

INTEGRITY ASSOCIATE BENEFIT PROGRAMS



Your Opportunity Engine.

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ENROLLMENT INSTRUCTIONS

Access the benefit communication website:
<http://www.mybenefitscount.com> and log in.
Username: your email address
Password: Integrity1

This website will be available to you 24 hours a day, 7 days a week to help you with your benefit needs. Through this website you will have access to information regarding the benefits offered to you. You will be able to look at side by side comparisons of the plans available to you as well as cost sharing information, download forms and more!

MINIMUM ESSENTIAL CARE HEALTH PLAN

In 2014 the Affordable Care Act (ACA) put in place a requirement that all individuals must enroll in healthcare coverage or they may be subject to a tax penalty. An Employee can prevent being taxed the "Individual Mandate" coverage penalty by purchasing Minimum Essential Coverage through his/her employer. To ensure you have the ability to meet this requirement, we are happy to offer a Minimum Essential Coverage plan through Allied.





Medical Insurance – Preventive Care Only MEC Plan

Carrier: Allied
Effective: 1/1/2015
Website: www.alliedbenefit.com
Phone: 800-288-2078

Allied

Preventive Care Only MEC Plan - The Preventive Care Only MEC Plan provides 100% coverage for a variety of preventive care services without charging you a copayment or coinsurance. MEC Plan benefits are reimbursed at a flat transparent rate. Specifically, the MEC Plan will reimburse Covered Expenses using the same reimbursement rates as the Federal government under Medicare fee schedules. If a Covered Expense does not have a corresponding Medicare Reimbursement Rate, the MEC Plan reserves the right to process that claim at the Reasonable and/or Usual and Customary benefit level. Covered Expenses are covered at specified levels "without" Preferred Provider Networks that adjust and discount benefit payments. You are eligible to receive care from any licensed medical provider.

Services available under this plan include:

- Routine Immunizations
- Designated Health Screenings for Adults and Children
- Comprehensive Coverage for Women's Preventive Care.

Please refer to your Preventive Care Schedule of Benefits for a complete listing of all covered services.

You will be responsible for any charges for services that are billed to you that are over the rates paid by The Affordable Care Plan using the federal government's Medicare Fee Schedules.

Network	None
Deductible	\$0
Co Insurance	100%
Physician Services Well Adult / Child Care Physician Office Visit Specialist X-Rays / Lab Diagnostics	100% No Coverage No Coverage No Coverage
Emergency Room Services	No Coverage
Prescription Drug Services Retail (Generic / Brand / Non-Pref Brand) Mail (Generic / Brand / Non-Pref Brand)	No Coverage – Except for required ACA Preventive Care mandates
Lifetime Maximum	Unlimited

Employee Contributions - Weekly	MEC
Employee Only	\$18.47
Employee + Spouse	\$46.19
Employee + Child	\$36.96
Family	\$64.67

Telemedicine

Carrier: Teladoc
Phone: 877-556-3669



Teladoc is an affordable solution to the challenge of healthcare access. We provide you and your family with round-the-clock access to U.S based licensed physicians for telephone consultations. Regardless of your location, you can connect with a doctor in real-time for treatment or diagnosis of common conditions.

Online Member Portal- www.alliedbenefit.com

Carrier: Allied Benefit Systems
Phone: 800-288-2078
Website: www.alliedbenefit.com

Allied

With Allied's online member portal, you can track your healthcare benefits online and access timely information and tools to help you make better healthcare decisions. Your personal, secure member web account makes managing your healthcare faster and easier. Your online member account allows easy access to view your Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC). Through your online account, you can also view your Personal Health Record, which provides you with a complete record of all your health care activity under this plan; get answers to medical questions, and information on procedures and conditions via Allied's knowledge database, and receive wellness reminders for tests and annual exams.

HOSPITAL INDEMNITY PLANS

We also understand that there are times where you might need coverage outside of your routine preventative care. To give you and your family additional protection we are happy to offer Hospital Indemnity Plans through TransAmerica. These plans will assist by providing a flat dollar reimbursement for a variety of doctor and hospital needs.



