

# TransChoice Advance 1

- [Details](#)
- [Pricing](#)

## How TransChoice Advance Plan 1 Works

The base policy pays a specified amount for each day a covered person is confined to the hospital, up to specified maximum limits. Benefit payments go straight to the employee to help with expenses unless they are assigned to health care providers. Through a series of optional riders the policy can provide benefits for a range of other medical situations. By establishing packaged plans, you can keep it simple for your employees to choose the benefit amounts that work best for their individual situations. The proposed packages are described below. The Affordable Care Act and High-Deductible Health Plan Status TransChoice Advance is designed to be an excepted benefit under the Affordable Care Act. It is not major medical insurance or a substitute for that coverage. Instead, it can supplement other health insurance your employees may have. This policy by itself does not qualify as minimum essential health coverage under the federal Affordable Care Act.

## Product Highlights for TransChoice Advance

- Individual and Family coverage available
- No coinsurance, co-pays, waiting period, or deductibles
- Benefits are paid in addition to other insurance (except for workers' compensation)
- No health questions, exams, or blood tests
- Guaranteed renewable through age 74

---

## Rates and Payment Info

- Monthly recurring premium rates are as indicated above.
  - Coverage for enrollment between the 1<sup>st</sup> - 25<sup>th</sup> is effective on the first of the following month. Enrollment between the 26<sup>th</sup> - month end, is effective on the first of the next month. (I.E. enrollment on January 1 - 25th, is effective on February 1. Enrollment on January 26-31st, is effective on March 1)
  - Enrollment in this product requires membership in DSWA.
  - Your first payment will be collected from your credit/debit card upon enrollment.
  - Future payments will be collected on the 25th of each month thereafter, after your effective date.
-

## Product Details

### Daily In-Hospital Indemnity Benefit

Pays each day an insured 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

max. 31 days

### INCLUDED RIDERS:

#### Emergency Room Sickness Benefit

Pays each day an insured 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.

\$50

max. 2 days

#### Outpatient Diagnostic Lab Test Benefit

Pays each day an insured 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.

\$25

max. 2 days per calendar year

#### Outpatient Select Diagnostic Test Benefit

Pays each day an insured person undergoes an outpatient X-ray, ultrasound, Electroencephalogram (EEG), or sleep study for the purpose of diagnosis for a covered accident or sickness.

\$125

max. 1 day per calendar year

#### Outpatient Adv. Studies Diagnostic Benefit

Pays each day an insured 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.

\$500

max. 1 day per calendar year

#### Outpatient Office Visit Benefit

Pays each day an insured 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

max. 6 days per calendar year

#### Inpatient Mental/Nervous Disorder Benefit

Pays each day an insured 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

max. 31 days per calendar year / 60 days lifetime

## Inpatient Drug/Alcohol Addiction Benefit

\$100

Pays each day an insured 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.

max. 31 days per calendar year / 60 days lifetime

## Additional non-Insurance Benefits\* Included:

### Multiplan PPO Network

If an insured person utilizes one of the member providers (hospitals or physicians) in the Multiplan network, then discounts will apply to lower out-of-pocket expenses. Multiplan's network is comprised of more than 550,000 physician locations, approximately 4,000 acute care facilities and nearly 100,000 ancillary care provider locations.

### Member 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, and
- 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	Lancets	Control Solution	Battery	Manual Log Book
Test Strips	Lancing Device	Swabs	Carrying Case	Free Shipping

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.

## Limitations & Exclusions

---

### **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.
- an insured person's abortion, except for medically necessary abortions performed to save the mother's life.
- participation in a felony, riot, or insurrection.
- 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 (However, hospitalization resulting from complications of sexual reassignment would be covered.) Sex change is defined as the usage of hormone treatment and surgery to alter the biological sex of an individual to those of the opposite sex.
- 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 insurance 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.

