Dear Kelly Contract/Temporary Employee:

Thank you for your interest in the Leslie & Associates Benefit Alliance Plan. The program is designed to provide you access to a portfolio of group benefits, many of which are not usually available to individuals at group rates. Certain plans require specific open enrollment periods or a qualifying life event; please see the enclosed enrollment instructions for detailed information. We have enclosed the plan details, rates, and an enrollment form for the following benefits:

- **First Dollar Supplemental Coverage for Major Medical Plans**
  As group and individual major medical plan deductibles, co-insurance and “out-of-pocket” maximums continue to rise, you now have an option to purchase supplemental coverage specifically designed to reimburse the costs of eligible major medical “out-of-pocket” expenses.

- **Group Dental Plan**
  You have a choice of two dental plan designs. You may choose your own dentist or specialist.

- **LegalGUARD Legal Plan**
  Fully insured legal plan protects you, your spouse, dependents (including elder parents) from unexpected legal costs for many common legal matters including wills and other estate planning documents.

- **Group Term Life Insurance**
  You may choose the amounts of group term life insurance that best suit your needs. Coverage is available for you, your spouse and your dependent children. No physical examinations or medical questions required!

- **Short-Term Disability Insurance**
  Protect your most valuable asset - your income! You may insure up to 50% of your weekly pay to a $1,000 maximum weekly benefit.

- **Group Limited Accident & Sickness Plan - STANDARD Tier 1 and Tier 2 Plans**
  A limited benefit medical insurance plan with no deductibles. Pays regardless of any other insurance program. Provides reimbursement for doctor’s office visits, emergency room treatment for sickness or accidents, and cash benefits for hospital confinement or surgical procedures. Includes a wellness benefit for physical exam or screening. (Important Notice - The Group Limited Accident & Sickness plans do NOT meet the standards of a Qualified Health Plan as set forth in the Patient Protection and Affordable Care Act.)

- **Group Limited Accident & Sickness Plan - ENHANCED Tier 3 and Tier 4 Plans**
  Same as Tier 1 or Tier 2 but provides larger reimbursement maximums. PHCS (Multiplan) PPO Network access can reduce your out-of-pocket costs and maximize benefits. Enhanced Plan design includes out-patient Prescription drug benefits and PPO Network Access. (Important Notice - The Group Limited Accident & Sickness plans do NOT meet the standards of a Qualified Health Plan as set forth in the Patient Protection and Affordable Care Act.)

- **Group Accident Plan**
  24-Hour accident coverage for you and your family. Pays a scheduled benefit amount for specified injuries, hospital admission or confinement and medical fees. Includes accidental death and dismemberment benefits.

- **Group Prescription Drug Co-op Plan**
  The greater of a $20.00 Co-pay or 40% benefit for most generic drugs. Also, discounts savings on brand-name drugs at more than 55,000 pharmacies nationwide.

- **EyeMed Vision Care Plan**
  A vision care plan provides co-pays for eye exams, frames, lenses and contact lenses. Enjoy substantial savings at more than 30,000 providers including independent optometrists and over 850 LensCrafters locations nationwide.

- **LifeLock Identity Theft Program**
  In today’s digital society, you may face the ever increasing risk of becoming the next victim of identity theft. LifeLock is a leader of Identity Theft Protection Services and you have a choice of three plan options at special discounted employee rates.

- **Critical Illness Plan**
  Benefit amounts available from $5,000 to $50,000 for you and your spouse. Lump sum benefits are paid directly to the insured following the diagnosis of each covered critical illness such as a heart attack, stroke, cancer, etc.

You may choose any combination of one or more of the benefits offered. The monthly premiums for the plans you choose will be combined into a single payment amount and you may elect to pay it on a monthly direct bill basis or through the convenience of an automatic bank draft. A one-time $20.00 initial enrollment fee applies to the first payment and a small monthly administrative fee ($2.00 for bank drafts or $3.00 for direct billing) will be added to the total premium due for the benefits you select.

PLEASE NOTE: Leslie & Associates must receive your completed, correct enrollment form and accompanying initial premium payment on or before the 20th of the month in order to have your coverage become effective on the 1st day of the following month.

- **Short Term Medical Plans (available in most states)**
  Protection in the event of unexpected serious illness or injury (pre-existing conditions are not covered). Lower premium, high deductible plans with your choice of deductibles and co-insurance options. Short Term Major Medical plans typically available for 1-6 months. Convenient payment options including credit cards. Individual premiums are based on age, deductible, plan design and zip code. You must call Leslie & Associates at 1-800-644-6854 for a personalized Short Term Major Medical quote.

If you should have any questions regarding any of the enclosed information, please call Leslie & Associates Benefit Alliance on our toll-free customer service number 1-800-644-6854. Our Customer Service Representatives will be happy to assist you Monday through Friday 8:30 a.m. to 5:00 p.m. Central Standard Time.

*Kelly Services assumes no authority over, no financial partnership in, or responsibility for these benefit plans.*
Leslie & Associates Benefit Alliance Enrollment Form for Kelly Services Employees

Mail to: 17304 Preston Rd. Suite 321 Dallas, TX 75252

Member Name ___________________________ / / Sex __________________ Hire Date __________________

Address ___________________________ City _______________________ State ______________________ Zip ____________

Telephone ___________________________ Age _______ Birth Date _______ Birth State _______ Occupation _______

Email Address ___________________________ Cell Phone ___________________________ Area Code __________

Spouse Name ___________________________ Age _______ Birth Date _______ Sex __________ Social Security __________

Child #1 Name ___________________________ Age _______ Birth Date _______ Sex __________ Social Security __________

Child #2 Name ___________________________ Age _______ Birth Date _______ Sex __________ Social Security __________

GROUP DENTAL PLAN - Area 3 (includes EPIC Hearing Plan)

☐ Employee Only  ☐ Employee & Spouse  ☐ Employee & Children  ☐ Family

Employee Coverage  ☐ Smoker  ☐ Non-Smoker  ☐ $50,000  ☐ $75,000  ☐ $100,000  Monthly Premium________

Beneficiary Name ___________________________ Beneficiary Relationship __________________

Spouse Coverage  ☐ Smoker  ☐ Non-Smoker  ☐ $25,000  ☐ $50,000  Monthly Premium________

Beneficiary Name ___________________________ Beneficiary Relationship __________________

Dependent Children Coverage  ☐ $5,000 / at $1.25 per month  ☐ $7,500 / at $1.75 per month  ☐ $10,000 / at $2.25 pr month  Monthly Premium________

GROUP TERM LIFE INSURANCE PLAN

☐ Employee Only  ☐ Employee & Spouse  ☐ Employee & Children  ☐ Family

Beneficiary Coverage  ☐ $100  ☐ $150  ☐ $200  ☐ $250  ☐ $300  ☐ $400  ☐ $450  ☐ $500  ☐ $550  ☐ $600  ☐ Other __________

Short Term Disability Income Plan

Weekly Kelly Salary $ _______ X 50% = _______ = Maximum Weekly Benefit (round down to nearest $50 increment)

☐ $100  ☐ $150  ☐ $200  ☐ $250  ☐ $300  ☐ $350  ☐ $400  ☐ $450  ☐ $500  ☐ $550  ☐ $600  ☐ Other __________

Monthly Premium________

I understand and agree that no short-term disability benefits will be payable for any disability which is caused by, contributed to by, or resulting from a Pre-Existing Condition. A Pre-Existing Condition is any injury, disease, sickness, pregnancy or mental disorder for which you visited or consulted a physician, hospital or medical facility or took clinical tests or received treatment. This includes (but is not limited to) taking pills, injections or other medications.

LegalGUARD LEGAL PLAN

☐ Employee Only (18 & over)  ☐ Employee & Spouse  ☐ Employee, Spouse, Dependent Children & Employee and Spouse Elder Parents  $ 17.97 per month  Monthly Fee __________

EYEMED VISION CARE PLAN

☐ Employee Only - $9.00 per month  ☐ Employee & One (Spouse or Child) - $16.50 per month  ☐ Employee & Family - $24.50 per month  Monthly Premium________

LIFELOCK IDENTITY THEFT PROTECTION PLAN

☐ Benefit Elite Plan  ☐ Advantage Plan  ☐ Ultimate Plus Plan

Employee Only (18 & over)  ☐ $ 8.49 per month  ☐ $ 16.99 per month  ☐ $ 25.49 per month  Monthly Fee __________

Employee & Spouse/Domestic Partner  ☐ $ 16.98 per month  ☐ $ 33.98 per month  ☐ $ 50.98 per month

Employee & Children  ☐ $ 14.86 per month  ☐ $ 25.49 per month  ☐ $ 36.11 per month

Employee & Family  ☐ $ 23.36 per month  ☐ $ 42.38 per month  ☐ $ 61.61 per month

Note: By signing this form, you represent that you have the authority to enroll those dependents indicated on this form in Lifelock services and you further agree to Lifelock’s Terms & Conditions which can be found at www.lifelock.com/terms on behalf of yourself and any other members of your family you are enrolling as indicated. Please contact the Benefit Alliance customer service department for the cancellation policy or a copy of Lifelocks Terms and Conditions.

See Reverse Side
I have read the Group Limited Accident & Sickness Plan enrollment materials and accept the terms and conditions outlined in them. I understand no benefits will be paid for any medical condition or illness due to a pre-existing condition for up to 6 months for myself or my dependents. The 6 month period will be reduced based on prior creditable coverage as shown by a Certificate of Prior Creditable Coverage which I must provide. A pre-existing condition is any disease, illness, sickness, or injury which was diagnosed or treated by a Doctor or required taking prescribed drugs or medicines within the 6 month period immediately preceding the effective date of coverage. The Limited Accident & Sickness Plan is group insurance underwritten by ACE American Insurance Company and the benefits will vary depending on the plan selected. The policy provides limited benefits on a fixed indemnity basis. I understand the policy is subject to exclusions, limitations. The limitations disclosed in the enrollment materials, policy and certificate which are made available at the time of enrollment. I understand it does NOT constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

I hereby acknowledge I have a qualified major medical plan effective:

**Group Limited Accident & Sickness Plan Enrollment Form**

**Coverage Selection**

**Tier 1**

- **Employee Only** $82.00 per month
- **Employee & Spouse** $169.00 per month
- **Employee & Child(ren)** $143.00 per month
- **Employee & Family** $232.00 per month

**Tier 2**

- **Employee Only** $103.00 per month
- **Employee & Spouse** $196.00 per month
- **Employee & Child(ren)** $165.00 per month
- **Employee & Family** $257.00 per month

**Tier 3**

- **Employee Only** $280.00 per month
- **Employee & Spouse** $586.00 per month
- **Employee & Child(ren)** $471.00 per month
- **Employee & Family** $787.00 per month

**Tier 4**

- **Employee Only** $82.00 per month
- **Employee & Spouse** $196.00 per month
- **Employee & Child(ren)** $165.00 per month
- **Employee & Family** $257.00 per month

**Monthly Cost**

* * Monthly Cost includes $4.15 per Employee Network Access Fee

**First Dollar Plan - Supplemental Coverage for Existing Qualified Major Medical Plans**

- **Plan A** $3,000/$1,500 Inpatient/Outpatient
- **Plan B** $4,000/$2,000 Inpatient/Outpatient
- **Plan C** $5,000/$2,500 Inpatient/Outpatient
- **Plan D** $6,000/$3,000 Inpatient/Outpatient

**Tier 3**

- **Employee Only** $165.00 per month
- **Employee & Spouse** $343.00 per month
- **Employee & Child(ren)** $276.00 per month
- **Employee & Family** $460.00 per month

**Tier 4**

- **Employee Only** $280.00 per month
- **Employee & Spouse** $586.00 per month
- **Employee & Child(ren)** $471.00 per month
- **Employee & Family** $787.00 per month

**Optional Stand-Alone Aktivascrips Prescription Drug Co-Pay Plan**

- **Employee Only** $21.46 per month
- **Employee & Spouse** $42.91 per month
- **Employee & Family** $53.65 per month

**Group Accident Insurance Plan**

- **Employee Only** $21.19 per month
- **Employee & Spouse** $42.91 per month
- **Employee & Family** $53.65 per month

**Chose Your Future Billing Preference**

- **Monthly Direct Billing**
- **Bank Draft Authorization**

**Total Initial Payment Must Be Enclosed**

(Make all payments payable to Special Insurance Services, Inc.)

Mail to: Leslie & Associates Benefit Alliance ◆ 17304 Preston Rd. Suite 321 ◆ Dallas, TX 75252

**Date** Signature of Employee **Daytime Phone ( )** Kelly Branch Number

I understand and acknowledge that by applying for this group insurance I am also becoming a member of the Leslie and Associates Benefit Alliance Trust. The trust is not the insurance company and has no responsibility for this insurance except to hold the master policy. This statement does not apply to the Limited Accident & Sickness Plans or Group Accident Plans underwritten by ACE American Insurance Company.

To the best of my knowledge and belief, all statements and answers are true and complete. They are offered as the basis for any insurance issued. Any person who with intent to defraud or knowingly submits an application or files a claim containing false or deceptive statements is guilty of insurance fraud. This enrollment form shall not bind the insurance company and I understand that no insurance will be in effect until my application is approved, certificate issued and the necessary premium is paid. It is understood and agreed that coverage will not become effective unless I am actively at work (not on a leave of absence) on the date of enrollment and the effective date of my coverage.

