



# Employee Benefits Enrollment Guide

TransChoice® Plus  
Group Limited Benefit Hospital  
Indemnity Insurance Policy

# TransChoice® Plus

A Group Limited Benefit Hospital Indemnity Insurance Policy\*

	Plan 1	Plan 2
<b>Daily In-Hospital Indemnity Benefit</b> Per day over 23 hours (max of 30 days per confinement)	\$100	\$200
<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
<b>Outpatient Physician Office Visit Indemnity Benefit</b> Per visit up to max visits per calendar year per covered person	\$50 6 visit max	\$80 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 4 day max	\$100 4 day max
<b>Off-the-Job Accidental Injury Benefit</b> Pays actual charges** of expenses up to a maximum per covered accident (5 covered accidents per calendar year)	\$300	\$500
<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	\$50	\$100
<b>Prescription Drug Indemnity Benefit</b> Per prescription for up to 12 prescriptions per calendar year per covered person	\$10	\$20
<b>Emergency Room Sickness Benefit</b> Per visit; number of visits per calendar year per covered person	N/A	\$50 4 visit max
<b>Group Term Life Insurance Policy with Accidental Death and Dismemberment Rider (AD&amp;D)</b> AD&D not available to dependent children	Employee \$10,000 Spouse \$5,000 Child(ren) \$2,500	\$10,000 \$5,000 \$2,500

## 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 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

### CASA Association Membership

CASA members must pay a monthly \$4.50 membership fee. This fee is included in your premium payments. When you become a member of CASA, you not only have access to competitively priced limited medical benefits, but also a variety of other services. The list below is just a sample of the services you have access to as a member of CASA. • File MD • Emergency Helicopter Rescue Program \$4,000 level • Nurseline • Prescription Savings Program • Travel Assistance (Assist Only Benefit)

Weekly Premiums†	Plan 1	Plan 2
Employee	\$14.13	\$23.49
Employee + Spouse	\$23.77	\$39.63
Employee + Child(ren)	\$23.38	\$39.42
Family	\$32.16	\$55.70

† Rates include insurance premiums, \$4.50 monthly association membership fee, and administrative fee

\* Group Limited Benefit Hospital Indemnity Insurance Policy underwritten by **Transamerica Life Insurance Company**. Administration provided by WebTPA, Home Office: Grapevine, TX.

\*\* Pays actual charges as the amount actually paid by or on behalf of the covered person, and accepted by the provider.

**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

**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.

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

This benefit pays actual charges of 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.

**Emergency Room Sickness Benefit**

This benefit will pay for each sickness visit to the emergency room for a number of visits per calendar year per covered person. Emergency room visits for accidents are not covered under this benefit, they would be covered under the Off-the-Job Accident Benefit.

**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 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



# TransChoice® Plus

Benefit Descriptions (continued)

## 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. [Benefit amounts are selected by you.] 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.

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 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.*

**Policy Form Series CP100200 and CC100400**



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.

**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%

**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

**MaximumSmile<sup>SM</sup> Benefit**

Roll forward a portion of each family member's unused base plan annual maximum into a MaximumSmile Account, subject to the Threshold Limit (\$250) and the MaximumSmile Account Limit (\$500). The MaximumSmile Account can then be used in future years when the member reaches the Base Plan Annual Maximum. To qualify for the MaximumSmile Benefit

- You must have a qualifying claim and not exceed the paid claims Threshold during the benefit year. Each family member has his or her own separate MaximumSmile Account and may not exceed the MaximumSmile Account Limit.
- New entrants joining the plan in mid-policy year first become eligible for the program at the next policy anniversary date.

Annual Roll Forward Amount: \$125

**Annual Individual Benefit Maximum**

- \$500 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 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.

**Weekly Dental Premiums†**

Employee	\$5.81
Employee + Spouse	\$11.36
Employee + Child(ren)	\$12.29
Family	\$19.04

† Must be enrolled in medical coverage to be able to enroll in dental coverage  
Underwritten by Transamerica Life Insurance Company, Home Office Cedar Rapids, IA.  
Administered by Omega Administrators, Sherwood, AR.  
Policy form CPDEN100 and CCDEN100



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.



*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.

**To Enroll in the Benefits, Call**

**1-888-896-2432**

**Your Group Number is**

**TWM0017**

**Your PIN number is**

**4666-017**

*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 Social Security #

Claims                    Web-TPA

P.O. Box 99906

Grapevine, Texas 76099-9706

***PPO Network:***

Multiplan PPO Network

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

***Dental:***

TransSmile            1-866-992-1849

Member ID            Employee Social Security #

Claims                    Omega Administrators

PO Box 6007

Sherwood, AR 72124