### **Pre-Existing Condition Limitations**

A pre-existing condition is a condition, regardless of the cause of the condition, for which medical advice,

diagnosis, care or treatment was recommended or received during the 6 months immediately preceding the effective date of the new insurance. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

**Portability Option**

If the member 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.

**Non-Insurance Benefits Disclosure:**

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](http://www.locateproviders.com).

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

This program is not available for residents of MT, VT or WA.

---

**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.**

---

# TransChoice Advance 2

- [Details](#)
- [Pricing](#)

## How TransChoice Advance Plan 2 Works

The base policy pays a specified amount for each day a covered person is confined to the hospital, up to specified maximum limits. Benefit payments go straight to the employee to help with expenses unless they are assigned to health care providers. Through a series of optional riders the policy can provide benefits for a range of other medical situations. By establishing packaged plans, you can keep it simple for your employees to choose the benefit amounts that work best for their individual situations. The proposed packages are described below. The Affordable Care Act and High-Deductible Health Plan Status TransChoice Advance is designed to be an excepted benefit under the Affordable Care Act. It is not major medical insurance or a substitute for that coverage. Instead, it can supplement other health insurance your employees may have. This policy by itself does not qualify as minimum essential health coverage under the federal Affordable Care Act.

## Product Highlights for TransChoice Advance

- Individual and Family coverage available
- No coinsurance, co-pays, waiting period, or deductibles
- Benefits are paid in addition to other insurance (except for workers' compensation)
- No health questions, exams, or blood tests
- Guaranteed renewable through age 74

---

## Rates and Payment Info

- Monthly recurring premium rates are as indicated above.
- Coverage for enrollment between the 1<sup>st</sup> - 25<sup>th</sup> is effective on the first of the following month. Enrollment between the 26<sup>th</sup> - month end, is effective on the first of the next month.  
(I.E. enrollment on January 1 - 25th, is effective on February 1. Enrollment on January 26-31st, is effective on March 1)
- Enrollment in this product requires membership in DSWA.
- Your first payment will be collected from your credit/debit card upon enrollment.
- Future payments will be collected on the 25th of each month thereafter, after your effective date.

---

## Product Details

### Daily In-Hospital Indemnity Benefit

Pays each day an insured 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.

\$300

max. 31 days

## INCLUDED RIDERS:

### Emergency Room Sickness Benefit

Pays each day an insured 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.

\$50

max. 2 days

### Hospital Confinement Benefit

Pays each day an insured 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.

\$250

max. 1 day per confinement - 1 day per calendar year

### Wellness Indemnity Benefit

Pays each day an insured person undergoes a health screening test as defined in the policy.

N/A

### Off-the-Job- Accidental Injury Benefit

Pays each day an insured person receives treatment for a covered accident. Treatment must be provided by a physician within 96 hours of the accident.

\$500

max. 1 day per accident - 5 days per calendar year

### Outpatient Diagnostic Lab Test Benefit

Pays each day an insured person undergoes an outpatient laboratory test performed for the purpose of diagnosis for a covered accident or sickness. Does not include tests covered

\$15

max. 2 days per calendar year

under any other rider.

### **Outpatient Select Diagnostic Test Benefit**

Pays each day an insured person undergoes an outpatient X-ray, ultrasound, Electroencephalogram (EEG), or sleep study for the purpose of diagnosis for a covered accident or sickness.

\$75

max. 1 day per calendar year

### **Outpatient Adv. Studies Diagnostic Benefit**

Pays each day an insured 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.

\$300

max. 1 day per calendar year

### **Outpatient Office Visit Benefit**

Pays each day an insured 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

max. 6 days per calendar year

### **Inpatient Mental/Nervous Disorder Benefit**

Pays each day an insured 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

max. 31 days per calendar year / 60 days lifetime

### **Inpatient Drug/Alcohol Addiction Benefit**

Pays each day an insured 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

max. 31 days per calendar year / 60 days lifetime

## Surgical / Anesthesia Benefit

Pays each day an insured person undergoes surgery, as follows:

Inpatient Surgery	max. \$1000 - 1 day per calendar year
Outpatient Surgery	max. \$500 - 1 day per calendar year
Outpatient Minor Surgery	max. \$100 - 1 day per calendar year
If anesthesia is administered, pays an additional	20%

## Additional non-Insurance Benefits\* Included:

### Multiplan PPO Network

If an insured person utilizes one of the member providers (hospitals or physicians) in the Multiplan network, then discounts will apply to lower out-of-pocket expenses. Multiplan's network is comprised of more than 550,000 physician locations, approximately 4,000 acute care facilities and nearly 100,000 ancillary care provider locations.

