Important Information About Your Medical Benefits

**Insurance Information:**

- **Group name:** IASIS Healthcare
- **Group/Policy #:** 14092
- **Member ID:** Specific to you (this number will be located on the front of your ID Card)
- **Claims payer:** Meritain Health
- **Customer service phone number:** 1.866.209.2929
- **Claims submission address:** P.O. Box 853921, Richardson, TX 75085-3921
- **Network:** Aetna Choice® POS II
- **Arizona Preferred Plan Network:** IASIS Preferred AZ

**Important note:** Meritain Health is your medical plan administrator; IASIS Healthcare uses an Aetna network of providers and facilities.

---

**Does my provider participate?**

You have benefits whether you decide to use an in- or out-of-network provider. But, the best way to lower your healthcare costs is to use an IASIS Healthcare provider or a provider that participates in your network.

**It's easy to find an in-network doctor or facility. Just try one of the following ways:**

- Log on to [www.meritain.com](http://www.meritain.com) and scroll down to the **Provider Directory** link located at the bottom of the dashboard page.
- Call Meritain Health at **1.866.209.2929** between 8:00 a.m. and 5:00 p.m. Monday through Friday. You or your provider must call Meritain Health. You should not call Aetna directly. If the provider calls the network rather than Meritain Health, you won’t show as a member in their system.

When making an appointment to see a provider, be sure to ask if he or she participates in the Aetna Choice POS II network, or the IASIS Preferred AZ network if you are on the Preferred Plan. Even if you’ve seen the provider in the past, it’s a good idea to check that they’re still in your network every time you make an appointment.

**Remember**

- If your provider is not familiar with Meritain Health, tell them you are in the Aetna Choice POS II network, or the IASIS Preferred AZ network, if you are on the Preferred Plan. The Aetna logo appears on the front of your ID Card. But, all claims are paid and processed by Meritain Health. Your provider can also find the claims submission address and the customer service phone number for Meritain Health on the back of your ID Card. He or she can use this number to verify your eligibility and benefits.
- Some providers are not in the Aetna Choice POS II or the IASIS Preferred AZ network, and so they’re considered out-of-network providers. Your claim may still be eligible for payment, but, you’ll be charged the applicable out-of-network level deductible and coinsurance amounts.

**If you have any other questions, just call Meritain Health Customer Service at the number on your ID Card.**

[www.meritain.com](http://www.meritain.com)

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Did you know you can find a variety of healthcare tools and resources at www.meritain.com?

Your member website, Meritain Connect, gives you 24-hour access to a number of tools and resources that can help you manage your health benefits.

**With Meritain Connect you can:**
- Check your eligibility and benefits.
- Find the status of claims.
- View your Explanations of Benefits (EOBs).
- Review your benefit plan document.
- View deductibles and out-of-pocket maximums.
- Check HRA and FSA balances, as applicable.

**Access to Meritain Connect is as easy as 1–2–3**

If you have an account simply log in. If you’re a new user, you’ll need to register with these simple steps.

**Step 1**  
From your computer, simply open your Web browser and go to www.meritain.com. Then, in the top right corner, click **Register**.

**Step 2**  
Next, select **Member** under **I am a** and enter your group ID. You can find your group ID on the front of your member ID Card. (If you are new to the plan, you will soon receive your member ID Card in the mail.) Then, click **Continue**.

*Please note: you may set up a login for yourself, and view information for any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.*

**Step 3**  
You’ll need to enter the following information, then select **Submit**:

- Member ID (located on your member ID Card)
- First/last name (employee, spouse or dependent)
- Zip code
- Date of birth (mm/dd/yyyy)
- Group ID (located on your member ID Card)
- Email (personal address)
- Your security question and answer
- A username and password you select

After you create a password and confirm your email address—you’re done! You can then log in with the username and password you created.
Important information about Meritain Connect

Spouses and dependents
Per the HIPAA Privacy Regulations, spouses and dependents over age 18 have partially protected healthcare information. To access their information, they'll need to register for their Meritain Connect account using the previous steps. You can view financial information for all dependents, regardless of age.

Returning user login
When returning to the website after your account has been created, just enter your established username, select Next and then enter your password in the login box.

Incorrect login
You can click Home to return to the home page and try again if you receive an incorrect login message.

Website support
If you need help with the login process or forgot your username or password, we’re here to help. You can contact customer service using the phone number printed on your ID Card.

Website options
Simply click the name of each function in the top banner of Meritain Connect to access the following options. Click Home to return to the welcome page.

Healthcare Plan Overview
You can view deductibles, out-of-pocket maximums, FSA/HRA balances (if applicable), prescription plan information, plan documents and your coverage overview.

Benefits and Coverage
Here you can access temporary ID cards or order replacements, as well as request a letter of coverage.

Claim Information
Just click Claim Information to view your claims. Then, select an individual using the arrows next to your name. Click Apply to view all claims.

Health Tools
For quick access to health and wellness links, coaching, personal health records, prescription drug information, telemedicine and more, you should click Access My Health Tools. (Options vary based on available benefits.)

Doctors and Hospitals
It's easy to find a doctor with Meritain Connect—just scroll down to the Provider Directory link located at the bottom of the dashboard page.

Other Functions
The following two functions are both available for your use. Just click on the name of the function to access your information.

  * User Documentation
    To view the member portal reference guide for more information on available features, just click the User Documentation link at the bottom of the page.

  * Change User Information
    To do this, just click Account Settings at the top right-hand side of your page. You can change your password or store your email address.

You can click Home at any time to return to the welcome page.

If you need help navigating www.meritain.com or registering your Meritain Connect account, just call the number located on your ID Card.

www.meritain.com
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On-the-go access to your Meritain Health benefits

You can get benefits information when and where you need it—right from your smart phones and tablets. It’s all part of our Mobile Capabilities for members from Meritain Health.

Easy to access and easy to use

1. First, simply register for your mobile account through www.meritain.com. (If you’ve already registered to access your personal information on Meritain Connect—you can skip this step. Simply log in to Meritain Connect through the browser on your smart device to access your account.) *

2. From any mobile device, just log into Meritain Connect. Once you do, your mobile features will be ready to use. You’ll find quick-to-navigate displays you can easily use with your device’s touch screen.

* For best results, we recommend you register for your mobile account using a desktop computer.

If you have any questions about how to register or use Meritain Health's Mobile Capabilities, we can help. Simply call our customer service department using the phone number on your member ID Card.

Helpful benefits information

You can rely on Meritain Health’s Mobile Capabilities for members if:

- You need to quickly find a doctor or hospital in your network.
- You’re not near a computer and need to know your deductible or out-of-pocket amounts.
- You need to make a healthcare purchase but don’t know your FSA or HRA balance.**
- You want to research a claim or take a look at an Explanation of Benefits (EOB) statement on the go.
- You want to download and view (.pdf) a copy of your ID Card.

You may not always be in front of your computer. But you’ll always be able to find the healthcare information you need to help you get the most out of your healthcare benefits. It is one more way Meritain Health is working hard to help you be your healthiest self.

** If applicable to your plan.
Generic drugs are safe and effective, plus they cost less than their brand-name counterparts. When you need a prescription, ask your doctor or pharmacist if a generic is available for you.

Seven things to know

What is a generic medication?
A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Lipitor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

Same active ingredient.
Same quality.

Will a generic medication work the same as the brand?
Yes. Generics are copies of brand-name medications that have been tested and approved by the FDA. Drug manufacturers must prove their generic medications are the same as the brand-name medication, including:

- What it treats
- The way it is taken
- How well it works
Are generic medications safe?
Yes. The FDA has strict guidelines around generics. They must be the same chemically and have the same medical effect. The FDA periodically inspects manufacturing plants and monitors drug quality, even after generics have been approved.

