

MEDlink® Select Gap Insurance

Group Supplemental Medical Expense Insurance



WHAT IS GAP INSURANCE?



MEDlink® Gap Insurance from APL is designed to work with your major medical plan to help fill the gaps left by deductibles, coinsurance and co-pays — covering much of your out-of-pocket costs after major medical insurance has paid.



The average annual employee deductible increased **79%** over the last 10 years.*

HOW IT WORKS



1 CHOOSE the plan and coverage type that best fits your individual needs or the needs of your family.



2 USE your medical insurance as usual! MEDlink® helps cover charges for in-hospital services and outpatient services, including urgent care and diagnostic testing.



3 FILE your claim. Use your MEDlink® ID Card at your provider's office, file a claim online or mail in your claim.

KEY FEATURES



- Guarantee Issue with no medical questions or exams when covered under the other medical plan
- ID Card provided
- Convenient payroll deduction
- Cost-effective premiums
- Benefits are assignable, making the claims process simple

EXAMPLE BENEFITS

In-Hospital Benefits

- Treatment while confined in a hospital
- Inpatient treatment of a mental or emotional disorder
- Ambulance service when resulting in hospital confinement

There's no such thing as feeling **too covered, too safe or too protected!**

Outpatient Benefits

- Treatment in an urgent care facility or emergency room
- Physical therapy performed in a physical therapy facility
- Surgery in a hospital outpatient facility or freestanding outpatient surgery center
- Diagnostic testing in a hospital outpatient facility or MRI facility
- Outpatient treatment of a mental or emotional disorder
- Ambulance service
- Physician's Office Treatment
- Cancer Outpatient Treatment
- Independent Lab Facility
- Durable Medical Equipment



This MEDlink® policy provides limited benefits.

This product has limitations and exclusions, all benefits may not be available in all states, does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.**

*Kaiser Family Foundation: Employer Health Benefits, 2020 Summary of Findings, October 8, 2020, p2

Crown Linen LLC

Summary of Benefits		
	Plan 1	Plan 2
Funding	Voluntary	Voluntary
Plan Type	In-Hospital and Outpatient Coverage	In-Hospital and Outpatient Coverage
In-Hospital Benefit		
In-Hospital Benefit Maximum	Maximum of \$1,000 per covered person per calendar year. Maximum of \$3,000 per calendar year for all covered persons combined.	Maximum of \$3,000 per covered person per calendar year. Maximum of \$9,000 per calendar year for all covered persons combined.
In-Hospital Benefits* <ul style="list-style-type: none"> • Treatment incurred while confined in a hospital as an inpatient • Inpatient treatment of a mental or emotional disorder - maximum of 30 days of treatment per covered person, per calendar year • Transportation by air or ground ambulance service to a hospital or from one medical facility to another medical facility where a covered person is confined as an inpatient. A licensed ambulance company must provide the ambulance service. <p>All benefits are subject to the in-hospital benefit maximum.</p>		
Outpatient Benefit		
Outpatient Benefit Maximum	\$300 per covered person per calendar day for covered outpatient services.	\$300 per covered person per calendar day for covered outpatient services.
Outpatient Benefits* <ul style="list-style-type: none"> • Treatment in a hospital emergency room without subsequently being considered as an inpatient subject to emergency room per occurrence deductible, if applicable to your plan. • Treatment in an urgent care facility • Physical therapy performed in a physical therapy facility • Surgery performed in a hospital outpatient facility or a freestanding outpatient surgery center • Diagnostic testing performed in a hospital outpatient facility or a magnetic resonance imaging (MRI) facility • Outpatient treatment of a mental or emotional disorder performed in a hospital outpatient facility - maximum of 30 days of treatment per covered person, per calendar year • Transportation by air or ground ambulance service to a hospital or from one medical facility to another medical facility where a covered person resides less than 18 hours. A licensed ambulance company must provide the ambulance service. <p>All benefits are subject to the outpatient benefit maximum.</p>		
Outpatient Rider(s)		
Office Treatment Rider* Physician covered charges do not include charges for durable medical equipment, cancer treatment, physical therapy or physician's office visit fee. A physician's office does not include a covered outpatient facility.	All benefits are subject to the outpatient benefit maximum	All benefits are subject to the outpatient benefit maximum
Cancer Outpatient Treatment Rider* Must be performed in a cancer treatment facility. A cancer treatment facility also includes a physician's office.	All benefits are subject to the outpatient benefit maximum	All benefits are subject to the outpatient benefit maximum
Independent Lab Facility Rider* Must be performed in an independent lab facility. An independent lab facility is not a physician's office, hospital or MRI facility.	All benefits are subject to the outpatient benefit maximum	All benefits are subject to the outpatient benefit maximum
Durable Medical Equipment Rider* Must be recommended by a physician, covered by the other medical plan and is not disposable or implantable in the body and is not useful to a person in the absence of a sickness or injury.	All benefits are subject to the outpatient benefit maximum	All benefits are subject to the outpatient benefit maximum