Underwritten by Transamerica Life Insurance Company
Customer Service: 1-888-763-7474 or www.tebcs.com



Everyone deserves a better Tomorrow.

TransChoice® Advance is hospital indemnity insurance.

When Talia comes down with a particularly nasty cough, what she thought was just a cold soon turns into pneumonia that puts her in the hospital. She and her family are relieved that she responds well to treatment and is discharged within a few days without lasting effects.

Her finances would not recover nearly so easily if she hadn't signed up for her employer's hospital indemnity insurance. With benefits that help complement her major medical insurance, her family is able to overcome financial repercussions after her body overcomes the infection.

CHOOSE FLEXIBLE BENEFITS TO MANAGE YOUR HEALTH CARE EXPENSES.

TransChoice® Advance pays an amount for each day the insured is hospitalized, up to specific maximum limits. Because the benefits are paid to the insured directly, Talia can use them to help pay for out-of-pocket expenses such as her \$1,500 deductible and copays, as well as costs that would be hard to pay due to the work she missed, like her car payment, rent and childcare. TransChoice® Advance features:

- Benefits for full-time, part-time, hourly, seasonal and temporary workers (and eligible family)
- No coinsurance, co-pays, waiting periods or deductibles
- Benefits paid in addition to other insurance the insured may have
- Waiver of pre-existing condition limitations
- Portability that allows employees to keep insurance after they retire or leave the job

PRODUCT HIGHLIGHTS

No physicals or blood work

No waiting period

Individual and family options available

No coinsurance co-pays or deductibles

Payroll-deducted premiums

QUALIFY EASILY WITH BROAD ELIGIBILITY.

This policy is available for individuals, single-parent families, individuals with spouses or another adult dependent and families. There is no maximum issue age for employees and their adult dependents including common-law marriage partners, domestic partners or civil union partners. Children under the age 26 can be insured.

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.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

This is a brief summary of TransChoice® Advance Hospital Indemnity Insurance. Policy Form Series CPGHI400 AND CCGHI400. Forms and form numbers may vary.

Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy certificate and riders for complete details.

PRODUCT DETAILS

The following benefits are included in your plan option(s). Unless otherwise noted, all benefits and maximums are per covered person.

DAILY IN-HOSPITAL INDEMNITY BENEFIT	PLAN 1	PLAN 2
Pays each day a covered person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.	\$100.00	\$100.00
Maximum	31 Days per confinement	31 Days per confinement
INCLUDED RIDERS: EMERGENCY ROOM SICKNESS INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRERS400)		
Pays each day a covered person receives treatment in the emergency room for a sickness. This rider does not pay benefits for emergency room treatments as a result of an accident.	None	\$50.00
Calendar Year Maximum		4 Days
HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRHA0400)		
Pays each day a covered person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission.	\$500.00	\$1000.00
Maximum	1 day per confinement/1 day(s) per calendar year	1 day per confinement/1 day(s) per calendar year

PRESCRIPTION DRUG INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRRX0400)		
Pays each day a covered person fills a generic prescription, prescribed as a result of a covered accident or sickness.	\$10.00	\$10.00
Pays each day a covered person fills a brand name prescription, prescribed as a result of a covered accident or sickness.	\$20.00	\$20.00
Combined Maximum	36 Days per Calendar Year	36 Days per Calendar Year
OFF-THE-JOB ACCIDENTAL INJURY INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRACIN00)		
Pays each day a covered person receives treatment for a covered accident. Treatment must be provided by a physician within 96 hours of the accident.	\$100.00	\$100.00
Maximum	1 day per accident/ 5 days per calendar year	1 day per accident/ 5 days per calendar year
OUTPATIENT DIAGNOSTIC LABORATORY TEST INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRLAB400)		
Pays each day a covered person undergoes an outpatient laboratory test performed for the purpose of diagnosis for a covered accident or sickness. Does not include tests covered under any other rider.	\$10.00	\$15.00
Calendar Year Maximum	3 Days	3 Days
OUTPATIENT SELECT DIAGNOSTIC TEST INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRSDT400)		
Pays each day a covered person undergoes an outpatient X-ray, ultrasound, Electroencephalogram (EEG), or sleep study for the purpose of diagnosis for a covered accident or sickness.	\$50.00	\$75.00
Calendar Year Maximum	2 Day(s)	2 Day(s)
OUTPATIENT ADVANCED STUDIES DIAGNOSTIC TEST INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRASD400)		
Pays each day a covered person undergoes an outpatient Computer Tomography (CT) Scan, Magnetic Resonance Imaging (MRI), Myelogram, Positron Emission Tomography (PET), Angiogram, Arteriogram, or Thallium Stress Test for the purpose of diagnosis for a covered accident or sickness.	\$200.00	\$300.00
Calendar Year Maximum	2 Day(s)	2 Day(s)