Could a generic medication look different than the brand?
Yes. Generic medications may have a different shape or color than the brand. They may contain other ingredients, such as dyes and fillers, which give a medication its color and size. The shape or color does not affect how the medication works.

Can I save money by using a generic?
Most of the time, a generic medication costs less than the brand because makers of generic drugs don’t have the high up-front costs of new drug development. You may also save through a lower copay. However, there may be times when the cost for a generic is higher than the brand name. The easiest way to compare brand and generic medication prices is to use the Drug Pricing tool at optumrx.com.

Does every brand-name drug have a generic counterpart?
No. Only about half of the brand-name medications on the market have a generic alternative. Some drugs are protected by patents and are supplied by a single company.

How much can you and your plan save?
The savings based on the cost of the drug can be substantial. Your out-of-pocket cost will generally be less when you choose a generic medication. Consult your plan for copay details.

Learn more about generics
Talk with your doctor, pharmacist or other health care provider to learn more about generics.

The FDA also includes helpful information at:
• fda.gov
• 1-888-463-6332
• druginfo@fda.hhs.gov
Guardian’s Dual Option Vision

More choice and savings for vision coverage

If you looking for a way to distinguish yourself by offering innovative product ideas to your clients, Guardian’s Dual Option Vision benefit is a unique and compelling approach to vision coverage.

Your clients can offer their employees both VSP and Davis – more choice, more savings and more satisfaction.

Both plans offer the same comprehensive, high quality benefits that will help employees take good care of their eye health. Members simply choose the network that best meets their needs.

Choice, Savings, and Satisfaction

<table>
<thead>
<tr>
<th>VSP Vision</th>
<th>Davis Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 59,000 access points nationwide, located in retail, neighborhood, medical, and professional settings</td>
<td>Over 47,000 provider locations including retailers like WalMart, Sam’s Club, J.C. Penney, Sears, and Pearle Vision</td>
</tr>
</tbody>
</table>

Contact your Guardian Group Sales Representative for more information.

Not currently available in ID, MA, MT, WA, NC, HI, OR. Guardian’s Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. For Agent/broker use only – not for use with the general public. Policy Form #GP-1-VSN-96-1 et al.
Get the “Maximum” from your dental benefits

A solution to reducing costs and allowing employees to get more out of their dental funds.

Guardian will roll over a portion of the unused annual dental maximum into a personal Maximum Rollover Account, which can be used in future years if the plan’s annual maximum is reached. As an added advantage, more money is rolled over if in-network dentists are used exclusively during the benefit year.

How Maximum Rollover Works

Depending on the plan’s annual maximum, if claims dollars for the year don’t exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

<table>
<thead>
<tr>
<th>Plan Annual Maximum</th>
<th>Threshold</th>
<th>Maximum Rollover Amount</th>
<th>In-Network Only Rollover Amount</th>
<th>Maximum Rollover Amount</th>
<th>Maximum Rollover Account Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500</td>
<td>$700</td>
<td>$350</td>
<td>$500</td>
<td>$1,250</td>
<td></td>
</tr>
<tr>
<td>Maximum Claims Reimbursement</td>
<td>Claims amount that determines rollover eligibility</td>
<td>Additional dollars added to Plan Annual Maximum for future years</td>
<td>Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year</td>
<td>Maximum Rollover Account cannot exceed $1,250</td>
<td></td>
</tr>
</tbody>
</table>

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan

Here’s how the benefits work (Sample Plan)

YEAR ONE: Jane starts with a $1,500 Plan Annual Maximum. She submits $150 in dental claims. Since she did not exceed the $700 Threshold, she receives a $350 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of $1,850. This year, she submits $500 in claims and receives an additional $350 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of $2,200. This year, she submits $2,100 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

YEAR FOUR: Jane’s Plan Annual Maximum is $1,600 ($1,500 Plan Annual Maximum + $100 remaining Maximum Rollover Amount accumulated)
A WageWorks® Healthcare Flexible Spending Account (FSA) is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan.

If you don’t use it, you won’t lose it!

Why You Need It

• Save an average of 30% on eligible healthcare expenses

• Carry over up to $500 from one plan year to the next—there’s virtually no risk of losing your hard-earned money

• Access the full amount of your account on day one of your plan year

How It Works

Simply decide how much to contribute, and funds are withdrawn from your paycheck for deposit into your account before taxes are deducted. Your total annual election amount is available on day one of your plan year.

This new Healthcare FSA lets you carry over up to $500 in account balances from one plan year to the next. With far less risk of “use it or lose it,” there’s no reason not to take advantage of the tax savings this year—and every year.

You can save $780 every year!
How You Manage It

With a variety of payment and reimbursement options, your WageWorks Healthcare FSA is easy to use. The convenient WageWorks Healthcare Card associated with your account can be used to pay for hundreds of eligible healthcare products and services for you, your spouse, and your dependents.

Manage your account via a secure website on any computer or mobile device connected to the Internet or via the WageWorks EZ Receipts® app.

You can contribute up to a maximum of $2,600 to your WageWorks Healthcare FSA. A different limit may apply to you, according to your employer’s plan.

How You Get It

Ready to save? Sign up for a WageWorks Healthcare FSA during your Open Enrollment period. Contact the person or organization managing your benefits enrollment today!

Learn more at
wageworks.com/mynewfsa

<table>
<thead>
<tr>
<th>Without FSA with Carryover</th>
<th>With FSA with Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross annual pay (estimate)</td>
<td>$60,000</td>
</tr>
<tr>
<td>Estimated tax rate (30%)</td>
<td>- $18,000</td>
</tr>
<tr>
<td>Net annual pay</td>
<td>= $42,000</td>
</tr>
<tr>
<td>Estimated annual healthcare expenses</td>
<td>- $2,600</td>
</tr>
<tr>
<td>Final take-home pay</td>
<td>= $39,400</td>
</tr>
<tr>
<td>Maximum annual Healthcare FSA contribution</td>
<td>- $2,600</td>
</tr>
<tr>
<td>Adjusted gross pay</td>
<td>= $57,400</td>
</tr>
<tr>
<td>Estimated tax rate (30%)</td>
<td>- $17,220</td>
</tr>
<tr>
<td>Final take-home pay</td>
<td>= $40,180</td>
</tr>
</tbody>
</table>

Take home this much more $780

All figures in this table are estimates and based on an annual salary of $60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, healthcare expenses, and tax savings may be different.
Dependent Care Flexible Spending Account

A WageWorks® Dependent Care Flexible Spending Account (FSA) is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare.

Why You Need It

- Save an average of 30% on preschool, summer day camp, before/after school programs, child or elder daycare, and more
- Reduce your overall tax burden—funds are withdrawn from your paycheck for deposit into your Dependent Care FSA before taxes are deducted
- Take advantage of several convenient, no-hassle payment and reimbursement options

How It Works

Simply decide how much to contribute to your account each year, and funds are withdrawn from each paycheck for deposit into your account before taxes are deducted. As soon as your account is funded, you can use your balance to pay for many eligible dependent care expenses.

You can save $1500 every year!

See the estimated tax savings
How You Manage It

With a variety of payment and reimbursement options, your WageWorks Dependent Care FSA is easy to use. Arrange for convenient direct payments to your dependent care provider or be reimbursed for payments you make. You can even have your dependent care provider sign receipts using your mobile device.

Manage your account via a secure website on any computer or mobile device connected to the Internet or via the WageWorks EZ Receipts® app.