### Member 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, and
- 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	Lancets	Control Solution	Battery	Manual Log Book
Test Strips	Lancing Device	Swabs	Carrying Case	Free Shipping

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.

---

## Limitations & Exclusions

---

### **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.
- an insured person's abortion, except for medically necessary abortions performed to save the mother's life.
- participation in a felony, riot, or insurrection.
- 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 (However, hospitalization resulting from complications of sexual reassignment would be covered.) Sex change is defined as the usage of hormone treatment and surgery to alter the biological sex of an individual to those of the opposite sex.
- 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 insurance 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.

### **Pre-Existing Condition Limitations**

A pre-existing condition is a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 6 months immediately preceding the effective date of the new insurance. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

### **Portability Option**

If the member 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.

### **Non-Insurance Benefits Disclosure:**

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](http://www.locateproviders.com).

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

This program is not available for residents of MT, VT or WA.

---

**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.**

---

## **TransChoice Advance 3**

- [Details](#)
- [Pricing](#)

## How TransChoice Advance Plan 3 Works

The base policy pays a specified amount for each day a covered person is confined to the hospital, up to specified maximum limits. Benefit payments go straight to the employee to help with expenses unless they are assigned to health care providers. Through a series of optional riders the policy can provide benefits for a range of other medical situations. By establishing packaged plans, you can keep it simple for your employees to choose the benefit amounts that work best for their individual situations. The proposed packages are described below. The Affordable Care Act and High-Deductible Health Plan Status TransChoice Advance is designed to be an excepted benefit under the Affordable Care Act. It is not major medical insurance or a substitute for that coverage. Instead, it can supplement other health insurance your employees may have. This policy by itself does not qualify as minimum essential health coverage under the federal Affordable Care Act.

## Product Highlights for TransChoice Advance

- Individual and Family coverage available
- No coinsurance, co-pays, waiting period, or deductibles
- Benefits are paid in addition to other insurance (except for workers' compensation)
- No health questions, exams, or blood tests
- Guaranteed renewable through age 74

---

## Rates and Payment Info

- Monthly recurring premium rates are as indicated above.
- Coverage for enrollment between the 1<sup>st</sup> - 25<sup>th</sup> is effective on the first of the following month. Enrollment between the 26<sup>th</sup> - month end, is effective on the first of the next month.  
(I.E. enrollment on January 1 - 25th, is effective on February 1. Enrollment on January 26-31st, is effective on March 1)
- Enrollment in this product requires membership in DSWA.
- Your first payment will be collected from your credit/debit card upon enrollment.
- Future payments will be collected on the 25th of each month thereafter, after your effective date.

---

## Product Details

### Daily In-Hospital Indemnity Benefit

\$500

Pays each day an insured 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.

max. 31 days

## **INCLUDED RIDERS:**

### **Emergency Room Sickness Benefit**

Pays each day an insured 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.

\$100

max. 2 days

### **Hospital Confinement Benefit**

Pays each day an insured 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.

\$1000

max. 1 day per confinement - 1 day per calendar year

### **Wellness Indemnity Benefit**

Pays each day an insured person undergoes a health screening test as defined in the policy.

N/A

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

Pays each day an insured person receives treatment for a covered accident. Treatment must be provided by a physician within 96 hours of the accident.

\$700

max. 1 day per accident - 5 days per calendar year

### **Outpatient Diagnostic Lab Test Benefit**

Pays each day an insured 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.

