benefits are only payable for the listed covered dental services and procedures and the covered dental services and procedures are both started and completed while the person is insured under the policy.

**Pre-Estimation of Benefits** - Whenever the estimated cost of a recommended dental treatment plan exceeds \$300, the treatment plan must be submitted to APL for review before treatment begins. The treatment plan should be accompanied by supporting pre-operative X-rays and any other appropriate diagnostic materials that we or our dental consultants request. We will notify you and the attending dentist of the estimated benefits payable based upon the treatment plan. In determining the amount of benefits payable, consideration will be given to alternate procedures that may accomplish a professionally satisfactory result.

**Alternate Benefits** - There is often more than one service that can be used to treat a dental problem or disease. In determining the benefits payable on a claim, different materials and methods of treatment will be considered. The amount payable will be limited to the covered dental expense for the least costly service, which meets broadly accepted standards of dental care as determined by APL. You and your dentist may decide on a more costly procedure or material than we have determined to be satisfactory for the treatment of the condition. We will pay a benefit toward the cost of the more expensive procedure or material. But, payment will be limited to the covered dental expense subject to any deductible or coinsurance, for the least costly service. We will not pay the excess amount.

**Benefits for Temporary Services** - A temporary dental service will be considered an integral part of the final dental service rather than as a separate service. The combined benefit payable for a temporary service and the final dental service shall be limited to the maximum benefit payable for the final dental service.

**Unbundling** - When certain complicated dental services are performed, other less extensive services are performed at the same time, as component parts of the primary service. For benefit purposes under the policy, these less extensive services are considered to be integral components of the primary service. Even if the dentist bills separately for the primary service and each of its components parts, the total benefit payable for all related charges will be limited to the covered dental expense for the primary service.

**Limitations** - Some benefits are subject to limitations. Please refer to the schedule of covered dental services and procedures in your policy/certificate for complete details.

**Termination** - Insurance coverage under the Certificate and/or any attached riders for an Insured Person and or his/her Dependents will end as follows: the date the Policy terminates; the date the Certificate terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the end of the Certificate Period in which we receive a written request from the Insured Person to terminate his/her coverage or the coverage of his/her Dependent; the date a Dependent no longer qualifies as an Eligible Dependent; or the date of the Insured Person or Dependent's death. We may end the coverage of any Insured Person who submits a fraudulent claim.

## Coverage Specifications for Products Provided by APL (American Public Life Insurance Company) <sup>≠</sup> *continued*

**Exclusions** - Covered dental expenses do not include and no benefits are provided for the following: a) services which are not included in the schedule of covered dental services and procedures, which are not necessary services or for which a charge would not have been made in the absence of insurance; b) any service, which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least 3 years, as determined by APL; c) crowns, inlays, onlays, cast restorations or other laboratory prepared restorations on teeth, which may be satisfactorily restored with an amalgam or composite resin filling; d) appliances, inlays, cast restorations, crowns or other laboratory prepared restorations used primarily for the purpose of splinting; e) any service or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; f) any service provided primarily for cosmetic purposes. Facings on crowns or bridge units on molar teeth shall always be considered cosmetic; g) the initial placement of a removable full denture or a removable partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is insured under the policy; h) the initial placement of a fixed partial denture including a Maryland bridge, unless it includes the replacement of a functioning natural tooth extracted while the person is insured under the policy, provided that tooth was not an abutment to an existing partial denture that is less than 5 years old or to an existing fixed partial denture or Maryland bridge which is less than 7 years old. Benefits are payable only for the replacement of those teeth which were extracted while the person was insured under the policy; i) replacement of a partial denture, full denture or fixed partial denture (including a Maryland bridge) or the addition of teeth to a partial denture unless: 1) replacement occurs at least 5 years after the initial date of insertion of the current full or partial denture; 2) replacement occurs at least 7 years after the initial date of insertion of an existing fixed partial denture or Maryland bridge; 3) the replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a functioning natural tooth while the person is insured under the policy, provided that tooth was not an abutment to an existing partial denture that is less than 5 years old or to an existing fixed partial denture or Maryland bridge that is less than 7 years old; 4) the replacement is made necessary by a covered dental injury provided the replacement is completed within 6 months of the injury. Chewing injuries are not considered covered dental injuries; j) the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations within 7 years of the date of insertion; k) replacement of a bridge, partial denture, full denture, crown, cast restoration, inlay, onlay or other laboratory prepared restoration which can be restored to function; l) the replacement of teeth beyond the normal complement of 32; m) implant placement or removal and all related services; and n) crowns, fixed partial dentures and any dental prosthesis for placement on or supported by implants; o) The replacement of an existing removable partial denture with a fixed partial denture unless upgrading to a fixed partial denture is essential to the correction of the Insured Person's dental condition; p) Athletic mouth guards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; treatment of jaw

