



Benefits Enrollment Guide For Hourly Team Members

TransChoice® Plus
Group Limited Benefit Hospital
Indemnity Insurance Policy

TransChoice® Plus

A Group Limited Benefit Hospital Indemnity Insurance Policy*

	<i>Silver</i>	<i>Gold</i>
Daily In-Hospital Indemnity Benefit Per day over 23 hours (max of 30 days per confinement)	\$500	\$800
Surgical and Anesthesia Indemnity Benefit Pays benefit shown in Surgical Schedule up to max amount; Pays additional 20% for Anesthesia	\$1,000 Schedule	\$1,500 Schedule
Outpatient Physician Office Visit Indemnity Benefit Per visit up to max visits per calendar year per covered person	\$60 6 visit max	\$90 6 visit max
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit Up to max days of testing per calendar year, per covered person	\$50 4 day max	\$75 4 day max
Off-the-Job Accidental Injury Benefit Pays per covered accident (5 covered accidents per calendar year)	\$500	\$1,000
Wellness Indemnity Benefit 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	\$150	\$150
Prescription Drug Indemnity Benefit Per prescription for up to 12 prescriptions per calendar year per insured	\$20	\$30
Intensive Care Indemnity Benefit Per day (Annual maximum of 30 days)	\$1,000	\$1,600
Group Term Life Insurance Policy with Accidental Death and Dismemberment Rider (AD&D) AD&D not available to dependent children	Team Member \$10,000 Spouse or DP** \$5,000 Child(ren) \$2,500	\$10,000 \$5,000 \$2,500

Non-Insurance Benefits Included

Team Member 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 WebTPA

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 cross coverage consultations 24 hours a day, 365 days a year.

	<i>Weekly Premiums†</i>	<i>Silver</i>	<i>Gold</i>
Team Member		\$25.05	\$35.41
Team Member + Spouse or DP**		\$43.59	\$62.97
Team Member + Child(ren)		\$42.90	\$60.66
Family		\$61.62	\$88.48

† Rates 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 CPCH0200 and CCCH0200. Administration provided by WebTPA, Home Office: Grapevine, TX.

** Domestic Partner

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.

Intensive Care Indemnity Benefit

This benefit pays per day for confinement in an intensive care unit, for a maximum of 30 days per covered person per calendar year. This benefit is paid in addition to the Daily In-Hospital Indemnity Benefit.

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.

Team Member 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 Team Member Discount card will be included in the fulfillment package that each insured employee receives from WebTPA.

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 WebTPA

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 benefits have been exhausted. Information on accessing either of these networks will be included in the fulfillment package that each insured employee receives from WebTPA.

Additional Benefits

Add Optional Group Term Life Insurance with AD&D Rider offered by Transamerica Life Insurance Company

\$20,000 for Team Member

Weekly Premiums

Team Member

Life

\$2.12

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 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);
- flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft;
- any bacterial or viral infection;
- declared or undeclared war, or any act of war; and
- taking part in an insurrection.

This is a brief summary of 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. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Loss	Percentage Paid
Loss of life or loss of two or more members (hand, foot, sight of an eye)	100%
Quadruplegia (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 of 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 of one ear, or loss of thumb and index finger of 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.

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
65% of pre-age 65 death benefit	65th
50% of pre-age 65 death benefit	70th
25% of pre-age 65 death benefit	75th
The lesser of \$5,000 or 25% of pre-age 65 death benefit	80th

Add Optional Short Term Disability Income Insurance offered by Transamerica Life Insurance Company

\$600 or \$800 per month maximum benefit

Six Month Maximum Disability Period - 14 Day Accident and Sickness Elimination Period

<i>Weekly Premiums</i>	<i>\$600</i>	<i>\$800</i>
Team Member	\$3.71	\$4.95

TransDI® Plus Short-Term Disability Income Insurance Policy: Form Series CPDI0100 and CCDI0100

Subject to the employer's election, non-occupational disability benefits may be provided. The elimination period, elected by the employer, will be 14 days for both accident and sickness. The maximum benefit period will be six months. The monthly benefit amount will be \$600 (not to exceed 60% of monthly salary). Periods of disability of less than one month will be paid 1/30 of the monthly benefit for each day of total disability. The policy will also provide benefits for recurring disabilities, pregnancies and during periods of part-time work.

