Limited Benefit Health Insurance • Vision • Prescription Drugs • Life
No Deductibles • No Co-pays • First Dollar Coverage

For more information about your plan,
Call the Enrollment Center @ 1-866-971-2368

IMPORTANT— Crescent Limited Benefit Health programs are not comprehensive major medical insurance plans. Policy forms are intended to comply fully with all applicable state insurance statutes and regulations. Because of differing state requirements, benefits, terms and conditions may vary by state from the description according to the approved plan sponsor location and/or the insured’s state of residence. Companion Life Limited Benefit Health Insurance Policy Number MMP 2050.
Introduction

This benefits guide is designed to assist you in learning about your benefit program. Becoming educated on our plans will help you understand the plan and features you have selected for you and your family. If you have any questions regarding the benefit features, please contact the ADMU Benefits customer service team at 1-866-950-2368.

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<tr>
<th>BENEFITS</th>
<th>BASIC</th>
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<td><strong>HOSPITAL BENEFITS</strong></td>
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<td>Hospital Indemnity</td>
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<td>Benefit Paid per Day of Confinement</td>
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<td>Number of Days allowed per Calendar Year</td>
<td>150</td>
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<td>Intensive Care</td>
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<td>Emergency Room (Sickness)</td>
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<tr>
<td><strong>LIFE INSURANCE</strong></td>
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<tr>
<td>Life Insurance^</td>
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<td>Accidental Death &amp; Dismemberment^ (Insured Only)</td>
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<td><strong>VALUE ADDED BENEFITS</strong></td>
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<td>Discount Rx Program</td>
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<td>EyeMed Standard Vision Program</td>
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<td>$10 Co-pay Eye Exam every 12 months (VGRP-300)</td>
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<td>Complete Lab Discount Program</td>
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<td>Lab &amp; Imaging Discount Program</td>
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The premium rates above include a charge for the Value Added Benefit Programs, Pharmacy Benefits and PPO fee.

* The Value Added Benefits, except for the Prescription Drug and Vision programs, is **neither underwritten nor insured by Companion Life Insurance Company.**

^^ Companion Life Vision Policy Number VGRP-300.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage will be set forth in the group policy and adopted by each participating employer group. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference and refer to the Certificate of Insurance for additional specific details. Some provisions, benefits, exclusions or limitations listed herein may vary, depending on the approved plan sponsor location or a member’s state of residence.
CRESCENT LIMITED BENEFIT HEALTH PLAN LIMITATION AND EXCLUSIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of:

(a) suicide or any attempt thereat, while sane or insane. [If any covered person, sane or insane, should die by suicide within two years (one year in Colorado and North Dakota) of his or her effective date of coverage, life insurance benefits will not be payable; (in Missouri, the reference to insanity does not apply and suicide is no defense to payment under this policy where the covered person is a Missouri citizen unless the company can show that the covered person intended suicide when he or she applied for coverage, regardless of any language to the contrary in the policy.)]

(b) any intentionally self-inflicted injury or sickness;

(c) rest care or rehabilitative care and treatment;

(d) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered accident if initial treatment of the covered person is begun within 12 months of the date of the accident;

(e) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals;

(f) routine newborn care, including routine nursery charges;

(g) voluntary abortion, except with respect to the insured or covered dependent spouse:
   (1) where such person’s life would be endangered if the fetus were carried to term; or
   (2) where medical complications have arisen from an abortion;

(h) pregnancy of a dependent child, unless required by law;

(i) the treatment of:
   (1) mental illness;
   (2) functional or organic nervous disorder, regardless of cause;
   (3) alcohol abuse;
   (4) drug use, unless such drugs were taken on the advice of a physician and taken as prescribed, for more than 10 days in any calendar year, with respect to payment of the daily in-hospital indemnity benefit;

(j) participation in a riot, 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;

(k) committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;

(l) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;

(m) air travel, except:
   (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
   (2) as a passenger for transportation only and not as a pilot or crew member;

(n) any accident occurring as a result of the covered person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the accident took place);

(o) sex changes;

(p) experimental treatments or surgery;

(q) the reversal of tubal ligation and vasectomies;

(r) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician’s services, unless required by law;

(s) treatment of exogenous obesity or weight control;

(t) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes accident sustained or sickness contracted while in the service of any military, naval or air force of any country engaged in war. The company will refund the pro rata unearned premium for any such period the covered person is not covered;

(u) accident or sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under occupational disease law or similar law, whether or not application for such benefits has been made;

(v) pre-existing conditions, except as described in the schedule; or

(w) air or ground ambulance service.

(x) for loss incurred, care or treatment received, or hospital confinement occurring outside of the United States or its possessions.

