



# Benefit Guide For AutoZoners

*This benefit guide is for Part-Time AutoZoners and  
Full-Time AutoZoners in their waiting period.*

## Dear AutoZoners,

We are pleased to offer TransChoice® Plus, group **limited medical benefit** indemnity insurance, group **dental** insurance with **vision** discounts, and additional **hospital indemnity** insurance through Transamerica Life Insurance Company.

To enroll in these benefits, follow the instructions below:

1. Access AZPeople from: Doc, DC Central, SSC Intranet, or your home at [www.autozoners.com](http://www.autozoners.com)
2. On the left side of the page, click Self Service. Then click on Benefits.
3. Click on the Benefits Enrollment link and click "Select" to begin
4. Enter your benefit choices. Click Edit under Medical, Dental, and Vision to select coverage.  
IMPORTANT : When enrolling dependents, scroll to the bottom of the page and click on the corresponding box(es) under Enroll to add your dependents.
5. Once you have completed benefits elections, scroll to the end of the Benefits Enrollment page and select "I Agree" and then Submit.
6. On the Submit Benefits Choices page, click Submit to authorize elections.
7. Print your Confirmation Statement

### When are you eligible?

### Full-Time in Waiting Period

Eligible on hire date

### Part-Time

Eligible on hire date

### What Is An Indemnity Benefit?

It means that the insurance company will pay a set amount each time the insured receives a covered service. The same amount is paid regardless of the fees charged by the provider.

### What if I need to use my benefits PRIOR to my cards arriving?

Give the provider the Customer Service Contact information below:

#### Limited Medical Benefit, Hospital Indemnity & Dental:

KBA	1-866-867-6883, Option 2
Member ID	AutoZoner's Social Security Number
Claims	Key Benefit Administrators, Inc., P.O. Box 1279, Fort Mill, SC, 29716

#### PPO Network: Multiplan

1-866-680-7427 or [www.multiplan.com](http://www.multiplan.com)

#### Dental PPO Network: Careington

1-800-290-0523 or [www.careington.com/co/maxcare](http://www.careington.com/co/maxcare)



# TransChoice® Plus

Group Limited Benefit Hospital Indemnity Insurance Policy\*

	Plan 1	Plan 2	Plan 3
<b>Daily In-Hospital Indemnity Benefit</b> Per day over 23 hours (max of 30 days per confinement)	\$100	\$200	\$400
<b>Surgical and Anesthesia Indemnity Benefit</b> Pays benefit shown in Surgical Schedule up to max amount; Pays additional 20% for Anesthesia	\$1,000 Schedule	\$2,000 Schedule	\$3,000 Schedule
<b>Outpatient Physician Office Visit Indemnity Benefit</b> Per visit up to max visits per calendar year per covered person	\$60 6 visit max	\$70 6 visit max	\$100 6 visit max
<b>Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit</b> Up to max days of testing per calendar year, per covered person	\$50 \$200 max	\$75 \$300 max	\$100 \$500 max
<b>Off-the-Job Accidental Injury Benefit</b> Pays benefit per covered accident (5 covered accidents per calendar year)	\$200	\$400	\$600
<b>Wellness Indemnity Benefit</b> 1 visit per calendar year per insured over 2 years of age; 4 visits per year for children 0-12 months and 2 visits per year for children 12-24 months	N/A	\$75	\$100
<b>In-Hospital Surgical Additional Indemnity Benefit</b> One confinement per year	\$500	\$1,000	\$2,000
<b>Prescription Drug Indemnity Benefit</b> Per prescription for up to 12 prescriptions per calendar year per covered person	Discount Only	\$30	\$50

## Value-Added Non-Insurance Benefits Included

**Employee Discount Card - Offered by New Benefits, LTD**  
Provides access to a discount Vision plan, Nurses Hotline, Counseling Services, and discounts on Hearing Aids

### PPO Network - Offered by KBA

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

### TelaDoc™

TelaDoc™ is a national network of board certified physicians providing medical coverage consultations 24 hours a day, 365 days a year via telephone. Consulting physicians use electronic health records (EHRs) to diagnose routine medical problems, recommend treatment and may prescribe short-term, non DEA controlled prescriptions, when appropriate.

