

EliteSeries Chamber Program



Sponsored By Your Local Chamber of Commerce

About The Program

The EliteSeries Chamber Program is a benefit package available to members of NationalWay association and has been designed for employer groups, their employees and their families. The program includes TransChoice® Plus group limited benefit hospital indemnity insurance and group term life insurance, both underwritten by Transamerica Life Insurance Company. Group accident and disability benefits and other non-insurance health and lifestyle benefits are also included from other providers. The program features competitive rates that are guaranteed to be issued regardless of any pre-existing health conditions. Members can choose from four different benefit options and have the option to add additional insurance plans for Dental and Prescription. Choose the package and the options that meets your and your family's needs. Employer Groups under 100 eligibles may select from any two side by side Elite benefit levels.

NOTE: This brochure does not include every benefit, limitation, adjustment, or exclusion provision of the actual contracts. The Group Master Policy for each product determines the complete terms of the group benefits described in this brochure. You will receive a certificate with a complete descriptions of the plan(s) should you elected to enroll. If any language in this brochure conflicts with any of the provisions of either the Group Master Policy or the certificate, then the terms of that Group Master Policy or certificate will control.

For More Information Contact:

You must be an association member to be eligible for this coverage. Please refer to the certificates of insurance for benefit details, limitations, and exclusions.



Group Limited Benefit Hospital Indemnity Insurance		Elite 300	Elite 500	Elite 750	Elite 1000	
TransChoice® Plus is underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPCH0200 and CCCH0200						
Daily In-Hospital Indemnity Benefit When a covered person is confined in a hospital as a result of a covered sickness or accident, the policy pays a scheduled amount up to \$1,000. Benefits are paid for each stay over 23 hours the covered person is confined in a hospital for a maximum confinement or a maximum amount of \$100,000 per covered person per calendar year.		\$300 \$100,000 max per year	\$500 \$100,000 max per year	\$750 \$100,000 max per year	\$1,000 \$100,000 max per year	
Intensive Care Benefit (Per Day) If you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, the daily benefit amount shown will be paid for a maximum of 30 days. This benefit pays in addition to the Daily Hospital Confinement Benefit.		\$300 per day	\$500 per day	\$700 per day	\$1000 per day	
Surgical Indemnity Benefit When a covered person undergoes a surgical procedure listed in the Table of Surgical Indemnity Benefits as a result of a covered accident or sickness, the policy pays the benefit amount shown in the Table based on the package level selected. The available package levels range from \$1,000 to \$5,000 per surgical visit.		up to \$1,000	up to \$3,000	up to \$5,000	up to \$5,000	
Emergency Room Sickness Benefit Pays the benefit amount per visit to hospital emergency room due to sickness; maximum of 4 visits per calendar year		\$50 4 visits per year	\$100 4 visits per year	\$200 4 visits per year	\$200 4 visits per year	
Anesthesia Indemnity Benefit 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 with the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, amount payable will be the specified amount for the primary procedure plus half of the amount payable for all other surgical procedures.		20%	20%	20%	20%	
Ambulance Indemnity Benefit Pays \$100 to \$300 per trip in an ambulance. Maximum of three trips per covered person per calendar year with a lifetime maximum of six trips. Treatment must be received within 72 hours of the accident or onset of sickness and must be provided by a licensed ambulance company.		\$100 per trip up to 3 per year	\$200 per trip up to 3 per year	\$300 per trip up to 3 per year	\$300 per trip up to 3 per year	
Daily Inpatient Drug & Alcohol Indemnity Benefit Pays \$100 to \$200 per day if a covered person is confined as an inpatient in a rehabilitation facility for substance abuse. The maximum benefit per covered person is for 30 days. The daily benefit must be equal to or less than the Daily Inpatient Hospital Benefit amount.		\$100 per day	\$100 per day	\$200 per day	\$200 per day	
Outpatient Physician Office Visit Indemnity Benefit Pays \$50 to \$100 per physician's office visit as a result of a sickness or accident. The maximum benefit per covered person each calendar year is eight (8) visits or up to \$800.		\$50 8 visits per year	\$70 8 visits per year	\$80 8 visits per year	\$100 8 visits per year	
Outpatient Diagnostic X-Ray & Laboratory Indemnity Benefit Pays \$50 to \$100 per testing day basis for tests performed. The maximum benefit per covered person per calendar year is four test days or \$200 to \$400. Not payable while confined in a hospital.		\$50 per test day	\$100 per test day	\$100 per test day	\$100 per test day	
Daily Inpatient Mental & Nervous Indemnity Benefit Pays \$100 to \$200 per day if a covered person is confined as an inpatient in a rehabilitation facility for a mental or nervous condition. The maximum benefit period per covered person per calendar year is 30 days. The daily benefit must be equal to or less than the Daily Inpatient Hospital Benefit amount. The lifetime maximum for this benefit is \$30,000.		\$100 per day	\$100 per day	\$200 per day	\$200 per day	
Daily Skilled Nursing Benefit Pays 20% of the daily inpatient hospital benefit per day a covered person is confined in a qualified skilled nursing facility for a maximum of 30 days per calendar year, and a 90 day lifetime maximum.		20% of daily in hospital	20% of daily in hospital	20% of daily in hospital	20% of daily in hospital	
Critical Illness Indemnity Benefit Benefit per initial positive diagnosis of a covered critical illness and an additional lump-sum benefit of the same amount for a subsequent and separate covered critical illness.		\$5,000	\$7,500	\$7,500	\$10,000	
Group Term Life Insurance is underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CP100200, CC100400 and CR101100						
Group Term Life Insurance Policy Pays in the event of a death through accident or illness.	All plans Children \$2,500 15 days to 6 months \$250	Primary Spouse	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000	\$35,000 \$10,000
Accident Death & Dismemberment Rider AD&D Coverage is not available to dependent children.		Primary Spouse	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000	\$35,000 \$10,000

