
ALPHA DATA SYSTEMS, INC.

Presents

AlphaCare Connect Plan



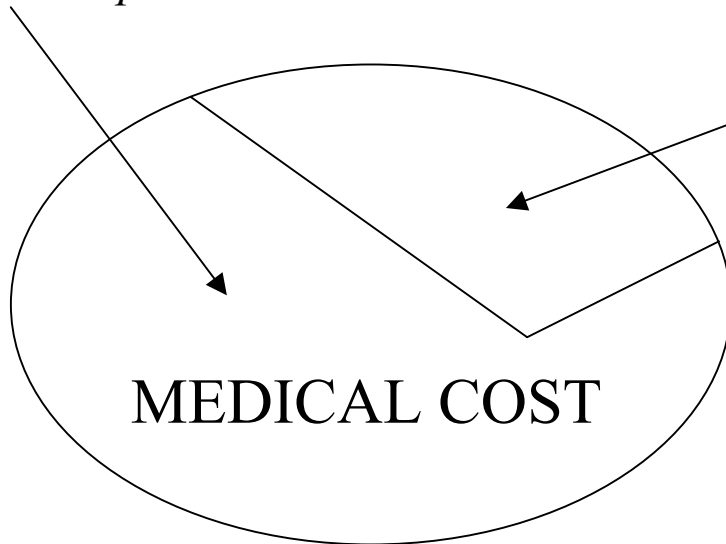
AlphaCare Connect Plan
Supplemental Out-of-Pocket Medical Expense Policy

EVEN IF YOU HAVE MEDICAL INSURANCE...

How will you manage to pay all the bills?

*Most insurance covers only
a portion of the overall
medical expense.*

*The AlphaCare Connect Plan
from Alpha Data Systems is
designed to cover your
out-of-pocket expense.*



AlphaCare Connect Plan

from

Alpha Data Systems, Inc.

Typical health insurance covers the cost of most medical expenses incurred from hospital and doctor bills, but how will you prepare for the out-of-pocket expenses, such as

- Co-Payments
- Deductibles
- Co-Insurance

Could you afford \$500, \$1,000, or \$2,000 or more?

American Public can help you pay for the out-of-pocket expenses that could otherwise drain your budget. The AlphaCare Connect Plan fills in the gaps.

Here's How the AlphaCare Connect Plan

Plan Works for You:

● **THREE MAJOR BENEFITS:**

- **In-Patient**
- **Out-Patient**
- **Physician Visits**

● **THE IN-HOSPITAL BENEFIT IS PAYABLE FOR...**

The difference between the ACTUAL Hospital expenses you incur as an In-Patient and the amount payable by your primary medical plan for out-of-pocket covered charges. We will pay up to the maximum benefit selected per confinement.

● **THE OUT-PATIENT BENEFIT IS PAYABLE FOR...**

The difference between the ACTUAL Out-Patient expenses you incur and the amount paid by your primary medical plan for out-of-pocket covered charges up to a maximum Out-Patient benefit of \$200.00 for treatment in a Hospital Emergency Room, Out-Patient surgery in a Hospital Out-Patient Facility or a free-standing Out-Patient Surgical Center, and diagnostic testing in a Hospital Out-Patient Facility or MRI Facility. All benefits for the same or related conditions will be subject to the maximum benefit, unless such conditions are separated by 90 consecutive days, then a new maximum Out-Patient benefit will apply.

● **THE PHYSICIAN BENEFIT IS PAYABLE FOR...**

Physician visits up to \$25.00 per visit, for up to five visits (\$125.00) per family per calendar year, for treatment received outside of a Hospital as an Out-Patient. Includes treatment at your Physician's office, Out-Patient treatment, Emergency Room, or Clinic.

IMPORTANT POLICY PROVISIONS form MEDlink™

● ELIGIBILITY

All active fulltime employees working 18 hours or more per week and under age 70 will be eligible for coverage.

Each Insured will be eligible for Dependent coverage on the later of the following dates:

- the day the Insured becomes eligible for insurance; or
- the day the Insured acquires his or her first Dependent.

NOTE: In addition to the above requirements, each person to be covered must also be covered under a comprehensive medical plan which includes managed care. (CHAMPUS/TRICARE is not a comprehensive medical plan.)

● EFFECTIVE DATE OF COVERAGE

Certificates issued become effective the first of the month following the date of approval, provided the first premium has been paid. The applicant must be on Active Service on the date his or her coverage would become effective; otherwise, the insurance will become effective on the first day of the month following the date he or she resumes Active Service. "Active Service" means that the applicant is able to perform all of the regular duties of his or her employment on a fulltime basis on a scheduled workday or would be able to do so if it were a scheduled workday.