In addition to the exclusions and limitations for all coverages, the following are not covered under the outpatient physician office visit indemnity benefit and the outpatient diagnostic x-ray and laboratory indemnity benefit:

(a) visits made, examinations given, or x-rays or laboratory tests performed as an in-patient while confined to a hospital;

(b) routine eye examinations or fitting of glasses;

(c) fitting of hearing aids;

(d) dental examinations or dental care other than expenses resulting from accidental injury; and

(e) benefits which are provided under any other part of the policy.
BENEFIT DESCRIPTIONS AND DEFINITIONS

HOSPITAL BENEFITS

Daily In-Hospital Indemnity Benefit - If a Covered Person, while insured, is Confined in a Hospital as a result of Accident or Sickness, the Company will pay the Daily In-Hospital Indemnity Benefit amount, as shown in the Schedule, for each day of Confinement, for up to the Maximum Number of Days of Confinement, as shown in the Schedule.

Intensive Care Benefit - pays double the daily hospital benefit for intensive care confinement while in the hospital, up to 30 days per calendar year.

PHYSICIAN & OTHER MEDICAL BENEFITS

Doctor’s Office Visits — pays the amount selected per doctor’s office visit for treatment of an injury or sickness, up to the number of visits selected per covered person per calendar year.

Diagnostic, X-Ray and Laboratory — pays the amount selected per visit for medically necessary diagnostic testing and x-rays of injury or sickness performed in a doctor’s office or outpatient facility, up to the number of visits selected per covered person per calendar year.

Wellness Visits (Preventive Care) for Adults and Children — pays the amount selected per doctor’s office visit for well care, up to the number of visits selected, per covered person, per calendar year. Well care includes physical examinations, assessments, and screenings.

Emergency Room — pays the amount selected for an emergency room visit due to sickness only when not confined to a hospital, up to the number of visits selected per covered person per calendar year.

Outpatient Physician Office Visit Indemnity Benefit - The Company will pay the Outpatient Physician Office Visit Indemnity Benefit, as shown in the Schedule, for a Physician office visit as a result of Sickness or Accident, not to exceed the Maximum Number of Office Visits per Calendar Year, as shown in the Schedule.

Life Insurance - If a Covered Person dies, the Company will pay the Death Benefit, subject to the provisions of the Policy. This benefit is shown in the Schedule. Payment will be made in one lump sum to the Beneficiary (or to the Insured in the event of a covered Dependent’s death).

Where can I locate providers? Provider and facilities can be located on the MultiPlan web site @ www.multiplan.com.

RxEDO Discount Pharmacy Card

How does the free ADMU prescription discount benefit work?

ADMU will provide you with a RxEDO Discount Pharmacy member identification card. Once your physician has written you a prescription simply take it to be filled at one of our participating pharmacy locations. While at the pharmacy present your RxEDO Discount Pharmacy Card identification card to the pharmacist/pharmacy technician. Your prescription claim information will then be submitted electronically, in real time to our prescription processor. Once our processor receives this claim information, your eligibility information will be verified and your discount price calculated. Our processor will then send a response to the participating pharmacy indicating the discounted amount to collect from you at the point of service. This process normally takes less than 2 seconds.

Do all pharmacy locations participate in the RxEDO Discount Pharmacy Card program?

Not all pharmacy locations participate in the RxEDO Discount Pharmacy Card program. However, there are over 60,000 pharmacies nationwide that do participate in the RxEDO Discount Pharmacy Card Program. Those pharmacies include nationally recognized chains, such as Walgreens, as well as grocery and independent retail pharmacies across the country.
VALUE ADDED BENEFIT PROGRAMS

The added coverages and services, except for the prescription drug and vision benefits, are neither underwritten nor provided by Companion Life Insurance Company. Companion assumes no responsibility or liability for any of the listed services, the providers of the services, the quality of the services, the delivery of the services, or the outcomes of the services. Questions or concerns about the services should be addressed directly to the providers.

DISCOUNT PRESCRIPTION DRUG PROGRAM

In co-operation with RxEDO; a leading National Pharmacy provider of prescription drug card programs, we have developed a prescription discount program that will allow you to receive discounts from 10% to 85% when filling your prescriptions at any one of the 60,000 pharmacies nationwide. We considered our members’ needs, and established reasonable rates, nationally, to ensure uniform pricing for both retail and mail order services.

Not an insurance product.

