

Weiser Security – Custom Plan Design A

Benefits	Plan Pays
Outpatient Physician Office Visit Indemnity Benefit	\$50 per visit; up to 5 visits per calendar year for you and your spouse each, up to 5 visits per calendar year for all children combined
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit	\$50 per day up to 3 days of testing per calendar year, per covered person
Daily In-Hospital Indemnity Benefit	\$300 per day (maximum of 30 days per confinement)
Surgical and Anesthesia Indemnity Benefit	Pays benefit amount shown in the 2,000 Plan Surgical Schedule for the type of surgery performed; pays 20% of the Surgery Benefit for the administration of anesthesia
Prescription Drug Indemnity Benefit	\$10 per prescription for up to 12 prescriptions per calendar year for you and your spouse each, 12 prescriptions per calendar year for all children combined
PPO Network – offered by Key Benefit Administrators (KBA)	You and your covered dependents will receive contracted discounts from the normal fees charged by network physicians, hospitals, and outpatient x-ray and laboratory providers
Employee Discount Card	This card will provide access to a discount Vision Plan, a Nurses Hotline, Counseling Services and discounts for Hearing Aids
Bi-Weekly Premium	
Employee	\$ 24.79
Employee plus Spouse	\$ 44.98
Employee plus Child(ren)	\$ 44.06
Employee plus Family	\$ 64.26

CCH01C/C-A-1005

Policy Form Series CP200100 and CC200100. Underwritten by Transamerica Life Insurance Company, Home Office: Cedar Rapids, IA

Weiser Security – Custom Plan Design B

Benefits	Plan Pays
Outpatient Physician Office Visit Indemnity Benefit	\$50 per visit; up to 5 visits per calendar year for you and your spouse each, up to 5 visits per calendar year for all children combined
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit	\$50 per day up to 3 days of testing per calendar year, per covered person
Daily In-Hospital Indemnity Benefit	\$300 per day (maximum of 30 days per confinement)
Surgical and Anesthesia Indemnity Benefit	Pays benefit amount shown in the 2,000 Plan Surgical Schedule for the type of surgery performed; pays 20% of the Surgery Benefit for the administration of anesthesia
Prescription Drug Indemnity Benefit	\$10 per prescription for up to 12 prescriptions per calendar year for you and your spouse each, 12 prescriptions per calendar year for all children combined
Critical Illness Indemnity Benefits and Subsequent Critical Illness Indemnity Benefit	Up to \$10,000 lump-sum benefit for the initial diagnosis of a covered critical illness and also an additional lump-sum benefit of the same amount for a subsequent and separate covered critical illness
PPO Network – offered by Key Benefit Administrators (KBA)	You and your covered dependents will receive contracted discounts from the normal fees charged by network physicians, hospitals, and outpatient x-ray and laboratory providers
Employee Discount Card	This card will provide access to a discount Vision Plan, a Nurses Hotline, Counseling Services and discounts for Hearing Aids
Bi-Weekly Premium	
Employee	\$ 30.35
Employee plus Spouse	\$ 53.16
Employee plus Child(ren)	\$ 49.98
Employee plus Family	\$ 72.81

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Policy Form Series CP200100 and CC200100. Underwritten by Transamerica Life Insurance Company, Home Office: Cedar Rapids, IA

TransChoice[®] Policy Benefits

The TransChoice, a limited benefit medical insurance policy pays benefits to help cover basic medical expenses.

Outpatient Physician Office Visit Indemnity Benefit

This benefit pays the amount shown on the benefit page per physician's office visit as a result of a covered sickness or accident. Benefits are payable for a maximum of five visits per calendar year for you and your spouse each and a maximum of five visits per year for all children combined.

Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit

This benefit pays the amount shown on the benefit page per testing day for tests performed for the purpose of diagnosis of a covered sickness or accident, as indicated by symptoms that would suggest the covered sickness or injury had occurred. The benefit is limited to three days of testing per calendar year per covered person and is not payable while he/she is confined in a hospital (i.e., it applies to outpatient services only).

Daily In-Hospital Indemnity Benefit

When a covered person is confined in a hospital as a result of a covered sickness or accident, this benefit pays the benefit amount for each day the covered person is confined in a hospital, up to a maximum of 30 days per confinement.