Effective Date for Dependent coverage is the first of the month following the Company's acceptance of the application and receipt of the first premium.

However, if on such date the coverage for the eligible employee has not yet taken effect, the Effective Date of Dependent coverage will be the same as the Effective Date for such employee.

In the event a Dependent is Totally Disabled on the date coverage (with respect to that particular Dependent) would otherwise take effect, the coverage of that Dependent will be deferred until the first of the month following the date the Dependent ceases to be Totally Disabled.

● DEPENDENT

*The term "Dependent" means an Insured's:

- married spouse who lives with the Insured and is under age 70; or
- unmarried child (natural, step or adopted) who is not eligible for medical coverage as an Insured under this policy and who:
 - is less than 19 years old and who lives with the Insured; or
 - is less than 23 years old and going to an accredited school fulltime. Such child must be dependent on the Insured for principal support and maintenance; or
 - becomes incapable of self-support because of mental retardation or physical handicap while covered under the Policy and prior to reaching the limiting age for dependent children. The child must be dependent on you for support and maintenance. We must receive proof of incapacity within 31 days after coverage would otherwise terminate. Coverage will then continue as long as Your insurance stays in force and the child remains incapacitated.

Additional proof may be required from time to time but not more often than once a year after the child attains age 23; or

- is not living with the Insured, but the Insured is legally required to support such child, and the child would otherwise qualify under either item above.

A newborn child of the Insured automatically becomes covered under the Policy on the date of birth. Continuation of such coverage beyond 31 days requires notification of said birth and payment of applicable additional premium, if any.

Coverage for newborn children will also include coverage for:

- a newly-born child adopted by the Insured, from the moment of birth, if a petition for adoption was filed within 31 days of the birth of the child; and
- a child adopted by the Insured from the date of petition for adoption.

Coverage for the adopted child will not continue past 31 days after the date of filing of the petition unless:

- the Company is notified by the end of that 31-day period of the addition of such adopted child; and
- any applicable additional premium is paid.

● PRE-EXISTING CONDITIONS

*Pre-Existing Conditions will not be covered for the first 12 months from the Effective Date of coverage.

The term "Pre-Existing Condition" means a disease, Accident, Sickness, or physical condition for which the Covered Person:

- had treatment;
- incurred expense;
- took medication; or
- received a diagnosis or advice from a Physician,

during the 12-month period immediately before the Effective Date of the Covered Person's coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease, Accident, Sickness or physical condition.

● TOTAL DISABILITY

*The term "Total Disability" (or Totally Disabled) means the Insured is prevented from performing the material and substantial duties of his or her occupation. For Dependents, "Totally Disabled" means the inability to perform a majority of the normal activities of a person of like age in good health.

*These terms are not applicable for all states. Please refer to your policy/certificate for applicable term definitions.

● EXCLUSIONS**

We will pay no benefits for any expenses incurred during any period the covered Person does not have coverage under Another Medical Plan, except as provided in the Absence of Other Medical Plan provision, described in Section 3 or which result from:

- (a) suicide or any attempt, thereof, while sane or insane; (In Missouri, the reference to insanity does not apply.)
- (b) an intentionally self-inflicted injury or Sickness;
- (c) rest care or rehabilitative care and treatment;
- (d) routine newborn care, including routine nursery charges;
- (e) voluntary abortion except, with respect to You or Your covered Dependent spouse:
 - (1) where You or Your Dependent spouse's life would be endangered if the fetus were carried to term; or
 - (2) where medical complications have arisen from abortion;
- (f) pregnancy of a Dependent child;
- (g) 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;
- (h) commission of a felony;
- (i) participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
- (j) 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;
- (k) intoxication; (Whether or not a person is intoxicated is determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.)
- (l) alcoholism or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed;
- (m) sex changes;
- (n) experimental treatment, drugs, or surgery;
- (o) Pre-Existing Conditions, unless the Covered Person has satisfied the Pre-Existing Condition Exclusion Period shown on the Schedule;
- (p) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization; (This exclusions includes Accident sustained or Sickness contracted while in the service of any military, navy, or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the Covered Person is not covered.)
- (q) Accident and Sickness arising out of and in the course of any occupation for compensation, wage or profit; (This does not apply to those sole proprietors or partners not covered by Workers' Compensation.)
- (r) mental illness or functional or organic nervous disorders, regardless of cause;
- (s) dental or vision services, including treatment, surgery, extractions, or x-rays unless:
 - (1) resulting from an Accident occurring while the Covered Person's coverage is in force and if performed within 12 months of the date of such Accident; or
 - (2) due to congenital disease or anomaly of a covered newborn child;
- (t) routine examinations such as health exams, periodic checkups, or routine physicals;
- (u) any expense for which benefits are not payable under the Covered Person's Other Medical Plan; or

- (v) air or ground ambulance.