You can contribute up to a maximum of $5,000 to your WageWorks Dependent Care FSA. Simply estimate your annual dependent care expenses and make your contributions carefully. Any money left unspent in your Dependent Care FSA at plan year end is forfeited.

How You Get It

Ready to save? Sign up for a WageWorks Dependent Care FSA during your Open Enrollment period. Contact the person or organization managing your benefits enrollment today!

Learn more at wageworks.com/mydcfsa

WageWorks Dependent Care FSA Savings Example

<table>
<thead>
<tr>
<th>Without Dependent Care FSA</th>
<th>With Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross annual pay (estimate)</td>
<td>$60,000</td>
</tr>
<tr>
<td>Estimated tax rate (30%)</td>
<td>- $18,000</td>
</tr>
<tr>
<td>Net annual pay</td>
<td>= $42,000</td>
</tr>
<tr>
<td>Estimated annual dependent care expenses</td>
<td>- $5,000</td>
</tr>
<tr>
<td>Final take-home pay</td>
<td>= $37,000</td>
</tr>
<tr>
<td>Gross annual pay (estimate)</td>
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</tr>
<tr>
<td>Maximum annual Dependent Care FSA contribution</td>
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<tr>
<td>Adjusted gross pay</td>
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<tr>
<td>Estimated tax rate (30%)</td>
<td>- $16,500</td>
</tr>
<tr>
<td>Final take-home pay</td>
<td>= $38,500</td>
</tr>
</tbody>
</table>

All figures in this table are estimates and based on an annual salary of $60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, dependent care expenses, and tax savings may be different.

Take home this much more $1,500
WageWorks EZ Receipts

WageWorks® EZ Receipts® app is the quick and easy way to manage all your WageWorks benefits. It puts the power of the WageWorks web portal in the palm of your hand. Download EZ Receipts to your smartphone, log in to your WageWorks account, and check balances, submit claims, snap photos of receipts—all on the go!

Why You Need It

- Snap and submit photos of your receipt each time you use your card to make it easy to verify card transactions later
- File claims, view transactions, and check account balances on the go
- Sign up for email and text alerts for the ultimate mobile convenience

Learn more at

wageworks.com/myezreceptions
How It Works

WageWorks EZ Receipts makes managing your benefits quick, easy, and completely mobile. It automates and streamlines everything—there are no forms to fill out, nothing to mail in. This handy mobile app works with:

- WageWorks Healthcare Flexible Spending Account
- WageWorks Dependent Care Flexible Spending Account
- WageWorks Health Savings Account
- WageWorks HSA-Compatibility Flexible Spending Account
- WageWorks Health Reimbursement Arrangement
- WageWorks Parking benefits
- WageWorks Health & Wellness Program
- WageWorks Fitness Reimbursement Program

How You Use It

It's easy to use EZ Receipts. Simply download this free app to your iPhone or Android smartphone, log in to your WageWorks account, and use EZ Receipts to:

- Snap and save photos of receipts to verify your payment card transactions
- File a claim and get reimbursed quickly
- View transactions and account balances
- View and edit your account profile, and set communication preferences to receive important WageWorks benefit account information via text message and email

How You Get It

Download EZ Receipts from the iTunes Store or Google Play—it’s free.

Learn more at wageworks.com/myezreceipts
ACI’s Employee Assistance Program (EAP) provides professional and confidential services to help employees and family members address a variety of personal, family, life, and work-related issues.

**Confidential and professional assessment and referral services for employees and their family members**

**EAP and Work-Life Benefits:**
From the stress of everyday life to relationship issues or even work-related concerns, the EAP can help with any issue affecting overall health, well-being and life management.

- Unlimited Telephonic Clinical Assessment and Referral
- Up to 3 Sessions of Professional Assessment for Employees and Family Members
- Unlimited Child Care and Elder Care Referrals
- Legal Consultation for Unlimited Number of Issues per Year
- Financial Consultation for Unlimited Number of Issues per Year
- Unlimited Pet Care Consultation
- Unlimited Education Referrals and Resources
- Unlimited Referrals and Resources for any Personal Service
- Unlimited Community-based Resource Referrals
- Online Legal Resource Center
- Affinity™ Online Work-Life Website
- myACI App for Mobile Access
- Multicultural and Multilingual Providers Available Nationwide

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through ACI’s 24/7, live-answer, toll-free number.

EAP services are provided by ACI Specialty Benefits, under agreement with Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Colombia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product availability and features may vary by state.

**Additional Questions?**
Contact Human Resources or contact ACI Specialty Benefits toll-free at 855-RSL-HELP (855-775-4357) rsli@acieap.com http://rsli.acieap.com
Introducing MY ACI ONLINE

Accessing EAP benefits just got easier!

Join myACIonline for 24/7 instant access to all of your EAP benefits.

- Access personalized benefits information.
- Request services and referrals for any work-life need.
- Contact ACI directly for immediate concerns.

Employees and all family members are eligible for anytime, anywhere access. Responses are just as timely as other methods, including phone and email.

How to Get Started

Logging in to myACIonline for the first time is easy.

1. Go to: http://rsli.acieap.com and click Log in to myACIonline.
2. Create a new account by clicking GET STARTED. The Reliance Standard company code, RSLI859, should already be filled in.
3. Complete your profile and sign in to start accessing benefits immediately.

Questions?
Contact ACI Specialty Benefits toll-free at 855-RSL-HELP (855-775-4357)
rsl@acieap.comhttp://rsli.acieap.com
How To Get Started

1. Download and install the myACI app from http://rsli.acieap.com or through the App Store or Google Play.

2. Sign in using the company code.
   - iOS Users: Username: RSLI
     Password: 859
   - Android Users: RSLI859

3. Fill out the user profile information.

4. Submit a request and access your benefits instantly!

myACI App

Through the new myACI App, employee assistance program clients and family members can easily request referrals, access services and directly contact ACI for more immediate concerns. Responses are just as timely as contacting ACI via other methods, including phone and email.

phone: B55-RSLI-HELP (855-775-4357)
email: rsli@acieap.com
web: http://rsli.acieap.com
Combined Insurance Company of America (Combined) has been providing quality supplemental insurance products for more than 90 years. Millions of people have taken advantage of Combined’s products to help them achieve greater financial protection and peace of mind in their time of need. Combined operates in 49 states, the District of Columbia and Puerto Rico and has operations around the globe.

Group policy form is P34544TN. This document is a brief description of Certificate Form No. C34544TN and riders: Dependent Child=34546, Level Term=34548, Accelerated Death Benefit for Terminal Illness=34550 and Long Term Care=34553. Benefits, rates, exclusions and limitations may vary by state. Refer to your certificate of insurance for specific details.

Identify Your Needs Today

<table>
<thead>
<tr>
<th>Deduction Frequency</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>Monthly</th>
<th>Semi-monthly</th>
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</thead>
</table>

**Employee/Member**

<table>
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<tr>
<th>Name</th>
<th>Death Benefit</th>
<th>LTC Benefit</th>
<th>Dependent Child</th>
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<tbody>
<tr>
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**Spouse**

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<th>No</th>
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</table>

<table>
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<tr>
<th>Guaranteed Insurability</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Insurability</th>
<th>Premium per</th>
<th>Deduction</th>
<th>Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$_________</td>
<td>$_________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Deduction</th>
<th>$_________</th>
</tr>
</thead>
</table>

This is not an application for coverage. Refer to your enrollment form in order to apply for coverage.

Enrollments are subject to underwriting approval.

LIFETIME BENEFIT TERM | CHAMPION
Life Insurance with Money for Long Term Care

You work hard to provide a good life for your family. However, what if something happens to you? If they need you, you need a champion to defend and protect your family with money to help pay for:

- Rent and mortgage
- College education
- Retirement
- Household expenses
- Long term care
- Childcare
- Family debt
- Burial

Plan designed and offered by

Voluntary Benefits of America

Term Insurance for a Lifetime!