OUTPATIENT PHYSICIAN OFFICE VISIT INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CROPV400)

Pays each day a covered person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness.	\$50.00	\$50.00
Calendar Year Maximum	6 Days	6 Days

INPATIENT MENTAL AND NERVOUS DISORDER INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRMN0400)

Pays each day a covered person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind.	\$100.00	\$100.00
Maximum	31 days per calendar year/60 days per lifetime	31 days per calendar year/60 days per lifetime

INPATIENT DRUG AND ALCOHOL ADDICTION INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRDA0400)

Pays each day a covered person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours.	\$100.00	\$100.00
Maximum		

SURGICAL AND ANESTHESIA INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRSRGP00)

Pays each day a covered person undergoes surgery, as follows: Inpatient Surgery	None	\$500.00
Calendar Year Maximum		1 day
Outpatient Surgery	None	\$250.00
Calendar Year Maximum		1 day
Outpatient Minor Surgery	None	\$50.00
Calendar Year Maximum		1 day
If anesthesia is administered, pays an additional	None	20%

**OTHER INCLUDED BENEFITS:
GROUP TERM LIFE INSURANCE WITH ACCIDENTAL DEATH & DISMEMBERMENT
(POLICY FORM SERIES CP100200 AND CC100400)**

Pays a death benefit when an insured person dies:		
Employee	\$20,000	\$20,000
Spouse	\$10,000	\$10,000
Children (AD&D is not available to dependent children)	\$2,500	\$2,500

TRANSDI PLUS SHORT TERM DISABILITY INCOME INSURANCE (POLICY FORM SERIES CPDI0100 AND CCDI0100)

Accident and Sickness Elimination Period	7 days	7 days	7 days
Benefit Period	3 Months	3 Months	3 Months
Monthly Benefit (not to exceed 60% of salary)	\$400 Employee Option	\$600 Employee Option	\$800 Employee Option

GROUP LIMITED DENTAL INSURANCE (POLICY FORM SERIES CPDEN100 AND CCDEN100)

Pays for routine dental care	Employee Option	Employee Option
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NON-INSURANCE BENEFITS

TeleMedicine Option offered by:	Teladoc	Teladoc
Employee Discount Card offered by New Benefits Ltd.:	Included	Included
Karis Patient Advocacy	Included	Included

WEEKLY RATES FOR TRANSCHOICE ADVANCE VER 4.ND.0.00

Plan Option:	Age	Employee	Employee and Spouse	Employee and Child	Family
1	All Ages	\$10.48	\$21.10	\$16.67	\$25.00
2	All Ages	\$14.32	\$29.71	\$23.25	\$35.41

OTHER ADVANTAGES OF ADDING A HOSPITAL INDEMNITY PLAN INCLUDE:

NON-INSURANCE BENEFITS PRESCRIPTION DRUG DISCOUNT CARD (PROVIDED BY PROCARE)

By presenting the prescription drug discount card to one of the participating providers, an insured can receive discounts on brand-name and generic drugs. The insured will continue to receive the saving even after his or her TransChoice Advance benefit has been used for the year.

