

Benefit Options Designed for the Employees of:



***THIS IS YOUR ONLY CHANCE TO ENROLL!
DON'T MISS OUT ON THIS OPPORTUNITY!***

Review the information in this Enrollment Guide.

- You ***MUST*** complete the provided Enrollment Form for the new hire process
- You ***MUST*** Elect or Decline coverage on Enrollment Form
- Fax completed Enrollment Form to ***(877) 456-4787*** or call ***(866) 629-5456*** to enroll!

Your bi-weekly premium cost is deducted from your paycheck.
***YOU MUST EARN ENOUGH WAGES FOR THESE DEDUCTIONS.
PLEASE CONSIDER THIS IN YOUR DECISION.***

You can terminate this coverage at any time without penalty.

By becoming a member of NAWP, for \$3 per month, you will receive access to many great benefits, including term life and prescription discounts!



TransChoice[®] Plus

Group Limited Benefit Hospital Indemnity Insurance

Transamerica will pay the following amounts toward each benefit:

Benefits to Include	Silver	Gold
Outpatient Indemnity Benefits		
Doctor Office Visit 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 of six visits per calendar year per person.	\$60	\$80
Wellness Visit This benefit will pay the selected amount for each covered person who undergoes the following (after the selected waiting period):	\$100	\$200
physical examinations immunizations prostate-specific antigen tests	mammograms flexible sigmoidoscopy	pap smears blood screenings
This benefit is payable one time per calendar year for each covered person. Services must be under the supervision of or recommended by a physician, and a charge must be incurred.		
Diagnostic Tests X-Ray and Lab 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 four 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).	\$100	\$200
In-Hospital Indemnity Benefits		
Daily In-Hospital Indemnity Benefit When a covered person is confined in a hospital as a result of an accident or sickness, this policy pays the benefit amount for each day the insured is confined in a hospital, up to a maximum of 30 days per confinement.	\$200	\$400
Accident Injury Benefit		
Off-the-Job Accidental Benefit This benefit pays based on the actual charges incurred up to the maximum listed for each covered accident (maximum of 5 covered accidents) 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 per covered person per calendar year. Treatment must be received within 72 hours of the accident for benefits to be payable.	\$100	\$200
Surgical & Anesthesia Indemnity Benefit		
Surgical Benefit (see Surgical Schedule) 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.	\$2,000	\$5,000
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.		
Anesthesiology The anesthesia benefit is 20% of the surgical benefit amount.	\$400	\$1,000
Group Term Life Insurance with Accidental Death and Dismemberment (AD&D)		
Term life insurance available for member, spouse and children. AD&D not available to dependent children. Member Life \$10,000 Spouse Life \$5,000 Children Life \$2,500	Included	Included

TransChoice® Plus

A Group Limited Benefit Hospital Indemnity Insurance

Transamerica will pay the following amounts toward each benefit:

Benefits to Include	Silver	Gold
Member Discount Card		
Discount Card offered by New Benefits, Ltd.	Included	Included
Nationwide PPO Network		
PPO Network	Included	Included
Critical Illness		
When a covered person is diagnosed with a covered critical illness, the selected amount will be paid.* This amount is payable up to two times for each covered person, first under the Critical Illness Indemnity Benefit and then under the Subsequent Critical Illness Indemnity Benefit, and is paid in addition to any other benefits paid by the TransChoice policy.	\$10,000	\$10,000

The Subsequent Critical Illness Indemnity Benefit is paid if the covered person is diagnosed as having a subsequent and separate covered critical illness more than sixty (60) days after the first one.

After the waiting period has expired, benefits are payable for the following critical illnesses:

- Cancer (including Leukemia and Hodgkin's Disease, except Stage 1 Hodgkin's Disease);
- Heart attack (diagnosis must be based on EKG changes consistent with injury, elevation of cardiac enzymes, and confirmatory imaging studies);
- Stroke (the diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies);
- End stage renal failure (chronic, irreversible failure of the function of both kidneys such that a covered person must undergo regular hemodialysis or peritoneal dialysis at least weekly);
- Major organ transplant (undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas);
- Skin cancer including basal cell epitheloma or squamous cell carcinoma; does not include malignant melanoma or mycosis fungoides; and
- Carcinoma In Situ (cancer that is confined to the site of origin without having invaded neighboring tissue).

Dependent coverage equal to 50% of this benefit.

Prescription Benefit		
Prescription Drug Indemnity Benefit	\$20	\$35
The benefit pays the amount selected per prescription when 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.	12/yr	12/yr

Premium Rate

	Member	Member + Spouse	Member + Child(ren)	Family
Silver				
Bi-Weekly	\$44.48	\$73.40	\$72.52	\$101.04
Gold				
Bi-Weekly	\$70.94	\$123.48	\$125.00	\$177.96

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, IA. Policy Form Series CPCH0200 and CCCH0200. Administration provided by First Service Administrators, Lakeland FL

Limitations & Exclusions

TransChoice® Plus Group Limited Benefit Hospital Indemnity Insurance Policy Form Series CPCH0200 and CCCH0200

No benefits will be payable as the result of:

- suicide or any attempt thereof, while sane or insane. 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; 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;
- air or ground ambulance transportation (unless the Ambulance Benefit has been included);
- 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; 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;
- treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war; or
- any surgical procedure not specifically listed in the Schedule of Surgical Indemnity Benefits.

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. Refer to the policy and certificate for complete details.

Group Term Life Insurance Policy Policy Form Series CP100200 and CC100200

We will not pay a death benefit if an insured dies by suicide, while sane or insane, within two years of the date of his/her insurance starts. 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.