Good things in life happen every day, and unfortunately, hardship happens too. LifeTime Benefit Term can help you defend and protect everything you value—your family, your goals, your dreams, your independence—in essence, your life.

Combined Insurance Company of America (Combined) has been providing quality supplemental insurance products for more than 90 years. Millions of people have taken advantage of Combined’s products to help them achieve greater financial protection and peace of mind in their time of need. Combined operates in 49 states, the District of Columbia and Puerto Rico and has operations around the globe.

Group policy form is P34544TN. This document is a brief description of Certificate Form No. C34544TN and riders: Dependent Child=34546, Level Term=34548, Accelerated Death Benefit for Terminal Illness=34550 and Long Term Care=34553. Benefits, rates, exclusions and limitations may vary by state. Refer to your certificate of insurance for specific details.

LBT-EE2-LTC25-VB2 (6-14)
Innovative Benefit Design

Guaranteed Premiums
Life insurance premiums are guaranteed never to increase.

Term Life Insurance to age 120
Based on current interest rate assumptions the death benefit is designed to remain level through age 120 and be fully paid up by age 100. In the event of a long term decline in interest rates, your coverage does contain a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit.

Paid-up Benefits
After 10 years, paid up benefit begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

Terminal Illness Benefit
You can receive 50% of your death benefit immediately, up to $100,000, if you are diagnosed as terminally ill.

Long Term Care (LTC)
If you need LTC, you can access your death benefit while you are living, if you are certified by a physician as being both chronically ill and confined to a nursing home, home health care, assisted living, or adult day care services or you have a Severe Cognitive Impairment that requires substantial Supervision to protect you from threat of health or safety, you can receive 4% of your death benefit each month for up to 25 months. Benefits would begin after a 90 day elimination period has been satisfied. Insurance premiums are waived while this benefit is being paid.

While the LTC rider is projected to remain level, it can increase based on actual state wide experience. The rider can be dropped at anytime, reverting to the lower guaranteed life base premium. (Premium increases can only occur if all contracts in a state where this benefit is issued are increased. Premiums cannot be increased solely because of an individual claim.)

Dependent Child Benefit
One low premium covers all natural, adopted, step-children or any children for whom you are a legal guardian who are 15 days through 24 years old. Coverage continues until a child reaches age 26, marries or is no longer a dependent, or when you reach age 75 or terminate coverage, whichever comes first. Coverage is guaranteed issue and you may select benefit amounts of $15,000 or $25,000.

Waiver of Premium
Waives your premium payments if you become totally disabled.

Payor Waiver of Premium
Waives the premium of your spouse, if you, the payor become totally disabled.

Features

Affordable Financial Security
Lifelong protection with premiums beginning as low as $3 per week.

Strong Guarantees
Guaranteed life insurance Premium and Death Benefits last a lifetime.

Highly Competitive Rates
For the same premium, Lifetime Benefit Term provides higher benefits than whole life and lasts to age 120.

Fully Portable and Guaranteed Renewable for Life
Your coverage cannot be cancelled as long as premiums are paid as due.

Family Coverage
Coverage is available for your spouse and children.

Future Insurability*
By participating in the minimum plan (premium of $3.00 per week or minimum face amount if premium of $3.00 per week is not available), you become eligible to increase your coverage up to an additional $25,000 at each annual enrollment to the maximum Guaranteed Issue amount allowed. This means you are protecting your insurability for the future, regardless of your health condition at the time of annual enrollment!

* Limitations apply, including being actively at work at the time of the application for additional coverage and the Group meeting all qualifications necessary for a Guaranteed Issue offer at time of enrollment.

Optional Benefits That Make LifeTime Benefit Term Even More Valuable¹

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Child Benefit</td>
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</tr>
<tr>
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<td>Waives the premium of your spouse, if you, the payor become totally disabled.</td>
</tr>
<tr>
<td>Spouse Term Rider</td>
<td>If your spouse does not qualify for LifeTime Benefit Term coverage based on</td>
</tr>
<tr>
<td></td>
<td>the answers to health questions, he/she may apply for a guaranteed issue</td>
</tr>
<tr>
<td></td>
<td>amount of $10,000 as a term rider to your contract. Issue ages are from 19</td>
</tr>
<tr>
<td></td>
<td>through 70 and premiums are guaranteed to be level for the length of</td>
</tr>
<tr>
<td></td>
<td>coverage. Assuming you continue to pay premiums and do not cancel your</td>
</tr>
<tr>
<td></td>
<td>coverage, the spouse term rider will last to the latter of age 70 or 10</td>
</tr>
<tr>
<td></td>
<td>years, whichever is longer. For example, if your spouse is age 35, coverage</td>
</tr>
<tr>
<td></td>
<td>will terminate at age 70; if your spouse is age 65, coverage will terminate</td>
</tr>
<tr>
<td></td>
<td>at age 75.</td>
</tr>
<tr>
<td>Guaranteed Insurability</td>
<td>Allows for scheduled automatic increases to the death benefit coverage,</td>
</tr>
<tr>
<td></td>
<td>subject to eligibility requirements, without requiring evidence of insurability.</td>
</tr>
</tbody>
</table>

The enrollment process is powered by the EnrollForLife™ platform.
To Help With Your Legal Needs...

Here’s An Affordable Solution

MetLaw®

ACCESS TO MORE THAN 12,000 EXPERIENCED ATTORNEYS ON UNLIMITED MATTERS

You’ll have a nationwide network of more than 12,000 participating Plan Attorneys from which to choose. Plan Attorneys have met stringent selection criteria and have an average of 24 years or more of legal experience.

Plan Attorney assistance includes:

• Covered legal services
• Consultations on the telephone
• In-person consultations
• Document preparation
• Representation for many frequently needed personal legal matters

Plus, if you stay within the network, covered legal services are provided with no additional attorney fees. Of course, you also have the flexibility to use a non-Plan Attorney and get reimbursed for covered services according to a set fee schedule. It’s completely your choice!

LEGAL ADVICE IS JUST A PHONE CALL AWAY

When you face a situation that you think has legal implications, simply pick up the phone. A knowledgeable Client Service Representative will be available to assist you with locating a Plan Attorney near your home or workplace. And, many Plan Attorneys are available to meet with you on weekdays, evenings and even Saturdays. You can also access our e-panel of attorneys 24 hours a day, 7 days a week.

CONVENIENT ONLINE ACCESS

More information about the program is instantly at your fingertips when you visit the Hyatt Legal Plans web site. Just log on to info.legalplans.com and enter access code: MetLaw for details. Where available, you may also visit us at www.metlife.com/mybenefits. You can even locate available Plan Attorneys in your area while you’re online.

Exclusions

Please see your plan description for complete details. No service (including consultations) will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife® and affiliates, and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents, in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed specifically in this brochure.

For more information

Visit Hyatt Legal Plans online anytime at info.legalplans.com and enter access code: MetLaw or call 1-800-821-6400

Where available, you may also visit us at www.metlife.com/mybenefits

Smart. Simple. Affordable.*

Hyatt Legal Plans

A MetLife Company

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166

Hyatt Legal Plans, Inc. is a subsidiary of Metropolitan Life Insurance Company. Hyatt Legal Plans, 333 Superior Avenue, Cleveland, OH 44114. MetLife® Group Legal Plans are offered by Hyatt Legal Plans, Cleveland, Ohio. In certain states, the Group Legal Plans are provided through insurance coverage underwritten by Metropolitan Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Printed in U.S.A.