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information related to a claim was provided by the applicant.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s Office</td>
<td>$110/day for days 1-3 $75/day for days 4-6 Limited to one visit per day Maximum of 6 days per Calendar Year</td>
<td>$110/day for days 1-3 $75/day for days 4-6 Limited to one visit per day Maximum of 6 days per Calendar Year</td>
<td>$125/day for days 1-3 $90/day for days 4-6 Limited to one visit per day Maximum of 6 days per Calendar Year</td>
<td>$125/day for days 1-3 $90/day for days 4-6 Limited to one visit per day Maximum of 6 days per Calendar Year</td>
</tr>
<tr>
<td>Wellness Visits</td>
<td>Adult – $125/day Limited to one visit per day Maximum of 1 day per Calendar Year Children age 4 and under – $100/day Limited to one visit per day Maximum of 3 days per Calendar Year</td>
<td>Adult – $125/day Limited to one visit per day Maximum of 1 day per Calendar Year Children age 4 and under – $100/day Limited to one visit per day Maximum of 3 days per Calendar Year</td>
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</tr>
<tr>
<td>OP Lab Tests &amp; X-ray Expenses</td>
<td>No benefit</td>
<td>No benefit</td>
<td>Lab Tests – $50/day Limited to one service per day X-ray – $80/day Limited to one service per day Combined maximum of 6 days per Calendar Year</td>
<td>Lab Tests – $50/day Limited to one service per day X-ray – $100/day Limited to one service per day Combined maximum of 6 days per Calendar Year</td>
</tr>
<tr>
<td>Screenings</td>
<td>Mammmogram $120 according to age schedule Pap Smear or PSA test $30, Maximum 1 each per Calendar Year</td>
<td>Mammmogram $120 according to age schedule Pap Smear or PSA test $30, Maximum 1 each per Calendar Year</td>
<td>Mammmogram $120 according to age schedule Pap Smear or PSA test $30, Maximum 1 each per Calendar Year</td>
<td>Mammmogram $120 according to age schedule Pap Smear or PSA test $30, Maximum 1 each per Calendar Year</td>
</tr>
<tr>
<td>Emergency Room (Sickness Only)</td>
<td>$250/day Maximum of 1 day per Calendar Year</td>
<td>$250/day Maximum of 1 day per Calendar Year</td>
<td>$350/day Maximum of 2 days per Calendar Year</td>
<td>$500/day Maximum of 2 days per Calendar Year</td>
</tr>
<tr>
<td>Hospital Admission Benefit</td>
<td>$500 per day of confinement to Maximum of 2 days per Calendar Year</td>
<td>$500 per day of confinement to Maximum of 2 days per Calendar Year</td>
<td>$750 per day of confinement to Maximum of 2 days per Calendar Year</td>
<td>$1,000 per day of confinement to Maximum of 2 days per Calendar Year</td>
</tr>
<tr>
<td>Daily Hospital Confinement Benefit</td>
<td>Accident: $400/day confined Sickness: $200/day confined Maximum of 30 days/Calendar Year</td>
<td>Accident: $800/day confined Sickness: $500/day confined Maximum of 30 days/Calendar Year</td>
<td>$750 per day confined, Maximum of 30 days/Calendar Year (Accident or Sickness)</td>
<td>$2,000 per day confined, Maximum of 30 days/Calendar Year (Accident or Sickness)</td>
</tr>
<tr>
<td>ICU Benefit</td>
<td>Additional $600/day confined; up to 30 days per Calendar Year</td>
<td>Additional $800/day confined; up to 30 days per Calendar Year</td>
<td>Additional $800/day confined; up to 30 days per Calendar Year</td>
<td>Additional $2,000/day confined; up to 30 days per Calendar Year</td>
</tr>
<tr>
<td>Accident Medical Expenses</td>
<td>$500 per accident, 2 per Calendar Year $750 per accident, 2 per Calendar Year</td>
<td>$1,000 per accident, 2 per Calendar Year</td>
<td>$1,000 per accident, 2 per Calendar Year</td>
<td>$1,000 per accident, 2 per Calendar Year</td>
</tr>
<tr>
<td>Surgery Benefit - Inpatient</td>
<td>$2,000/day a surgery is performed, limited to only one benefit per 24-hour period up to 1 day per Calendar Year</td>
<td>$2,000/day a surgery is performed, limited to only one benefit per 24-hour period up to 1 day per Calendar Year</td>
<td>$2,000/day a surgery is performed, limited to only one benefit per 24-hour period up to 1 day per Calendar Year</td>
<td>$3,000/day a surgery is performed, limited to only one benefit per 24-hour period up to 1 day per Calendar Year</td>
</tr>
<tr>
<td>Surgery Benefit - Outpatient</td>
<td>$1,000/day a surgery is performed, limited to only one benefit per 24-hour period up to 1 day per Calendar Year</td>
<td>$1,000/day a surgery is performed, limited to only one benefit per 24-hour period up to 1 day per Calendar Year</td>
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<td>$2,000/day a surgery is performed, limited to only one benefit per 24-hour period up to 1 day per Calendar Year</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>No benefit</td>
<td>No benefit</td>
<td>Generic Drugs - $15 Copay Retail/$45 Mail Generic Oral Contraceptives - $20 Copay Retail/$60 Mail Brand name Formulary – Copay is Greater of $50 or 50% Retail/$150 or 50% mail Up to $1,000 per Calendar Year</td>
<td>Generic Drugs - $15 Copay Retail/$45 Mail Generic Oral Contraceptives - $20 Copay Retail/$60 Mail Brand name Formulary – Copay is Greater of $50 or 50% Retail/$150 or 50% mail Up to $1,000 per Calendar Year</td>
</tr>
<tr>
<td>Outpatient Physical Therapy</td>
<td>No benefit</td>
<td>No benefit</td>
<td>No benefit</td>
<td>Following Hospitalization - $50/day; one visit per day; Maximum 10 days/Calendar Year</td>
</tr>
<tr>
<td>Additional Non-Insured Services</td>
<td>PPO – Access to PHCS discounts 24 hour nurseline</td>
<td>PPO - Access to PHCS discounts 24 hour nurseline</td>
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<td>PPO - Access to PHCS discounts 24 hour nurseline</td>
</tr>
<tr>
<td>Total Monthly Cost (Includes $4.15 PPO Access Fee)</td>
<td>Employee Only $82 Employee &amp; Spouse $169 Employee &amp; Child(ren) $143 Employee &amp; Family $232</td>
<td>Employee Only $103 Employee &amp; Spouse $196 Employee &amp; Child(ren) $165 Employee &amp; Family $257</td>
<td>Employee Only $165 Employee &amp; Spouse $343 Employee &amp; Child(ren) $276 Employee &amp; Family $460</td>
<td>Employee Only $280 Employee &amp; Spouse $586 Employee &amp; Child(ren) $471 Employee &amp; Family $787</td>
</tr>
</tbody>
</table>

This information is a brief description of standard Plan options and sample rates. It is not a contract of insurance. All insurance benefits are underwritten by ACE American Insurance Company. This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act “ACA”.

Limited AS Standard Plan Design – Kelly Svcs 2015v1
11/19/2014
As healthcare choices become more and more complex, you may need options. Leslie & Associates has arranged to offer the ACE American Insurance Company Group Limited Accident & Sickness Plan. This plan is a limited benefit insurance program designed to provide indemnity benefits for common medical services such as doctor’s office visits, minor emergency room treatment for sickness, treatment for minor accidents as well as limited hospital confinement and surgical benefits. Coverage is available for eligible Employees and Spouses (ages 18-69) & dependant children under age 19 (or under 25 if full-time student).

**STANDARD TIER 1 PLAN FEATURES**
- No Deductibles - See any doctor!
- Supplements and pays regardless of any other insurance program
- Pregnancy is covered same as sickness
- Provides benefits for non-occupational injury or sickness and an annual wellness visit

Includes access to National Provider Network - If utilized it can reduce your out of pocket costs

### BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s Office Visits</td>
<td>This benefit is payable for one visit per day for treatment, care or advice received in a Doctor’s office due to a covered sickness or accident up to a maximum of 6 days per calendar year.</td>
</tr>
<tr>
<td>Wellness Benefit</td>
<td>This benefit is payable for an annual routine examination by a physician. Maximum one visit per day, one day per Calendar Year. Covered services include a history, physical examination, X-rays and laboratory tests.</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Pays $120 per day limited to one service per day according to the following age schedule: Age 35-39 - 1 day per 5 year period; Age 40-49 - 1 day every 2 years; Age 50 and above - 1 day per calendar year.</td>
</tr>
<tr>
<td>Pap Smear or Prostate Specific Antigens (PSA) Test</td>
<td>$30 per day limited to one service per day up to a maximum of one day per calendar year.</td>
</tr>
<tr>
<td>Well Child Benefit (Available with Children or Family Coverage)</td>
<td>Pays for one visit per day up to a maximum of 3 days per Calendar Year per insured dependent child age 4 or younger.</td>
</tr>
<tr>
<td>Hospital Admission Benefit</td>
<td>This benefit is payable for the first 2 days of confinement per calendar year when you are admitted to a hospital as a direct result, from no other causes, of injuries sustained in a covered accident or a covered sickness.</td>
</tr>
<tr>
<td>Daily Hospital Confinement Benefit</td>
<td>This benefit will be paid when you are admitted to a hospital as a direct result, from no other causes, of injuries sustained in a covered accident or a covered sickness. Benefits begin the first day of confinement and continue up to a maximum of 30 days per calendar year. Confinement must begin within 7 days of a covered accident or sickness and last at least 24 consecutive hours.</td>
</tr>
<tr>
<td>Intensive Care Benefit</td>
<td>This additional daily benefit will be paid if you are confined in a hospital intensive care unit due to an injury in a covered accident or a covered sickness. This benefit begins the first day of confinement and continues up to a maximum of 30 days per calendar year. This benefit is paid in addition to the Daily Hospital Confinement Benefit.</td>
</tr>
</tbody>
</table>

This is only a brief summary of the ACE American Insurance Company Limited Accident & Sickness Plan. All benefits are subject to the terms, conditions, state mandated benefits, exclusions & limitations of the master group policies. You may request a copy of the full text benefit information including definitions, limitations and exclusions from Leslie & Associates, Inc.
Limitations and Exclusions

No Benefits will be paid for any loss or injury that is caused by, or results from:

1. Pre-existing Conditions occurring within the first 6 months of coverage.
2. Intentionally self-inflicted injury; suicide or attempted suicide.
3. War or any act of war, whether declared or not.
4. Experimental or Investigational drugs, services, supplies or procedures.
5. Mental and Nervous Disorders (except as provided in the policy).
7. Medical mishap or negligence, including malpractice.
8. Service in the military, naval or air service of any country or international organization.
9. Illegal Acts - Commission of, or attempt to commit, a felony. Commission of or active participation in a riot, or insurrection. Assault & battery committed by any covered person.
10. Intoxication — Alcoholism or being legally intoxicated; drug addiction or being under the influence of any narcotic, unless such is taken under the direction of a Doctor.
11. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, and Jamaica.
12. Hazardous Activities - Parachuting, skydiving, parasailing, hang-gliding, bungee-cord jumping, travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
13. Travel in an Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates.
14. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or chartered airline.
15. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
16. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license, except while participating in Driver's Education Program.
17. Treatment covered under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
18. Treatment for which the Covered Person is entitled to benefits under any Worker’s Compensation Act.
19. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
20. Experimental or Investigational surgery, Sexual transformation surgery, Sexual transgendering surgery.
21. Services related to sterilization, reversal of a vasectomy or tubal ligation. In vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered injury or sickness.
22. Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the insurance company from providing insurance, including, but not limited to, the payment of claims.

Pre-existing Condition Limitation

No benefits will be paid for Pre-existing Conditions for the first 6 months following a Covered Person’s effective date of coverage under this Policy. A Pre-existing Condition is any illness, disease or other condition, that in the 6 month period before the Covered Person’s coverage became effective under this policy (1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or (2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (3) was treated by a Doctor or treatment had been recommended by a Doctor.

This limitation does not apply to pregnancy and coverage provided to newborn and adopted children. Genetic information shall not be treated as a Pre-existing Condition in the absence of a diagnosis of the condition related to the genetic information.

Credit for Prior Coverage

A Covered Person whose coverage under prior Creditable Coverage ended not more than 63 days before his or her Effective Date of coverage under this policy will have any applicable Pre-existing Condition Limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the insurance company will only credit the days of such coverage after the break. The Covered Person must provide proof of prior Creditable Coverage.

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

MONTHLY COSTS* - TIER 1

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
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<tr>
<td>Family</td>
<td>$232.00</td>
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</tbody>
</table>

*Includes $4.15 Network Access Fee per Employee

Underwritten by ACE American Insurance Company - Applicable to Policy Form AH-18088
s healthcare choices become more and more complex, you may need options. Leslie & Associates has arranged to offer the ACE American Insurance Company Group Limited Accident & Sickness Plan. This plan is a limited benefit insurance program designed to provide indemnity benefits for common medical services such as doctor’s office visits, minor emergency room treatment for sickness, treatment for minor accidents as well as limited hospital confinement and surgical benefits. Coverage is available for eligible Employees and Spouses (ages 18-69) & dependant children under age 19 (or under 25 if full-time student).

**STANDARD TIER 1 PLAN FEATURES**
- No Deductibles - See any doctor!
- Supplements and pays regardless of any other insurance program
- Pregnancy is covered same as sickness
- Provides benefits for non-occupational injury or sickness and an annual wellness visit

**BENEFITS**

**$110 FOR DAYS 1-3, AND THEN $75 FOR DAYS 4-6 (MAXIMUM 6 DAYS PER YEAR)**

**$125 PER DAY (MAXIMUM 1 DAY PER YEAR)**

**SCREENING TEST BENEFITS**

**$100 PER DAY (MAXIMUM 3 DAYS PER YEAR)**

**$500 PER DAY (MAXIMUM 2 DAYS PER YEAR)**

**$800 PER DAY FOR ACCIDENTS OR $500 PER DAY FOR SICKNESS**

**Doctor’s Office Visits**
This benefit is payable for one visit per day for treatment, care or advice received in a Doctor’s office due to a covered sickness or accident up to a maximum of 6 days per calendar year.

**Wellness Benefit**
This benefit is payable for an annual routine examination by a physician. Maximum one visit per day, one day per Calendar Year. Covered services include a history, physical examination, X-rays and laboratory tests.