● HOSPITAL

The term "Hospital" shall not include any institution used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

● IN-PATIENT

The term "In-Patient" means confinement in a Hospital for at least 18 continuous hours in duration.

● COORDINATION OF BENEFITS

A Coordination of Benefits is included to coordinate medical benefits of this plan with benefits of other plans which provide for payment of medical expenses. The intent is to provide that benefits from all plans will not exceed 100 percent of total allowable medical expenses. For this purpose, a plan is one which covers medical or dental expenses provided by group blanket or franchise: Blue Cross and/or Blue Shield; group coverage or labor-management trusteed plans; Medicare, or any other Governmental Programs, and any coverage required or provided by any statute.

● TERMINATION OF INSURANCE

Insurance coverage on an Insured will end on the earliest of these dates:

- the date the Insured no longer qualifies as an Insured;
- the end of the last period for which premium has been paid;
- the date the Policy is discontinued;
- the date the Insured retires;
- the Insured's 70th birthday if the Insured's employer employs less than 20 employees;
- the date the Insured ceases to be on Active Service;
- the date the Insured's coverage under Another Medical Plan ends; or
- the date the Insured ceases employment with the employer through whom the Insured originally became insured under the Policy.

Insurance coverage on a Dependent will end on the earliest of these dates:

- the date the Insured's coverage terminates;
- the end of the last period for which premium has been paid;
- the date the Dependent no longer meets the definition of Dependent;
- the date the Dependent's coverage under Another Medical Plan ends; or
- the date the Policy is modified so as to exclude Dependent Coverage.

The Company shall have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

CONTINUATION OPTIONS ARE ALSO AVAILABLE

**These exclusions are not applicable for all states. Please refer to your policy/certificate for application exclusions.

AlphaCare Connect Plan Monthly Rates form MEDlink™

	(issue age 17 through 64)								
	\$500	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,500	\$3,500	\$5,000
<i>Under 55:</i>									
Employee Only	\$15.50	\$18.50	\$20.00	\$21.50	\$23.50	\$25.00	\$28.00	\$33.50	\$38.50
Employee & Spouse	\$28.50	\$34.00	\$36.50	\$39.50	\$43.00	\$46.00	\$51.50	\$61.50	\$70.50
Employee & Children	\$28.00	\$32.50	\$34.50	\$36.50	\$39.50	\$41.50	\$45.00	\$53.50	\$62.50
Employee & Family	\$41.00	\$48.00	\$51.00	\$54.50	\$59.00	\$62.50	\$69.00	\$81.50	\$94.50
<i>Ages 55-59;</i>									
Employee Only	\$22.00	\$26.00	\$29.00	\$32.00	\$35.00	\$39.00	\$44.50	\$ 54.50	\$ 63.50
Employee & Spouse	\$41.50	\$48.50	\$54.00	\$59.00	\$65.00	\$71.50	\$81.50	\$ 99.50	\$115.50
Employee & Children	\$34.50	\$40.00	\$43.50	\$47.00	\$51.00	\$55.50	\$62.00	\$ 74.50	\$ 87.50
Employee & Family	\$54.00	\$62.50	\$68.50	\$74.00	\$81.00	\$88.00	\$99.00	\$119.50	\$139.50
<i>Ages 60 & Over*</i>									
Employee Only	\$33.50	\$40.00	\$44.00	\$ 49.00	\$ 54.00	\$ 59.50	\$ 68.50	\$ 84.00	\$108.00
Employee & Spouse	\$61.00	\$72.50	\$79.50	\$ 88.00	\$ 97.00	\$106.50	\$122.50	\$149.50	\$191.00
Employee & Children	\$46.00	\$54.00	\$58.50	\$ 64.00	\$ 70.00	\$ 76.00	\$ 86.00	\$104.00	\$132.00
Employee & Family	\$73.50	\$86.50	\$94.00	\$103.00	\$113.00	\$123.00	\$140.00	\$169.50	\$215.00

*Available to employees age 70 and over if there are 20 or more employees in a group.

Alpha Care Connect Premium \$ _____
 Your Payroll Deduction Amount Per _____ is \$ _____

Administered By:

Alpha Data Systems, Inc.

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 Dallas Texas 75235

(214) 638-1488 • (800) 441-2446

www.alphadatasys.com

Underwritten By:

American Public Life Insurance Company

A member of the American Fidelity Group

P. O. Box 925 • Jackson, MS 39205

(601) 936-6600 • (800) 256-6736

In addition to the benefits provided in this policy you also receive a complimentary prescription Discount Card from ScriptSave.