*You will be responsible to pay the difference, if any, between the Plan’s payment and the non-plan attorney’s charge for services. Covered services vary in some states.
Finding an affordably priced lawyer to represent you when you have trouble with creditors, buy or sell your home, or even prepare your will can be a challenge. Now there’s a smart, simple, affordable solution — MetLaw, administered by Hyatt Legal Plans. MetLaw is a legal services plan that provides legal representation for you, your spouse and dependents at a price that won’t break your budget.

Now you have a resource at your fingertips for important, everyday legal services. What’s more, you’ll also have someone to turn to for unexpected legal matters. With MetLaw, you can receive legal advice and fully covered legal services for a wide range of personal legal matters, including:

**...FOR JUST PENNIES A DAY**

**DEBT COLLECTION DEFENSE**
Helps you work with creditors and can help enforce your rights.
- Identity Theft Defense
- Repayment Schedule
- Negotiation with Creditors
- Pre-bankruptcy planning and filing of Personal Bankruptcy Petition
- Tax Audits
- Foreclosure Defense

**WILLS**
Helps you set forth your decision about how and to whom your property will be divided.
- Wills and Codicils
- Living Wills and Powers of Attorney
- Trusts

**FAMILY LAW**
Helps you address issues that may be important to you and your family.
- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Uncontested Guardianship
- Name Change

**REAL ESTATE MATTERS**
Helps you avoid potential problems and costly surprises associated with one of your most important assets.
- Sale, Purchase or Refinancing of your Primary Residence
- Eviction and Tenant Problems (Where You Are The Tenant)
- Zoning Applications
- Security Deposit Assistance - For Tenant
- Boundary or Title Disputes
- Property Tax Assessment
- Home Equity Loans

**COURT APPEARANCES**
Helps protect your rights.
- Civil Litigation Defense
- Consumer Protection Matters
- Personal Property Protection
- Restoration of Driver’s License
- Traffic Ticket Defense (Except DUI)
- Juvenile Court Defense
- Administrative Hearings
- Incompetency Defense

**DOCUMENT REVIEW & PREPARATION**
Provides you with legal advice before you sign on the dotted line.
- Mortgages
- Deeds, Promissory Notes
- Demand Letters, Affidavits
- Review of Personal Legal Documents
- Small Claims Assistance
- Elder Law Matters
- Immigration Assistance

**DISCOVER HOW AFFORDABLE AND CONVENIENT IT CAN BE TO GET LEGAL REPRESENTATION**
MetLaw provides you, your spouse and dependents with fully covered legal services from experienced attorneys at a low monthly group rate, which is paid through the convenience of automatic deductions from your paychecks. And to make it even easier, when you use a Plan Attorney for covered services, there are:
- No deductibles
- No co-payments
- No waiting periods
- No claim forms
- No limits on usage

**ENROLL NOW. HERE’S HOW:**
- Select MetLaw on your enrollment materials (or whatever enrollment response method you will use) during your benefit enrollment period.
- Your cost for the Plan will be automatically deducted from your paychecks.
- Once you enroll, you must remain in the Plan for the entire Plan year.

For access to affordable, convenient, covered legal services, turn to MetLaw, available through your company. Join today!

For more information visit our web site: [info.legalplans.com](http://info.legalplans.com) and enter access code: MetLaw or call: 1-800-821-6400

Monday - Friday: 8:00 a.m. - 7:00 p.m. (Eastern Time)

Where available, you may also visit us at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)
If they need you, you need a Champion

Good things in life happen every day, and unfortunately, accidents happen too. You need a champion to help you defend and protect everything you value—your family, your goals, your dreams, your independence—in essence, your life.
No one plans on getting injured ... but just in case, we’ve got you covered.

You do everything you can to stay active and healthy, but accidents happen every day, especially sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That’s where Accident Champion can help.

Accident Champion pays cash benefits directly to you or anyone you choose regardless of any other coverage you have. And Accident Champion pays extra benefits for injuries resulting from participating in organized sports. Let Accident Champion help take care of your bills so you can take care of yourself and your family.

**Accident Champion Benefits always include:**

**First Accident**
- Pays you $100 soon after you report your first claim for covered benefits!
  - If you get injured, we can begin processing your claim right over the phone so you can get cash fast.

**Sports Package**
- Your benefits increase 25%, up to $1,000 per person per year, for injuries resulting from participating in organized sports! Playing sports can lead to injuries and unwelcome expenses. We’ll increase your benefits to help pay those expenses.

**Rehabilitation Package**
- We pay cash benefits for Admission, Daily Confinement and Recovery!
  - Whether you are released to a Rehabilitation Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition.

Here’s How Accident Champion Benefits Work:

Accident Champion helps pay for the unexpected costs of an accidental injury by providing benefits for initial care, injuries, treatment, facility care and follow-up care.

If you get injured at soccer practice and break your leg, here’s how benefits may stack up:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Accident</td>
<td>$100</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$200</td>
</tr>
<tr>
<td>ER Visit</td>
<td>$75</td>
</tr>
<tr>
<td>X-Ray</td>
<td>$30</td>
</tr>
<tr>
<td>Fracture</td>
<td>$750</td>
</tr>
<tr>
<td>Crutches</td>
<td>$100</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>$250</td>
</tr>
<tr>
<td>Follow-up Visits</td>
<td>$75</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$1,580</td>
</tr>
<tr>
<td>PLUS Sports Package</td>
<td>$395</td>
</tr>
<tr>
<td>Total Payment</td>
<td>$1,975</td>
</tr>
</tbody>
</table>

This is only an example of the benefits that could be payable for the covered loss noted above. Refer to the certificate of insurance for details.
**Gold Plan**

### Schedule of Benefits  24-hour coverage

#### Initial Care
- **Ambulance**
  - Ground: $200
  - Air: $2,000
- **Emergency Room**: $75
- **Initial Doctor’s Office Visit**: $25
- **Urgent Care**: $50
- **Emergency Dental**
  - Crown: $300
  - Extraction: $75

#### Hospital and Rehabilitation
- **Hospital Admission**: $500
- **ICU Admission**: $1,000
- **Rehabilitation Admission**: $500
- **Hospital Confinement**
  - Per day, up to 365 days: $150
- **ICU Confinement**
  - Per day, up to 30 days: $300
- **Rehabilitation Confinement**
  - Per day, up to 30 days: $90
- **Recovery**
  - Per day, up to seven days: $50

#### Follow-up Care & Treatment
- **Abdominal or Thoracic Surgery**: $1,500
- **Appliances**: $100
- **Blood, Plasma, Platelets**: $300
- **Chiropractic Care**
  - Per visit, up to three visits: $25
- **Concussion**: $100
- **Follow-up Treatment**
  - Per visit, up to three visits: $25
- **Lodging**
  - For treatment 100 miles or more away, per night, up to 30 nights: $125
- **Major Diagnostic Exam**
  - (CT, MRI, etc.): $150
- **Organ Loss**: $2,500
- **Outpatient Surgery Facility**: $25
- **Physical Therapy**
  - Per visit, up to 10 visits: $25
- **Prosthetics**: $1,000
- **Tendon, Ligament, Rotator Cuff Surgery**: $500
- **Transportation**
  - For treatment 100 miles or more away, per trip up to three trips: $500
- **X-ray**: $30