Limitations - Short Term Disability Income Policy

The sum of the disability benefits paid to the insured employee and the payments the insured and his/her dependents are entitled to receive from the sources described below, may not exceed 60% of the employee's salary:

- (a) Group insurance coverage or like coverage for persons in a group
- (b) Federal Social Security Act (this includes benefits paid to the insured employee and his/her dependents on account of the insured's disability);
- (c) State or Federal government disability or retirement plan or increases thereof which begin on or after the date of total disability;
- (d) pension plan to which the policyholder or the insured's employer contributes or makes payroll deductions;
- (e) salary or wage continuance plans such as sick leave paid for by the policyholder or the insured's employer which extend beyond the period stated in the schedule; and
- (f) Federal Old Age Benefits, or increases which begin on or after the date of total disability, under the Federal Social Security Act on the insured employee's behalf.

With respect to items (b) and (f) only, unless we receive proof that payments under these applicable programs or acts have been applied for but will not be paid, we:

- (a) will assume such payments are being received if the insured is covered under the Federal Social Security Act; and
- (b) may require reapplication (but no more frequently than annually) once a Social Security denial has been received and all appeals have been pursued.

Failure to reapply for benefits when required by us will result in our estimation of payment under those acts. Benefits will not be reduced due to a cost of living increase in Social Security if the increase takes place while benefits are payable under the policy.

With respect to any and all of the above sources, if we pay a lump sum payment for a period previously paid by us, any resulting overpayment must be repaid on a lump sum basis. If the insured has the option of taking retirement benefits on a monthly basis but chooses to receive retirement benefits on a lump sum basis, we may assume he/she is receiving retirement benefits based upon the lowest monthly retirement plan available to the insured prior to lump sum withdrawal.

Exclusions - Short Term Disability Income Policy

The policy does not cover any loss, fatal or non-fatal, which results from:

- 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.;
- an act of war, declared or undeclared;
- committing a felony;
- accident sustained or sickness contracted while in the service of the armed forces of any country;
- acting as a pilot or crew member or for performing any duty of the insured's occupation connected with such flight; or
- accident or sickness arising out of and in the course of any occupation for wage or profit.

Pre-Existing Conditions - Short Term Disability Income Policy

There will be no disability benefit payable for a pre-existing condition until the insured has:

- gone treatment-free;
- incurred no expense;
- taken no medication; or
- received no diagnosis or advice from a physician for 12 consecutive months for such condition; or
- the insured has been continuously covered under the policy for one year.

TransChoice® Plus

Limitations and Exclusions

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 OR expenses which are payable 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

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
2. The date on which the Covered Person is no longer Disabled.

The fully-insured plans are **underwritten by Transamerica Life Insurance Company**: Home Office: Cedar Rapids, IA. 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.

This policy is not intended to replace, and we do not recommend that it replace, any comprehensive program of health insurance in which you currently participate or are considering.

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.

Annual Individual Benefit Maximum

- \$1,000 Per Person Per Calendar Year

Your Dental Plan:

- Type 1 - Diagnostic and Preventative Services - Pays 100%
- Type 2 - Basic Restorative Services - Pays 80%
- Type 3 - Major Restorative Services - Pays 50%
- Child Orthodontia - Pays 50% (\$1,000 Lifetime Max)

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 and Child Orthodontia 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 100%

- 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 80%

- 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.

Child Orthodontia Rider - Pays 50% - (\$1,000 Lifetime Max)

- Coverage for Orthodontia Services for Dependent Children nineteen (19) years of age and under

Weekly Premiums	Dental
Team Member	\$5.84
Team Member + Spouse or DP*	\$11.26
Team Member + Child(ren)	\$12.79
Family	\$19.50

Underwritten by Transamerica Life Insurance Company, Home Office Cedar Rapids, IA. Policy form CPDEN100 and CCDEN100

* Domestic Partner

TransSmile®

Limitations and Exclusions

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.