fractures; orthognathic surgery; exams required by a third party other than Us, personal supplies (e.g., water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances; q) Charges for travel time; transportation costs; or professional advice given on the phone; r) Orthodontic treatment (unless the Policy includes the orthodontic expense rider); s) Services that are a covered expense under any other plan that is provided by the Policyholder and for which You are eligible; t) Services performed by a Dentist who is member of the Insured Person's family. Insured Person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents; u) Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility; v) Any charges in excess of the Usual, Customary and Reasonable charge for any covered dental Service or procedure; w) Any charges for appointments not kept; x) Any charges for completion of claim forms; y) Any charges for Services performed or started prior to the date the Insured Person became insured hereunder; or the charges incurred following termination of insurance; z) Cost of Pharmaceuticals; aa) TMJ (Temporomandibular Joint) Treatment or Services or supplies rendered for full mouth reconstruction or vertical dimension correction unless the policy includes the TMJ Expense Rider; bb) Dental treatment not approved by the American Dental Association or which is clearly experimental in nature; cc) Services or supplies rendered for dietary planning for the control of dental caries, plaque or for oral hygiene instruction; dd) Services or supplies provided by or paid for any government or government employed Dental Practitioner, unless the Covered Person is a recipient of Medicaid and/or is legally required to pay for such Services or supplies; ee) Any treatment not prescribed by a dentist or physician or not performed by a Dental Practitioner; ff) Congenitally missing teeth unless a retained deciduous tooth is extracted while the person is insured; gg) Local anesthetic as a separate fee; hh) Any charge for a Service performed outside of the United States other than for Emergency Treatment. Benefits for Emergency Treatment performed outside of the United States are limited to a maximum of \$100 per year; ii) Any charge for a Service required as a result of disease or injury that is due to war or an act of war (whether declared or undeclared); taking part in an insurrection or riot; committing or attempting to commit a crime; an intentionally self-inflicted injury or attempted suicide while sane; jj) Any charge for a Service for which benefits are available under Worker's Compensation or an Occupational Disease Act or Law, even if the Insured Person did not purchase the coverage that is available to Him/Her; kk) Any Service for which the Insured Person is not required to pay unless the payment of benefits is mandated by law and then only to the extent required by law; ll) Any treatment plan which involves full-mouth reconstruction by the removal and reestablishment of occlusal contacts of 10 or more teeth with restorations, crowns, onlays, inlays, fixed partial dentures, dentures, or any combination of these services.

### **Group Term Life Insurance with Accidental Death & Dismemberment (AD&D)**

Subject to all provisions contained in the policy, benefits payable in a lump sum upon your death will be the benefit amount, minus any due and unpaid premium, plus the portion of any premium paid that applies to a period beyond the policy period

## Coverage Specifications for Products Provided by APL (American Public Life Insurance Company) <sup>≠</sup> *continued*

of death, plus the amount of insurance provided by any attached riders, if applicable. At age 65, benefits will reduce by 25% of the original benefit amount. At age 70, benefits will further reduce by an additional 25% for a total reduction of 50% of the original benefit amount. The policy and any attached riders have no cash value.

**Conversion** – The coverage provided under the certificate may be converted to an individual policy on the life of a covered person if no premium is in default at that time. No evidence of insurability will be required. If coverage ended for any reason other than non-payment of premium, coverage may be converted during one of the following conversion periods: within 31 days from the date coverage is canceled by the policyholder or us; within 31 days from the date the covered person ceases to be an insured or eligible dependent; within 31 days from the date the covered person's life insurance is reduced due to attainment of a specified age, the employee changing from one eligible class to another or a policy change; or within 31 days from the date of continuation, if any ends.

**Suicide Provision** - We will not pay the proceeds if the covered person commits suicide, while sane or insane, within one year during the covered person's life. Instead, we will return all premiums paid less any indebtedness.

**Termination of Coverage** - Insurance coverage for a covered person will cease on the earliest of these dates: the date this certificate terminates, the date in which the insured requests to terminate the coverage for an eligible dependent, the date the covered person no longer qualifies as an insured or eligible dependent or the date of the covered person's death. We may terminate the coverage of any person who submits a fraudulent claim.

**Accidental Death & Dismemberment** - We will pay the accidental death benefit shown on the schedule of insurance in the certificate at the time of claim in accordance with the terms of the policy/certificate and this rider. We must receive proof that the death of the covered person resulted from an accidental bodily injury, the death of the covered person occurred within 180 days from the date of injury and the accidental bodily injury causing the covered person's death occurred while the policy and this rider were in force. This rider has no cash value at any time.

**Limitations and Exclusions** - No benefits will be payable under this rider if the covered person's death results directly or indirectly from any of the following causes: war or any act caused by war while the covered person is in military service; any attempt at suicide or intentionally self-inflicted injury, while sane or insane; active participation in a riot or insurrection; voluntarily taking any drug, unless administered by a physician and taken according to the physician's instructions; voluntarily taking any kind of poison or inhaling any kind of gas or fumes, unless a direct result of an occupational accident; committing or attempting to commit a felony; disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity; or infection not occurring as a direct result or consequence of the accidental bodily injury. The sum of all payments made under this rider for a covered person shall not exceed the rider benefit amount for that covered person shown on the schedule of insurance in the certificate.