#### Injuries
- **Burns**
  - Level 1: $1,000
  - Level 2: $2,000
  - Level 3: $10,000
- **Skin Graft**: 25% of the burn benefit
- **Coma**: $10,000
- **Dislocations**
  - Open reduction, up to ...: $3,600
  - Closed reduction, up to ...: $1,800
- **Eye**: $250
- **Fractures**
  - Open reduction, up to ...: $5,000
  - Closed reduction, up to ...: $2,500
- **Herniated Disc**: $500
- **Knee Cartilage – Torn**: $500
- **Lacerations**: $30-$400
- **Loss of Hands, Feet or Sight, up to ...**: $14,000
- **Loss of Fingers or Toes, up to ...**: $1,500

#### Additional Benefits
- **First Accident**
  - Once per policy: $100
- **Accidental Death**
  - Employee & Spouse: $20,000
  - Child: $4,000
- **Catastrophic Accident**
  - Prior to Age 70
    - Employee & Spouse: $25,000
    - Child: $12,500
  - On or after Age 70: 50%
- **Family Care**
  - For each child in a child care center: Per day, up to 30 days: $25
- **Sports Package Benefits are 25% higher**
  - when accident is due to organized sports. Up to $1,000 per person per year
- **Wellness**
  - Per person, once per year: $25
  - 90 day waiting period

#### Gold Plan Premium

<table>
<thead>
<tr>
<th></th>
<th>Bi-Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$5.16</td>
<td>$11.18</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$9.36</td>
<td>$20.28</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$10.04</td>
<td>$21.76</td>
</tr>
<tr>
<td>Family</td>
<td>$12.00</td>
<td>$26.00</td>
</tr>
</tbody>
</table>

Benefits may vary by state. Most benefits are paid once per accident unless otherwise noted.
You do everything you can to keep your family safe, but accidents happen, and when they do, it’s good to know we’ve got you covered. Let Accident Champion help take care of your bills, so you can take care of your family.

Features

Date of Application Coverage
Coverage becomes effective as soon as your application is signed, you have authorized payment and the Initial Eligibility requirements are met.

No Exclusions for Preexisting Conditions
No medical history is required for coverage to be issued.

Guaranteed Issue
No medical history is required for coverage to be issued.

Guaranteed Renewable
Your coverage cannot be cancelled as long as your premiums are paid as due.

Fully Portable
You can keep your coverage even if you change jobs or retire.

HSA Compatible

Initial Eligibility

Employee
• Actively employed working at least 30 hours per week
• Ages 18 and up

Spouse
• Ages 18 and up

Dependent children
• Ages 0 to 26
• No student status required
• Coverage will continue for incapacitated dependent children regardless of age.

Exclusions & Limitations
This is Accident-only insurance. No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a covered person’s:
• Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician’s instructions (the term “intoxicated” means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction in which the accident occurred);
• Participating in an illegal activity or attempting to commit or actually committing a felony (“felony” is as defined by the law of the jurisdiction in which the activity takes place);
• Committing or attempting to commit suicide or intentionally injuring himself or herself;
• Having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident;
• Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; or
• Participation in any contest using any type of motorized vehicle.

Accident Benefits Summary

<table>
<thead>
<tr>
<th>Name:</th>
<th>Type of Coverage</th>
<th>Payroll Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$</td>
</tr>
</tbody>
</table>

If you have questions about this product or want to initiate the filing or processing of a claim, call 1-800-544-9382.

This is a supplement to health insurance and is not a substitute for major medical insurance. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

This document is a brief description of Certificate Form No. CI4059R. Benefits, rates, exclusions and limitations may vary by state. Refer to your certificate of insurance for specific details.
Paying your bills? Taking care of your family? Getting better? If you’re like most people, being diagnosed with a critical illness can be overwhelming, even scary. The last thing you want to worry about is money. Critical Illness Champion pays you directly to help with your bills, your mortgage, your rent, your childcare—you name it—so you can focus on recovery.
No one plans on getting sick . . . But just in case, we’ve got you covered.

Critical illnesses, such as heart attack, cancer and stroke, happen every day. They can have serious consequences, both physical and financial. To maintain your lifestyle and help you recover, you may need some financial help.

Are your savings enough to pay your bills?
While you’re being treated for a critical illness, your income could be affected for 3 to 6 months. Most families do not have enough savings to keep up with:

- Rent or Mortgage Payments
- Car Payments
- Credit Card Debt
- Childcare
- Savings for College & Retirement
- Household Expenses

Critical illnesses are expensive
Simply put, critical illnesses cost money. Even with medical insurance, out-of-pocket expenses like these can pile up quickly:

- Medical Deductibles and Co-Pays
- Out-Of-Network Specialists
- Prescriptions
- Rehabilitation
- Nursing Care
- Medical Travel

Would a check for $20,000 help?

Critical Illness Champion pays you cash immediately. Upon diagnosis, we send a lump sum check directly to you. You can use your cash benefit however you choose—to help with your everyday living expenses, pay your out-of-pocket medical costs or replace lost income. Your benefit is paid in full regardless of any other insurance you may have.

How much would YOU need?

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage/Rent</td>
<td>$</td>
</tr>
<tr>
<td>Car Payments/Repairs/Gas</td>
<td>$</td>
</tr>
<tr>
<td>Credit Card Payment</td>
<td>$</td>
</tr>
<tr>
<td>Groceries/Household Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Kids – Childcare/Activities</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

Dollars of Protection YOU need per month for recovery

$ x3 $ = $ x6 $ Plus Medical Out-of-Pocket

$ YOU Need

Wouldn’t your recovery be easier if you didn’t have to worry about money? Critical Illness Champion can help!

More than 50% of all personal bankruptcies in America are due to critical illness.¹

Out-of-pocket medical expenses for Cancer average $35,000.²

¹ Harvard Study, Illness and Injury as Contributors to Bankruptcy, 2009
² Duke University Medical Center and Dana-Farber Cancer Institute Study, Medical Bills Force Cancer Patients to Skimp on Care and Necessities, 2011.
Critical Illness Champion gives you peace of mind so you can focus on getting well. Critical illnesses change life in an instant. If you get sick, the last thing you want to worry about is money. Let Critical Illness Champion help protect you from financial hardship while you recover.

Here’s how it works...
As soon as you are diagnosed with a covered condition, submit your claim and we’ll send you a check. It’s that simple. You can use your money however you choose.

**Triple Benefit**
If you get sick again with another covered condition, you’re still covered. With Triple Benefit, you can receive up to 3 times the Face Amount for each person you choose to cover. That means if you choose a $20,000 Face Amount you can receive as much as $60,000 in cash.

**Recurrence Benefit**
If we have paid a critical illness benefit for Benign Brain Tumor, Cancer, Coma, Heart Attack or Stroke, and there is a recurrence, you can receive up to 25% of your Face Amount, as long as you were back to work and treatment-free for at least 6 months. The Recurrence Benefit can be paid up to 2 times.

**Additional Innovative Benefits**
With Critical Illness Champion, you get even more than a substantial lump sum cash benefit. To help you avoid financial hardship and ease your recovery, you get these innovative benefits too:

**Cancer Treatment Benefit** – Pays an extra $1,000 per month for each month you receive treatment for up to 6 months. Treatment includes chemotherapy, hormonal therapy, immunotherapy, radiation therapy, or surgery.

**Wellness Benefit** – Health screening tests can help diagnose a condition early or prevent an illness altogether. This benefit pays you $50 after you go for an annual health screening test (after coverage is in force for 30 days). More than 20 covered screenings including:
- Blood test for triglycerides
- Breast ultrasound
- Chest X-ray
- Colonoscopy
- Echocardiogram
- Fasting blood glucose test
- Mammography
- Pap smear
- Skin cancer biopsy

**Advocacy Benefits** – Personal and confidential assistance from professionals

**Best Doctors**
- “Find Best Docs” Physician Referrals
- “Ask the Expert” Hotline
- Diagnosis & Treatment Advice

---

**Standard Conditions**
- Alzheimer’s
- Benign Brain Tumor
- Cancer
- Carcinoma In Situ*
- Coma
- Coronary Artery Obstruction*
- End Stage Renal Failure
- Heart Attack
- Major Organ Failure
- Skin Cancer ($250)

* Benefit payment is 25% of face amount.
Chances are good that you will survive a critical illness. Will your financial wellbeing survive as well? You do everything you can to stay active and healthy, but critical illnesses happen every day, and when they do, it’s good to know we’ve got you covered.

