

Important Health Insurance Information

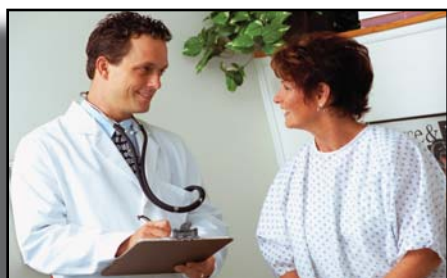
PCIL Advantage Plan



Pennsylvania Council on Independent Living (PCIL) is genuinely pleased and excited to introduce, to all attendants, a group voluntary limited benefit medical insurance plan underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, IA. This program, called TransChoice[®], allows you to choose between two limited health insurance plans, which are designed to provide coverage for basic health care services. We encourage you to review the enclosed information in order to decide which plan is most suitable for your needs. Administration of the plan is provided by Key Benefits Administrators. Policy form Series CP200100/CC200100.

Key Features of the PCIL Advantage Plan

- No Pre-Existing Condition Limitations
- Guarantee Issue
- First Dollar Coverage
- Discounts Available for Network Provider Use
- No Deductibles or Co-insurance
- No Benefit Waiting Periods
- No Coordination of Benefits - Plan pays in **addition** to other insurance you may have



PCIL Advantage Covered Services Include

- Outpatient Physician's Office Visits Indemnity Benefit
- Accidental Injury Care
- PPO Network (Offered by KBA)
- Prescription Benefits (Offered by Envision)
- Nurse Hotline
- Critical Illness
- Daily In-Hospital Indemnity Benefit
- Outpatient Diagnostic, X-Ray, and Lab Indemnity Benefit
- Wellness Exams
- Surgical and Anesthesia Indemnity Benefit
- Discounted Health Services

Pennsylvania Council on Independent Living attendants will use our national call center to enroll in coverage. Our call center is staffed with customer service representatives who will answer benefit questions and immediately enroll you in the plan over the phone.

Your coverage will become effective the 1st of the month following 30 days after enrollment.

Please call 1-800-481-9979 today!

The enrollment center is available between the hours of
8:30 AM to 7:00 PM EST Monday through Friday



To All Attendants: We are very excited to introduce a new package of HEALTH BENEFIT PLANS. **The TransChoice® Group Voluntary Limited Benefit Medical Plan** provides **immediate first dollar coverage with no deductibles and no coinsurance requirements**. This health plan is **fully insured with limited network restrictions** (Network use is required for the Non-Insurance Prescription Plan, New Benefits Card, and PPO Network Benefit Program), offered by Key Benefits Administrator, Inc. Benefits are paid directly to the provider, unless the insured elects for reimbursement of medical benefits.

Included in both plans is the Prescription Plan, New Benefits Card, and PPO Network Benefit Program!

PHARMACEUTICAL BENEFITS - BEST Rx - Provided by Rx Options, Inc. - Network Use Required

Select Generic Drugs - \$10, \$20, or \$50 tier (30-day supply)

Select Brand Name Drugs - \$10, \$20, or \$50 tier (30-day supply)

Non-Select Brand and Generic Drugs - Discounts averaging 19% off the average wholesale price (30-day supply)

No Annual Maximum, No Deductibles, and No Claim Forms

"NEW BENEFITS" CARD - This program offers attendants discounts on health services and provides them with access to medical information

Health Service Discounts: Vision - Save up to 60%

Hearing - Save up to 50% (Network use required)

Medical Information: Access to a 24 hour Nurse Hotline

Access to Counseling services and discounted referrals

PPO BENEFIT - NATIONAL PREFERRED PROVIDER NETWORK (NPPN) - Members have access to a **PPO Network**, which provides discounts on **Hospital** and **Physician** services. Using the **PPO Network** may lower out-of-pocket medical expenses. The **NPPN network** is comprised of more than 450,000 **physician** locations, nearly 4,000 **acute care** facilities, and more than 65,000 **ancillary care** provider locations. Discount available when using a network provider.