- **Mammogram** – Pays $120 per day limited to one service per day according to the following age schedule: Age 35-39 - 1 day per 5 year period; Age 40-49 - 1 day every 2 years; Age 50 and above - 1 day per calendar year.
- **Pap Smear** or **Prostate Specific Antigens (PSA) Test** — $30 per day limited to one service per day up to a maximum of one day per calendar year.

**Well Child Benefit (Available with Children or Family Coverage)**
Pays for one visit per day up to a maximum of 3 days per Calendar Year per insured dependent child age 4 or younger.

**Hospital Admission Benefit**
This benefit is payable for the first 2 days of confinement per calendar year when you are admitted to a hospital as a direct result, from no other causes, of injuries sustained in a covered accident or a covered sickness.

**Daily Hospital Confinement Benefit**
This benefit will be paid when you are admitted to a hospital as a direct result, from no other causes, of injuries sustained in a covered accident or a covered sickness. Benefits begin the first day of confinement and continue up to a maximum of 30 days per calendar year. Confinement must begin within 7 days of a covered accident or sickness and last at least 24 consecutive hours.

**Intensive Care Benefit**
This additional daily benefit will be paid if you are confined in a hospital intensive care unit due to an injury in a covered accident or a covered sickness. This benefit begins the first day of confinement and continues up to a maximum of 30 days per calendar year. This benefit is paid in addition to the Daily Hospital Confinement Benefit.

This is only a brief summary of the ACE American Insurance Company Limited Accident & Sickness Plan. All benefits are subject to the terms, conditions, state mandated benefits, exclusions & limitations of the master group policies. You may request a copy of the full text benefit information including definitions, limitations and exclusions from Leslie & Associates, Inc.
Surgical Benefits

**Inpatient** — This benefit is payable if a covered person undergoes surgery in a hospital as a result of a covered accident of sickness. Maximum of one benefit per 24 hour period up to a maximum of one day per Calendar Year.

**Outpatient** — This benefit is payable if a covered person undergoes surgery in an ambulatory surgical center as a result of a covered accident of sickness. Maximum of one benefit per 24 hour period up to a maximum of one day per Calendar Year.

Limitations and Exclusions

No Benefits will be paid for any loss or injury that is caused by, or results from:

1. Pre-existing Conditions occurring within the first 6 months of coverage.
2. Intentionally self-inflicted injury; suicide or attempted suicide.
3. War or any act of war, whether declared or not.
4. Experimental or Investigational drugs, services, supplies or procedures.
5. Mental and Nervous Disorders (except as provided in the policy).
7. Medical mishap or negligence, including malpractice.
8. Service in the military, naval or air service of any country or international organization.
9. Illegal Acts - Commission of, or attempt to commit, a felony. Commission of or active participation in a riot, or insurrection. Assault & battery committed by any covered person.
10. Intoxication — Alcoholism or being legally intoxicated; drug addiction or being under the influence of any narcotic, unless such is taken under the direction of a Doctor.
11. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, and Jamaica.
12. Hazardous Activities - Parachuting, skydiving, parasailing, hang-gliding, bungee-cord jumping, travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
13. Travel in an Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates.
14. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or chartered airline.
15. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
16. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license, except while participating in Driver’s Education Program.
17. Treatment covered under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
18. Treatment for which the Covered Person is entitled to benefits under any Worker’s Compensation Act.
19. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
21. Services related to sterilization, reversal of a vasectomy or tubal ligation. In vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered injury or sickness.
22. Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the insurance company from providing insurance, including, but not limited to, the payment of claims.

Pre-existing Condition Limitation

No benefits will be paid for Pre-existing Conditions for the first 6 months following a Covered Person’s effective date of coverage under this Policy. A Pre-existing Condition is any illness, disease or other condition, that in the 6 month period before the Covered Person’s coverage became effective under this policy (1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or (2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (3) was treated by a Doctor or treatment had been recommended by a Doctor.

This limitation does not apply to pregnancy and coverage provided to newborn and adopted children. Genetic information shall not be treated as a Pre-Existing Condition in the absence of a diagnosis of the condition related to the genetic information.

Credit for Prior Coverage

A Covered Person whose coverage under prior Creditable Coverage ended not more than 63 days before his or her Effective Date of coverage under this policy will have any applicable Pre-existing Condition Limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the insurance company will only credit the days of such coverage after the break. The Covered Person must provide proof of prior Creditable Coverage.

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage" and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.
The Enhanced Tier 3 Group Limited Accident & Sickness Plan, arranged by Leslie & Associates and underwritten by ACE American Insurance Company, is designed to provide affordable, fixed indemnity benefits for everyday medical services that can really add up during the year – doctor’s office visits for illnesses or physical exams, diagnostic lab and X-Rays, emergency room treatment for minor accidents. It also provides limited benefits for hospital & surgical expenses.

ENHANCED TIER 3 PLAN FEATURES
- No Deductibles - See any doctor!
- Pays regardless of any other insurance program
- Co-Pay Plan for Outpatient Prescription Drugs
- Limited Hospital, Surgical Benefits

Includes access to National Provider Network - If utilized it can reduce your out of pocket costs

Who Can Be Covered In the ENHANCED TIER 3 Plan?
Employees & Spouses (ages 18-69) and dependent children under age 19 (or under age 25 if a full-time student).

DEDUCTIBLES
There are NO deductibles in the ENHANCED TIER 3 Plan.

OFFICE VISITS
In or Out-of-Network – The benefit is payable for one visit per day for treatment, care, or advice received in a Doctor’s or Specialists office due to a covered sickness or accident.
Pays $125 per day for visits 1-3, and then $90 per day for visits 4-6 (limited to one visit per day to a maximum of 6 days per year)

Outpatient Eligible Services & Screening Benefits
Annual Wellness Visit - Adult $150 per day - 1 day per Calendar Year
Wellness Visits - Covered Children age 4 and under $100 per day - 3 day per Calendar Year
Screenings
- Mammogram $120 per day - frequency according to age schedule
- Pap Smear or Prostate Specific Antigens (PSA) Test $30 - per Calendar Year
- Outpatient Diagnostic X-ray for Sickness or Injury $80 - per day - 6 days per Calendar Year*
- Outpatient Diagnostic Labs for Sickness or Injury $50 - per day - 6 days per Calendar Year*
- Outpatient Surgery Benefit (one benefit per 24 hour period) $1,000 per day surgery is performed - 1 day per Calendar Year

Outpatient Prescription Drugs
The Plan includes a separate Co-pay plan for outpatient prescription drugs purchased at participating pharmacies. The plan, administered by Express Scripts, utilizes a generic formulary with a preferred drug list. The formulary is a list of all products available at one co-pay level or another. You can visit www.express-scripts.com to search for participating pharmacies. The current formulary list is available from the Leslie & Associates customer service department or website link. Please refer to the Certificate of Insurance for a complete list of exclusions and limitations.

Outpatient Prescription Drugs - Co-Pays
- Generic Formulary Drugs $15.00
- Generic Oral Contraceptive $20.00
- Brand Name Formulary Drug $50.00*

* or 50% of the discounted cost of the prescription - whichever is greater

The retail dispensing limit is a 30 day supply
Annual Maximum Rx Benefit - $1,000 per insured

MONTHLY COSTS* - TIER 3
Employee Only $165.00
Employee & Spouse $343.00
Employee & Child(ren) $276.00
Employee & Family $460.00

*Includes $4.15 Network Access Fee per Employee

SEE MORE INFORMATION ON REVERSE SIDE
Is there a Pre-existing Condition Limitation?

YES. No benefits will be paid for Pre-existing Conditions for the first 6 months following a Covered Person’s effective date of coverage under this Policy. A Pre-existing Condition is any illness, disease or other condition, that in the 6 month period before the Covered Person’s coverage became effective under this policy (1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or (2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (3) was treated by a Doctor or treatment had been recommended by a Doctor.

This limitation does not apply to pregnancy and coverage provided to newborn and adopted children. Genetic information shall not be treated as a Pre-existing Condition in the absence of a diagnosis of the condition related to the genetic information.

CREDIT FOR PRIOR COVERAGE

A Covered Person whose coverage under prior Creditable Coverage ended not more than 63 days before his or her Effective Date of coverage under this policy will have any applicable Pre-existing Condition Limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the insurance company will only credit the days of such coverage after the break. The Covered Person must provide proof of prior Creditable Coverage.

EXCLUSIONS AND LIMITATIONS - No benefits will be paid for any loss, injury or sickness that is caused by, or results from:

1. Pre-existing conditions occurring within the first 6 months of coverage.
2. Intentionally self-inflicted injury, suicide or attempted suicide.
3. War or any act of war, whether declared or not.
4. Service in the military, naval or air service of any country or international organization.
5. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. Commission of, or attempt to commit, a felony, an assault or other illegal activity.
7. Travel in or on any on-road and off-road motorized vehicle not requiring licensing as a motor vehicle.
8. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
9. Mental and Nervous Disorders (except as provided in the Policy).
10. Travel in an Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be “controlled” by the Policyholder if the Aircraft may be used by the Policyholder wishes for more than 10 straight days or more than 15 days in any year.
11. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operators license, except while participating in Driver’s Education Program.
12. Medical mishap or negligence, including malpractice.
13. Commission of, or attempt to commit, a felony, an assault or other illegal activity.
14. Assault and battery committed by any covered person.
15. Medical treatment covered under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
16. Bungee cord jumping, parachuting, skydiving, parasailing, hang-gliding.
17. Traveling in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
18. The insured is a Minor.
19. Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
20. Mental and Nervous Disorders (except as provided in the Policy).
21. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
23. Services related to sterilization, reversal of a vasectomy or tubal ligation. In vitro fertilization and any expenses incurred for diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered injury or illness.
24. Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
25. Experimental or investigational drugs, services, supplies or any procedures held to be experimental or investigatory by the insurance company at the time the procedure is done.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the insurance company from providing insurance, including, but not limited to, the payment of claims.

This is only a brief summary of the ACE American Limited Accident and Sickness Insurance Plan & Prescription Drug Plan; all benefits are subject to the terms, conditions, state mandated benefits, exclusions & limitations of the master group policies. You may request a copy of the full text benefit information including definitions, limitations and exclusions from Leslie & Associates, Inc.

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.
The Enhanced Tier 4 Group Limited Accident & Sickness Plan, arranged by Leslie & Associates and underwritten by ACE American Insurance Company, is designed to provide more coverage than other limited benefit plan choices. It provides affordable, fixed indemnity benefits designed to cover services such as doctor's office visits for illness or wellness exams including lab tests and X-Rays. It also provides higher benefit levels for hospital & surgical expenses.

**ENHANCED TIER 4 PLAN FEATURES**
- No Deductibles - See any doctor!
- Pays regardless of any other insurance program
- Includes Co-Pay Plan for Outpatient Prescription Drugs
- Higher Levels of Limited Hospital & Surgical Benefits

Includes access to National Provider Network - If used it can reduce your out of pocket costs

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**Who Can Be Covered In the ENHANCED TIER 4 Plan?**
Employees & Spouses (ages 18-69) and dependent children under age 19 (or under age 25 if a full-time student).

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**DEDUCTIBLES**
There are NO deductibles in the ENHANCED TIER 4 Plan.

In or Out-of-Network – The benefit is payable for one visit per day for treatment, care, or advice received in a Doctor’s or Specialists office due to a covered sickness or accident.

Pays $125 per day for visits 1-3, and then $90 per day for visits 4-6 (limited to one visit per day to a maximum of 6 days per year)

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**OFFICE VISITS**
Annual Wellness Visit - Adult
Wellness Visits - Covered Children age 4 and under
Screenings
  - Mammogram
  - Pap Smear or Prostate Specific Antigens (PSA) Test
  - Outpatient Diagnostic X-Ray for Sickness or Injury
  - Outpatient Diagnostic Labs for Sickness or Injury
  - Outpatient Surgery Benefit (one benefit per 24 hour period)
Outpatient Physical Therapy

* X-Ray and Lab Tests are limited to any combination of a maximum of 6 daily visits per year

**Emergency Room Visits or Accident Only Expenses**
Emergency Room Visit for Sickness Only (1 visit per day)
Accident Only Medical Expenses

**Inpatient Eligible Hospital Expense Benefits**
Hospital Admission Benefit
Daily Hospital Confinement Benefit (Sickness or Accident)
Intensive Care Benefit
Inpatient Surgery Benefit (1 benefit per 24 hour period)

**Outpatient Prescription Drugs**
The Plan includes a separate Co-pay plan for outpatient prescription drugs purchased at participating pharmacies. The plan, administered by Express Scripts, utilizes a generic formulary with a preferred drug list. The formulary is a list of all products available at one co-pay level or another. You can visit [www.express-scripts.com](http://www.express-scripts.com) to search for participating pharmacies. The current formulary list is available from the Leslie & Associates customer service department or website link. Please refer to the Certificate of Insurance for a complete list of exclusions and limitations.

### Co-Pays
- Generic Formulary Drugs $15.00
- Generic Oral Contraceptive $20.00
- Brand Name Formulary Drug $50.00*

* or 50% of the discounted cost of the prescription - whichever is greater

(The retail dispensing limit is a 30 day supply)

Annual Maximum Rx Benefit - $1,000 per insured

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**MONTHLY COSTS**

<table>
<thead>
<tr>
<th>Monthly Costs</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 280.00</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$ 586.00</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$ 471.00</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$ 787.00</td>
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</tbody>
</table>

*Includes $4.15 network access fee per employee

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The Benefit Alliance Plan

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Leslie & Associates, Inc.
Is there a Pre-existing Condition Limitation?

**YES.** No benefits will be paid for Pre-Existing conditions for the first 6 months following a Covered Person’s effective date of coverage under this Policy. A Pre-existing Condition is any illness, disease or other condition, that in the 6 month period before the Covered Person’s coverage became effective under this policy (1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or (2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (3) was treated by a Doctor or treatment had been recommended by a Doctor.