If any death benefit is increased, this suicide exclusion starts anew, but will apply only to the amount of the increase.

AD&D Rider

Rider Form Series CR101100

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. 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;
- 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.



Non-Insurance Programs

ACCESS TO DISCOUNT MEDICAL BENEFITS & SERVICES

In addition to the hospital indemnity benefits provided by Transamerica Life Insurance Company, the plans include a provider network and many other discounts offered by other vendors as noted below:

MEMBER DISCOUNT CARD

This card is provided by New Benefits, Ltd. It offers members access to the Nurses Hotline, counseling services, and benefits for hearing aids. **This is not an insurance plan.** Information on how to access the benefits of the Member Discount Card will be included in the fulfillment package that each insured member receives.

NURSES HOTLINE

The Nurses Hotline allows access to experienced, registered nurses 24 hours a day, 7 days a week, 365 days a year. The 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

HEARING AID BENEFIT

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. The member can also realize savings of up to 50% off the suggested retail price on over 90 models of hearing aids in over 1,000 locations nationwide.*



COUNSELING SERVICES

The Counseling Services benefit allows the member 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 member is referred to one of the 27,000 counseling providers nationwide, they will receive discounts of 25%-30% off the normal billing charges from those providers.*

*Discounts on professional services are not available where prohibited by law.

BEECH STREET NETWORK (NON-INSURANCE)

Our national Preferred Provider Organization (PPO) offers a medical provider network with over 520,000 physicians and more than 3,500 hospitals throughout the United States. Members have access to a broad network of independently contracted physicians, hospitals, and healthcare professionals who provide services at negotiated, discounted rates. While all limited benefit plans may seem equal, using the PPO network (combined with our knowledge and years of healthcare experience) allows members to save dollars on their healthcare services. For more information, visit www.beechstreet.com.

TELEDOC

Teledoc allows a member access to telephone medical consults with licensed physicians who diagnose medical problems and prescribe short-term medication when appropriate. All licensed physicians specialize in telephone medical consults. They are primary care physicians, internists, and urgent care physicians. Physicians are available 24 hours a day, 365 days a year.

MEMBER SERVICES

Members can access benefit information and other services by dialing one toll free number. We are available Monday through Friday from 8:00 a.m. To 7:00 p.m. Eastern Standard Time to provide information on the following:

- Account management
- Member eligibility
- Verification of benefits
- General policy questions
- PPO network information
- Patient advocacy program

TransSmile[®] Dental Insurance

Services*	Coverage	Basic	Preferred
Type I – Diagnostic & Preventative**	100%	✓	✓
Type II – Basic Restorative Services***	80%	✓	✓
Type III – Major Restorative Services****	50%		✓

* Out of network reimbursement based on maximum allowable (MA).

** Type I services include: exams, cleanings, topical fluoride, space maintainers and bitewings

*** Type II services include: x-rays, emergency treatment for pain, fillings, and simple extractions.

**** Type III services include: denture repair, oral surgery (except TMJ), non-surgical periodontics, surgical periodontics, periodontal maintenance, crowns, inlays, onlays, veneers endodontics, prosthodontics and implants. (12 month waiting period for Type III); other limitations and exclusions may apply. See policy for details.

Additional Benefit Information

Waiting Period

Type III Services – 12 month waiting period

Dependent Eligibility

Eligible dependents of the insured include the insured's lawful spouse and unmarried children less than 19 or less than 26 if a full-time student.

Annual Maximum


Applies individually to member and each covered family member per policy year.

Basic	\$500
Preferred	\$1,000

Annual Deductible

Applies to Type II and III

Basic	\$50
Preferred	\$50

	Bi-Weekly Rates	Basic	Preferred
	Member Only	\$6.95	\$10.23
	Member, Spouse	\$13.05	\$19.63
	Member, Child	\$16.14	\$20.58
	Family	\$23.96	\$31.90

Vision Coverage

Insurance coverage underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a/k/a The Guardian or Guardian Life.

Benefits

Examination	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 24 months
Examination Co-Pay	\$10
Materials Co-Pay	\$25

Benefits	Participating Provider	Non-Participating Provider*
Examination	100%	Up to \$40
Single / Bifocal /Trifocal Lens (Standard Plastic)	100%	Up to \$40 / \$60 / \$80
Polycarbonate Lenses	\$0 for members age 19 and under, \$30 for members over age 19	N/A
Standard Progressive Lenses	\$50 additional co-pay	N/A
Standard Photochromic Lenses	\$60 additional co-pay	N/A
Frames**	100%	Up to \$45
Contact Lenses-Medically Necessary***	\$250 allowance	Up to \$225
Contact Lenses-Elective****	\$100 allowance	Up to \$100
Contact - Fitting	\$30 allowance	N/A
Laser Eye Surgery	Access to discounted refractive eye surgery procedures from selected provider locations.	

Bi-Weekly Rates

Member Only	\$3.66
Member, Spouse	\$6.57
Member, Child	\$7.32
Family	\$10.32

*All out-of-network reimbursement must be submitted to Advantica and are subject to co-pays.

**100% coverage applies to frames on Provider's special frame selection. If outside special frame selection, member receives a \$100 allowance.

***Limited to Aphakia, Keratoconus or Severe Anisometropia and requires pre-authorization by Advantica.

****This benefit is paid only once during the Group's Benefit Period and must be fully utilized at the time of purchase.

Customer Service Center
P.O. Box 11528
Knoxville, TN 37939

**IMPORTANT
BENEFIT
INFORMATION!**



Review the information
in this enrollment guide
today. You **MUST** complete
and fax the provided
enrollment form to
(877) 456-4787!