Features

Affordable, Extensive Coverage
Powerful protection at an affordable price.

Family Coverage
You can insure yourself and your spouse, and your kids. Your children and dependent grandchildren under age 27 are covered automatically.

No Age Penalty
Your rates will never change due to your age.

Full Portability
You can keep your coverage at the same cost even if you change jobs or retire.

Guaranteed Renewable
Your coverage cannot be cancelled as long as premiums are paid as due.

Your Choice of Two Benefit Options:
- HIGH Option—$20,000 Benefit Face Amount
- LOW Option—$10,000 Benefit Face Amount

Benefits Summary

<table>
<thead>
<tr>
<th>Name:</th>
<th>My Face Amount</th>
<th>Spouse (50% of My Face Amount)</th>
<th>Children (50% of My Face Amount)</th>
<th>Payroll Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ High ☐ Low</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

No Benefit Reduction
Benefits never decrease due to age

Convenient Payroll Deduction
No bills to watch for or checks to mail. Premiums are paid automatically.

No Coordination of Benefits
Payments are made in addition to any other insurance you may have.

HSA Compatible
You can have this coverage even if you have a Health Savings Account.

No Treatment Requirements
You are not required to be hospitalized or get treatment to receive benefits.

Exclusions
No benefits will be paid for losses resulting from any intentionally self-inflicted injury

Limitations
A Pre-existing Condition is not covered unless the date of diagnosis for such condition is at least 12 months after the certificate effective date.

Initial Eligibility
- Active employees age 18 and up, working at least 17.5 hours per week
- Spouses age 18 and up, legally married. Domestic partner and civil union partner coverage available in some states.
- Children ages 0 through 26, no student status required

Facts
- More than 50% of bankruptcies are due to an illness or medical bills.¹
- About 1 of 2 men and 1 of 3 women will contract cancer.²
- About every 25 seconds an American will have a coronary event.³
- On average, every 40 seconds someone in the U.S. has a stroke.³

¹ David U. Himmelstein, MD, Deborah Thorne, PhD, Eliza- beth Warren, JD, Steffie Woolhandler, MD, MPH. “Medical Bankruptcy in the United States, 2007: Results of a National Study.” American Journal of Medicine, 2009.

HOW DOES CRITICAL ILLNESS CHAMPION HELP?

This document is a brief description of Group Certificate Form No. CI6670. Benefits, rates, exclusions and limitations may vary by state. Refer to your certificate of insurance for specific details.
CANCER TREATMENT BENEFIT
CERTIFICATE RIDER

RIDER SCHEDULE

Rider Effective Date:

Cancer Treatment Benefit: per month

Cancer Treatment Benefit Period: months

This Certificate Rider is attached to and forms part of the Critical Illness Insurance Certificate (“Certificate”). This Certificate Rider was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete.

This Certificate Rider is subject to all the terms, conditions, exclusions and limitations of the Certificate except as otherwise stated herein.

DEFINITION
Cancer Treatment means medical procedures to destroy, modify, control, or remove cancer tissue. Treatment includes chemotherapy, hormonal therapy, immunotherapy, radiation therapy, or surgery. A medical oncologist, radiation oncologist, or other Physician qualified to diagnose and treat cancer must supervise the treatment. Pathology reports, radiographic studies and/or tumor markers must verify the diagnosis.

CANCER TREATMENT BENEFIT
The Cancer Treatment Benefit is payable for each month a Covered Person receives Cancer Treatment as a result of Cancer for which the Standard Critical Illness Benefit under the Certificate is payable.

We will pay the Cancer Treatment Benefit amount shown on the Rider Schedule up to the Cancer Treatment Benefit Period per Covered Person.

Benefits paid under this Rider do not reduce the available Maximum Benefit Amount under the Certificate.

Form No. 16674
No other Policy or Certificate provision or condition is changed in any way by this Certificate Rider, except as described above.

Combined Insurance Company of America

Brad Bennett, President
Rebecca L. Collins, Secretary
Enroll in LifeLock Identity Theft Protection

Choose the LifeLock service that's right for you

**LifeLock Standard™** identity theft protection uses innovative monitoring technology and alert tools to help proactively safeguard your credit and finances.†

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

**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.††

### Plan Options

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>LifeLock Standard</th>
<th>LifeLock Ultimate Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>BW: $3.69</td>
<td>BW: $11.07</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>BW: $7.61</td>
<td>BW: $22.84</td>
</tr>
<tr>
<td></td>
<td>M: $16.48</td>
<td>M: $49.48</td>
</tr>
<tr>
<td>Employee + Children**</td>
<td>BW: $6.63</td>
<td>BW: $15.97</td>
</tr>
<tr>
<td></td>
<td>M: $14.36</td>
<td>M: $34.61</td>
</tr>
<tr>
<td>Employee + Family**</td>
<td>BW: $10.55</td>
<td>BW: $27.74</td>
</tr>
<tr>
<td></td>
<td>M: $22.86</td>
<td>M: $60.11</td>
</tr>
</tbody>
</table>

### Service Features

<table>
<thead>
<tr>
<th>Service Features</th>
<th>LifeLock Standard</th>
<th>LifeLock Ultimate Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>LifeLock Identity Alert System†</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lost Wallet Protection</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Address Change Verification</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Black Market Website Surveillance</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Reduced Pre-Approved Credit Card Offers</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Live Member Service Support</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Identity Restoration Support</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>$1 Million Total Service Guarantee†</td>
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<td>✓</td>
</tr>
<tr>
<td>Fictitious Identity Monitoring</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Court Records Scanning</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Data Breach Notifications</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Investment Account Activity Alerts‡</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Credit Card, Checking &amp; Savings Account Activity Alerts‡</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Online Annual Credit Report</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Online Annual Credit Score</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Checking &amp; Savings Account Application Alerts‡</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Bank Account Takeover Alerts‡</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Credit Inquiry Alerts‡</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Online Tri-Bureau Credit Reports &amp; Scores</td>
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<td>✓</td>
</tr>
<tr>
<td>Monthly Credit Score Tracking</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>File-Sharing Network Searches</td>
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<td>✓</td>
</tr>
<tr>
<td>Sex Offender Registry Reports</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Priority Live Member Support</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Enroll in LifeLock Identity Theft Protection during open enrollment!

- You are receiving discounted premiums as an employee of IASIS
- There are two levels to choose from:
  - High—Ultimate Plus
  - Low—Standard
- If not interested—it’s very important to decline coverage
- To Accept or Decline, please make an election online during annual open enrollment
  - Add a dependent (have dependent social security number for dependent enrollment)
  - You must have a valid email address and phone number to activate coverage
- Current LifeLock participants will receive a credit on the card used to pay for LifeLock Service

For enrollment assistance, you can call the Benefit Enrollment center at 855-228-8309.

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LifeLock service payroll deduction pricing – BI-WEEKLY & MONTHLY

No one can prevent all identity theft.

**Current LifeLock members who enroll in the new employer-sponsored plan will receive a discount in future premiums and a credit for any premiums already paid. This is an automatic process and the credit will appear on the credit card used to pay the LifeLock premium.**

† Network does not cover all transactions.