## Biweekly Premiums†

	Plan 1	Plan 2	Plan 3
Employee	\$20.64	\$38.65	\$57.58
Employee + 1	\$35.49	\$66.29	\$101.72
Family	\$44.94	\$93.41	\$145.59

† Rates shown include insurance premiums and administrative fees for continuation, enrollment and materials. \* Group Limited Benefit Hospital Indemnity Insurance Policy underwritten by **Transamerica Life Insurance Company**. Home Office: Cedar Rapids, IA. Policy Form Series CPCH02NC and CCCH02NC. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. Administration provided by Key Benefit Administrators, Fort Mill, SC.

#### **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.

#### **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.

#### **Off-the-Job Accidental Injury Benefit**

This benefit pays 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.

#### **Prescription Drug Indemnity Benefit**

This benefit pays the amount selected per prescription when an insured incurs expenses for prescription drugs prescribed by a physician as a result of an accident or sickness. The benefit pays for up to 12 prescriptions per calendar year per person.

#### **In-Hospital and Inpatient Surgical Additional Indemnity Benefit**

This benefit pays an additional benefit per covered person per calendar year when he/she receives treatment or surgery while confined to a hospital as an inpatient as a result of a covered accident or sickness. The maximum benefit per covered person per calendar year is one confinement.

## Add Additional Hospital Indemnity Insurance \$100 of Daily In-Hospital Indemnity Benefit and \$1,000 In-Hospital and Inpatient Surgical Additional Indemnity Benefit

### **Biweekly Premiums**

Employee  
Employee + 1  
Family

### **Hospital Indemnity**

\$7.36  
\$13.03  
\$16.86





## 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
- ▶ Information based on physician-approved guidelines
- ▶ Answers about medication usage and interaction
- ▶ Information on non-medical support groups
- ▶ Translation services for non-English speaking callers
- ▶ 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 KBA.

### Prescription Drug Discount Card

Includes an option of utilizing a prescription drug discount plan through Caremark. By presenting his or her discount card to one of Caremark's 55,000 participating providers, an insured can receive a discount of at least 14% off the retail pharmacy price for brand name drugs and up to 60% for generic drugs. The insured will continue to receive the discount even after his or her TransChoice benefit has been completely used.

### 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.

### TelaDoc

TelaDoc is a national network of board certified physicians providing telephonic cross coverage consultations 24/7 when your primary care physician is not available. Consulting physicians use electronic health records (EHRs) to diagnose routine medical problems, recommend treatment and may prescribe short-term, non DEA controlled prescriptions, when appropriate. Members simply make a phone call and in most cases, speak to a physician in about 30 minutes (3 hours guaranteed).

#### TelaDoc™ Disclaimers:

TelaDoc does not replace the primary care physician. TelaDoc is not available in Oklahoma. TelaDoc does not guarantee that a prescription will be written and operates subject to state regulations. TelaDoc does not prescribe DEA controlled substances. TelaDoc physicians reserve the right to deny care for potential misuse of services. TelaDoc, Inc. © 2002-2010



No benefits will be payable as the result of:

- 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;
- any intentionally self-inflicted injury or sickness;
- rest care or rehabilitative care and treatment;
- 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;
- routine newborn care, including routine nursery charges;
- 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;
- 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;
- participation in an organized contest of speed, parachuting, parasailing, bungee jumping, or hang gliding;
- air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member;
- 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 procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;
- 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;
- 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);
- accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit for which expenses which are paid under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
- 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;
- routine eye examinations or fitting of eye glasses;
- hearing aids or fitting of hearing aids;
- dental examinations or dental care other than expenses resulting from an accident;
- care or treatment of an accident or sickness not specifically provided for in the plan;
- any surgical procedure not specifically listed in the Schedule of Surgical Indemnity Benefits;
- 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
- treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war.

#### Termination of Insurance

Consult the box to the right for the specifics of policy termination by pay period at AutoZone.

