

Important Employee Benefit Information

Provided by The American Worker®



With The American Worker you have the choice to enroll in one of three plan options which are designed to provide indemnity benefits coverage for basic health care services. The plan also provides unlimited access to prescription drug discounts, as well as the option to purchase dental coverage. Please take a moment to review the information in this brochure in order to decide which plan is most suitable for you and your eligible family members.

KEY FEATURES OF THE LIMITED BENEFIT

HOSPITAL INDEMNITY INSURANCE*

- Guaranteed Acceptance
- First Dollar Coverage
- No Pre-existing Condition Limitations
- No Deductibles, Coinsurance or Co-pays
- No Networks Required for Medical Benefits
 - Rx benefits require network use
- No Medical Benefit Waiting Periods
- No Coordination of Benefits - Plan pays in **addition** to other insurance you may have



COVERED SERVICES INCLUDE

- Doctor's Office Visits
- Diagnostic Tests, X-Rays, and Lab Work
- Wellness Exams
- Emergency Room Sickness
- Discounted Health Services
- Accidental Injury Care
- Hospital Stays
- Surgical Procedures
- Prescription Benefits
- PPO Network

*Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPCH0200 and CCCH0200. Administration provided by Key Benefit Administrators Inc, Fort Mills, SC.

For your convenience, you will have access to The American Worker's national call center. The call center is staffed with customer service representatives should you have questions concerning the benefits being offered or want to enroll.

2011 Open Enrollment

Friday, June 3, 2011 — Wednesday, June 15, 2011

Coverage becomes effective July 1, 2011

Call 800-481-9979 to enroll

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



To All Employees: We are pleased to introduce a new package of HEALTH BENEFIT PLAN OPTIONS. **The TransChoice® Plus Group Voluntary Limited Benefit Hospital Indemnity Insurance** provides **immediate first dollar coverage with no deductibles and no coinsurance requirements.** This policy is **fully insured with limited network restrictions** (Network use is required for the Non-Insurance Prescription Card, New Benefits Discount Program and PPO Network Benefit). Benefits are paid directly to the provider, unless the insured elects for reimbursement of medical benefits.

All plan options include the Non-insurance Prescription Card, New Benefits Discount Program and PPO Network!

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, No Claim Forms, Accepted at over 43,000 Pharmacies nationwide

HEALTH SERVICE DISCOUNT CARD - Provided by NEW BENEFITS - Network Use Required
 The New Benefits discount card offers access to a vision and hearing plan as well as a nurse hotline and counseling services.
Vision Care: Save up to 60% on eye exams, glasses, contacts and surgical procedures through the coast-to-coast network.
Hearing: Receive a free hearing screening and up to 15% savings on over 70 hearing aid models at participating Beltone® locations
Nurse Hotline: Telephone access to experienced registered nurses 24 hours a day, 365 days a year
Counseling Service: Speak with counselors 24 hours a day, 365 days a year. Save up to 30% on referrals to participating providers

PPO BENEFIT - THE MULTIPLAN NETWORK - Network Use Required
 Members have access to a PPO Network, which provides savings on Hospital and Physician services. Using the PPO Network may lower out-of-pocket medical expenses. The MultiPlan Network includes nearly 550,000 healthcare professionals, over 4,000 hospitals and more than 95,000 ancillary care facilities. To find a network provider visit www.multiplan.com or call (800) 672-2140.

INDEMNITY BENEFITS	STANDARD	PREFERRED	ELITE
Doctor's Office Visits	\$300 per Person per Year, Plan Pays \$50 per Visit	\$420 per Person per Year, Plan Pays \$70 per Visit	\$540 per Person per Year, Plan Pays \$90 per Visit
Wellness Benefit	\$50 per Person per Year, Plan Pays \$50 per Visit	\$75 per Person per Year, Plan Pays \$75 per Visit	\$100 per Person per Year, Plan Pays \$100 per Visit
Off the Job Accidental Injury Benefit	N/A	\$1,500 per Person per Year, Plan Pays 100% up to \$300 per Occurrence	\$2,500 per Person per Year, Plan Pays 100% up to \$500 per Occurrence
Outpatient Diagnostic, X-Ray, and Lab	\$200 per Person per Year, Plan Pays \$50 per Test Day	\$300 per Person per Year, Plan Pays \$75 per Test Day	\$600 per Person per Year, Plan Pays \$150 per Test Day
Emergency Room Sickness	\$100 per Person per Year, Plan Pays \$50 per Visit	\$100 per Person per Year, Plan Pays \$50 per Visit	\$200 per Person per Year, Plan Pays \$100 per Visit
Surgical Benefit	Pays up to \$500 per Surgery (According to a Schedule)	Pays up to \$1,000 per Surgery (According to a Schedule)	Pays up to \$1,000 per Surgery (According to a Schedule)
Anesthesia Benefit	Plan Pays 20% of Surgical Benefit	Plan Pays 20% of Surgical Benefit	Plan Pays 20% of Surgical Benefit
Daily In-Hospital Indemnity	\$3,000 per Person per Year, Plan Pays \$100 per Day	\$9,000 per Person per Year, Plan Pays \$300 per Day	\$15,000 per Person per Year, Plan Pays \$500 per Day
Bi-Weekly Rates			
Employee:	\$26.20	\$39.26	\$53.22
Employee + Spouse:	\$38.33	\$62.76	\$88.71
Employee + Child(ren):	\$36.61	\$58.66	\$81.49
Family:	\$48.87	\$82.40	\$117.36