THE KARIS GROUP PATIENT ADVOCACY

The Karis Group's Patient Advocacy service provides members with a personal negotiator to mediate between the member and provider(s) to reach a solution for outstanding medical bills when the bill(s) for a medical incident and related out-of-pocket expenses exceeds \$500. To be eligible for this service, the patient must:

- Be an active member of a benefit plan that includes Patient Advocacy at the time of the medical incident; Obtain care for a single related medical incident at a hospital, emergency clinic or surgical center; and
- Have an out-of-pocket balance, after network discounts and applicable benefits have been applied, that exceeds \$500; or, if the patient is scheduled for admission, the hospital or the referring physician/specialist must confirm that the bills are more likely than not to result in an out-of-pocket balance exceeding \$500.

TELADOC

Teladoc provides telephone access to a physician from any phone, 24 hours a day, 7 days a week. Physician can diagnose medical problems and prescribe short-term medication when appropriate will contact the member within three hours.

- Prescriptions phoned into the member's local pharmacy
- Patient Access to medical records with HIPPA compliant secure servers
- Free Portable Electronic Health Record

EMPLOYEE DISCOUNT CARD

This discount card is administered by New Benefits, Ltd. It offers employees access to a discount Vision Plan, Nurse Hotline, Counseling Services and benefits for Hearing Aids. *This is not an insurance plan.*

The discount **VISION PLAN** through Coast to Coast Vision [™] allows the employee to receive discounts of 20% to 60% on eyeglasses and frames or 10% to 20% of contact lenses (excluding disposables) from nationwide providers as well as 10% to 30% savings on eye exams and surgical procedures, including LASIK.*

The **NURSE 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 SERVICE** 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, the employee may be referred to a local therapist.

The **HEARING AID** benefit provides savings of up to 15% on Beltone® hearing aids at participating Beltone[™] locations nationwide. Or, the employees can realize savings of 40% to 60% average national retail pricing on 100 models of hearing instruments through mail order.*

VIP HEALTH VITAMINS provides discounted vitamins on trusted brand names like, Twinlab, Nature's Way, Carlson's, and Country Life to name a few. Automatic monthly shipments are available. The insured can order online or call toll-free to place an order with a customer service representative.

The **DIABETIC SUPPLIES** benefit offers discounted product packages designed for everyday testing or individual testing supplies. Product packages include:

Free Glucose Meter Test Strips	Lancets Lancing Device	Control Solution Swabs	Battery Carrying Case	Manual Log Book Free Shipping
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To receive the discount and to schedule home delivery visit our website or call toll free to place your order with a customer service representative.

*Disclosures:
This plan is NOT insurance.*

This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services.

Pharmacy discounts range from 10% to 85% on most medications. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. This discount card program contains a 30-day cancellation period. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area. New Benefits will receive and retain a fee from network providers for eligible prescription, hearing, lab, and imaging purchases.

Residents of FL, LA, MS, ND, OK, RI, SC, TX and UT: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date.

Residents of AR & TN: A refund of all fees will be issued if membership is cancelled within the first 30 days.

Residents of MD: The membership fee and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card.

Residents of MA: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L.c 111M and 956 CMR 5.00.

Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX

75367-1309, 800-800-7616. Website to obtain participating providers: www.locateproviders.com.

**Discounts on professional services are not available where prohibited by law. This program is not available for residents of VT or WA.*

TRANSCHOICE ADVANCE

Confinement for the same or related condition within 30 days of discharge will be treated as a continuation of the prior confinement. Successive confinements separated by more than 30 days will be treated as a new and separate confinement.

No benefits under this contract will be payable as the result of the following:

- suicide or attempted suicide, whether while sane or insane
- intentionally self-inflicted injury
- 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 Wellness Indemnity Benefit Rider is included)

- any pregnancy of a dependent child including confinement rendered to her child after birth
- routine newborn care (unless Wellness Indemnity Benefit Rider is included)
- hospital confinement of a newborn child following the child's birth, unless the newborn child is being treated for accidental injury or sickness.
- a covered person's abortion, except for medically necessary abortions performed to save the mother's life
- treatment of mental or emotional disorder (unless Inpatient Mental and Nervous Disorder Indemnity Benefit Rider is included)
- treatment of alcoholism or drug addiction (unless Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider is included)
- participation in a felony, riot, or insurrection
- 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)
- dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly
- sex change, reversal of tubal ligation or reversal of vasectomy
- artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician's services, unless required by law
- committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation
- traveling in or descending from any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip
- any loss incurred on active duty status in the armed forces (if you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception)
- an accident or sickness arising out of or in the course of any occupation for compensation, wage or profit or for which benefits may be payable under an Occupational Disease Law or similar law, whether or not application for such benefits has been made
- involvement in any war or act of war, whether declared or undeclared.

