

# Transamerica TransChoice Plus Group Limited Benefit Hospital Indemnity Insurance

Underwritten by Transamerica Life Insurance Company, Home Office: Cedar Rapids, IA

TransChoice® Plus \*\*\* is designed to help meet the needs of employees who are not offered traditional major medical insurance. This policy provides valuable benefits that can help pay for certain healthcare expenses.

**Options:** TransChoice Plus® gives you the option of covering eligible family members, as well as yourself\*\*

**Convenience:** No physical exam or health questions are required for benefits and the ease of payroll deductions makes paying for the premiums convenient.

## Enhanced Design Highlights

- No Pre-Existing Conditions
- National PPO Network
- Guaranteed Issue with no Medical Questions
- First Dollar Coverage
- No Deductibles, co-pays or co-insurance

\*TransChoice® Plus is a group voluntary limited benefit medical indemnity insurance policy underwritten by Transamerica Life Insurance Company, Home Office: Cedar Rapids, IA. This is a brief description of coverage, please refer to page 12-13 of this guide and policy materials for detailed benefit descriptions, limitations and exclusions.

\*\*Coverage is also available for an eligible spouse (as defined by governing state law) and your eligible dependent children. Family coverage includes the insured employee, his or her spouse, and eligible dependent children. Employee plus Spouse coverage includes the insured employee and his/her eligible spouse. Employee plus Child(ren) includes the insured employee and his/her eligible dependent child(ren).

## TransChoice Plus® Plan Design and Description

Policy Benefits	Plan Pays	
<b>Outpatient Physician Office Vision Indemnity Benefit</b> Per Visit up to 5 visits per calendar year per covered person	\$50	
<b>Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit</b> Up to 3 days of testing per calendar year, per covered person	\$30	
<b>Daily In-Hospital Indemnity Benefit</b> Per Day over 23 hours (maximum of 30 days per confinement)	\$500	
<b>Surgical and Anesthesia Indemnity Benefit</b> Pays benefit in Surgical Schedule up to max amount; pays additional 20% of the surgery benefit for anesthesia	\$1,000 Maximum	
<b>Off-the-Job Accident Injury Benefit</b> Pay expenses up to maximum per covered accident (5 covered accidents per covered per calendar year), off-the-job only	\$500 Maximum	
<b>Wellness Indemnity Benefit</b> For physical exams or certain diagnostic tests; one benefit per calendar year per insured, no waiting period	\$50	
<b>Prescription Drug Indemnity Benefit</b> Per prescription for up to 12 prescriptions per calendar year per covered person	\$20	
<b>Group Term Life Insurance Policy with Accidental Death and Dismemberment Rider (AD&amp;D) AD&amp;D coverage</b> not available to dependent children Guaranteed Issued Life Insurance for covered employees and their covered dependents	Employee	\$5,000
	Spouse	\$2,500
	Child(ren)	\$2,500

## Non-Insurance Benefits

<b>Employee Discount Card</b> - Offered by New Benefits, LTD Provides access to a discount Vision plan, Nurses Hotline, Counseling Services, and discounts on Hearing Aids.	Included
<b>Multiplan PPO Network</b> - Offered by Key Benefit Administrators. You and your covered dependents will receive contracted discounts from the normal fees charged by network physicians, hospitals, and outpatient x-ray and laboratory providers. PPO Discounts continue to apply to the member's medical bills even after the TransChoice Plus® benefits have been exhausted. <b>www.multiplan.com 866-680-7427</b>	Included

## TransChoice® Plus Benefit Descriptions

**Daily In-Hospital Indemnity Benefit** When a covered person is confined in a hospital as a result of an accident or sickness, this benefit pays the benefit amount for each day over 23 hours the insured is confined in a hospital, up to a maximum of 30 days per confinement.

**Off-the-Job Accidental Injury Benefit** This benefit pays expenses up to the selected amount for each covered accident (maximum of 5 covered accidents per covered person per calendar year), for x-rays used to diagnose an accidental injury and for treatment of a covered accident by a physician in the physician's office, clinic, urgent care facility, or hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable.

**Surgical and Anesthesia Indemnity Benefit** When a covered person undergoes a surgical procedure listed in the Schedule of Surgical Indemnity Benefits in the certificate as a result of an accident or sickness, the policy pays the benefit amount shown in the Schedule based on the plan level selected by the group. The anesthesia benefit is 20% of the surgical benefit amount. If two or more procedures are performed through the same incision or operative field, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

**Outpatient Physician Office Visit Indemnity Benefit** This benefit pays the amount shown per physician's office visit as a result of a sickness or accident. Benefits are payable for a maximum number of visits per calendar year per person.

**Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit** This benefit pays the amount shown per testing day for tests performed for the purpose of diagnosis of a covered sickness or accident as indicated by symptoms that would suggest an injury or sickness had occurred. The benefit is limited to a number of days of testing per calendar year per covered person and is not payable while the insured is confined in a hospital (i.e. it applies to outpatient services only).

