

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance (501+ Eligibles)



CROWN LINEN LLC

Option 2 Summary of Benefits for Separate In-Hospital Benefit and Outpatient Benefit	
In-Hospital Benefit	
In-Hospital Benefit Maximum	Maximum of \$3,000 per covered person per calendar year. Maximum of \$9,000 per calendar year for all covered persons combined.
In-Hospital Benefit	Benefits include in-hospital confinement, ambulance and in-hospital treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year). All benefits are subject to the in-hospital benefit maximum.
Outpatient Benefit	
Outpatient Benefit Maximum	\$300 per covered person per calendar day for covered outpatient services.
Outpatient Benefits	<p>Covered outpatient services include:</p> <ul style="list-style-type: none"> • Hospital emergency room • Urgent care facility • Surgery in a hospital outpatient facility or freestanding outpatient surgery center • Diagnostic testing in a hospital outpatient facility or MRI facility • Physical therapy facility • Ambulance • Outpatient treatment for a mental or emotional disorder in a hospital outpatient facility (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year.) <p>All benefits are subject to the outpatient benefit maximum.</p>
Outpatient Riders	
Office Treatment Rider	All benefits are subject to the outpatient benefit maximum
Cancer Outpatient Treatment Rider	All benefits are subject to the outpatient benefit maximum
Independent Lab Facility Rider	All benefits are subject to the outpatient benefit maximum
Durable Medical Equipment Rider	All benefits are subject to the outpatient benefit maximum
Amendment Riders	
Dependent Child Maternity Amendment Rider	Included

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Option 2 Premiums*

Total Monthly Premiums*				
Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & 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.

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In-Hospital Benefit

The covered person must be covered by the other medical plan at the time any In-Hospital covered charges are incurred. A covered person is a person who is eligible for coverage under the certificate and for whom the coverage is in force. Eligible dependents include a lawful spouse who is covered as a dependent under the Other Medical Plan and/or a child (natural, adopted or step) who is covered as a dependent under the Other Medical Plan and who is under 26 years of age.

The in-hospital benefit pays the out-of-pocket amount for inpatient covered charges incurred by a covered person for treatment while confined in a hospital as an inpatient. 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.

The ambulance benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person is confined as an inpatient. A licensed ambulance company must provide the ambulance service.

Outpatient Rider

Pays the out-of-pocket amount for outpatient covered charges. The covered person must be covered by the other medical plan at the time any covered charges are incurred.

The ambulance benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person resides less than 18 hours. A licensed ambulance company must provide the ambulance service.

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 by, 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 eligible 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 for which benefits are paid by workers' compensation (This does not apply to those sole proprietors or partners not covered by workers' 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/certificate 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.

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.

Premium Changes

The premium rates may be changed by APL at the first anniversary date of the policy or any premium due date thereafter.

Optionally Renewable

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

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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.

COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

Outpatient Riders

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. For all Outpatient Riders, the covered person must be covered by the other medical plan at the time any covered charges are incurred.

Office Treatment Rider

Pays the out-of-pocket amount for physician covered charges.

Cancer Outpatient Treatment Rider

Pays the out-of-pocket amount for cancer treatment performed in a cancer treatment facility.

Independent Lab Facility Rider

Pays the out-of-pocket amount for diagnostic testing in an independent lab facility.

Durable Medical Equipment Rider

Pays the out-of-pocket amount incurred for durable medical equipment when recommended by a physician and covered by the other medical plan.



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Underwritten by American Public Life Insurance Company. All Riders are subject to all the Provisions and Conditions of the Policy/Certificate to which it is attached, which are not in conflict with those of the Rider. | For complete benefits and other provisions, please refer to the policy/certificate/rider. This coverage does not replace Workers' Compensation Insurance. **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 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 | FL | Supplemental Limited Benefit Group Medical Expense Insurance | 04/18