This enrollment guide gives an overview of the benefit plans you are eligible for as an employee of Partners in Community Supports. A complete legal description is available upon request prior to enrolling. If there is any discrepancy between this guide and the official plan documents, the plan documents govern. **This program is not intended to replace, nor do we recommend it replace any comprehensive program of insurance in which you currently participate, or are considering participation in.**



The optional dental benefit plan can be purchased with or without participation in a medical plan. The dental plan is fully insured and has no network restrictions, so members can choose any provider for service.

Optional Dental Benefit		
Annual Maximum Benefit	\$500 per Covered Member	
Annual Deductible	\$50 per Covered Member	
Covered Services	Waiting Period	Coinsurance
TYPE I Services: Preventive and Diagnostic Oral Exams, Cleanings, Fluoride Treatments, etc. Deductible does not apply	None	Covered at 100% (Usual and Customary)
TYPE II Services: Basic Treatment X-Rays, Fillings, Simple Extractions, etc.	3 Months*	Covered at 80% (Usual and Customary)
TYPE III Services: Major Treatment Crowns, Inlays, Onlays, Dentures, Bridges, etc.	12 Months*	Covered at 50% (Usual and Customary)
Bi-Weekly Rates		
Employee:	\$10.76	
Employee + Spouse:	\$20.33	
Employee + Child(ren):	\$20.64	
Family:	\$32.26	

Frequently Asked Questions - Limited Medical Plans and Dental Benefits

When can I enroll?

Current employees must enroll during the annual open enrollment period or within 31 days of experiencing a Qualifying Event.

Which insurance company pays my medical and dental claims?

Medical: Transamerica Life Insurance Company
Little Rock, AR

Dental: Security Life Insurance Company
Minnetonka, MN

Will I receive an ID card?

Yes, all enrollees will receive a packet of information that includes ID cards, a Summary of Benefits and Certificate Booklet. Those who enroll in a medical plan will also receive ID cards and information on the Best Rx and New Benefits health service discount program. The packets will be mailed to your home address.

Who can I contact if I have questions about my benefits?

Contact a Member Services representative, toll-free, at 866-867-6883 to assist you. Member Services is available Monday through Friday from 8:30 AM to 7:00 PM EST.

Can I use any doctor or hospital?

Yes, you can use any licensed doctor or accredited hospital you choose and you will receive the same benefits from Transamerica. However, if you wish to receive discounts you have to use The MultiPlan Network. Locate providers in your area at www.multiplan.com. There is no network associated with the dental benefit.

How do I submit a claim?

At the time of service, present your Transamerica ID card to the provider and request the provider file the claim directly with Transamerica. If the provider is unwilling to file the claim on your behalf, you can submit the claim and be reimbursed.

How do I use my prescription benefits?

Present your Rx ID card to the pharmacy when dropping off your prescription. The pharmacy will process the claim at the point-of-sale. There are no claim forms for the drug program. Note: You must use a network pharmacy to access benefits.

How are benefits paid?

Benefit maximums are paid according to the calendar year, not on a plan year basis.

TransChoice Plus Limitations & Exclusions

With respect to all of the benefits provided under this Certificate, no benefits will be payable as the result of:

1. suicide or any attempt thereof, while sane or insane;
2. any intentionally self-inflicted Injury or Sickness;
3. rest care or rehabilitative care and treatment;
4. 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 shown on the Schedule;
5. routine newborn care, including routine nursery charges;
6. the treatment of:
 - mental illness;
 - functional or organic nervous disorder, regardless of cause;
 - alcohol abuse;
 - drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed. In such circumstances, and with respect to payment of the Daily In-Hospital Indemnity Benefit, benefits will be limited to no more than 10 days in any Calendar Year;
7. participation in a riot, civil commotion, civil disobedience, or unlawful assembly;
8. committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
9. participation in:
 - an organized contest of speed;
 - parachuting;
 - parasailing;
 - bungee jumping; or
 - hang gliding;
10. air travel, except:
 - as a fare-paying passenger on a commercial airline on a regularly schedule route; or,
 - as a passenger for transportation only and not as a pilot or crew member;
11. 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 a Physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the Accident occurred);
12. any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;
13. the reversal of tubal ligation and vasectomies;
14. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician's services, unless required by law;
15. any loss incurred while 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);
16. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or Workers' Compensation carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation act;
17. air or ground ambulance transportation, unless the Ambulance Benefit is shown on the Schedule;
18. routine eye examinations or fitting of eye glasses;
19. hearing aids or fitting of hearing aids;
20. dental examinations or dental care other than expenses resulting from an Accident (does not apply to procedures involving the bones or joints of the jaw, face or head);
21. care or treatment of an Accident or Sickness not specifically provided for in this plan;
22. 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
23. treatment of an Accident or Sickness made necessary by or arising from war, declared or undeclared, or any act of war.