**Wellness Indemnity Benefit** This benefit will pay the selected amount for each covered person who undergoes the following: physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests, blood screenings. The benefit is payable only once each calendar year for each covered person. Services must be under the supervision or recommended by a physician, and a charge must be incurred. Well baby visits are covered under this benefit, 4 visits per year for children 0-12 months and 2 visits per year for children 12-24 months.

**Prescription Drug Indemnity Benefit** Your prescription drug indemnity benefit amount will be paid for each prescription you fill, subject to the limitations stated in your certificate. When the discounted cost of your prescription is greater than your indemnity benefit, you will pay the difference at the pharmacy. When the discounted cost of your prescription is less than your indemnity benefit, Transamerica will pay the excess benefit directly to you.

Your ID card is also a debit card. In addition to negotiating deeper discounts on prescriptions with Wal-Mart, Transamerica has also set up a way to be able to quickly pay any excess amounts owed to you when you use a Wal-Mart pharmacy. Whenever you fill a prescription using your TransChoice Plus ID/Debit card at a Wal-Mart, Neighborhood Market or Sam's Club pharmacy, any excess amount owed to you will be credited to your Debit card within minutes of picking up your prescription and can be spent anywhere MasterCard® is accepted, including Wal-Mart. If you go to any other pharmacy, Transamerica will mail you a check for any excess benefit owed.

## Non Insurance Benefits

**Employee Discount Card** This discount card is provided by New Benefits, LTD. It offers employees access to a discount Vision Plan, a Nurses Hotline, Counseling Services and benefits for Hearing Aids. **This is not an insurance plan.** The discount Vision Plan through the Coast to Coast network allows the employee to receive discounts of 20% to 60% on eyeglasses, non-prescription sunglasses, contact lenses (including disposables) and frames from over 10,000 independent retail optical locations nationwide. Providers include independent practitioners, regional chains, department store opticals, and the largest chains in the U.S. Some of these providers are LensCrafters, Pearle Vision, Sears Optical and JC Penney Optical (among others).\*

The Nurses Hotline allows access to experienced registered nurses 24 hours a day, 7 days a week, 365 days a year. These hotline nurses are an immediate, reliable and caring source of health information, education and support. Services provided by this plan include:

- ▶ General information on all types of health concerns
- ▶ Answers about medication usage and interaction
- ▶ Information based on physician-approved guidelines
- ▶ Translation services for non-English speaking callers
- ▶ Information on non-medical support groups
- ▶ Full time medical director on staff

The Counseling Services benefit allows the employee to speak with a counselor 24 hours a day, 7 days a week regarding any personal problems they may be facing. In addition, if the employee is referred to one of the 27,000 counseling providers nationwide, they will receive discounts of 25% to 30% off the normal billing charges from those providers.\*

The Hearing Aid benefit provides savings of up to 15% off the retail cost on over 70 models of hearing aids, and a free hearing test when utilizing one of the 1,200 participating Beltone® locations nationwide. Or, the employees can realize savings of up to 50% off suggested retail price on over 90 models of hearing aids in over 1,000 locations nationwide.\*

Information on how to access the benefits of the Employee Discount card will be included in the fulfillment package that each insured employee receives from WebTPA.

**PPO Network Benefit - offered by KBA** Access to over 525,000 healthcare professionals, 3,800 hospitals and more than 66,000 ancillary care facilities in every state contract directly to participate in the Multiplan Network. This means that no matter where you live, work, and seek healthcare, you have access to the largest independent primary PPO in the nation.

The PPO discounts continue to apply to the member’s medical bills even after the TransChoice Plus benefits have been exhausted. Information on accessing either of these networks will be included in the fulfillment package that each insured employee receives from KBA.

**Limitations and Exclusions**

**Group Term Life Insurance Policy with AD&D Rider**

This policy pays the benefit amount shown on the benefit page upon the death of the insured, subject to any limitations/exclusions. All eligible children in each family will be covered for the same life insurance amount. The AD&D coverage amount is available to employee and spouse only and will match the amount of group term life insurance. Under the AD&D Rider, when a covered accident results in any of the following losses, benefits are paid for the following specified percentages of the coverage amount subject to any limitations and exclusions. Refer to your Policy and Rider for complete details.

**Group Term Life with AD&D Exclusions**

We will not pay any benefits if the loss, directly or indirectly, results from any of the following, even if the means or cause of the loss is accidental:

- suicide or intentionally self-inflicted injury, while sane or insane;
- commission of or attempt to commit an assault or felony;
- sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness or disease;
- injuries received while under the influence of alcohol, a controlled
- any bacterial or viral infection;
- declared or undeclared war, or any act of war; and taking part in an insurrection
- flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft;
- substance or other drugs as defined by the laws of the State where the accident occurs, except as prescribed by a doctor;
- any poison or gas voluntarily taken, administered, absorbed, or inhaled (except in the course of employment);

**Age Reduction**

Death benefits automatically reduce to the following percentages, or flat amount, on the Group Master policy Anniversary Date that follows the applicable birthday, as follows:

Schedule	Birthday	Schedule	Birthday
65% of pre-age 65 death benefit	65 <sup>th</sup>	25% of pre-age death benefit	75 <sup>th</sup>
50% of pre-age 65 death benefit	70 <sup>th</sup>	The lesser of \$5,000 or 25% of pre-age 65 death benefit	80 <sup>th</sup>

**Group Term Life Insurance policy with AD&D Rider**

Loss	Percentage Paid
Loss of life or loss of two or more members (hand, foot, sight of an eye)	100%
Quadriplegia (total and permanent paralysis of both upper and lower limbs)	100%
Loss of speech AND hearing in both ears	100%
Paraplegia (loss or paralysis of both lower limbs)	75%
Loss of one member, or loss of speech, or loss or hearing in both ears	50%
Hemiplegia (total and permanent paralysis of the upper and lower limbs of one side of the body)	50%
Loss of hearing in one ear, or loss of thumb and index finger of the same hand	25%

*AD&D coverage is not available to dependent children. Only one such amount will be paid as a result of a single covered accident This Rider stops on the employee’s/member’s 70th birthday.*

**Group Term Life Insurance** underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa 52499. Policy form series CP100200 and CC100400. Rider form series CR101100. Forms and form numbers may vary, and this coverage may not be available in all jurisdictions. Limitations and exclusions may apply. Refer to the policy, certificate and riders for complete details.

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Quadriplegia (total and permanent paralysis of both upper and lower limbs)	100%
Loss of speech AND hearing in both ears	100%
Paraplegia (loss or paralysis of both lower limbs)	75%
Loss of one member, or loss of speech, or loss or hearing in both ears	50%
Hemiplegia (total and permanent paralysis of the upper and lower limbs of one side of the body)	50%
Loss of hearing in one ear, or loss of thumb and index finger of the same hand	25%

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**TransChoice® Plus Limitations and Exclusions**

No benefits will be payable as the result of:

- any intentionally self-inflicted injury or sickness;
- routine newborn care, including routine nursery charges;
- participation in an organized contest of speed, parachuting, parasailing, bungee jumping, or hang gliding;
- routine eye examinations or fitting of eye glasses;
- dental examinations or dental care other than expenses resulting from an accident;
- any surgical procedure not specifically listed in the Schedule of Surgical Indemnity Benefits;
- In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage;
- air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member;
- rest care or rehabilitative care and treatment;
- participation in a riot, civil commotion, civil disobedience, or unlawful assembly;
- committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
- hearing aids or fitting of hearing aids;
- care or treatment of an accident or sickness not specifically provided for in the plan;
- treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war.
- immunization shots and routine examinations such as physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings unless the Wellness Benefit is included;
- any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;

**This brochure does not include every benefit, limitation, adjustment, or exclusion provision of the actual contracts. The Group Master Policy for each product determines the complete terms of the group benefits described in this brochure. You will receive a certificate with complete description of the plan(s) should you elect to enroll. If any language in this brochure conflicts with any of the provisions of either the Group Master Policy or the certificate, then the terms of that Group Master Policy or certificate will control.**

### **TransChoice® Plus Limitations and Exclusions cont.**

- the reversal of tubal ligation and vasectomies; - artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law;
- pre-existing conditions during the first 12 months after the effective date (only applies to the TransDI Plus Short-Term Disability Income Policy); - air or ground ambulance transportation;
- accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
- any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);
- any loss incurred while on active duty status in the armed forces (if the insured notifies Transamerica of such active duty, Transamerica will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- with respect to the Off-the-Job Accidental Injury Benefit only, charges that the covered person is not legally required to pay, or charges which would not have been made if this coverage had not existed; or
- the treatment of mental illness; functional or organic nervous disorder, regardless of cause; alcohol abuse; and drug use, unless such drugs were taken on the advice of a physician and taken as prescribed. In such circumstances and with respect to payment of the Daily In-Hospital Indemnity Benefit, benefits will be limited to no more than 10 days in any calendar year;

### **Termination of Insurance**

Your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which You cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Policy terminates; or
4. The last day of the payroll deduction period during which You terminate employment.

The insurance on a Dependent will cease on the earliest of:

1. The date Your coverage terminates;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Dependent no longer meets the definition of Dependent; or
4. The date the Policy is modified so as to exclude Dependent coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

### **Extension of Benefits**

Whenever termination of coverage under this section occurs due to termination of Your employment or membership, such termination will be without prejudice to:

1. Any Hospital Confinement which commenced while coverage was in force, with respect to Daily In-Hospital Indemnity Benefits; or,
2. Any covered treatment or service for which benefits would be provided and which commenced while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or Disabled.

Such Extension of Benefits will continue for up to the earlier of:

1. 30 days; or a
2. The date on which the Covered Person is no longer Disabled.

## **THIS IS NOT MAJOR MEDICAL INSURANCE.**

**It is not intended or recommended to replace any comprehensive health insurance you already have or are considering.**