	In Network	Out of Network
Exam with Dilation as Necessary	\$10 Co-pay	Up to \$35
Exam Options:		
Standard Contact Lens Fit & Follow-Up*	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up**	10% off Retail	
Frames:	\$0 co-pay, \$120 Allowance	
Any available frame at provider location	20% off balance over \$120	\$48
Standard Lenses		
- Single Vision	\$25 co-pay	Up to \$25
- Bifocal	\$25 co-pay	Up to \$40
- Trifocal	\$25 co-pay	Up to \$60
- Standard Progressive Lens***	\$25, 80% of charge less than \$55 allowance	Up to \$40
- Premium Progressive Lens***	\$25, 80% of charge less than \$55 allowance	Up to \$40
Lens Options:		
- UV Treatment, Tint (Solid and Gradient), Standard Plastic Scratch Coating, Standard Polycarbonate, Standard Anti- Reflective Coating, Standard Progressive (Add-on Bifocal), and other Add-Ons	20% off Retail Price	N/A
Contact Lenses (allowance includes materials only)		
- Conventional	\$135 Allowance, 15% off balance over \$135	\$95
- Disposable	\$135 Allowance, plus balance over \$135	\$95
- Medically Necessary	\$0 co-pay, Paid-in-Full	\$200
Frequency		
- Examination	Once per 12 months	
- Lenses or contact lenses	Once per 12 months	
- Frame	Once per 24 months	

Additional Discounts:

Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance. Lost or broken materials are not covered. Members also receive a 40% discount off complete pair of eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Members also receive 15% of promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

Limitations & Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Services or materials provided by any other group benefit providing for vision care
- Services provided as a result of any Worker's Compensation law
- Two pair of glasses in lieu of bifocals
- Aniseikonic lenses
- Any vision examination or any corrective eyewear, required by a Policyholder as a condition of employment, and safety eyewear. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

Weekly Premiums

	Vision
Team Member	\$1.44
Team Member + Spouse or DP*	\$2.64
Team Member + Child(ren)	\$2.76
Family	\$4.01

Details are available at www.eyemedvisioncare.com

* Domestic Partner

EyeMed Vision Care is underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, provided by Policy numbers VC-73 & VC-74, form number M-9059. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Frequently Asked Questions

Choosing the right benefits package is important to you and your family. That's why we've included some of our most frequently asked questions and answers to help you make the right choice. Please read below to learn more about your benefits.

Is this a qualified medical plan under Health Care Reform?

No, 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.

When will my coverage begin?

Your coverage will begin on the Monday following the regular pay date in which your first benefit deduction is taken. Coverage is not effective on the date of your enrollment and will not become effective until the enrollment process has been completed, your first payroll deduction for your coverage has been taken, and your elections confirmed.

How do I pay for my benefits?

If you are a non-tipped member, you will pay through payroll deductions. If you are a tipped team member, your premium will be paid through automatic bank draft. These deductions will be set up when you enroll.

Can I drop this coverage later?

No, your election is until the next open enrollment.

Will I get ID cards?

If you have enrolled in the medical, dental, or vision plans, you will receive ID cards. There is a separate card for the medical plan, dental plan and vision plan. If you need to request a new ID card, please use the contacts on the next page.

What happens if I am almost at, or I have exceeded, a medical plan limit and I need to see a doctor?

You are responsible for any amount owed above your plan limit.

What if I miss a payroll deduction?

Your coverage will not begin until you have your first payroll deduction. Each payroll deduction pays for coverage for one payroll period. If you miss a payroll deduction after your coverage begins, you will not have coverage during the time that payroll deduction would cover. If a claim occurs during the missed period, you must pay the missed premium to release the claim. If no claim occurs during the missed period, that premium never needs to be made up.

Will my insurance be canceled if I don't make up a missed premium?

If you miss 3 consecutive payroll deductions, your coverage will be terminated back to the date of the first missed deduction. If your coverage is terminated due to non-payment of premium, you will be notified of your right to continue coverage by making payments directly to WebTPA for up to 18 months.

Frequently Asked Questions

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.

Who do I call for more information or when I have questions?

For questions regarding enrollment, benefit options, your dependents or to report a Qualified Life Event, use the contact information below.

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

Give the provider the Customer Service Contact information below:

Medical:

TransChoice Plus	1-866-441-3433
Member ID	Employee's Social Security #
Claims	WebTPA
	P.O. Box 99906
	Grapevine, TX 76099-9706

PPO Network:

Multiplan PPO Network
1-866-680-7427 or www.multiplan.com

Dental PPO Network: Careington

1-800-290-0523 or
www.careington.com/co/maxcare

Vision:

EyeMed	1-866-939-3633
Member ID	Employee Social Security #
Claims	EyeMed Vision Care
	P.O. Box 8504
	Mason, OH 45040-7111

For more information or to enroll
in the program, call WebTPA at
877-517-1408

Macaroni Grill PIN : 5163

Joe's Crab Shack PIN : 5164

Brick House Tavern + Tap PIN : 5164