This limitation does not apply to pregnancy and coverage provided to newborn and adopted children. Genetic information shall not be treated as a Pre-existing Condition in the absence of a diagnosis of the condition related to the genetic information.

CREDIT FOR PRIOR COVERAGE

A Covered Person whose coverage under prior Creditable Coverage ended not more than 63 days before his or her Effective Date of coverage under this policy will have any applicable Pre-existing Condition Limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the insurance company will only credit the days of such coverage after the break. The Covered Person must provide proof of prior Creditable Coverage.

EXCLUSIONS AND LIMITATIONS - No benefits will be paid for any loss, injury or sickness that is caused by, or results from:

1. Pre-existing conditions occurring within the first 6 months of coverage.
2. Intentionally self-inflicted injury, suicide or attempted suicide.
3. War or any act of war, whether declared or not.
4. Service in the military, naval or air service of any country or international organization.
5. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. Commission of, or attempt to commit, a felony, an assault or other illegal activity.
7. Commission of or active participation in a riot or insurrection.
8. Bungee cord jumping, parachuting, skydiving, parasailing, hang-gliding.
9. Flight in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
10. Travel in or on any on-road and off-road motorized vehicle not requiring licensing as a motor vehicle.
11. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operators license, except while participating in Driver’s Education Program.
12. Medical mishap or negligence, including malpractice.
13. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
14. Travel in an Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be “controlled” by the Policyholder if the Aircraft may be used by the Policyholder wishes for more than 10 straight days or more than 15 days in any year.
15. While the covered person is legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurs.
16. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor unless specifically provided herein.
17. Treatment for which the covered person is entitled to benefits under Worker’s Compensation Act.
18. Treatment covered under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
19. Assault and battery committed by any covered person.
20. Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
21. Mental and Nervous Disorders (except as provided in the Policy).
22. Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
23. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
25. Services related to sterilization, reversal of a vasectomy or tubal ligation. In vitro fertilization and any expenses incurred for diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered injury or sickness.
26. Experimental or investigational drugs, services, supplies or any procedures held to be experimental or investigatory by the insurance company at the time the procedure is done.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the insurance company from providing insurance, including, but not limited to, the payment of claims.

This is only a summary of the ACE American Limited Accident and Sickness Insurance Plan & Prescription Drug Plan; all benefits are subject to the terms, conditions, state mandated benefits, exclusions & limitations of the master group policies. You may request a copy of the full text benefit information including definitions, limitations and exclusions from Leslie & Associates, Inc.

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.
The Choice is Yours

Plan 1 (Low) provides coverage for the most common dental procedures. Plan 2 (High) also offers valuable protection, and provides increased benefits over Plan 1.

Your plan pays the indicated percentages of Allowable Charges for covered services that are listed here and described in your Group Certificate. Benefits are paid after any applicable deductible has been met, up to the Annual Maximum. Allowable Charges are based on the usual and customary charges being made by providers in the area where the dental services are performed.

Eligibility

Employees working an average of 24 hours per week, spouse and unmarried dependent children under age 19 (age 19 through 24 if full-time student).

**DENTAL PLAN 1 (Low) Services**

| Benefit Maximum, Per Person, Per Calendar Year | $1,000 |
| Insured Percentage Allowable Charge, Per Person, Per Calendar Year |  |
| Type I | Type II |
| During 1st Year | 80% | *50% |
| During 2nd Year & thereafter | 100% | 80% |
| Deductible, Per Person, Per Calendar Year | $50 |
| Family Deductible | $150 |

*Initial benefits subject to 2 month waiting period after the effective date

**DENTAL PLAN 2 (High) Services**

| Benefit Maximum, Per Person, Per Calendar Year | $1,000 |
| Insured Percentage Allowable Charge, Per Person, Per Calendar Year |  |
| Type I | Type II | Type III |
| During 1st Year | 80% | *50% | *10% |
| During 2nd Year | 100% | 80% | 25% |
| During 3rd Year & thereafter | 100% | 80% | 50% |
| Deductible, Per Person, Per Calendar Year | $50 |
| Family Deductible | $150 |

*Initial benefits subject to 2 month waiting period after the effective date

See reverse side for dental service types, limitations and exclusions
DENTAL PLAN 1 (Low) Services

Type I Diagnostic & Preventative Dental Services, including:

- Routine Oral Examinations – up to 2 per Calendar Year
- Prophylaxis (routine cleanings) – up to 2 per Calendar Year
- Fluoride Treatment – one treatment per Calendar Year
- Only for insured dependent children through age 15
- Space Maintainers – Only for children through age 15
- (includes adjustments within 6 months of installation)
- X-Rays:
  - Bitwing films – up to 4 per Calendar Year
  - Panoramic Full Mouth X-Rays – one complete full mouth series or panoramic film in any 5 consecutive years.
- Other Dental X-Rays (needed to diagnose a specific dental condition) – Maximum of 6 per Calendar Year.

Type II Basic Dental Services, including:

- Sealants – once per permanent molar in any 3 Calendar Years
- Only for insured dependent children through age 17
- Fillings
  - Benefits for composite fillings of posterior (back) teeth limited to amount payable for an equivalent amalgam filling.
  - Multiple restorations on one surface will be treated as a single filling
  - Replacement fillings for a tooth or tooth surface which was filled within the last 12 months are not covered
- Pin retention – included in addition to restoration
- Prefabricated stainless steel or resin crowns - one per tooth in any 5 consecutive years.
- Only for insured dependent children through age 15
- Emergency exams; treatment; injections of antibiotics
- Pathology – biopsy and examination of oral tissue
- Oral Surgery (see policy for complete list of procedures)
  - Simple extractions & Surgical removal of erupted teeth
  - Removal of impacted tooth (soft tissue or bony)
- Reimplantation of tooth or tooth bud due to accident
- Incision & drainage of abscess
- General Anesthesia or IV Sedation - in connection with a Necessary complex oral surgery or when medical condition or health factors render anesthesia a medical necessity
- Repair or recementation of inlays, crowns and bridges; Repair of partial dentures.
- Endodontics – including root canal therapy; pulpotomy; root amputation, hemisection; apexification; apicoectomy

Exclusions

General Exclusions

The plan does not cover services started before the 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.

Benefits are not payable for the initial placement of a prosthetic appliance or fixed bridge unless it is replacing teeth extracted or accidently lost while covered. The policy does not cover the cost of implants, cosmetic procedures, athletic mouth guards, orthodontics, appliances to correct harmful habits or the replacement cost of lost or stolen dental appliances. The policy excludes the treatment of TMJ or congenital malformities, except as required by state law.

Benefits are not payable for services provided by an ambulatory surgical facility, hospital, any other facility; an anesthesiologist; for medications administered outside the dentist's office; for prescription drugs; or for analgesia, sedation, hypnosis or acupuncture administered for the purpose of alleviating anxiety or apprehension.

Plan benefits are not payable for a condition for which the claimant is eligible for benefits under Worker's Compensation or a similar law; or for a condition that is 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.

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Optional Services provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds $300, it should be submitted to the insurance company for an estimate of benefits payable.

This is not a Certificate of Coverage. This is a merely a summary of benefits. To review a more detailed explanation of benefits and limitations, you may request a copy of the full text benefit information from Leslie & Associates.

## Vision Care Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Member Cost</th>
<th>Out-of-network Reimbursement</th>
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</thead>
<tbody>
<tr>
<td><strong>Exam with Dilation as Necessary</strong></td>
<td>$20 Co-Pay</td>
<td>Up to $40</td>
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<tr>
<td><strong>Exam Options</strong></td>
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<td></td>
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<tr>
<td>Standard Contact Lens Fit &amp; Follow-Up*</td>
<td>Up to $55</td>
<td>N/A</td>
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<tr>
<td>Premium Contact Lens Fit &amp; Follow-Up**</td>
<td>10% off retail price</td>
<td>N/A</td>
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<tr>
<td><strong>Frames:</strong></td>
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<tr>
<td>$100 Allowance; 20% off Balance over $100</td>
<td>Up to $50</td>
<td></td>
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<tr>
<td><strong>Standard Plastic Lenses:</strong></td>
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<td></td>
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<tr>
<td>Single Vision</td>
<td>$20 Co-Pay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$20 Co-Pay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$20 Co-Pay</td>
<td>Up to $65</td>
</tr>
<tr>
<td>Standard Progressive (add-on to bifocal)</td>
<td>$20 Co-Pay</td>
<td>Up to $55</td>
</tr>
<tr>
<td><strong>Lens Options (paid by the member and added to the base price of the lens):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tint (Solid &amp; Gradient)</td>
<td>$15 fee</td>
<td>N/A</td>
</tr>
<tr>
<td>UV Coating</td>
<td>$15 fee</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Scratch-Resistance</td>
<td>$15 fee</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Polycarbonate</td>
<td>$40 fee</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Anti-Reflective</td>
<td>$45 fee</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Add-ons and Services</td>
<td>20% off retail price</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Contact Lenses: (covers materials only; in lieu of standard plastic lenses):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$115 allowance; 15% off balance over $115</td>
<td>Up to $92</td>
</tr>
<tr>
<td>Disposables</td>
<td>$115 allowance; plus balance over $115</td>
<td>Up to $92</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Paid in Full</td>
<td>Up to $200</td>
</tr>
<tr>
<td><strong>LASIK and PRK Vision Correction</strong></td>
<td>15% off retail price OR 5% off promotional pricing</td>
<td></td>
</tr>
<tr>
<td><strong>Frequency:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td>Lenses or Contact Lenses</td>
<td>Once every 12 months</td>
<td></td>
</tr>
</tbody>
</table>

### Additional Purchases and Out-of-Pocket Discount

Member will receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses after initial benefit is exhausted. 20% discounts on items not covered by the plan at network Providers (does not apply to professional services or contact lenses)

### Monthly Fee

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$9.00</td>
</tr>
<tr>
<td>Employee &amp; One (Spouse or Child)</td>
<td>$16.50</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$24.50</td>
</tr>
</tbody>
</table>

---

The EyeMed network consists of private practice optometrists, ophthalmologists, and opticians who deliver high quality patient care. In addition to these eye care professionals, EyeMed also offers services through the country’s leading optical retailers such as LensCrafters and most Sears Optical, Target Optical and most Pearle Vision locations.

The Benefit Alliance Plan

Leslie & Associates, Inc.
Network Providers
The EyeMed Vision Care network is national, with over 40,000 providers including private practice optometrists, ophthalmologists, opticians and LensCrafters, most Pearle Vision Centers, most Sears Optical and Target Optical locations throughout the country. You may call toll-free 1-866-723-0513 or visit www.eyemedvisioncare.com for the nearest EyeMed Provider.

Claim Forms
With EyeMed Vision Care, you do not need to obtain a claim form, so receiving your benefit is as easy as visiting the nearest participating eye care provider.

Referrals
Your vision care benefit can be accessed directly, without obtaining a referral from your primary care physician. If the optical provider detects a condition that requires further examination by your primary care physician, the provider will recommend that you see your primary care physician.

Exam Options - Contact Lens Fit and Follow-Up
Your plan gives every participant the opportunity to receive a frame and spectacle lenses or contact lenses. If you wear or would like to wear contact lenses, your eye care professional will perform additional services including contact lens fitting and follow-up care. *Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (i.e, disposables, frequent replacement). **Premium Contact Lenses Fitting - all lens designs, materials and speciality fittings other than standard contact lenses (i.e, toric, multifocal, etc.), Please refer to your benefit description to review the details for coverage for contact lenses.

Contact Lens Allowance
Your contact lens allowance applies to contact lens materials only. For conventional contact lenses, you will receive an additional 15% off the amount that exceeds the allowance. Please be advised that any balance resulting from the purchase of contact lenses are the responsibility of the member.

Coverage For An Out-of-Network Provider
Your vision care plan is designed to provide the best care at the most affordable cost to employees. It is for this reason that coverage for an exam, applies only to the services and products received from an EyeMed provider. If you choose to visit a doctor not in the EyeMed network, you may still receive eyeglass material from an EyeMed provider and apply them to your vision benefit. If you choose contact lenses, the EyeMed provider will perform additional services related to the purchases of contacts. You are responsible for any remaining balance related to these services.

Dependent Coverage
This plan covers both you and your dependents, if you choose that particular option when you enroll.

Benefit Descriptions And Exclusions
Lenses are single vision, bifocal (ST-25, 28 & 35), trifocals (7x28 & 7x35), and progressive, standard plastic, all powers, all sizes. Benefits shown can not be combined with any other promotional offers.

The following services are not included in your vision care benefit
- Orthoptic or vision training
- Aniseikonic lenses
- Plano non-prescription lenses (except for 20% discount)
- Two pairs of glasses instead of bifocals
- Free replacement or repair of lost or broken lenses or frames
- Medical or surgical treatment
- Services or materials covered under Workers’ Compensation
- Services or materials provided by any other group benefit providing for vision care
- Eye examinations and material required as a condition of employment

A SAMPLE OF YOUR SAVINGS

<table>
<thead>
<tr>
<th>Service</th>
<th>Average Retail</th>
<th>You Pay</th>
<th>You Save</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Exam</td>
<td>$64.00</td>
<td>$20.00</td>
<td>$44.00</td>
</tr>
<tr>
<td>$100  Frame of your choice</td>
<td>$100.00</td>
<td>$0</td>
<td>$100.00</td>
</tr>
<tr>
<td>Pair of Single Vision Lenses</td>
<td>$70.00</td>
<td>$20.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>UV Coating</td>
<td>$20.00</td>
<td>$15.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>Tint</td>
<td>$20.00</td>
<td>$15.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>Annual Premium for Employee Only</td>
<td>$96.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$274.00</td>
<td>$166.00</td>
<td>$108.00</td>
</tr>
<tr>
<td>Total Average Retail Cost</td>
<td>$274.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Total Cost</td>
<td>$166.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Total SAVINGS of 40%</td>
<td>$108.00</td>
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</tbody>
</table>
Accidents do happen and they happen fast. They happen without warning and most individuals are not prepared for the financial consequences of these occurrences. The Group Accident Indemnity Plan underwritten by ACE American Insurance Company can help protect you and your family against the additional, undesirable expenses associated with certain accidents.