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. We may end the Policy on any premium due date. We must provide a 45-day advance written notice to Your last known address of any such termination. If we fail to provide the 45-day notice, Your coverage will remain in force with the existing rates until after the 45-day notice is given or replacement coverage is obtained whichever occurs first.

#### Extension of Benefits

If a Covered Person is Disabled on the date his or her coverage is to terminate, such termination will be without prejudice to:

1. Any Hospital Confinement which began 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 began while coverage was in force.

However, the Covered Person must continue to be Hospital Confined or Disabled.

If benefits are extended under this provision, such Extension of Benefits will continue until the earlier of:

1. 30 days from the date that coverage was to have terminated; or
2. The date on which the Covered Person is no longer Disabled.

Your insurance will cease as follows:

1. If the termination date is between the 1st and 15th of the month, coverage ends the 15th of that month
2. If the termination date is between the 16th and end of month, coverage ends the last day of that month

Note: Payroll deductions are not pro-rated.

Dependent insurance will cease as follows:

1. If your spouse is no longer eligible due to divorce or death, coverage ends the date the divorce is final or the date of death
2. If your dependent child is no longer eligible due to reaching age 26, coverage ends on their 26th birthday

THIS IS NOT MAJOR MEDICAL  
INSURANCE AND IS NOT A  
SUBSTITUTE FOR MAJOR MEDICAL  
INSURANCE. IT DOES NOT QUALIFY  
AS MINIMUM ESSENTIAL HEALTH  
COVERAGE UNDER THE FEDERAL  
AFFORDABLE CARE ACT.

Choose any dentist! Routine, preventative services are available from the first day of coverage. Access to responsive, professional customer care personnel for assistance with claims questions. Use the extensive network of highly qualified providers to enjoy significant savings on out of pocket costs associated with dental services. Automated claims processing results in an average turnaround time of less than four days!

#### **Deductible Limitations**

- Deductible does not apply to Type 1 Services
- \$50 Per Person each Calendar Year on Type 2 and 3 Services.

#### **Your Dental Plan:**

- Type 1 - Diagnostic and Preventative Services - Pays 80%
- Type 2 - Basic Restorative Services - Pays 50%
- Type 3 - Major Restorative Services - Pays 50%

#### **Annual Individual Benefit Maximum**

- \$1,000 Per Person Per Calendar Year

#### **Waiting Periods**

- Employees may enroll in the dental plan after they have satisfied the group's probation period. However, there are waiting periods for certain services. The probation period is the amount of time employees must be employed before becoming eligible to enroll.
- Type 3 Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

#### **Type 1 - Diagnostic and Preventative Services - Pays 80%**

- Routine periodic examinations not more than once in any six consecutive month period, inclusive of an initial oral examination.
- Prophylaxis (cleaning) not more than once in any six consecutive month period.
- Topical application of fluoride once in any 12 consecutive month period for dependent children 15 years of age and under.
- Bitewings one set in any 12 consecutive month period.
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children 14 years of age or under.
- Space maintainers for prematurely lost teeth of eligible dependent children 13 years of age and under.

#### **Type 2 - Basic Restorative Services - Pays 50%**

- Minor emergency treatment for the relief of pain as needed by the Participant.
- Amalgam (silver) and composite/resin (white) fillings (composites are not a covered benefit on molars).
- Periapical X-rays four in any 12 consecutive month period.
- Full-mouth X-rays once in any five year period.
- Simple Extractions

#### **Type 3 - Major Restorative Services - Pays 50%**

- Endodontics includes pulpal therapy and root canal filling.
- Oral Surgery, including pre- and post-operative care and surgical and simple extractions, except TMJ surgery.
- Surgical Periodontics includes surgical procedures for the disease of the gums and bone supporting the teeth.
- Non-Surgical Periodontics includes surgical procedures for the disease of the gums and bone supporting the teeth.
- Periodontal Maintenance once in any six-month consecutive benefit period following active periodontal treatment.
- Stainless Steel Crowns used as a restoration to natural teeth for dependent children 15 years of age and under when the teeth cannot be restored with a filling material.
- Crowns, Inlays, Onlays, and Veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Complete or Partial Denture Reline chair side or laboratory procedure to improve the fit of the appliance to the tissue (gums).
- Complete or Partial Denture Rebase laboratory replacement of the acrylic base of the appliance.
- Repairs to Complete and Partial Dentures
- Prosthodontics procedures for construction of fixed bridges, partial or complete dentures.
- Implants are payable as a less expensive alternative benefit to prosthodontics and only to replace a tooth or teeth that were extracted while covered under the Policy.

