



## ENROLLMENT GUIDE

Review this information in this enrollment guide today.  
You MUST call **866-816-6786** to either elect or  
decline coverage!

# Enrolling

is as easy as...

# 1-2-3

We know that you face a lot of challenges, but finding affordable health insurance should not be one of them! This package has been designed exclusively with you in mind.

# 1

Review and choose the programs you need!

# 2

Call **866-816-6786** to talk with a benefit counselor.

# 3

Paying for your premiums is easy through our checkless draft program! The cost for checkless draft is only \$4 per month!

**Don't miss out on this one-time opportunity!  
Review this guide and call today to enroll  
in the benefits that plan that best fits you!**

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**Call Today!**  
**866-816-6786**

# TransChoice® Plus

## A Group Limited Benefit Hospital Indemnity Insurance

Coverage to Include	Silver	Gold	Platinum									
<b>Outpatient Benefits</b>												
<b>Doctor Office Visit</b> 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 6 visits per covered person per calendar year.	\$50	\$70	\$90									
<b>Wellness Visit</b> This benefit will pay the selected amount for each covered person who undergoes the following: <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;">physical examinations</td> <td style="width: 33%;">mammograms</td> <td style="width: 33%;">pap smears</td> </tr> <tr> <td>immunizations</td> <td>flexible sigmoidoscopy</td> <td>blood screenings</td> </tr> <tr> <td>prostate-specific antigen tests</td> <td></td> <td></td> </tr> </table> <p>This benefit is payable the number of times noted 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.</p>	physical examinations	mammograms	pap smears	immunizations	flexible sigmoidoscopy	blood screenings	prostate-specific antigen tests			\$100 1 visit/yr	\$100 2 visits/yr	\$100 2 visits/yr
physical examinations	mammograms	pap smears										
immunizations	flexible sigmoidoscopy	blood screenings										
prostate-specific antigen tests												
<b>Diagnostic Tests X-Ray and Lab</b> 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 the maximum amount shown 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).	\$50 Up to \$300/yr	\$100 Up to \$300/yr	\$150 Up to \$500/yr									
<b>In-Hospital Indemnity Benefits</b>												
<b>Daily In-Hospital Indemnity Benefit</b> 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 \$100,000 per calendar year.	\$150	\$250	\$300									
<b>In-Hospital &amp; Surgical Additional Indemnity Benefit</b> When a covered person is confined in a hospital as a result of an accident or sickness, this policy pays the benefit amount for the first occurrence that the insured is confined in a hospital. This benefit is payable only once each calendar year for each covered person. Benefit pays in addition to the Daily-In-Hospital Indemnity Plan.	\$0	\$0	\$1,000									
<b>Intensive Care</b> Up to the number of days noted per calendar year; if you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness.	\$100 Up to 10 days	\$100 Up to 10 days	\$200 Up to 30 days									
<b>Surgical &amp; Anesthesia Indemnity Benefit</b>												
<b>Surgical Benefit (see Surgical Schedule)</b> 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.	\$1,500	\$2,000	\$2,500									
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.	\$300	\$400	\$500									
<b>Anesthesiology</b> The anesthesia benefit is 20% of the surgical benefit amount.												
<b>Group Term Life Insurance</b>												
Term life available for member, spouse and children. Term life with full benefit amounts for member. Member Life \$10,000 Spouse Life \$5,000 Children Life \$2,500	Included	Included	Included									