Surgical and Anesthesia Indemnity Benefit

When a covered person undergoes a surgical procedure listed in the Schedule of Surgical Indemnity Benefits in the certificate as a result of a covered sickness or accident, the policy pays the benefit amount shown in the Schedule based on the plan level selected. The anesthesia benefit is 20% of the surgical benefit amount.

If two or more procedures are performed through the same incision or operative field, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

Prescription Drug Indemnity Benefit

This benefit pays the amount shown on the benefit page per prescription when you and your covered dependents incur expenses for prescription drugs prescribed by a physician as a result of a covered sickness or accident. The benefit pays for up to 12 prescriptions per calendar year for you and your spouse each and 12 prescriptions per year for all children combined.

By presenting your Caremark prescription drug discount card to one of Caremark's 55,000 participating providers, you can receive a discount of at least 14% off the retail pharmacy price of brand-name drugs and up to 60% for generic drugs. The discount card will be included in the fulfillment package that you receive from KBA. You will continue to receive the discount even after your TransChoice prescription drug benefit has been used for the year.

Critical Illness Indemnity Benefits and Subsequent Critical Illness Indemnity Benefit (Plan B Only)

When you are diagnosed with a covered critical illness, the appropriate percentage of the amount shown on the benefit page will be paid. Dependent coverage is equal to 50% of your benefit amount. This amount is payable up to two times for each covered person, first under the Critical Illness Indemnity Benefit and then under the Subsequent Critical Illness Indemnity Benefit, and is paid in addition to any other benefits paid by the TransChoice policy. The Subsequent Critical Illness Indemnity Benefit is not payable for Skin Cancer or Carcinoma In Situ.

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

For example: If you are diagnosed with a heart attack, and then you are diagnosed with a stroke more than sixty (60) days later, you will receive the benefit amount selected for each illness. Each benefit is payable one time for each covered person.

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

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

According to this table:

Condition	% of Elected Benefit Amount
Cancer	100%
Heart Attack	100%
Stroke	100%
End Stage Renal Failure	100%
Major Organ Transplant Surgery	100%
Skin Cancer	5%
Carcinoma In Situ	5%

Dependent coverage equal to 50% of this benefit.

Non-Insurance Benefits

Employee Discount Card

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

The discount Vision Plan through the Coast to Coast network allows you to receive discounts of 20% to 60% on eyeglasses, non-prescription sunglasses, contact lenses (including disposables) and frames from over 10,000 independent retail optical locations nationwide. Providers include independent practitioners, regional chains, department store opticals, and the largest chains in the U.S.. Some of these providers are LensCrafters, Pearle Vision, Sears Optical and JC Penney Optical (among others).*

The Nurses Hotline allows telephone 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 Services benefit allows you to speak with a counselor 24 hours a day, 7 days a week regarding any personal problems you may be facing. In addition, if you are referred to one of the 27,000 counseling providers nationwide, you will receive discounts of 25% to 30% off the normal billing charges from those providers.*

The Hearing Aid benefit provides savings of up to 15% off the retail cost on over 70 models of hearing aids, and a free hearing test when utilizing one of the 1,200 participating Beltone® locations nationwide. Or, you can realize savings of up to 50% off suggested retail price on over 90 models of hearing aids in over 1,000 locations nationwide.*

Information on how to access the benefits of the Employee Discount Card will be included in the fulfillment package that you receive from KBA.

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

PPO Network Benefit – offered by KBA

You have the option of accessing the Preferred Provider Network (PPO). If you utilize one of the member providers (hospitals or physicians) in the National Preferred Provider Network (NPPN), then discounts will apply that could lower out-of-pocket expenses. NPPN's network is comprised of more than 700,000 physician locations, approximately 4,400 acute care facilities, and more than 100,000 ancillary care provider locations. This network is provided by Plan Vista Solutions.

In the state of Indiana the PPO network is provided by IHN. As Indiana's largest PPO, IHN has more health care providers than any other PPO Network in the state. The IHN network is comprised of 142 general acute care hospitals, over 25,000 physician locations and over 1,500 ancillary facilities.

The PPO discounts continue to apply to the member's medical bills even after the TransChoice benefits have been exhausted.

Information on accessing either of these networks will be included in the fulfillment package that you receive from KBA.

Limitations and Exclusions - TransChoice

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.