#### **Biweekly Premiums†**

	<b>Dental</b>
Employee	\$9.02
Employee + 1	\$19.03
Family	\$29.39



Covered Dental Expenses do not include, and no benefits are provided, for the following:

1. Services which are not included in the List of Covered Dental Services; which are not necessary; or for which a charge would not have been made in the absence of insurance.
2. Any Service which may not reasonably be expected to successfully correct the Insured Person's dental condition for a period of at least 3 years, as determined by Us.
3. Any Service provided primarily for cosmetic purposes. Facings on crowns or bridge units on molar teeth and composite resin restorations on molar teeth will always be considered cosmetic.
4. Implants; charges for the insertion of implants or related appliances; or the surgical removal of implants (unless the Policy includes the Implant Benefits Rider).
5. Athletic mouth guards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by a third party other than Transamerica Life Insurance Company; personal supplies (e.g., water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances.
6. Charges for travel time; transportation costs; or professional advice given on the phone.
7. Orthodontic treatment (unless the Policy includes the Orthodontic Benefits Rider).
8. Services that are a covered expense under any other plan that is provided by the Policyholder and under which You are eligible for coverage.
9. Services performed by a Dentist who is member of the Insured Person's family. Insured Person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents.
10. Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility.
11. Any Service required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures (unless the Policy includes the TMJ Benefits Rider).
12. Any charge for a Service performed outside of the United States other than for Emergency Treatment. Benefits for Emergency Treatment performed outside of the United States are limited to a maximum of \$100 per year per Insured Person.
13. Any charge for a Service required as a result of disease or injury that is due to war or an act of war (whether declared or undeclared); taking part in an insurrection or riot; the commission or attempted commission of a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane.
14. Any charge for a Service for which benefits are available under Worker's Compensation or an Occupational Disease Act or Law, even if the Insured Person did not purchase the coverage that is available.
15. Any Service for which the Insured Person is not required to pay, unless the payment of benefits is mandated by law and then only to the extent required by law.
16. Benefits to correct congenital or developmental malformations.
17. Charges for services when a claim is received for payment more than 12 months after services are rendered.
18. Charges for complete occlusal guards, enamel microabrasion, odontoplasty, and bleaching.
19. For specialized techniques that entail procedure and process over and above that which is normally adequate, any additional fee is the Participant's responsibility.
20. Behavior management.



21. Charges for general anesthesia/intravenous sedation are not covered, except when administered in conjunction with covered oral surgery and unusual medical circumstances require the use of general anesthesia as determined by Our Administrator's dental consultants.
22. Charges for desensitizing medicines, home care medicines, premedications, stress breakers, coping, office visits before or after regularly scheduled hours, case presentations, and hospital-related services.
23. Charges for treatment by other than a Dentist except that a licensed hygienist may perform services in accordance with applicable law. Services must be under the supervision and guidance of the Dentist in accordance with generally accepted dental standards.
24. Benefits for services or appliances Started prior to the date the Person became eligible under this plan, including, but not limited to, restorations, prosthodontics, and orthodontics.
25. Services for increasing the vertical dimension or for restoring tooth structure lost by attrition, for rebuilding or maintaining occlusal services, or for stabilizing the teeth.
26. Experimental and/or investigational services, supplies, care and treatment which do not constitute accepted medical practice within the range of appropriate medical practice under the standards of the case and under the standards of a qualified, responsible, relevant segment of the medical and dental community or government oversight agencies at the time services were rendered. Drugs are considered experimental if they are not commercially available for purchase or are not approved by the Food and Drug Administration for general use.
27. Services for the replacement of a Missing Tooth.