### ACCIDENT BENEFITS PER INSURED

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Benefit Amount</th>
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</thead>
<tbody>
<tr>
<td>Burns (at a minimum, 2nd degree burns covering at least 25% of the body or 3rd degree burns covering at least nine inches of the body)</td>
<td>$600</td>
</tr>
<tr>
<td>Lacerations</td>
<td></td>
</tr>
<tr>
<td>Up to 2” long</td>
<td>$50</td>
</tr>
<tr>
<td>2 - 5” long</td>
<td>$100</td>
</tr>
<tr>
<td>Over 5” long</td>
<td>$200</td>
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<tr>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>Air Ambulance</td>
<td>$500</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$200</td>
</tr>
<tr>
<td>Blood/Plasma</td>
<td>$100</td>
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<tr>
<td>Hospital Admission (per accident)</td>
<td>$250</td>
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<tr>
<td>Hospital Confinement (up to 90 days)</td>
<td>$125 per day</td>
</tr>
<tr>
<td>Medical Expense Benefits for Accidents</td>
<td></td>
</tr>
<tr>
<td>Physician Charges</td>
<td>Up to $150</td>
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<tr>
<td>Emergency Room Charges &amp; Supplies</td>
<td>Up to $500</td>
</tr>
<tr>
<td>X-rays</td>
<td>Up to $150</td>
</tr>
<tr>
<td>Appliances</td>
<td>Up to $150</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment*</td>
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</tr>
<tr>
<td>Single Dismemberment</td>
<td>$10,000</td>
</tr>
<tr>
<td>Accidental Death or Double Dismemberment</td>
<td>$20,000</td>
</tr>
<tr>
<td>Accidental Death (common carrier)</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

*Stated benefits for accidental death and dismemberment are for employee coverage. Covered spouses are eligible for a benefit equal to half of the stated benefit. Covered children may receive 25 percent of the benefit.

The benefits above are for fractures requiring closed reduction and dislocations requiring closed reduction with anesthesia. Multiple fractures or dislocations or those requiring open reduction would be payable at the rate of one and one-half times the amount shown. Chip fractures would be payable at 10 percent. Recurrent dislocations of the same joint are not covered. Stress fractures are not covered.
The Statistics are Dramatic...

- Unintentional injuries continued to be the fifth leading cause of death, exceeded only by heart disease, cancer, stroke, and chronic lower respiratory diseases*
- Nonfatal injuries affect millions of Americans. In 2007, 34.3 million people - about 1 out of 9 - sought medical attention for an injury*
- The economic impact of these unintentional injuries amounted to 701.9 billion in 2008*

Where would the finances come from to offset the unexpected expenses of dealing with untimely accidents? Could most individuals afford the costs? Statistics prove that most could not.

*Source: National Safety Council, Injury Facts 2010

MONTHLY PREMIUM RATES

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Premium</th>
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<tbody>
<tr>
<td>Employee Only</td>
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</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$28.12</td>
</tr>
<tr>
<td>Employee &amp; Dependent Child(ren)</td>
<td>$29.86</td>
</tr>
<tr>
<td>Family</td>
<td>$36.79</td>
</tr>
</tbody>
</table>

Limitation And Exclusions

We will not pay benefits for any loss or injury that is caused by, results from, or is contributed to by:

1. Suicide or attempted suicide, intentionally self-inflicted injury;
2. War or any act of war, whether declared or not;
3. A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. Sickness, disease, or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline; bungee jumping, parachuting, skydiving, parasailing, hang-gliding.
6. Injury that occurs while the Covered Person is legally intoxicated (as determined by that state's law) or while under the influence of any drug unless administered under the advice and consent of a Doctor.
7. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice.
8. Commission of, or attempt to commit, a felony.
9. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except as provided by the Common Carrier Benefit.
10. Participation in any motorized race or speed contest.
11. Commission of or attempted commission of a criminal act by an Insured.
12. Injury sustained while participating in any organized or professional or semi-professional sports.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit ACE American Insurance Company from providing insurance, including, but not limited to, the payment of claims.

Accident Medical Expense Benefits

Accident Medical Expense Benefits are only payable:

1. For usual and customary charges. “Usual and customary charge” means the average amount charged by most providers for treatment, service, or supplies in the geographic area where the treatment service, or supply is provided.
2. For those medically necessary covered expenses that the covered person receives; and
3. If the first incurred expenses are a result of an injury or covered accident occurring after the effective date of coverage.

Termination of the Certificate

An insured's individual's coverage will end on the earliest of the date the Policy terminates; the period ends for which premium is paid; or the date he or she is no longer eligible.

Portability

If you cease employment with your employer, you may elect to continue your coverage. You must have been continuously insured for at least 6 months under this plan and/or the prior plan just before the date your employment terminated. You may continue the coverage you had on the date employment was terminated, including dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons: a). you failed to pay the required premium; b). having attained age 70;
2. To keep the insurance in force you must: a). make a written application to the company within 31 days after the date your insurance would otherwise terminate; b). pay the premium to the company no later than 31 days after the date your insurance would otherwise terminate.
3. Insurance will cease on the earliest of these dates: a), the date you failed to pay any required premium; b). the date this group policy is terminated.

If you qualify for this portability privilege as described, then the same benefits, plan provisions, and premium rate as shown in the previously issued certificate will apply.

Underwritten by ACE American Insurance Company - Applicable to Policy Form AH-10891
THE PROBLEM
Today’s prescription medications are more effective than ever before — but they’re also more expensive. The growing need for prescription drugs is putting tremendous financial pressure on many people who do not have prescription drug coverage.
- The cost of drugs is rising faster than any other health care cost.
- Many plans are now excluding or restricting the purchase of prescription drugs.
- Many plans require an annual deductible or cut-off benefits after a $500 annual maximum.

THE SOLUTION
A non-profit prescription drug cooperative designed to provide worthwhile savings to members. Each member pays affordable monthly dues into a non-profit cooperative fund that subsidizes the purchase of prescription drugs for every member. The plan benefits include:
- $20 co-pay for most generic drugs including generic oral contraceptives.
- Subsidized savings on brand name drugs — up to 35%.
- Over 54,000 participating retail pharmacies.
- Walgreens is the designated mail-order service pharmacy.

How the Co-op Works
Benefit Alliance members are eligible to join ActivaScrips — a non-profit membership cooperative established to allow individuals to pool monthly dues to partially subsidize the purchase of their generic prescription drugs. RESTAT is the pharmacy benefits manager for ActivaScrips. This program allows individuals to keep the cost of their prescription drugs at affordable levels. This is not an insurance plan.

Benefit Alliance ActivaScrips Benefits

Generic Prescription Drugs from a Retail Pharmacy
For each 30-day supply of a generic drug you will pay either a co-payment of $20 or 60% of the discounted cost of the generic prescription (whichever is greater). The maximum eligible covered expense for each individual generic prescription or refill is $2,000; therefore the plan will pay a maximum of $800 for any given generic prescription or refill.

Generic Prescription Drugs from the Mail-Order Pharmacy
For each 90-day supply of a generic drug you will pay either a co-payment of $60 or 60% of the discounted cost of the prescription (whichever is greater). The maximum eligible covered expense for a 90-day supply of each individual generic prescription or refill is $6,000; therefore the plan will pay a maximum of $2,400 for a 90-day supply of any given generic prescription or refill.

Brand Name Drugs
When you obtain brand name drugs from any participating retail pharmacy or from the mail-order service pharmacy, you will pay the ActivaScrips discounted price or the pharmacy’s usual & customary price; whichever is less.

MONTHLY FEE
<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$21.46</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$42.91</td>
</tr>
<tr>
<td>Employee &amp; Dependent Child(ren)</td>
<td>$32.38</td>
</tr>
<tr>
<td>Family</td>
<td>$53.65</td>
</tr>
</tbody>
</table>

SEE MORE INFORMATION ON REVERSE SIDE
**Easy to Use**
Upon enrollment you will receive an ActivaScrips Certificate of Membership, which explains your benefits, along with your Benefit Alliance member identification card. You can visit www.RESTAT.com to locate convenient retail pharmacies or call the toll-free number provided with your membership certificate to order from the mail-order pharmacy.

**Participating Retail Pharmacy**
Simply present your Benefit Alliance identification card with the RESTAT logo to any participating pharmacy along with your prescriptions. The pharmacist enters the data and transmits it electronically to RESTAT's (the pharmacy benefit manager) computer that will calculate the appropriate co-payment for the pharmacist.

**Walgreens Mail-Order Service Pharmacy**
The mail-order service pharmacy may be accessed by using the toll-free 800 number included with your certificate of membership.

**Membership Eligibility**
Acceptance is guaranteed to anyone under the age of 65. All members are automatically eligible for benefits immediately upon the effective date of membership. Members previously enrolled who have terminated or canceled coverage must wait two years before enrolling again.

**Monthly Membership Dues**
The ActivaScrips non-profit prescription drug plan is not an insurance plan. Funding for the prescription drug benefits is derived exclusively from the membership dues paid by the member. Therefore, you should be aware that when you participate in this non-profit prescription drug cooperative, your monthly dues and/or benefits may change at any time without notice. This is the only way ActivaScrips can be certain that money will be available at all times to pay for the benefits provided by your membership in ActivaScrips. The monthly dues are established with the intention that they will not change for a period of one year or longer.

**Limitations** *(applies to generic drugs only)*
Benefits are not available with respect to the following:
Non-prescription (non-legend) drugs, injectable drugs, drugs or agents for impotency, anorexiants, cosmetic drugs, investigational or experimental drugs, syringes, disposable needles, therapeutic devices or appliances, support garments, biological sera, blood or blood plasma, oxygen (including administration), immunization agents, drugs administered where dispensed, refills in excess of the number authorized, and drugs dispensed more than one year after the date of prescription. Also not covered are drugs purchased in excess of a 30-day supply at a participating retail pharmacy or in excess of a 90-day supply at the mail-order service pharmacy. Finally, all prescriptions purchased must be obtained from a participating pharmacy in order to be eligible for any subsidy.

**Maximum allowable supply for each prescription filled or refilled:**

- **From a participating retail pharmacy:** the lesser of a 30-day supply or 120 unit doses; a 90-day supply may also be purchased from any Walgreens retail pharmacy.

- **From the mail-order service pharmacy:** the lesser of a 90-day supply or 360 unit doses.
Who’s Eligible?
All employees working an average of at least 20 hours per week are eligible to apply for coverage.

Employees who purchase coverage on themselves may apply for coverage for their spouses (under age 70) and dependent children who are over 14 days of age and under 19 years of age. Children who are full-time students, wholly dependent upon you for support, are eligible up to age 25.

Amount of Insurance
You may elect an amount of life insurance which includes Accidental Death & Dismemberment benefits. Your insurance will reduce at age 70 and your spouse's insurance will terminate at age 70.

Guarantee Issue
No physical examinations are required for you, your spouse or your dependent children.

You are guaranteed up to $100,000 of insurance on your life provided you are under age 70 and actively at work (not on leave of absence) on the day your insurance is to become effective.

Your spouse is guaranteed insurance (up to 50% of the employee coverage amount - not to exceed $50,000) on his or her life provided he or she is under age 70 and not hospital-confined on the day the insurance becomes effective and is performing the normal activities of a person of like age and sex.

Your eligible dependent children are guaranteed up to $10,000 of insurance provided they qualify under the same provisions applicable to a spouse (see above).

Effective Dates
When initial premiums are received by the insurance company on or before the 20th day of a given month, the insurance for you and your spouse will be effective the first day of the following month.

NOTE: You must be actively at work (not on leave of absence) on the day your insurance is to take effect. If you are not, your insurance will take effect on the day you resume such work. Your spouse and dependent children must not be hospital-confined and must be performing the normal duties of a person of like age and sex on the day their insurance is to take effect. If they are not, their insurance will take effect on the day they return to normal activities.

Accidental Death & Dismemberment Benefits
If death occurs due to an accidental injury, the AD&D benefit amount (equal to the basic life amount) will be paid to the beneficiary in addition to the basic life insurance amount.

If loss of a limb or eyesight occurs due to an accidental injury, a specific amount, related to the AD&D maximum amount, will be paid to the insured. The total payment for all losses due to any one accident will not be more than the full amount of insurance.

AD&D benefits are not payable for loss due to: intentional self-inflicted injury; war or act of war; participation in a riot or violent disorder; bodily or mental infirmity; medical or surgical treatment; poisoning of any form, inhalation of gas or fumes; the act of a felony; operating a motor vehicle under the influence of any intoxicant; travel or flight in any type of aircraft, except solely as a passenger in a licensed civil aircraft for the sole purpose of transportation only.

Dependent children are not eligible for AD&D benefits. The waiver of premium does not apply to AD&D.

Waiver of Premium*
If you become totally disabled prior to age 60, and remain so for six consecutive months, your insurance will remain in force without payment of premiums for a period of time as long as your total disability continues and you provide proof of disability as required.

Living Benefits*
A living (or accelerated) benefit provides terminally ill insureds under age 60 with the option of receiving up to 75% of their life insurance benefit while they are alive. An insured must have been insured at least 12 months and have a life expectancy of 12 months or less.

Your spouse is guaranteed insurance (up to 50% of the employee coverage amount - not to exceed $50,000) on his or her life provided he or she is under age 70 and not hospital-confined on the day the insurance becomes effective and is performing the normal duties of a person of like age and sex.

Your eligible dependent children are guaranteed up to $10,000 of insurance provided they qualify under the same provisions applicable to a spouse (see above).