\$30

max. 2 days per calendar year

### **Outpatient Select Diagnostic Test Benefit**

\$150

Pays each day an insured person undergoes an

max. 2 day per calendar year

outpatient X-ray, ultrasound, Electroencephalogram (EEG), or sleep study for the purpose of diagnosis for a covered accident or sickness.

### **Outpatient Adv. Studies Diagnostic Benefit**

Pays each day an insured 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.

\$600

max. 1 day per calendar year

### **Outpatient Office Visit Benefit**

Pays each day an insured person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness.

\$60

max. 6 days per calendar year

### **Inpatient Mental/Nervous Disorder Benefit**

Pays each day an insured 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

max. 31 days per calendar year / 60 days lifetime

### **Inpatient Drug/Alcohol Addiction Benefit**

Pays each day an insured 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

max. 31 days per calendar year / 60 days lifetime

### **Surgical / Anesthesia Benefit**

Pays each day an insured person undergoes surgery, as follows:

Inpatient Surgery	max. \$1500- 1 day per calendar year
Outpatient Surgery	max. \$750- 1 day per calendar year
Outpatient Minor Surgery	max. \$150- 1 day per calendar year
If anesthesia is administered, pays an additional	20%

## Additional non-Insurance Benefits\* Included:

### Multiplan PPO Network

If an insured person utilizes one of the member providers (hospitals or physicians) in the Multiplan network, then discounts will apply to lower out-of-pocket expenses. Multiplan's network is comprised of more than 550,000 physician locations, approximately 4,000 acute care facilities and nearly 100,000 ancillary care provider locations.

### Member 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, and
- 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	Lancets	Control Solution	Battery	Manual Log Book
Test Strips	Lancing Device	Swabs	Carrying Case	Free Shipping

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.

## Limitations & Exclusions

---

### **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.
- an insured person's abortion, except for medically necessary abortions performed to save the mother's life.
- participation in a felony, riot, or insurrection.
- 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 (However, hospitalization resulting from complications of sexual reassignment would be covered.) Sex change is defined as the usage of hormone treatment and surgery to alter the biological sex of an individual to those of the opposite sex.
- 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 insurance 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.

### **Pre-Existing Condition Limitations**

A pre-existing condition is a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 6 months immediately preceding the

effective date of the new insurance. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

### **Portability Option**

If the member 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.

### **Non-Insurance Benefits Disclosure:**

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](http://www.locateproviders.com).

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

This program is not available for residents of MT, VT or WA.

---

**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.**

---

# TransChoice Advance 4

- [Details](#)
- [Pricing](#)

## How TransChoice Advance Plan 4 Works

The base policy pays a specified amount for each day a covered person is confined to the hospital, up to specified maximum limits. Benefit payments go straight to the employee to help with expenses unless they are assigned to health care providers. Through a series of optional riders the policy can provide benefits for a range of other medical situations. By establishing packaged plans, you can keep it simple for your employees to choose the benefit amounts that work best for their individual situations. The proposed packages are described below. The Affordable Care Act and High-Deductible Health Plan Status TransChoice Advance is designed to be an excepted benefit under the Affordable Care Act. It is not major medical insurance or a substitute for that coverage. Instead, it can supplement other health insurance your employees may have. This policy by itself does not qualify as minimum essential health coverage under the federal Affordable Care Act.

## Product Highlights for TransChoice Advance

- Individual and Family coverage available
- No coinsurance, co-pays, waiting period, or deductibles
- Benefits are paid in addition to other insurance (except for workers' compensation)
- No health questions, exams, or blood tests
- Guaranteed renewable through age 74

---

## Rates and Payment Info

- Monthly recurring premium rates are as indicated above.
- Coverage for enrollment between the 1<sup>st</sup> - 25<sup>th</sup> is effective on the first of the following month. Enrollment between the 26<sup>th</sup> - month end, is effective on the first of the next month.  
(I.E. enrollment on January 1 - 25th, is effective on February 1. Enrollment on January 26-31st, is effective on March 1)
- Enrollment in this product requires membership in DSWA.
- Your first payment will be collected from your credit/debit card upon enrollment.
- Future payments will be collected on the 25th of each month thereafter, after your effective date.