**Termination of Coverage** - Insurance coverage for a covered person will cease on the earliest of these dates: the date this rider terminates, the date when the entire accidental death & dismemberment is paid for that covered person, the date the covered person's coverage ends under the certificate, the end of the grace period if the premium for that covered person remains unpaid, the date in which the insured requests to terminate the coverage for an eligible dependent, the date the covered person no longer qualifies as an insured or eligible dependent or the date of the covered person's death.

**AD&D coverage applies to Employee Only.**

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Underwritten by American Public Life Insurance Company. 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.

<sup>≠</sup>APL products are not meant to meet any individual Minimum Essential Coverage requirements of the Affordable Care Act.

## 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.

## Coverage Specifications for Products Provided by MeMD

### Behavioral Health

MeMD provides access to online medical consultations with physicians, nurse practitioners, and physician assistants who can write prescriptions when medically necessary and permitted by state law. MeMD also provides access to online counseling or talk therapy with behavioral health providers; however, therapists cannot write prescriptions. MeMD is not an online pharmacy, and medications cannot be purchased or dispensed from MeMD directly. MeMD is not a replacement for your primary care physician or annual doctor's office visit. Subject to state regulations, MeMD is available nationwide with providers licensed to practice in your state who use video and/or audio technology.

## Coverage Specifications for Products Provided by IDX Social Plus

### IDX Social Plus

IDX Social Plus by ID Experts provides identity theft protection to help keep you safe from fraud. By applying the same level of protection that Fortune 500 firms and government institutions use, the IDX Social Plus platform protects the identities of individuals and their families, providing you the only coverage with a 100% Recovery Guarantee.



**Focus Workforce  
Management, Inc.**

**FWM**

A Limited Benefit Plan

This is not Major Medical Coverage

No coverage during periods  
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)

Return completed forms to:

855-899-5709 or

1-800-497-4856 \* M-F 8AM-9PM EST (Bilingual Agents on Staff)

faxing@benefitsinacard.com

## ENROLLMENT FORM

### Coverage Elections

Premiums displayed are weekly deductions

<i>Must elect ONE coverage level for all products elected</i>	Employee <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>	Employee + Children <input type="checkbox"/>	Family <input type="checkbox"/>
<b>Medical:</b>				
<input type="checkbox"/> Stay Healthy/MEC Plan (ACA Compliant Plan)	\$15.34	\$18.39	\$18.86	\$21.54
<b>VIP Plans – May elect ONE with or without a Stay Healthy/MEC election</b>				
<input type="checkbox"/> VIP Standard	\$17.75	\$33.63	\$27.38	\$46.43
<input type="checkbox"/> VIP Classic	\$19.66	\$38.15	\$30.33	\$52.33
<input type="checkbox"/> VIP Plus	\$31.74	\$66.76	\$51.44	\$92.90
<b>OR:</b>				
MVP (ACA Compliant Plan) Failure to call & enroll in the MVP Plan will be considered a declination	<b>Contact BIC to enroll: 1-800-497-4856</b>			
<b>Additional Benefit Options:</b>				
<input type="checkbox"/> Dental	\$3.64	\$7.01	\$9.62	\$14.49
<input type="checkbox"/> Disability – Must be working 20 hours or more to qualify	\$3.95	NA	NA	NA
<input type="checkbox"/> Life	\$2.11	\$2.54	\$2.54	\$3.17
<input type="checkbox"/> Vision	\$2.15	\$4.35	\$4.94	\$7.62
<input type="checkbox"/> Critical Illness	\$2.51	\$3.87	\$2.78	\$4.13
<input type="checkbox"/> Accident	\$2.01	\$2.95	\$3.01	\$4.54
<input type="checkbox"/> Behavioral Health	\$1.48	\$1.48	\$1.48	\$1.48
<input type="checkbox"/> IDX Social Plus	\$2.01	\$2.95	\$3.01	\$4.54
<b>Coverages are effective on the Monday following your payroll deduction for benefits</b>				

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. Premium will not be  
refunded. Changes coincide with  
premium adjustments.

Are you covered by other Insurance?  
Yes ☐ No ☐

☐ **No Coverage: I choose not to participate**

### General Information Section Complete Entire Section (Please Print)

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

### Dependent Coverage Section (Please Use Additional Sheets if Necessary)

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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800.497.4856  
[www.mybiac.com/workatfocus](http://www.mybiac.com/workatfocus)



800.256.8606  
[ampublic.com](http://ampublic.com)



800.507.3800  
[SuperiorVision.com](http://SuperiorVision.com)



855.636.3669  
[www.memd.me/group/mybiac](http://www.memd.me/group/mybiac)



800.939.4170  
[www.idexpertscorp.com](http://www.idexpertscorp.com)