Effective Dates
When initial premiums are received by the insurance company on or before the 20th day of a given month, the insurance for you and your spouse will be effective the first day of the following month.

NOTE: You must be actively at work (not on leave of absence) on the day your insurance is to take effect. If you are not, your insurance will take effect on the day you resume such work. Your spouse and dependent children must not be hospital-confined and must be performing the normal duties of a person of like age and sex on the day their insurance is to take effect. If they are not, their insurance will take effect on the day they return to normal activities.

*These benefits are available for employees only – they do not apply to spouse and/or child coverage.
When Insurance Terminates
A sample of when insurance ends:
• Required premium remains unpaid after a due date;
• Upon termination of employment or retirement;
• The employee reaches age 80; spouse reaches age 70;
• Dependent children reach age 19 (25 for full-time students);
• The master group policy ends

Portability or Conversion Feature
If coverage ends due to termination of employment, you can apply to become insured subject to the Portability or Conversion Feature prior to the expiration of the 31 day period immediately following the date your insurance terminated under the group policy. You may choose to convert your coverage to an individual policy without evidence of good health.

Exclusion
Benefit claims for deaths due to suicide are excluded for a period of two years from the insured’s effective date of coverage. (may vary by state law).

A+ Rated Insurance Company
Your group term life insurance plan is underwritten by Lincoln National Life Insurance Co. A.M. Best Company, a leading independent analyst of insurance companies, has rated Lincoln National A+ (Superior), basing its opinion on the relative financial strengths and performances of insurers.

This is only a summary of the Group Term Voluntary Life Insurance Plan and is subject to the terms, conditions and limitations of the group policy. You may request a copy of the full text benefit information from Leslie & Associates.

GROUP TERM LIFE PLAN SCHEDULE

Employee Plan $50,000, $75,000 or $100,000
Spouse Plan $25,000 or $50,000 (not to exceed 50% of Employee Coverage Amount)

NON-SMOKER

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>AGES 18-29</th>
<th>AGES 30-34</th>
<th>AGES 35-39</th>
<th>AGES 40-44</th>
<th>AGES 45-49</th>
<th>AGES 50-54</th>
<th>AGES 55-59</th>
<th>AGES 60-64</th>
<th>AGES 65-69</th>
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SMOKER

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DEPENDENT CHILD COVERAGE

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Coverage will be reduced by 50% at age 70 and will terminate at age 70 for spouses. All coverage terminates at retirement.
An accident or illness can strike anyone at any time. If you are unable to work because of a disabling sickness or injury, disability insurance can protect your most important asset — your income!

**Eligibility**
You are eligible to participate if you are actively working (not on leave of absence) an average of at least 24 hours a week at your usual place of employment.

**Benefits Available**
Short-term disability pays a specific weekly benefit if you become disabled due to an injury or sickness that is not job-related.

To receive total disability benefits, you must be totally disabled, under the regular care of a physician and unable to perform any work for pay or profit due to an injury or sickness that is not job-related. To receive partial disability benefits, you must become partially disabled, be engaged in partial disability employment earning at least 20% of your basic weekly earnings when partial disability employment begins and be under the regular care of a physician.

**Basic Weekly Pay Definition**
Basic Weekly Pay is defined as the weekly rate of pay from an employer in effect the day before the total disability begins. It excludes bonuses, overtime pay or other extra compensation.

**Elimination Period & Benefit Duration**
The elimination period is the number of days of continuous disability before benefits begin.

The benefit duration is the maximum number of weeks you may receive disability benefits.

Samples of when benefits will end: on the date you fail to give required proof of continuing disability; your disability ends; or the maximum benefit period ends. Required premium remains unpaid after a due date; you are no longer eligible; retirement. If the group policy ends and you are considered disabled by the insurance company, it will not act to end the maximum benefit period.

**Pre-Existing Condition Exclusion**
Benefits will not be payable for any disability which is caused by, contributed to by, or resulting from an injury, disease, sickness, pregnancy or mental disorder for which you have visited or consulted a physician, hospital or medical facility or took clinical tests or received treatment within the 12 months before becoming insured under this plan. This includes (but is not limited to) taking pills, injections or other medications to treat any condition. This exclusion will not apply after you have been insured under this policy for at least 12 months.

**Reduction of Income Benefits**
Any time the total of the weekly benefit you are receiving from this policy and your income from other sources exceeds 100% of your pre-disability weekly earnings, the weekly benefit under this policy will be reduced. Income from other sources includes but is not limited to: income received from any compulsory benefit act or law; any disability benefits or retirement benefits the Insured Person receives under a Retirement Plan; The Federal Social Security Act or the Railroad Retirement Act; unemployment insurance; any earnings the Insured Person earns or receives from any form of unemployment.

**Successive Periods of Disability**
Successive periods of disability will be considered one period and will allow continuation of benefits if you return to work for less than two weeks. A new elimination period does not need to be satisfied if the successive period of disability is the result of the same cause as the original disability. The maximum benefit duration continues to accumulate from the date disability recurs.

**Maternity Benefits**
Benefits for disability due to pregnancy or its complications will be paid the same as any other sickness, but will be subject to any pre-existing conditions limitation which applies to your plan.

**Income Increase**
If other income benefits are increased after the first week that benefits are paid for a period of disability, such increase will not be used to determine the weekly benefit reduction.

**Exclusions**
No weekly benefits will be paid for a disability due to: intentional self-inflicted injury or suicide attempt; result of a sickness or injury covered by Worker’s Compensation; a job-related sickness or injury; any period you are no longer under the regular care of a physician; a war (declared or undeclared) or any act of war.

**A+ Rated Insurance Company**
The group disability plan is underwritten by Lincoln National Life Insurance Company, 8801 Indian Hills Drive, Omaha, NE 68114. A.M. Best Company, a leading independent analyst of insurance companies, has rated Lincoln National Life A+ (Superior), basing its opinion on the relative financial strengths and performances of insurers.

SEE MORE INFORMATION ON REVERSE SIDE
### Short-Term Disability Benefit Provisions

- **Maximum Benefit Percentage**: 50% of Weekly Pay
- **Maximum Weekly Benefit**: $1,000
- **Day Benefits Begin**: 1st Day for Accident; 8th Day for Sickness
- **Benefit Duration**: 26 Weeks
- **Benefit Coordination**: Standard STD; Coordinates with NY State Plan
- **Pre-Existing Condition Exclusion**: 12 months
- **Occupation**: Non-Occupational Disabilities Only
- **Coverage Ends**: Upon Termination of Employment or Retirement

### Premium Costs Per Month

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*This is only a summary of benefits and is subject to the terms, conditions and limitations of the group policy. You may request a copy of the full text benefit information from Leslie & Associates.*
Because of the increasing cost of healthcare, the cost of major medical insurance continues to increase. In an effort to help control these increases, Insurance companies as well as many employer sponsored group medical plans are issuing policies with higher deductibles, copays and co-insurance requirements resulting in substantially increased “out-of-pocket” costs to many individuals and families. These increased costs can easily total several thousand dollars and possibly create potential financial burdens.

The First Dollar Plan is a Supplemental Medical Expense Insurance Plan designed to reimburse the costs of eligible “out-of-pocket” major medical policy deductibles and co-insurance expenses.

In fact, the First Dollar Plan may even help to reduce your cost of maintaining major medical insurance by allowing you to purchase a major medical policy with a higher deductible and co-insurance requirements - and correspondingly lower premiums.

**KEY BENEFITS**

- The First Dollar Plan is an affordable option underwritten by Companion Life Insurance Company; you may select from several First Dollar Plan policy designs
- The Plan provides both Inpatient and Outpatient benefits
- Payments made by the First Dollar Plan can be paid to you or your providers if benefits are assigned
- Payments made by the First Dollar Plan will be credited toward the deductibles and co-insurance requirements of your major medical insurance policy – you must have a major medical plan (does not include Medicare, Medicaid, CHAMPUS or TRICARE) in force in order to receive benefits from the First Dollar Plan.
- You may purchase the First Dollar Plan for yourself, you and your spouse, you and your children or your family
- As a Benefit Alliance member, the First Dollar Plan will work with any major medical plan - either an employer group major medical plan or an individually purchased plan - in which you are enrolled and is in force at the time of a claim
- The First Dollar Plan uses the itemized bills and your major medical policy’s EOB (explanation of benefits) as the basis for determining what is covered and how benefits will be paid

**First Dollar Plan InPatient Hospital Confinement Benefits:**

In order for First Dollar Plan Hospital Confinement Benefits to be paid, the expense must be an eligible charge covered by your major medical policy. First Dollar Plan Inpatient Hospital Benefits may include but are not limited to:

- Coverage for eligible “out-of-pocket” expenses resulting from an in-hospital confinement, including emergency room treatment for an injury or sickness if the insured is admitted to the hospital within 24 hours of treatment. If in-hospital confinement is not required in the case of emergency room treatment, the emergency room benefit will be paid under the First Dollar Outpatient benefit.
- Coverage for eligible “out-of-pocket” expenses incurred by inpatient hospital stays, inpatient surgeries, and physician's in-hospital charges resulting from the treatment of an injury or sickness.
- Coverage for eligible “out-of-pocket” expenses related to pregnancy are covered the same as any other illness for you or your insured spouse if pregnancy is covered under a qualified major medical plan. Pregnancy (except for complications of pregnancy) is not covered for dependent children, unless required by state law. Routine nursery care for dependent children is not a covered expense under the InPatient hospital confinement benefit.
- First Dollar Plan benefit limits are based on your major medical policy’s per-calendar-year “out-of-pocket” maximum. Per-covered-person maximums should coincide with the deductibles and coinsurance amounts established within your major medical coverage. Maximum inpatient benefit levels should not exceed the total of the individual in-network deductible and coinsurance maximums under your major medical policy.

**First Dollar Plan OutPatient Benefits:**

The intent of the First Dollar Outpatient Benefit is to cover those “out-of-pocket” expenses related to treatment, supplies and other non-physician related outpatient charges that may be your financial responsibility due to the deductible and co-insurance provisions of a major medical policy. The Outpatient Benefits do not cover physician’s office visit charges or copays. First Dollar Plan OutPatient Hospital Benefits may include but are not limited to:
- Coverage for eligible “out-of-pocket” expenses resulting from emergency room treatment for injury or sickness
- Coverage for eligible “out-of-pocket” expenses incurred due to outpatient surgery in an out-patient facility, emergency facility or physician’s office
- Coverage for eligible “out-of-pocket” expenses incurred due to diagnostic testing, but not limited to, x-rays, diagnostic lab tests, MRI’s and CAT scans
- Coverage for eligible “out-of-pocket” expenses incurred due to outpatient radiation therapy or chemotherapy
- Coverage for eligible “out-of-pocket” expenses incurred due to physical therapy or chiropractic care
- Coverage for eligible “out-of-pocket” expenses related to durable medical equipment if dispensed to an insured person in a hospital or provider’s office

The First Dollar Plan does not cover charges for visits to a physician’s office. The intent of the Outpatient Benefit is to cover eligible “out-of-pocket” expenses for treatments, supplies and other non-physician related charges. The total calendar year “per person” maximum benefit payable, whether paid as Inpatient or Outpatient benefits, shall not exceed the total Inpatient benefit for the plan selected. First Dollar Plan OutPatient Benefits are paid on a “per person per calendar year” basis with a family maximum limit equal to two (2) times the “per person” limit. This maximum applies to the entire family unit, regardless of the number of covered persons within the family unit. The benefit payable for any single family member cannot exceed the “per person” outpatient benefit limit.

### FIRST DOLLAR PLAN RATES & BENEFIT OPTIONS

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*Per individual family member per calendar year
**Maximum two per family per calendar year

This policy does not pay 100% of out-of-pocket expenses. Exclusions, limitations and other provisions apply.

For an expense to be eligible under the First Dollar Plan, it must be covered by your major medical plan. If an expense is denied by your major medical plan, it will not be covered by the First Dollar Plan. In addition, benefits will not be paid for losses caused by or resulting from any one or more of the following:

1. Prescription Drugs.
2. Wellness or preventative care; well newborn care, whether inpatient or outpatient.
3. Mental or nervous disorders.
4. Alcoholism, drug addiction, or complications thereof.
5. Durable medical equipment, unless dispensed in a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment.
6. Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary.
7. Confinement or other covered treatment for Dental or Vision care not related to an accidental Injury.
8. Suicide or intentionally self-inflicted Injury or any attempt thereof, while sane or insane (while sane in Colorado or Missouri).
9. Declared or undeclared war or any act thereof; losses for injury or sickness while an insured person is in the service of the armed forces.
10. Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the insured person is legally required to pay for the services.
11. Any hospital confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Worker’s Compensation Law, any Occupational Disease Law, or similar legislation.
12. Any hospital confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Co-Insurance payments by the insured person.
13. Any insured person engaging in any act or occupation which is a violation of the law or the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations.
14. Any hospital confinement or other treatment for Injury or Sickness if, on the insured person’s effective date of coverage, the insured person was not covered by a major medical plan.
15. Medicare, Medicaid, CHAMPUS, TRICARE or any limited benefit medical program is excluded as a major medical plan.

This is only a summary of the First Dollar Plan; all benefits are subject to the terms, conditions, exclusions and limitations of the group Master policy. You may request a copy of the full text benefit information including definitions, limitations and exclusions from Leslie & Associates.
3 LAYERS OF PROTECTION

DETECT – LifeLock uses advanced technology to constantly monitor over a trillion data points to help detect suspicious uses of your identity information to get loans, credit and services in your name.¹

ALERT – At the center of all LifeLock services is the patented LifeLock Identity Alert® system. We will send you a potential fraud alert by text, phone or email.² If you confirm that the suspicious transaction is fraudulent, your LifeLock team is on it.

RESTORE – LifeLock’s US-based Identity Protection Agents are ready to help with identity theft restoration. And if your identity is ever compromised, an Identity Restoration Specialist takes charge.