Security Life Dental Limitations and Exclusions

Benefit Provisions, Limitations and Exclusions

Eligible Expenses - We will pay for Eligible Expenses You Incur for Yourself or on Behalf of Your Insured Dependent. Expenses must be incurred while the Policy is in force and the person is covered by the Policy. The description of Eligible Expenses is shown in the Coverage Schedule. To be an Eligible Dental Expense, the dental service or procedure must be performed by a licensed Dentist, Physician, or Dental Hygienist.

Security Life Dental Limitations and Exclusions Continued

Expenses Incurred - An Eligible Dental Expense is considered incurred on the following dates:

- For full and partial dentures - the date the final impression is taken;
- for fixed bridges, crowns, inlays and onlays - the date the teeth are first prepared
- for root canal therapy - the date the pulp chamber is opened;
- for periodontal surgery - the date surgery is performed;
- for all other services - the date the service is performed.

Deductible Amount - The calendar year Deductible, if any, is shown in the Coverage Schedule. The Deductible is an amount of eligible charges you must incur for Yourself or on behalf of Your insured Dependent(s) before we can begin paying benefits.

Calendar Year Maximum - The maximum limit payable for all Eligible Expenses in any calendar year is shown in the Coverage Schedule. The Maximum Calendar Year Limit, if any, will apply to each person covered under the Policy.

Pretreatment Review - If the Course of Treatment will exceed the amount shown in the Coverage Schedule, We will request prior review. We must be given the Dentist's treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays. We will determine Eligible Expenses and state how much We will pay for the treatment. Our determination may suggest an alternate, less expensive Course of Treatment if it will produce professionally satisfactory results. If You do not request a pretreatment review, We will pay for the least expensive method of treatment regardless of the method actually used.

Alternate Benefit - If:

- 1) We will determine that a less expensive alternate procedure, service or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and
 - 2) the alternative treatment will produce a professionally satisfactory result;
- then the maximum We will allow will be the charges for the less expensive treatment.

Missing Tooth - When covered under your plan, benefits are provided for placement of dentures; fixed bridgework, implants or the addition of teeth to existing dentures only when the service includes replacement of a natural tooth extracted or lost while covered under this plan. This limitation ends after the individual receiving care has been covered under this plan for 36 consecutive months.

Dental Expenses Not Covered

- for overdentures and associated procedures;
- for charges in excess of those considered Reasonable and Customary;
- for cosmetic procedures;
- for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
- for implants and for replacement of stolen appliances, replacement of retainers, athletic mouthguards, precision or semi precision attachments, denture duplication;
- for sealants;
- for oral hygiene instructions; and for: plaque control, completion of a claim form, acid etch, broken appointments, prescription or take-home fluoride, or diagnostic photographs;
- for services not completed by the end of the month in which coverage ends unless continuation of coverage has been requested and accepted by Us;
- for procedures that are begun, but not completed;
- for services and treatment provided without charge, or for which there would be no charge in the absence of insurance;
- for services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
- for a condition covered under any Worker's Compensation Act or similar law;
- that are applied toward satisfaction of a Deductible, if any;
- that are generally considered by the dental profession as experimental or investigational;
- for the treatment of cleft palate and anodontia;
- for services or supplies payable under any medical expense plan;
- for orthodontia, unless included within the Coverage Schedule;
- prior to the date the Insured is covered under the Policy;
- for the diagnosis or treatment of Temporomandibular Joint Dysfunction (TMJD);
- for hospital services;
- for any unmarried child 19 years of age and over unless he is dependent upon You for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours for credit in an accredited junior college, college or university. Any exception for a full-time student will end at age 23;
- during a waiting period We require, when Your voluntarily end Your insurance You will not be eligible to re-enroll for a period of 2 years after the date Your coverage first ended;
- charges for infection control, sterilization, and waste disposal.

Credit for Prior Coverage

Credit towards satisfaction of any waiting period class may be given for the length of time an employee was covered under the employer's prior dental insurance plan, provided there is no interruption in coverage between the prior plan and the replacement plan. The insured applying for CPT must have been covered for the same benefit classes under the prior plan in order to receive credit under the new plan. In other words, if the employer's prior plan did not provide Major or Orthodontic class coverage and the new plan provides both, CPT may not be given for the class not previously provided.

CPT is given individually to each person (employee, spouse or child) covered. Any new employee and/or dependents added on or subsequent to the group's effective date of this coverage, will not receive CPT.

The agent has no authority to grant CPT or to waive the waiting period provision of the Plan.

Underwritten by: Security Life Insurance Company of America, 10901 Red Circle Drive, Minnetonka, MN 55343.