EYEMED VISION ESSENTIAL PROGRAM - $10 Co-pay Exam (Discounts on Frames and Lenses)

- Access to more than 35,000 vision care providers at 18,000 convenient locations nationwide
- Evening and weekend hours at many locations
- Choice of thousands of fashionable, designer frames
- No appointment necessary, and service in “about an hour” in most locations

LAB PROGRAM

The Lab and Imaging program provides unlimited access to significant savings. Savings average between 40%-70% of the usual price. The vast nationwide access, network of lab & diagnostics centers contains over 8,000 accredited laboratory sites and over 1,200 imaging facilities across the country. All major laboratory and diagnostic regional chains are represented in our network.

Anytime your doctor orders a test, you simply call the ADMU Customer Service department and they will advise you of the most convenient location and ensure that you only pay the member’s only rate.

Not an insurance product.

IMAGING PROGRAM

The Imaging program provides discounts on MRI’s and CAT Scans. High quality services at 50%-75% savings, access to the premier, fully accredited imaging centers nationwide, quality diagnosis by qualified and credentialed physicians, and same day or next day scheduling.

If your doctor request an MRI, CAT scan or any other imaging service, you simply call the ADMU Customer Service department and they will assist you in scheduling your Imaging service.

Not an insurance product.
PATIENT ADVOCACY
Your medical program includes a service called Patient Advocacy provided by The Karis Group, which can provide tremendous help and reassurance when faced with large medical bills. This service links members to negotiating professionals who help you resolve bills with medical providers, whether in or outside of the network or whether it’s after one has been scheduled for admission or once you have a bill in hand.

If you are scheduled for admission, you will be assigned a personal negotiator who will review your financial situation and explain cost savings options you may want to discuss with their physician. Depending on financial resources, a negotiator may pursue a variety of options with the facility to make payment arrangements up front including helping apply for financial assistance or negotiating a reduced down payment or discounted fee.

If you have already received medical care and have bills in hand, you will be assigned a personal negotiator who will review the bills and your financial situation. Depending on your financial resources, a negotiator may pursue a variety of options with the facility including helping apply for financial assistance or negotiating a settlement or payment plan.

So, whether after admission is scheduled or once bills are in hand, a professional negotiators will take the time to understand your individual situation and tailor solutions to meet your individual needs. At a time when you need to focus on your health, it’s comforting to know you will have someone focusing on how you can best pay for that care.
FREQUENTLY ASKED QUESTIONS
Q: Are pre-existing conditions covered by the Limited Benefit Health Insurance?
A: Yes, pre-existing conditions are covered.

Q: How does my medical plan work?
A: The plan you have been issued is called a Limited Benefit Health Insurance plan. This is NOT MAJOR MEDICAL INSURANCE; nor is it intended to replace major medical insurance. The limited benefit health insurance plan pays a scheduled amount for various medical services. When a claim is filed, 100% of the indemnity amount for the medical service provided is paid based upon the schedule of benefits of your plan. For example, if your plan specifies an indemnity amount of $50 for a doctor’s office visit, your benefits plan will pay the service provider $50 toward the billed amount (or you will be reimbursed $50 if you file your own claim). Your plan also has the benefit of a Preferred Provider Organization (PPO); MultiPlan.

Q: Is this Major Medical Insurance?
A: No. Limited Benefit Health Insurance plans offer “limited” benefit medical reimbursement coverage for basic medical expenses at an affordable cost. Unlike major medical, these plans do not coordinate benefits, so it pays regardless of any other coverage the covered person may have.

Q: If my doctor is not listed as a PPO provider, will that change the benefit I will receive?
A: No. The plan will pay the same benefits in your schedule of benefits whether you go to a PPO provider or a Non-PPO provider. You are free to use any licensed provider or hospital of your choice. If you go to a participating PPO provider, chances are your benefits will go further and cover more of the bill.

Q: Why should I use a PPO Provider?
A: By utilizing an in-network provider, you may reduce your out-of-pocket expense because the PPO provider will charge a negotiated reduced fee for his / her service.

Q: Do these plans cover Maternity?
A: Yes. Maternity is covered the same as any other “sickness” benefit and will pay subject to the limits of the plan chosen.

Q: What information do you need from me to schedule an IMAGING appointment?
A: Besides your normal demographic information like name address, and phone numbers, we will ask you several health-related pre-screening questions to ensure that you are placed in the right center for your particular needs. We will also need a prescription from your doctor detailing the requested test.

Q: What is my co-payment amount? Is there a deductible?
A: One of the great features of your limited benefit health insurance plan is that there are NO deductibles or co-payments. Your prescription card may have “Co-pay” due at the pharmacy.

Q: How do I enroll for coverage?
A: Enrolling in the program is SIMPLE. Just review the information in this Enrollment guide and complete the enrollment form; materials and more can be found at www.getenrolledonline.com/ryor.