PLAN OPTIONS
LifeLock offers multiple levels of protection to allow you to choose the level of coverage that best meets your needs at a special employee benefit rate.

LifeLock Benefit Elite
Includes searching over a trillion data points every day for potential threats to your identity and to financial assets — your 401(k) and investment accounts.³ Also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.

LifeLock Advantage™
LifeLock Advantage™ service provides enhanced identity theft protection, including important notifications beyond financial and credit fraud.

LifeLock Ultimate Plus™
LifeLock Ultimate Plus™ service provides peace of mind knowing you have the most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.

LifeLock Junior® (must be enrolled with an employee)
LifeLock Junior® (if dependents under age 18 are enrolled) protection helps safeguard your child’s Social Security number and good name with proactive identity theft protection designed specifically for children.⁴

Identity fraud can damage your finances, credit and reputation. Thieves can get a new car, home or line of credit in your name. LifeLock® helps protect against identity fraud and handles things for you if fraud occurs. LifeLock protection is different than traditional credit monitoring and offers a comprehensive set of features to provide proactive protection.

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SERVICE FEATURES

LifeLock Identity Alert® System³
Lost Wallet Protection
Address Change Verification
Black Market Website Surveillance
LifeLock Privacy Monitor
Reduced Pre-Approved Credit Card Offers
Live Member Service Support
Identity Restoration Support
$1 Million Total Service Guarantee³
Stolen Funds Replacement³
Fictitious Identity Monitoring
Court Records Scanning
Data Breach Notifications
Investment Account Activity Alerts¹
Credit Card Activity Alerts¹
Checking and Savings Account Activity Alerts¹
Online Annual Credit Report
Online Annual Credit Score
Checking and Savings Account Application Alerts¹
Bank Account Takeover Alerts¹
Credit Inquiry Alerts¹
Online Annual Tri-Bureau Credit Reports
Online Annual Tri-Bureau Credit Scores
Monthly Credit Score Tracking
File Sharing Network Searches
Sex Offender Registry Reports
Priority Live Member Service Support

SEE IMPORTANT BENEFIT STIPULATIONS AND DETAILS ON THE REVERSE SIDE.
LifeLock Identity Alert® System — Actionable alerts are sent in near real time as soon as LifeLock detects your Social Security number, name, address or date of birth in applications for credit and services within their extensive network. They monitor over a trillion data points, including those for new credit cards, wireless services, retail credit, mortgages, auto and payday loans. You can choose alerts by text, phone or e-mail and respond immediately to confirm if the activity is fraudulent with their proprietary Not Me verification technology.

Lost Wallet Protection — A lost or stolen wallet can leave you stranded. If your wallet goes missing, just call — anytime, anywhere — and LifeLock will help cancel or replace the contents, helping you stop fraudulent charges so you can get back on your way. Coverage includes: credit and debit cards, driver’s licenses, Social Security cards, insurance cards, checkbooks and travelers checks (pictures, cash and cash equivalents excluded).

Address Change Verification — Mail containing financial information is vulnerable to identity thieves who may attempt to divert it. LifeLock monitors change of address requests and notifies you when they detect your personal information.

Black Market Website Surveillance — Identity thieves illegally buy, sell and trade personal information on black market Internet sites around the world. LifeLock patrols over 10,000 criminal websites and notifies you if your private data is found.

LifeLock Privacy Monitor — The LifeLock Privacy Monitor tool provides reduced public exposure of your personal information to help you keep your private information private.

Reduced Pre-Approved Credit Card Offers — LifeLock requests that your name be removed from many pre-approved credit card mailing lists, an important information source for identity thieves.

Live Member Support — LifeLock has live, U.S. based, award-winning Identity Protection Agents available to answer all your questions.

Identity Restoration Support — If your identity is compromised, an Identity Restoration Specialist will personally handle your case and help restore your identity.

$1 Million Total Service Guarantee — As a LifeLock member, if you become a victim of identity theft, LifeLock will spend up to $1 million to hire experts, lawyers, investigators, consultants and necessary professionals to help your recovery.

Stolen Funds Replacement — If you have money stolen due to identity theft, LifeLock will replace it dollar for dollar $100,000 to $1 million — based on your level of membership.

Fictitious Identity Monitoring — Scans for names and addresses associated with your Social Security number in public and credit record sources such as credit grantors, state agencies, and collection agencies to help determine if criminals are building fictitious identities to open accounts or commit fraud.

No one can prevent all identity theft.

LifeLock does not monitor all transactions at all businesses.

Court Records Scanning — Monthly court record checks for matches of your name and date of birth to criminal activity that helps protect you from being falsely associated with arrests and convictions.

Data Breach Notification — Whether it is the result of internet hackers or careless humans, breaches of confidential information happen at companies, offices and stores where you shop. LifeLock informs you of publicly reported larger scale security breaches and stolen credential events so you can take action to protect your personal information.

Credit Card, Checking & Savings Account Activity Alerts — Review your credit card, checking and savings account activity in one secure place. Receive alerts for cash withdrawals, balance transfers and large purchases to help detect fraudulent activity.

Online Annual Credit Report — Receive online access to annual credit report from a major credit bureau. Allows you to see the details of your credit history.

Online Annual Credit Score — Receive online access to annual credit score from a major credit bureau. Better understand your credit worthiness with a list of top factors used in determining your score.

Checking & Savings Account Application Alerts — Continuously searches for your personal information in new bank account applications at national banks, local banks and credit unions from coast to coast.

Bank Account Takeover Alerts — Monitors existing checking and savings accounts for unauthorized changes to personal information. Informs of changes to account contact information or attempts to add new account holders to existing accounts.

Investment Account Activity Alerts — Review your investment account activity in one secure place. Receive alerts for cash withdrawals and balance transfers to help detect fraudulent activity.

Credit Inquiry Alerts — Issues alerts for merchant and lender inquiries being made against your credit file so you can act quickly to resolve if the activity is fraudulent.

Monthly Credit Score Tracking — Monthly single-bureau credit score tracker helps you identify important changes and see how your credit is trending over time.

File-Sharing Network Searches — Actively monitors music, photo and data file-sharing networks for exposure of your personal information such as your name, Social Security number, date of birth or contact information — whether intentionally or inadvertently.

Sex Offender Registry Reports — Notifies you when sex offenders have moved into your zip code as well as compiles a report to determine if a sex offender has listed your address to avoid detection.

Priority Live Member Support 24/7/365 — Get to the front of the line and speak with a U.S. based Member Services Agent who is available to help 24 hours a day, 7 days a week, 365 days a year. You can also access your LifeLock account online at LifeLock.com.
You, your spouse, dependent children and your elder parents or spouse’s parents are eligible for benefits in the LegalGuard Legal Plan.

**Why Do You Need Legal Coverage?**
According to the American Bar Association, many of us will have the need for the services of an attorney this year. Legal matters can be very stressful without the right help. And without legal plan benefits, typical issues can range from $500 to more than $10,000. The LegalGUARD Plan helps protect you, your family and your savings from unexpected legal costs for many of the normal issues you might experience.

LegalGuard, by LegalEASE, has been putting people in touch with quality local attorneys and helping them solve problems since 1971. Their processes are designed to help you save time and to make things less stressful - such as helping you find the right type of attorney for your legal matter. The providers in the LegalEASE network must meet the most rigorous credentials and standards in the market today.

The LegalGUARD Plan gives you the protection you need for the high costs of some legal issues, but also gives you the availability to update your wills and other estate planning documents. It also provides you access to attorneys for a quick consultation for some of the many decisions you may need to make.

**How Does The Plan Work?**
Finding the right type of attorney when a need arises can be one of the more stressful tasks when dealing with a legal matter. There are many types of attorneys depending upon what kind of issue you may be facing. So LegalGUARD can help you with this first step. They use their experience and relationships with their network providers to match you to the type of attorney you may need in your situation. This step saves you time, so you can get back to your busy schedule of work, kids, or your daily life.

If you use an In-Network attorney, LegalEASE works directly with the attorney or provider to provide your benefits. When you have a legal need, you can talk with a personal specialist who will guide you from your first call until your matter is resolved. They will follow up with you to ensure everything is OK and to determine if they can be of further assistance. We all believe that good service is essential, especially in today’s world where good service may be scarce.

So when you need assistance, give LegalGuard a call to get the help you need - it’s that easy. They will guide you through the steps and be right with you the entire way.

---

**Benefits are designed to meet the typical needs of employees and their families. There are no deductibles for covered services. Benefits cover the attorney’s time. Other costs, such as filing fees, are not covered by legal plan benefits. The LegalGUARD plan offers convenience of In-Network and Out-of-Network benefits. Many of these matters are fully covered, unless noted.**

**LegalGUARD Legal Plan Benefit Examples**

<table>
<thead>
<tr>
<th>Consumer Matters</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Claims Court</td>
<td>Covered</td>
<td>$500 pre litigation $1,800 max post filing</td>
</tr>
<tr>
<td>Document Preparation:</td>
<td></td>
<td>$120</td>
</tr>
<tr>
<td>Simple Deed</td>
<td>Covered</td>
<td>$60</td>
</tr>
<tr>
<td>Promissory Note</td>
<td>Covered</td>
<td>$60</td>
</tr>
<tr>
<td>Dispute Correspondence</td>
<td>Covered</td>
<td>$60</td>
</tr>
<tr>
<td>Installment Sales Agreement</td>
<td>Covered</td>
<td>$60</td>
</tr>
<tr>
<td>Simple Affidavit</td>
<td>Covered</td>
<td>$60</td>
</tr>
<tr>
<td>General Power of Attorney</td>
<td>Covered</td>
<td>$40/document</td>
</tr>
<tr>
<td>Lease Agreement – Tenant</td>
<td>Covered</td>
<td>$60</td>
</tr>
<tr>
<td>Time Share Agreement Only</td>
<td>Covered</td>
<td>$60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estate Planning</th>
<th>In-Network</th>
<th>Out-of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will or Codicil</td>
<td>Covered</td>
<td>$90/document</td>
</tr>
<tr>
<td>Living Will</td>
<td>Covered</td>
<td>$40</td>
</tr>
<tr>
<td>Health Care Power of Attorney</td>
<td>Covered</td>
<td>$40</td>
</tr>
<tr>
<td>Living Trust Document</td>
<td>Covered</td>
<td>$240</td>
</tr>
<tr>
<td>Probate of Small Estate</td>
<td>2 Hours</td>
<td>$120</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Matters</th>
<th>In-Network</th>
<th>Out-of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Primary Residence</td>
<td>Covered</td>
<td>$420</td>
</tr>
<tr>
<td>Sale of Primary Residence</td>
<td>Covered</td>
<td>$420</td>
</tr>
<tr>
<td>Refinancing of Primary Residence</td>
<td>Covered</td>
<td>$200</td>
</tr>
<tr>
<td>Landlord/Tenant Disputes</td>
<td></td>
<td>$2,000 max</td>
</tr>
</tbody>
</table>

**Monthly Plan Cost: $17.97**
Family Coverage

“FAMILY MEMBER” - means the Member’s lawful spouse and children. Eligible Family Members are the Member’s spouse and Member’s unmarried dependent children, including stepchild, legally adopted child, child placed in the home for adoption and foster child, up to age 19, and from age 19 up to 26 years if they are enrolled in an accredited school or college as full-time student(s) and are primarily dependent upon the Member for support.

Limitations and Exclusions Apply

The following benefits are excluded:

- Appellate court proceedings, class actions, interventions, derivative action and amicus curiae filings.
- The preparation and filing of individual, partnership or estate tax returns, appellate or administrative proceedings related to tax returns, litigation before the U.S. Tax Court, U.S. Court of Claims or any other federal, state or other courts with respect to tax matters.
- Matters relating to securities, trademark or patent matters; business or commercial interests, including, but not limited to, professional, partnership and/or corporate matters; matters involving the law or laws of jurisdictions other than the United States and its territories and Canada; any matters involving a government (domestic or foreign) entity or agency; farm related issues; matters involving commercial or rental property transactions, including the purchase, sale or lease of investment or income-producing property. A two-family house, whether or not used by the Member as his or her primary residence, is deemed an investment or income-producing property.
- Legal services which are fully paid for or provided at no cost by any governmental agency, organization or insurance company.
- Matters that the attorney deems frivolous, spurious, harassing, or unethical (collectively referred to as “frivolous”) or otherwise prohibited by the Model Rules of Professional Conduct of the state in which the attorney is licensed.
- Costs associated with covered legal services, including but not limited to, all fines, court costs, penalties, sanctions, expert witness fees, bonds, bail bonds, attorney fees, exhibits, deposition costs, filing fees, transcripts, postage, telephone, photocopying, recording fees, messengers, judgements, jury fees, court reporter fees, investigative costs and all other incidental and out-of-pocket legal and litigation costs.
- Any services on behalf of a Family Member against the interests of the Member.
- Any employment-related matter. This includes, but is not limited to, any dispute involving the Member’s employer or its affiliates, their officers or directors, the Member’s employee benefit plans, credit unions, programs or arrangements sponsored by an employer, or cases involving workers’ compensation, unemployment compensation, sex harassment, age discrimination, etc.
- Any dispute or proceeding against the following persons or entities, their officers, directors, employees, or agents: any person or entity involved in the sale of the group Plan; Administrator or its subsidiaries; Plan Sponsor; Member’s employer; LegalEASE, it’s parents, subsidiaries or any affiliated or successor company, plan provider; Plan Sponsor; or any Participating and/or Non-Participating Attorney, if the dispute or proceeding pertains to services provided under the group Contract / Certificate of Coverage. Except regarding LegalEASE Helpline services, benefits will not be provided in connection with pre-existing matters, which includes any matter where the Member and/or Family Member is on notice as to a pending legal dispute or has previously contacted an attorney.