Summary of Benefits		
	Plan 1	Plan 2
Amendment Rider(s)		
Dependent Child Maternity Amendment Rider	Included	Included

*After satisfaction of any applicable in-hospital and/or outpatient deductibles, benefits are payable for out-of-pocket covered charges incurred by a covered person under the other medical plan.



Plan 1 - Monthly Premium*				
Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
18-54	\$19.70	\$39.39	\$40.46	\$60.16
55+	\$29.54	\$59.07	\$50.30	\$79.83

Plan 2 - Monthly Premium*				
Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
18-54	\$28.88	\$57.75	\$59.37	\$88.25
55+	\$43.31	\$86.62	\$73.81	\$117.11

*Total premium includes the Plan selected and any applicable rider premium. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

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

Other medical plans include any basic major medical, comprehensive medical or managed care policy provided through the policyholder and through which a covered person has coverage. Other medical plan does not include TRICARE, Medicare or Medicaid.

A hospital is not an institution, or part thereof, used as: a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Riders

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

Outpatient Deductibles

If applicable to your plan, when the certificate deductible is on a per occurrence basis and the covered person receives more than one covered outpatient service on the same calendar day, satisfaction of only one certificate deductible will be required. If applicable to your plan, the emergency room per occurrence deductible is required to be met with each emergency room visit. This deductible is separate and in addition to the outpatient deductible. The emergency room deductible is not applied to the outpatient deductible even if the visit is for the same or related condition.

Exclusions

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

No benefits are payable for expenses incurred resulting from or caused, whether directly or indirectly, by: war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (APL will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); outpatient routine newborn care (except newborn circumcision); rest care or rehabilitative care and treatment (this does not include rehabilitation for treatment of physical disability); voluntary abortion except, with respect to you or your covered eligible dependent: where you or your dependent's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); committing, or attempting to commit, an illegal act that is defined as a felony (Felony is as defined by the law of the jurisdiction in which the act takes place.); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel, except: as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; being intoxicated or under the influence of any narcotic unless administered on the advice of a physician (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the loss occurred.); alcoholism or drug addiction; sex changes; experimental treatment, drugs or surgery (bone marrow transplants are not considered experimental); accident or sickness arising out of, and in the course of, any occupation for compensation, wage or profit (this does not apply to those sole proprietors or partners not covered by worker's compensation); dental or vision services, including treatment, surgery, extractions or x-rays, unless resulting from an accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such accident or due to congenital disease or anomaly of a covered newborn child; elective cosmetic surgery (except newborn circumcision); drugs (prescription and non-prescription for use outside of a covered facility as defined in this policy or any attached rider); sterilization and reversal of sterilization; an expense that does not meet the definition of inpatient covered charge or outpatient covered charges; an expense or service that exceeds any of the maximum benefits, as shown in the schedule of benefits in the policy/certificate; any expense for which benefits are not payable under the other medical plan; or pregnancy of an eligible dependent child, if applicable to the plan.

Non-Duplication of Benefits

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

Termination of Certificate

Insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured; the date your coverage under the other medical plan ends; or the date of your death.

Termination of Coverage

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



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Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. This product contains limitations and exclusions. For complete benefits and other provisions, please refer to the policy/certificate/riders. This coverage does not replace Workers' Compensation Insurance. This is not a Medicare Supplement Policy. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association, union or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. Policy Form MEDlink® 7 & 8 Series | Florida | Group Supplemental Medical Expense Insurance | (11/21)