PORTABILITY OPTION

If the employee loses eligibility for any reason other than nonpayment of premiums, insurance can be continued by paying premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

TERMINATION OF INSURANCE

The insurance terminates on the earliest of:

- the insured's death
- the premium due date when we fail to receive a premium, subject to the grace period. the date of written notice to cancel insurance
- the date the policy terminates
- the date the insured ceases to be eligible for insurance

Dependent insurance ends on the earliest of:

- the date the insured's insurance terminates for any of the reasons above
- the date the dependent no longer meets the definition of a dependent
- the premium due date when we fail to receive a premium, subject to the grace period. the date of written notice to cancel insurance
- the date the policy is modified so as to exclude dependent insurance

The insurance company has the right to terminate the insurance of any insured who submits a fraudulent claim. Termination will not impact any claim which begins before the date of termination.

HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER:

We will not pay benefits under this rider for an emergency room stay, an outpatient stay or a stay in an observation unit or recovery room. We also will not pay a hospital confinement benefit for a newborn child's stay in the hospital unless the newborn child is confined to the hospital and is being treated for an accidental injury or sickness.

OFF-THE-JOB ACCIDENTAL INJURY INDEMNITY BENEFIT RIDER:

Does not cover injuries which are caused by an accident that occurs while in the course of any legal or illegal occupation, activity, or employment for pay, benefit or profit.

SURGICAL AND ANESTHESIA INDEMNITY BENEFIT RIDER:

As an exception to the dental care or treatment exclusion above, we will pay the following dental or oral surgery procedures under this rider:

- excision of impacted third molars
- closed or open reduction of fractures or dislocation of the jaw

DENTAL INSURANCE

We love it when our associates are smiling! And to keep your pearly whites in great condition we offer Dental plans through TransAmerica. These plans will cover a percentage of the costs for a wide variety of dental procedures. With a maximum benefit of a \$1000 per calendar year!



SUMMARY OF BENEFITS

LIMITED DENTAL INSURANCE

This policy provides the following benefits:

TYPE 1—Diagnostic and Preventive Services—Plan Pays 80%

- Routine periodic examinations not more than once in any six consecutive month periods, inclusive of an initial oral examination
- Prophylaxis (cleaning) not more than once in any six consecutive month period
- Bitewings one set in any 12 consecutive month period
- Periapical X-rays four in any 12 consecutive month period
- Topical application of fluoride once in any 12 consecutive month period for dependent children 15 years of age and under
- 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 and under
- Space maintainers for prematurely lost teeth of eligible dependent children 13 years of age and under

TYPE 2—Basic Restorative Services—Plan Pays 50%

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

TYPE 3—Major Restorative Services—Plan 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
- Nonsurgical Periodontics includes treatment 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

DEDUCTIBLE LIMITATIONS

- \$50 per person per calendar year
- Deductible does not apply to Type 1 Services

ANNUAL INDIVIDUAL BENEFIT MAXIMUM

- \$1,000 per person per calendar year

WAITING PERIODS

- Employees may enroll in the dental plan after they have satisfied the group's probation period. However, there are waiting periods for certain services. The probation period is the amount of time employees must be employed before becoming eligible to enroll and is designated by the employer
- Type 3 Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months
- We will waive waiting periods for those people who were insured under the employer's prior dental plan on the day before the effective date of Our plan, and who are covered under Our plan, and have had 12 months of payable benefits

LIMITED DENTAL WEEKLY RATES FOR PLAN OPTIONS 1 AND 2

	Age	Employee	Employee and Spouse	Employee and Child	Family
	All Ages	\$5.69	\$11.12	\$12.05	\$18.66

OTHER ADVANTAGES OF ADDING LIMITED DENTAL BENEFITS INCLUDE:

For employees:

- Routine, preventive services are available from the first day of coverage
- Qualification for pre-tax payment of premiums (resulting in substantial tax savings for many employees)
- Access to responsive, professional customer care personnel for assistance with claims questions

For employers:

- A team of customer care professionals to assist with any questions that may arise
- An even more attractive benefits package that will enhance the recruitment and retention of quality employees
- Decreased payroll taxes when participants take advantage of pre-tax treatment of premiums (as allowed under Section 125 of the Internal Revenue Code)

Freedom to Choose: with our dental plan, covered individuals have the freedom to go to any dentist they choose for treatment. This is an especially important feature for employees who have established long term relationships with family providers. In other situations, it may make sense to use our extensive network of highly qualified providers to enjoy significant savings and reduced out of pocket costs associated with dental services.

Network Plan: Transamerica Life Insurance Company will pay allowable benefits based upon the Coinsurance and subject to the Annual Maximum and Deductible as stated on the Summary of Benefits. Such Coinsurance will be applied to the lesser of the contracted network payment or the Dentist's submitted fee (if the employee visits a contracted provider), or the lesser of the Dentist's submitted fee or the Prevailing Fees in the community (if the employee visits a Non-Participating Dentist) and the Participant is responsible for any remaining expenses.

TRANSSMILE LIMITED DENTAL

Dental services under the TransSmile plan are subject to certain limitations and exclusions. These limitations and exclusions are detailed in the policy and certificate. Covered dental expenses do not include, and no benefits are provided for the following:

- 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
- 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
- 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
- implants; charges for the insertion of implants or related appliances; or the surgical removal of implants
- 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; completions of claim forms; exams required by a third party other than Transamerica; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances
- charge for travel time; transportation costs; or professional advice given on the phone
- Orthodontic treatment (unless the policy includes the Orthodontic Benefits Rider)
- services that are a covered expense under any other plan provided by the Policyholder under which You are eligible for coverage
- services performed by a Dentist who is a 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
- any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility
- 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
- 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
- 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
- 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
- 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
- benefits to correct congenital or developmental malformations
- charges for services when a claim is received for payment more than 12 months after services are rendered
- charges for complete occlusal guards, enamel microabrasion, odontoplasty and bleaching
- for specialized techniques that entail procedure and process over and above that which is normally adequate, any additional fee is the participant's responsibility
- behavior management
- charges for general anesthesia/intravenous sedation are only covered when administered in conjunction with covered oral surgery and unusual medical circumstances required the use of general anesthesia as determined by Our Administrator's dental consultants
- 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
- 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

- benefits for services or appliances started prior to the date the person became eligible under this plan, including, but not limited to, restorations, posthypnotic, and orthodontics
- 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
- 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
- facings on crowns or bridge units on molar teeth and composite resin restorations on molar teeth will always be considered cosmetic;

LIFE INSURANCE

While we hope you don't need it anytime soon, we do understand that you need to plan for the future. To ensure you have the ability to take care of your loved ones in the future we offer you the ability to participate in a TransAmerica Life Insurance Plan.



SUMMARY OF BENEFITS

GROUP TERM LIFE INSURANCE POLICY WITH AD&D RIDER

Coverage is available for children 6 months and older. All children in a family will be covered for the same amount.

The AD&D Rider is included in employee and spouse coverage. This rider is not available for dependent children. The AD&D coverage amount will match the amount of group term life insurance. This rider pays the following specified percentages of the coverage amount when a covered accident results in any of the following losses, subject to any limitations/exclusions:

COVERED LOSS	PERCENTAGE OF DEATH BENEFIT PAYABLE
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 in one ear, or loss of thumb and index finger of same	25%

Only one such amount will be paid as a result of a single covered accident.