---

## Product Details

### Daily In-Hospital Indemnity Benefit

Pays each day an insured 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.

\$1000

max. 31 days

### INCLUDED RIDERS:

#### Emergency Room Sickness Benefit

Pays each day an insured 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.

\$200

max. 2 days

#### Hospital Confinement Benefit

Pays each day an insured 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.

\$2000

max. 1 day per confinement - 1 day per calendar year

\$150

#### Wellness Indemnity Benefit

Pays each day an insured person undergoes a health screening test as defined in the policy.

Calendar Max. ages 2+ : 1 day

Calendar Max. ages 12 to 24 mo. : 2 days

Calendar Max. ages birth to 12 mo.: 4 days

#### Off-the-Job- Accidental Injury Benefit

Pays each day an insured person receives treatment for a covered accident. Treatment must be provided by a physician within 96 hours of the accident.

\$700

max. 1 day per accident - 5 days per calendar year

#### Outpatient Diagnostic Lab Test Benefit

Pays each day an insured person undergoes an outpatient laboratory test performed for the

\$40

max. 5 days per calendar year

purpose of diagnosis for a covered accident or sickness. Does not include tests covered under any other rider.

### **Outpatient Select Diagnostic Test Benefit**

Pays each day an insured person undergoes an outpatient X-ray, ultrasound, Electroencephalogram (EEG), or sleep study for the purpose of diagnosis for a covered accident or sickness.

\$200

max. 2 day per calendar year

### **Outpatient Adv. Studies Diagnostic Benefit**

Pays each day an insured 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.

\$800

max. 1 day per calendar year

### **Outpatient Office Visit Benefit**

Pays each day an insured person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness.

\$90

max. 6 days per calendar year

### **Inpatient Mental/Nervous Disorder Benefit**

Pays each day an insured 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

max. 31 days per calendar year / 60 days lifetime

### **Inpatient Drug/Alcohol Addiction Benefit**

Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol

\$100

max. 31 days per calendar year / 60 days lifetime

addiction for a minimum of 24 continuous hours.

### **Surgical / Anesthesia Benefit**

Pays each day an insured person undergoes surgery, as follows:

Inpatient Surgery	max. \$2500- 1 day per calendar year
Outpatient Surgery	max. \$1250- 1 day per calendar year
Outpatient Minor Surgery	max. \$250- 1 day per calendar year
If anesthesia is administered, pays an additional	30%

### **Additional non-Insurance Benefits\* Included:**

#### **Multiplan PPO Network**

If an insured person utilizes one of the member providers (hospitals or physicians) in the Multiplan network, then discounts will apply to lower out-of-pocket expenses. Multiplan's network is comprised of more than 550,000 physician locations, approximately 4,000 acute care facilities and nearly 100,000 ancillary care provider locations.

#### **Member 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, and
- 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	Lancets	Control Solution	Battery	Manual Log Book
Test Strips	Lancing Device	Swabs	Carrying Case	Free Shipping

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.

---

## Limitations & Exclusions

---

### **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.
- an insured person's abortion, except for medically necessary abortions performed to save the mother's life.
- participation in a felony, riot, or insurrection.
- 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 (However, hospitalization resulting from complications of sexual reassignment would be covered.) Sex change is defined as the usage of hormone treatment and surgery to alter the biological sex of an individual to those of the opposite sex.
- 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 insurance 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.

### **Pre-Existing Condition Limitations**

A pre-existing condition is a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 6 months immediately preceding the effective date of the new insurance. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

### **Portability Option**

If the member 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.

### **Non-Insurance Benefits Disclosure:**

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](http://www.locateproviders.com).

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

This program is not available for residents of MT, VT or WA.

---

**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.**