PCIL Advantage Plans	PREFERRED	ELITE
Doctor's Office Visits • Calendar Year Maximum	Pays \$50 per Visit, Maximum 5 Visits	Pays \$75 per Visit, Maximum 5 Visits
Preventive Care • Calendar Year Maximum	Pays \$75, After 6 Month Wait 1 Visit Per Year	Pays \$100, After 6 Month Wait 1 Visit Per Year
Accident Benefit • Calendar Year Maximum	Up to \$300 per Occurrence, Maximum 5 Accidents	Up to \$500 per Occurrence, Maximum 5 Accidents
Diagnostic, X-Ray, and Lab • Calendar Year Maximum	Pays \$50 per Visit, Maximum 3 Testing Days	Pays \$75 per Visit, Maximum 3 Testing Days
Surgical Benefit	Pays \$1,000 per Surgery (According to a Schedule)	Pays \$1,500 per Surgery (According to a Schedule)
Anesthesia Benefit	20% of Surgical Benefit	20% of Surgical Benefit
Daily In-Hospital • Calendar Year Maximum	Pays \$200 per Day, 30 Days per Confinement	Pays \$400 per Day, 30 Days per Confinement
Critical Illness and Subsequent Critical Illness	Not Available	Pays \$2,500
Life and AD&D Insurance • Attendant • Spouse (Life Only)	\$5,000 \$2,500	\$5,000 \$2,500
Semi-Monthly Rates		
Attendant:	\$32.83	\$46.80
Attendant + Spouse:	\$51.79	\$78.07
Attendant + Child(ren):	\$50.29	\$74.41
Family:	\$69.25	\$105.65

The TransChoice® plans are underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, IA.

IMPORTANT NOTICE

This is a Benefit Plan highlight sheet and is not intended to be a complete or legal description of the program of benefits. Complete information is available immediately upon request before you enroll through your employer and will also be provided to you in the certificate of insurance or member benefit booklets for the various programs in which you may voluntarily choose to participate. This program is not intended to replace, nor do we recommend that it replace any comprehensive program of insurance in which you currently participate, or are considering participation in.

IMPORTANT NOTICE

This is a Benefit Plan highlight sheet and is not intended to be a complete or legal description of the program of benefits. Complete information is available immediately upon request before you enroll through your employer and will also be provided to you in the certificate of insurance or member benefit booklets for the various programs in which you may voluntarily choose to participate. This program is not intended to replace, nor do we recommend that it replace any comprehensive program of health insurance in which you currently participate, or are considering participation in.

Your coverage will become effective the 1st of the month following 30 days after enrollment.

Enrollment Instructions (Toll-Free 1-800-481-9979):

Call Toll-Free 1-800-481-9979. The enrollment center is available between the hours of 8:30 AM to 7:00 PM EST Monday through Friday.

Please call 1-800-481-9979 to enroll for coverage.

Pennsylvania Council on Independent Living is pleased to offer these benefits in order to promote the health of our attendants.

[Enrollment at your fingertips](#)



TransChoice - Administration Provided by Key Benefit Administrators, Indianapolis, IN.

No benefits will be payable as the result of:

suicide or any attempt thereof, while sane or insane; any intentionally self-inflicted injury or sickness; rest care or rehabilitative care and treatment; immunization shots and routine examinations such as physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings unless the Wellness Benefit is included; routine newborn care, including routine nursery charges; the treatment of mental illness; functional or organic nervous disorder, regardless of cause; alcohol abuse, and drug use, unless such drugs were taken on the advice of a physician and taken as prescribed. In such circumstances and with respect to payment of the Daily In-Hospital Indemnity Benefit, benefits will be limited to no more than 10 days in any calendar year; participation in a riot, civil commotion, civil disobedience, or unlawful assembly; committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation; participation in an organized contest of speed, parachuting, parasailing, bungee jumping, or hang gliding; air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member; any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred); any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change; the reversal of tubal ligation and vasectomies; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law; any loss incurred while on active duty status in the armed forces (if the insured notifies Transamerica of such active duty, Transamerica will refund any premiums paid for any period for which no coverage is provided as a result of this exception); accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made; pre-existing conditions during the first 12 months after the effective date; air or ground ambulance transportation (unless the Ambulance Benefit has been included); routine eye examinations or fitting of eye glasses; hearing aids or fitting of hearing aids; dental examinations or dental care other than expenses resulting from an accident; care or treatment of an accident or sickness not specifically provided for in the plan; any surgical procedure not specifically listed in the Schedule of Surgical Indemnity Benefits; with respect to the Off-the-Job Accidental Injury Benefit only, charges that the covered person is not legally required to pay, or charges which would not have been made if this coverage had not existed; or treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war.

Group Term Life Insurance Policy with Accidental Death & Dismemberment Rider, Underwritten by Transamerica Life Insurance Company, Administrative Office, Little Rock, AR

Exclusions – Group Term Life Policy

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

Exclusions – Accidental Death & Dismemberment Rider

We will not pay any benefits if the loss, directly or indirectly, results from any of the following, even if the means or cause of the loss is accidental:

for suicide or intentionally self-inflicted injury, while sane or insane; for commission of or attempt to commit an assault or felony; for sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness or disease; for injuries received while under the influence of alcohol, a controlled substance or other drugs as defined by the laws of the State where the accident occurs, except as prescribed by a doctor;

- any poison or gas voluntarily taken, administered, absorbed, or inhaled (except in the course of employment);
- flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft;
- any bacterial or viral infection;
- declared or undeclared war, or any act of war; and
- taking part in an insurrection.