AGE REDUCTION SCHEDULE:

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—BIRTHDAY:	DEATH BENEFIT PAYABLE
65th	65% of pre-age 65 death benefit
70th	50% of pre-age 65 death benefit
75th	25% of pre-age 65 death benefit
80th	The lesser of \$5,000 or 25% of pre-age 65 death benefit

GROUP TERM LIFE AND AD&D WEEKLY RATES FOR PLAN OPTIONS 1 AND 2

Age	Employee	Employee and Spouse	Employee and Child	Family
All Ages	\$2.12	\$3.12	\$2.32	\$3.31

GROUP TERM LIFE INSURANCE POLICY WITH AD&D RIDER

We will not pay a death benefit if a covered person dies by suicide, while sane or insane, within two years of the date his or her insurance starts. If an insured employee or insured spouse dies by suicide, we will refund the premiums paid for the insurance. If an insured child dies by suicide, we will refund the premiums paid for the dependent child insurance only if there are no surviving insured children. If any death benefit is increased, this suicide exclusion starts anew, but will only apply to the amount of the increase.

The AD&D rider terminates on the employee's 70th birthday.

We will not pay any benefits under the AD&D Rider 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
- taking part in an insurrection

If more than one covered loss is sustained as a result of the same accidental bodily injury, payment shall be made for only the one loss for which the largest amount is payable.

SHORT TERM DISABILITY

Because we know accidents can happen, we want to ensure you can be prepared! TransAmerica Short Term Disability plans are a great way to keep income coming in, even when you can't work.



SHORT-TERM DISABILITY INCOME INSURANCE POLICY

This policy provides non-occupational disability benefits to covered employees. The elimination period shown in the plan design applies for both accident and sickness. The maximum benefit period is shown in the plan design. The monthly benefit amount is \$400, \$600, or \$800, not to exceed 60% of the employee's base monthly salary. Benefits are payable for each period of Total Disability that continues beyond the elimination period, but will not exceed the maximum disability period. Periods of disability of less than one month will be paid at 1/30th of the monthly benefit amount for each day of total disability. No benefits will be paid for periods the insured is not under the regular care and attendance of a physician. This policy will also provide benefits for recurring disabilities, pregnancies, and during periods of part-time work.

TransID Plus is not available to employees who reside in CA, HI, NJ, NY, RI or WA.

SHORT TERM DISABILITY INCOME WEEKLY RATES

Plan Option	Age	Employee
\$400 per month	All Ages	\$2.80
\$600 per month	All Ages	\$4.20
\$800 per month	All Ages	\$5.61

TRANSID PLUS SHORT-TERM DISABILITY

TransID Plus is available to employees only.

The sum of the disability benefits paid to the insured together with the payments the insured is entitled to receive from the sources described below, may not exceed the monthly percent shown on the Product Details page:

- Group or individual insurance coverage or like coverage for persons in a group;
- Federal Social Security Act (this includes benefits paid to the insured employee and his or her dependents on account of the insured's disability);
- State or federal government disability or retirement plan, or increases thereof, which begin on or after the date of total disability;
- Pension plan to which the policyholder or the insured's employer contributes or makes payroll deductions;
- 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 contract; and
- 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:

- will assume such payments are being received if the insured is covered under the Federal Social Security Act; and
- may require re-application (but not more frequently than annually) once a Social Security denial has been received and all appeals have been pursued. Failure to re-apply 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 the insured or his or her dependent receives 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 in a lump sum, we may assume he or she is receiving retirement benefits based upon the lowest monthly retirement plan benefit available to the insured prior to lump sum withdrawal.

If the insured is totally disabled and receiving regular treatment due to a covered mental illness, regardless of the cause, monthly disability benefits will be paid for one-half (1/2) of the benefit. The lifetime maximum is 12 months of disability payments.