* Must agree to the terms and conditions at LifeLock.com/terms.

** Children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior service. Enrollment in LifeLock service is limited to employees and their eligible dependents.

†† Must be enrolled with an adult member.

‡ Service Guarantee benefits are provided under a master policy issued by State National Insurance Company. Under the Service Guarantee LifeLock will spend up to $1 million to hire experts to help your recovery. Please see the policy for terms, conditions and exclusions at lifelock.com/legal.

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This notice describes how medical information about you may be used and disclosed and how you can access your medical information. Please read it carefully.

YOUR HEALTH INFORMATION
The IASIS Healthcare Welfare Benefits Plan (the “Plan”) is committed to protecting the privacy of your protected health information. The Plan will provide the highest level of protection for your protected health information, including all records of your medical care that are received by the Plan. The Plan is required under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") to:
- make sure that your protected health information as defined under the law is kept private;
- provide you with certain rights with respect to your protected health information;
- give you this notice of its legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of this notice.

USES AND DISCLOSURES FOR PAYMENT AND HEALTH CARE OPERATIONS
When you enroll in the Plan, you are giving your consent to the Plan to use and disclose protected health information about you so that those who provide you with healthcare services under the Plan may be paid. The Plan may also use and disclose protected health information about you for Plan operations.

The Plan will not use your genetic information for underwriting purposes.

OTHER USES AND DISCLOSURES

Business Associates. The Plan may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

Decedents. The Plan may disclose protected health information about you to a coroner, medical examiner, or funeral director to permit them to carry out their legal duties.

Disclosures Required by Law. The Plan will disclose protected health information about you when required to do so by federal, state, or local law.

Disclosures to You. The Plan is required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health benefits upon your request. The Plan is also required to provide an accounting of disclosures of your protected health information where the disclosure was for reasons other than for payment of healthcare services rendered under the Plan and/or not pursuant to your individual authorization.

Government Audits. We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy rule.

Health Oversight Activities. The Plan may disclose protected health information to a health oversight agency for activities authorized by law. These activities may include, but are not limited to, audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

Inmates. If you are an inmate of a correctional institute or are under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, the Plan may disclose protected health information about you in response to a court order or administrative order. It
may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** The Plan may release protected health information if asked to do so by a law enforcement official for reasons including but not limited to:
- response to a court order, subpoena, warrant, summons, or similar process;
- identification or location of a suspect, fugitive, material witness, or missing person; and
- criminal conduct.

Other related disclosures may include disclosures to national security and intelligence agencies for intelligence, counterintelligence, and other national security activities authorized by law.

**Military and Veterans.** The Plan may release protected health information about you as required by military command authorities if you are a member of the armed forces.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may release protected health information to organizations for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Personal Representatives.** The Plan will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide a written notice/authorization and any supporting documents. Under the law we do not have to disclose information to a personal representative if we have a reasonable belief that:
1. you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
2. treating such person as your personal representative could endanger you; and
3. in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Plan Sponsor.** For the purpose of administration, the Plan may disclose protected health information to certain employees of IASIS Healthcare. However, these employees will use or disclose that information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures.

**Public Health Risks.** The Plan may disclose protected health information about you for public health activities. These actions may include prevention or control of disease, injury or disability, reporting births and deaths, etc.

**Research.** We may disclose your protected health information to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board (a) has reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

**Serious Threat to Health or Safety.** The Plan may use and disclose protected health information about you when it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Spouse and Other Family Members.** We generally send all mail to the employee. This includes mail relating to the employee’s spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee’s spouse and other family members and information on the denial of any Plan benefits to the employee’s spouse and other family members. However, you may request alternative communications; see below under “Your Rights Regarding Your Protected Health Information”).

**Treatment Alternatives or Health-Related Benefits and Services.** From time to time the Plan may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.

**Workers’ Compensation.** The Plan may release protected health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Written Authorization.** Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to the Plan will be made only with your written authorization. For example, in general and subject to specific conditions, the Plan will not use or disclose your psychiatric notes; the Plan will not use or disclose your protected health information for marketing; and the Plan will not sell your protected health information, unless you give us a written authorization. You may revoke your authorization in writing at any time. Your revocation of authorization will be for all future uses and disclosures.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the right to inspect and copy protected health information that may be used to make decisions about your Plan benefits. Usually this right includes both medical and billing records. You must submit your request in writing to:

IASIS Healthcare Welfare Benefits Plan
Benefit Plan HIPAA Privacy Official
117 Seaboard Lane, Building E
Franklin, TN 37067

The Plan may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. If the information you request is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request unless the information cannot be readily produced in that form and format. Your request to inspect and copy your information may only be denied in very limited circumstances, and you have a right to request that any such denial be reviewed by submitting a written request to the Benefit Plan HIPAA Privacy Official.

You have the right to request that the Plan restrict the use of your protected health information for treatment, payment, and health care operations. **The Plan is not required to agree to your request.** If the Plan does agree, it will comply with your request unless the information is needed to provide you with emergency treatment under the Plan. To request restrictions, you must make your request in writing to the Benefit Plan HIPAA Privacy Official. In your request, you must state (1) what information you want to limit; (2) whether you want to limit its use, disclosure, or both; and (3) to whom you want the limits to apply.
You also have the right to request to receive private health information communications (such as EOBs) by alternative means or at alternative locations. For example, you may ask that you only be contacted at work or by mail. To request confidential communications, you must make your request in writing to the Benefit Plan HIPAA Privacy Official and specify how or where you wish to be contacted.

If you feel that your protected health information is incorrect or incomplete, you have the right to request that your protected health information be amended. The health care entity (i.e., doctor, hospital, clinic, etc.) that created your protected health information is responsible for amending it. To request an amendment of your protected health information by the Plan, submit a written request to the Benefit Plan HIPAA Privacy Official with a reason to support your request.

You have a right to an accounting of disclosures of your protected health information for purposes other than payment or health care operations by the Plan or any of the people or companies who perform payment or health care operations on behalf of the Plan. To request a list of disclosures, you must submit a request in writing to the Benefit Plan HIPAA Privacy Official. Your request must state a time period, which may not be longer than six years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate the form in which you want the information (for example, paper or electronically). The Plan may charge a reasonable fee for processing your request.

You have a right to be notified in the event we (or a Business Associate) discover a breach of unsecured protected health information.

You have a right to a copy of this notice. You also have the right to request a copy of the IASIS Healthcare Welfare Benefit Plan Document for a complete listing of those that have access to Protected Health Information.

CHANGES TO THIS NOTICE
The Plan reserves the right to change this notice and to make the revised or changed notice effective for protected health information we already have about you, as well as any information we receive in the future. If we make any material change to this notice, we will provide you with a copy or our revised Notice of Privacy Practices. A copy of the most current notice will be available at the IASIS Healthcare Corporation website: http://www.iasishealthcare.com/employees/benefits/. The notice will contain, in the top right-hand corner, the effective date.

COMPLAINTS
If you believe your privacy rights have been violated and that the Plan has not followed this notice, you may file a complaint with the Benefit Plan HIPAA Privacy Official or with the Office for Civil Rights.

All complaints to the Plan must be submitted in writing. You will not be penalized for filing a complaint.

A complaint to the Office for Civil Rights should be sent to Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta, GA 30303-8909.

QUESTIONS
If you have any questions regarding this notice, please contact the Benefit Plan HIPAA Privacy Official at (615) 844-2747.

Your medical treatment providers (i.e., doctors, hospitals, home health agencies, etc.) may have different policies or notices regarding the use and disclosure of your protected health information. If you have questions about your provider's privacy policies, please contact your provider directly.