# TransChoice® Plus

## A Group Limited Benefit Hospital Indemnity Insurance

Coverage to Include	Gold	Silver	Platinum
Member Discount Card			
Discount Card	Included	Included	Included
Nationwide PPO Network			
PPO Network	Included	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.	\$2,500	\$2,500	\$5,000
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:			
<ul style="list-style-type: none"> <li>• Cancer (including Leukemia and Hodgkin's Disease, except Stage 1 Hodgkin's Disease);</li> <li>• Heart attack (diagnosis must be based on EKG changes consistent with injury, elevation of cardiac enzymes, and confirmatory imaging studies);</li> <li>• Stroke (the diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies);</li> <li>• 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);</li> <li>• Major organ transplant (undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas);</li> <li>• Skin cancer including basal cell epitheloma or squamous cell carcinoma; does not include malignant melanoma or mycosis fungoides; and</li> <li>• Carcinoma In Situ (cancer that is confined to the site of origin without having invaded neighboring tissue).</li> </ul>			
Dependant coverage equal to 50% of this benefit.			
Additional Benefits			
<b>Mental Nervous</b> - Maximum of 30 days per covered person per calendar year	\$100/day	\$100/day	\$100/day
<b>Emergency Room Sickness</b> - 2 visits per calendar year per covered person	\$50	\$50	\$100
<b>Substance Abuse</b> - Maximum of 30 days per calendar year per covered person.	\$100/day	\$100/day	\$100/day
<b>Ambulance Indemnity Benefit</b> - Maximum of 3 trips per calendar year per covered person.	\$150	\$150	\$200
Prescription Benefit			
Prescription Drug Indemnity Benefit 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.	\$30 6/yr	\$40 6/yr	\$50 6/yr

### Premium Rate\*

	Member	Member + Spouse	Member + Child(ren)	Family
<b>Silver</b>				
Monthly	\$121.83	\$203.55	\$200.69	\$283.58
<b>Gold</b>				
Monthly	\$161.11	\$277.08	\$276.19	\$393.69
<b>Platinum</b>				
Monthly	\$203.47	\$354.82	\$346.79	\$499.90

**\*Rate for Hospital Indemnity Plan also include Accident Advance coverage. See page 7 for more information.**

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, IA. Policy Form Series CPCH0200 and CCCH0200.  
Administration provided by Web TPA

# 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.

### MULTIPLAN 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.

### 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

# Prescription Benefit

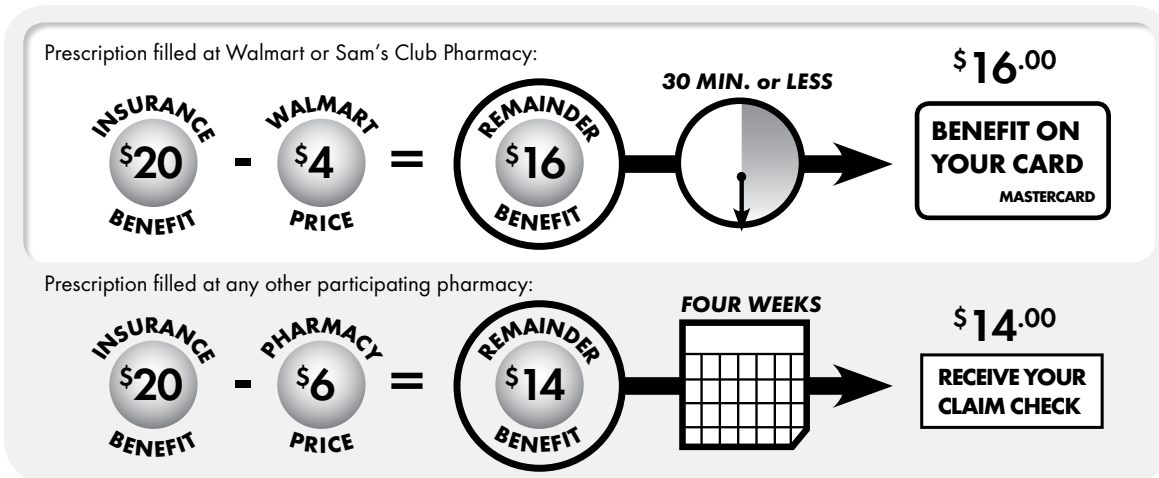
## Prescription Drug Indemnity Benefit

Included in your TransChoice Plus coverage is a prescription drug indemnity benefit. This prescription program provides you with discounts at over 60,000 pharmacies. In addition, Walmart has agreed to give even deeper discounts to TransChoice Plus participants to help stretch your health care dollars even further. Walmart revolutionized the prescription market by creating its \$4 Prescription Program that includes more than 300 types and strengths of medications, many of which are available in a 90-day supply for \$10 with free shipping.