EXCLUSIONS

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

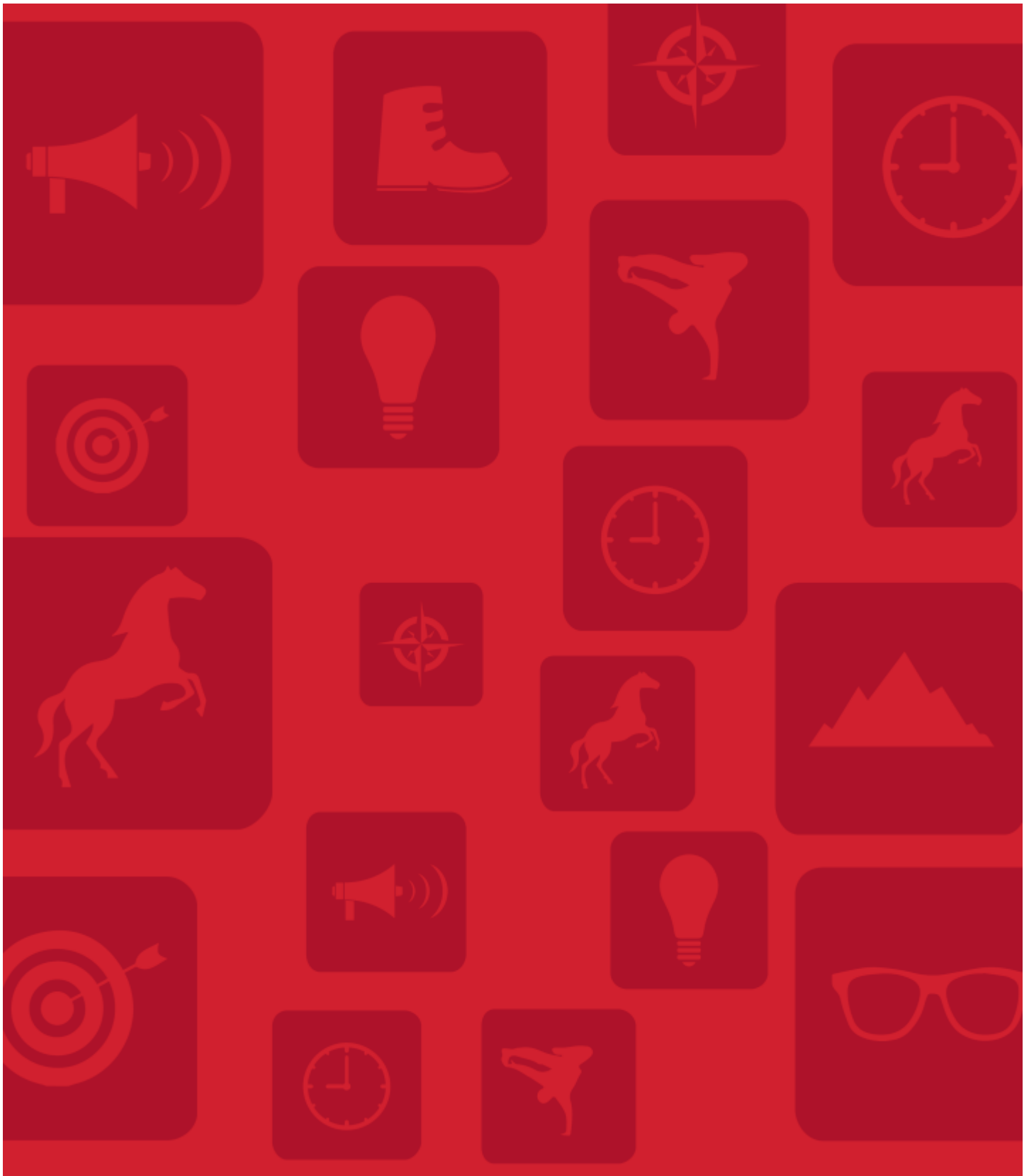
- Intentionally self-inflicted injury while sane or insane;
- Any act of war, declared or undeclared;
- Accident sustained or sickness contracted while in the service of the armed forces of any country;
- Committing a felony;
- Operating, learning to operate or having any duty in the operation of any device or vehicle intended or designed for flight in the air including boarding, alighting or descending therefrom;
- Accident or sickness arising out of and in the course of the insured's occupation for wage or profit. This exclusion applies even if Workers' Compensation is not paid for the on-the-job injury.

PRE-EXISTING CONDITIONS

There will be no disability benefit payable for a pre-existing condition until the insured has been continuously covered under the Policy for 12 consecutive months and has returned to performing the duties of his or her occupation for 30 continuous days after the first 12 months of coverage.

"Pre-Existing Condition" means sickness or physical condition for which the insured had treatment, incurred expense, took medication, or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of coverage.

The term "Pre-Existing Condition" will also include a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.



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