This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by LegalEASE or The LegalEASE Group, Houston, Texas. Product available in all states. Please contact LegalEASE for complete details. 1-800-248-9000

Product provided by The LegalEASE Group - Creating Peace of Mind, since 1971

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| LegalGuard Plan Examples - continued |

<table>
<thead>
<tr>
<th>Family Law</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorce</td>
<td>10 Hours</td>
<td>$200</td>
</tr>
<tr>
<td>Contested Divorce</td>
<td>$2,000 max</td>
<td>$400</td>
</tr>
<tr>
<td>Name Change</td>
<td>Covered</td>
<td>$200</td>
</tr>
<tr>
<td>Uncontested Guardianship</td>
<td>Covered</td>
<td>$400</td>
</tr>
<tr>
<td>Uncontested Conservatorship</td>
<td>Covered</td>
<td>$400</td>
</tr>
<tr>
<td>Uncontested Governmental Adoptions</td>
<td>Covered</td>
<td>$300</td>
</tr>
<tr>
<td>Uncontested Stepparent Adoptions</td>
<td>Covered</td>
<td>$400</td>
</tr>
<tr>
<td>Juvenile Court Proceedings</td>
<td>Covered</td>
<td>$375</td>
</tr>
</tbody>
</table>

| Civil Litigation Defense | Covered | $2,000 max |

<table>
<thead>
<tr>
<th>Financial Matters</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debt Collection Defense</td>
<td>Covered</td>
<td>$120</td>
</tr>
<tr>
<td>Pre-litigation defense</td>
<td>Covered</td>
<td>$480 max</td>
</tr>
<tr>
<td>Trial Defense</td>
<td>Covered</td>
<td>$660 max</td>
</tr>
<tr>
<td>Bankruptcy (chapter 7 or 13)</td>
<td>Covered</td>
<td>$450 max</td>
</tr>
<tr>
<td>Foreclosure</td>
<td>Covered</td>
<td>$2,000 max</td>
</tr>
<tr>
<td>Tax Audits</td>
<td>Covered</td>
<td>$2,000 max</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criminal Defense</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Proceeding</td>
<td>Covered</td>
<td>$250</td>
</tr>
<tr>
<td>Misdemeanor defense</td>
<td>Covered</td>
<td>$2,000 max</td>
</tr>
</tbody>
</table>

| Limitations or Managed Case Rules May Apply |

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered</td>
<td>$120</td>
</tr>
<tr>
<td>Covered</td>
<td>$480 max</td>
</tr>
<tr>
<td>Covered</td>
<td>$660 max</td>
</tr>
<tr>
<td>Covered</td>
<td>$450 max</td>
</tr>
<tr>
<td>Covered</td>
<td>$2,000 max</td>
</tr>
<tr>
<td>Covered</td>
<td>$360</td>
</tr>
<tr>
<td>Covered</td>
<td>$250</td>
</tr>
<tr>
<td>Covered</td>
<td>$2,000 max</td>
</tr>
</tbody>
</table>
The Group Critical Illness plan, underwritten by Continental American Life Insurance Company, is designed to help you and your family cope with and recover from the financial stress of surviving a critical illness or condition. The good news is that many people with critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the bills that have piled up. According to the 1998 Heart and Stroke Statistical Update by the American Heart Association:

**KEY BENEFITS**

- **First occurrence benefit** — lump sum benefits payable upon initial diagnosis of a covered illness or condition.
- **Additional occurrence benefit** — if an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered illnesses or procedures, the policy will pay the full benefit amount for any additional illness. Occurrences must be separated by at least 6 months (benefits cannot be paid twice for the same critical illness).*
- **Child coverage at no additional cost** — each dependent child ages 0-19 (22 if full-time student) is covered at 10 percent of the primary insured amount at no additional charge.

**Plan Features**

- **Your Choice of Benefit Amounts** — Benefit amounts available from $5,000 to $50,000 for Employees ages 18-69 and Spouses ages 18-64. *(Spouse benefit amount not to exceed employee benefit amount.)*
- **Lump-sum Benefit** — Benefits are paid directly to the insured following the diagnosis of each covered critical illness. Use your lump-sum benefit any way you see fit — there are no restrictions.
- **Limited Underwriting** — Approval is based on answers to simple medical questions contained on the application form.
- **Portable Coverage** — Keep the plan if you leave your job for any reason.
- **Health Screening Benefit** — This benefit pays up to $50 per year for tests such as mammography, colonoscopy, chest x-ray, cholesterol test, and pap smear.**

<table>
<thead>
<tr>
<th>COVERED CRITICAL ILLNESS</th>
<th>Percentage of Face Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack (Myocardial Infarction)</td>
<td>100%</td>
</tr>
<tr>
<td>Coronary Artery Bypass Surgery</td>
<td>25%</td>
</tr>
<tr>
<td>Stroke</td>
<td>100%</td>
</tr>
<tr>
<td>Major Organ Transplant</td>
<td>100%</td>
</tr>
<tr>
<td>Renal Failure (End Stage)</td>
<td>100%</td>
</tr>
<tr>
<td>Cancer</td>
<td>100%</td>
</tr>
<tr>
<td>Carcinoma in situ</td>
<td>25%</td>
</tr>
</tbody>
</table>

This plan is limited benefit supplemental coverage and is not intended as a substitute for medical insurance

* Coverage may be continued until benefits have been paid in full for each covered illness.
** Please refer to the certificate for a complete list of tests.

**STATISTICS**

- 66% of heart attack victims survive at least one year or longer. The death rate from heart attacks has declined more than half over the last 40 years.
- 75% of stroke victims live at least one year following the stroke. The stroke survival rate has nearly tripled since 1950.
- 40% of life-threatening cancer patients beat the disease and are alive five years from diagnosis.

The Benefit Alliance Plan

Leslie & Associates, Inc.
Pre-existing Condition Limitation

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to the effective date, resulted in the insured receiving medical advice or treatment. We will not pay benefits for any condition or illness starting within 12 months of the effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.
### CONTINENTAL AMERICAN INSURANCE COMPANY
#### APPLICATION FORM FOR CRITICAL ILLNESS

<table>
<thead>
<tr>
<th>Name (Employee)</th>
<th>Social Security Number</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Date of Hire</th>
<th>Hours Worked per week</th>
<th>Beneficiary Name / Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse Name</th>
<th>Spouse Social Security No.</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Coverage:
- Employee
  - Tobacco: [ ] Yes [ ] No
  - Non-Tobacco: [ ] Yes [ ] No
  - Face Amount $ [ ]
    - *Premium $ [ ] monthly

- Spouse
  - Tobacco: [ ] Yes [ ] No
  - Non-Tobacco: [ ] Yes [ ] No
  - Face Amount $ [ ]
    - *Premium $ [ ] monthly

Child(ren) Coverage (each dependent child may be insured at 10% of the primary insured amount at no additional charge)
(List Dependent Children)
- Dependent Name
- Relationship
- Date of Birth

---

### MEDICAL QUESTIONS

1. Is any person to be insured now being treated for or has any person ever been treated for: (a) cancer or any malignancy which includes melanoma, carcinoma, sarcoma, Hodgkin’s Disease, leukemia, lymphoma, or malignant tumor. Cancer does not include basal cell or squamous cell carcinoma; (b) a stroke; (c) a heart attack, a heart condition, heart trouble, or any abnormality of the heart (including artery disease); (d) diabetes; (e) any liver disorder; (f) kidney (renal) failure or end stage kidney (renal) disease; (g) organ transplant; (h) emphysema; (i) or now taking three or more medications for high blood pressure?
   - Employee
     - [ ] Yes [ ] No
   - Spouse
     - [ ] Yes [ ] No
   - Child(ren)
     - [ ] Yes [ ] No

2. Is any person to be insured now being treated or has ever been treated or diagnosed by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or “AIDS” Related Complex (ARC) or ever been tested positive for antigens or antibodies to an “AIDS” virus?
   - Employee
     - [ ] Yes [ ] No
   - Spouse
     - [ ] Yes [ ] No
   - Child(ren)
     - [ ] Yes [ ] No

3. Is any person be insured now hospitalized or unable to perform their normal duties and activities?
   - Employee
     - [ ] Yes [ ] No
   - Spouse
     - [ ] Yes [ ] No
   - Child(ren)
     - [ ] Yes [ ] No

*Questions 4-8 must be completed if Employee is applying for benefits over $30,000 and/or if Spouse benefits over $15,000

4. Employee Height / Weight
   - _____ ft. _____ in. _____ lbs.
   - Spouse Height / Weight
   - _____ ft. _____ in. _____ lbs.

5. Has any person to be insured been hospitalized as an inpatient or outpatient for a sickness other than pregnancy at any time during the last five years?
   - Employee
     - [ ] Yes [ ] No
   - Spouse
     - [ ] Yes [ ] No
   - Child(ren)
     - [ ] Yes [ ] No

6. Has any person to be insured been advised to have any diagnostic test, hospitalization, surgery or treatment which has not been completed?
   - Employee
     - [ ] Yes [ ] No
   - Spouse
     - [ ] Yes [ ] No
   - Child(ren)
     - [ ] Yes [ ] No

7. Has any person to be insured had a weight loss of 10 pounds or more, other than by dieting, in the past 6 months?
   - Employee
     - [ ] Yes [ ] No
   - Spouse
     - [ ] Yes [ ] No
   - Child(ren)
     - [ ] Yes [ ] No

8. Has any person to be insured ever had, or taken prescription drugs for high blood pressure?
   - Employee
     - [ ] Yes [ ] No
   - Spouse
     - [ ] Yes [ ] No
   - Child(ren)
     - [ ] Yes [ ] No

**Explanation of “YES” Answers:**

---

This application is not complete unless signed and dated on the reverse side

---

**IMPORTANT NOTICE**

Required by Federal Law 91-508

(To be delivered to the applicant in connection with application(s) for insurance)

This is to inform you that as part of our normal underwriting procedure for processing your initial insurance application, an investigative consumer report may be prepared whereby information obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have a right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. Please direct any such request to Continental American Insurance Company, 2801 Devine Street, Columbia, South Carolina 29205.

**See Reverse Side**
To the best of my knowledge and belief, the answers to the questions on this application are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued. It is understood and agreed that coverage will not become effective unless I am actively at work on the date of enrollment and the effective date of coverage.

Do you understand and agree that no benefits are payable for loss or disability starting or occurring within 12 months of the effective date of coverage which is caused by, contributed to by, due to or resulting from a Pre-Existing Condition □ YES □ NO

CERTIFICATION: The undersigned applicant has read the completed application and that the applicant realizes that any false statements or misrepresentation in the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect until my application is approved and the necessary premium is paid.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement maybe guilty of insurance fraud.

The authorization on this application form shall remain valid for two years from the date of this application.

Date _______________ Signature of Applicant ________________________________________

**HOME OFFICE USE ONLY**

☐ Simplified Issue ☐ Simplified Underwritten - Issued ☐ Fully Underwritten

Requested Effective Date _______________ Plan Code(s) ________ ID Number __________

Effective Date _______________ Leslie & Associates Benefit Alliance Company Code # __________
I authorize Special Insurance Services, Inc. (SIS), as Premium Administrator to divide and distribute funds received on my behalf as follows:

- Employee Group Term Life Insurance
- Spouse Group Term Life Insurance
- Children’s Term Life Insurance Rider
- Short Term Disability Plan
- Dental Plan (includes EPIC hearing benefit)
- EyeMed Vision Care Plan
- LegalGUARD Plan
- LifeLock Identity Theft Protection Plan
- Limited Accident & Sickness Plan - Tiers 1, 2, 3 or 4
- First Dollar Supplemental Medical Expense Insurance
- Optional ActivaScrips Prescription Drug Co-Op Plan
- Accident Plan
- Critical Illness Plan

Administrative Fee + $2.00

Grand Total

This authorization is to honor checks drawn by Special Insurance Services, Inc. (SIS) to the Bank named below:

Bank Name

Address

Bank Draft Date:  Circle Your Choice  10th  15th  20th
(If no date chosen, bank draft will occur approximately the 15th of each month)

As a convenience to me, I hereby request and authorize you to charge my account and to pay checks or Electronic Funds Transfers drawn on my account by and payable to the order of Special Insurance Services, Inc. (SIS) provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in regard to such check shall be the same as if it were a check drawn on you an signed personally by me. This authority is to remain in effect until revoked by me in writing to either SIS (Premium Administrator) or Leslie & Associates, Inc. (Plan Administrator) and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of such insurance.

This authorization is effective immediately unless otherwise specified. Furthermore, I authorize SIS to share information with Leslie & Associates, the Benefit Alliance Plan Administrator.

I hereby authorize you to disclose my address and phone number(s) on file to Special Insurance Services, Inc. and/or Leslie & Associates, Inc., the Benefit Alliance Plan Administrators for my benefit plans upon request.

I hereby authorize Special Insurance Services, Inc. (Company) to make variable charges to my (our) checking or savings account identified above, and authorize the financial institution name above to withdraw funds from (debit) such account to pay the Company's order accordingly for the purpose of paying monies due on policies or plans issued. Special Insurance Services, Inc. reserves the right to revoke this plan. Special Insurance Services, Inc. may, at its discretion, withdraw by means of Electronic Funds Transfer in lieu of a paper check.

I accept that this authority will remain in effect until either Special Insurance Services, Inc. (Premium Administrator) or Leslie & Associates, Inc. (Plan Administrator) has received written, dated notice of termination from me. I understand that the Premium Administrator’s duty is to divide and distribute my funds. Any funds received under this agreement shall be distributed to the insurance companies or benefit providers. I understand that the Premium Administrator receives an administrative fee, as indicated above, for services rendered by them on my behalf. If any checks I remit are not paid for any reason, the Premium or Plan Administrator will be under no liability whatsoever to me, even though such non-payment may result in lapse of insurance or plan coverage. Nothing in this Payment Agreement and Bank Draft Authorization shall prevent me from increasing, decreasing or terminating future payments for the above-named benefits.

Signature (as it appears on bank account)  Date