## Prescription Drug Indemnity Benefit

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

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



You can find the following at [www.procarerx.com/index.php/transamerica](http://www.procarerx.com/index.php/transamerica):

- A participating pharmacy list
- A prescription drug cost comparison showing your out-of-pocket cost at different pharmacies
- Claim form (when non-participating pharmacies are utilized)
- Mail order prescriptions
- Access to account information, such as claim history

## Card Information

- The Debit card does not have a PIN assigned to it. Therefore, when using these funds at a retailer, have them run the card as a credit transaction.
- If your spouse is covered under your TransChoice Plus certificate, you will be issued two ID/Debit cards. However any excess benefit owed to you will be loaded only onto the card used at the Walmart pharmacy.
- Any remaining prescription drug indemnity benefit due will be credited to the ID/Debit card usually within 30 minutes after picking up your prescription.
- Debit card balances can be checked through TMG at (877) 461-0098. Because the claims are processed real-time allowing for quick access to any benefit surplus, notification is not given when money is credited to the ID/Debit card.
- For replacement cards or questions about the TransChoice Plus prescription drug card, contact Web-TPA at (866) 975-4641.
- When insurance coverage terminates, any remaining card balance must be used within 90 days of termination. After 90 days, the card will be deactivated and a check for any remaining balance will be mailed.
- Pharmacy discounts will continue to apply even after any insurance benefit maximum or limit has been reached.
- To access the Card Holder Agreement stating the terms for the Debit card, please log on to [www.macalusogroup.com/terms](http://www.macalusogroup.com/terms).

## Drug categories not eligible for the indemnity program or discounted prices:

Abortifacients	Diaphragms/IUDs/ Emergency contraceptives	Cosmetic agents	Diagnostic agents
Fertility drugs	Impotency drugs	Ostomy supplies	Over the counter drugs
Prescription strength multivitamins (pediatric and prenatal vitamins are covered)			





# AccidentAdvance

## GROUP OFF-THE-JOB ACCIDENT INSURANCE

What happens if you get hurt? With health plans having deductibles of \$1,000 or higher, this insurance can help offset your deductible. A reduction of stress can help you to a speedier recovery!

### Are we covered for that?

Accidents and injuries can happen at any place at any time. As your ability to work is your biggest asset, it is important to protect yourself and make sure you can bounce back from whatever life may throw at you. Transamerica Life Insurance Company's new AccidentAdvance offers Off-the-Job coverage for accidents. It also offers features to promote healthier behavior in general, such as an auto accident benefit that pays more if the insured was wearing a seat belt and has air bags in the car. The annual wellness benefit covers an annual health screening test such as mammography, colonoscopy and chest x-rays. It is an advancement in accident coverage. It is AccidentAdvance.

Pays in addition to any other coverage and is Guaranteed Issue (except for the sickness disability rider).

### Understanding AccidentAdvance

AccidentAdvance is a group voluntary off-the-job accident only insurance policy. Individual and family coverage is available.

AccidentAdvance's base coverage offers:

- Accident Emergency Treatment
- Follow-Up Visit and Physical Therapy
- Initial Accident Hospitalization

### Riders Included in Coverage

- Accident Hospital and ICU Income Rider
- Expanded Benefits Rider

Off-theJob Base Plan		See Page 7 for Rates	
Individual	Member + Spouse	Member + Child(ren)	Family
RATES INCLUDED IN MEMBER ONLY HOSPITAL INDEMNITY PLAN OPTIONS	RATES INCLUDED IN MEMBER + SPOUSE HOSPITAL INDEMNITY PLAN OPTIONS	RATES INCLUDED IN MEMBER + CHILD(REN) PLAN OPTIONS	RATES INCLUDED IN FAMILY HOSPITAL INDEMNITY PLAN OPTIONS

Policy form series CPACC100 and CCACC100. This is a brief summary of AccidentAdvance, Group Off-the-Job Accident Insurance. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.