This policy is not intended to replace, and we do not recommend that it replace, any comprehensive program of health insurance in which you currently participate or are considering.

Additional Association Benefits		Elite 300	Elite 500	Elite 750	Elite 1000
Accident Expense Benefit Your association membership provides an additional group accident insurance benefit that pays up to maximum per person, per injury for each association member, after a \$100 per accident, per person deductible per incident.		\$2,500	\$7,500	\$10,000	\$10,000
Accidental Death & Dismemberment Your association membership provides an additional group accidental death and dismemberment insurance benefit that pays up to the maximum of the program chosen. Accident injury pays per injury for each member of the family Accidental Dismemberment for loss of limb or sight according to the schedule.		\$5,000	\$25,000	\$50,000	\$50,000
Accidental Disability Insurance (26 wk Max) In the event of a medical accident that results in member not being able to perform his/her job function, after a 90 day waiting period, this benefit will pay up to \$250.00 per week for up to 26 weeks. Accident Disability Benefit available only in Elite 500, 750, 1000.		N/A	\$250 per wk	\$250 per wk	\$250 per wk
United States Fire Insurance Company (a division of Crum & Forster). Fairmont Specialty (division of Crum & Forster). Crum & Forster is rated A- (Excellent) by AM Best Company					

Additional Association Benefits (Included in all levels) Non-Insurance Benefits

<p>MultiPlan PPO Network Provided by MultiPlan With the MultiPlan Network, you have access to thousands of hospitals, practitioners and ancillary facilities who have agreed to significant discounts on their medical services. The MultiPlan Network averages discounts of 39 percent for physicians and specialists.</p>	<p>Recreation Program Provided by New Benefits Through the Recreation program, members enjoy up to 50% savings at a wide variety of activities, including family amusement, bowling facilities, laser tag, white-water rafting, museums, arcades, sporting events, cultural events, high adventure trips and much more.</p>
<p>Nurse Hotline Provided by New Benefits Good health starts with asking questions and knowing where to go for the answers. Nurse Hotline offers toll-free access to experienced registered nurses, 24 hours a day, 365 days per year. Our hotline nurses are an immediate, reliable and caring source of health information, education and support.</p>	<p>Lab and Imaging Provided by One Call Medical The Lab & Imaging Network averages savings between 40% to 70% of the usual price. The nationwide network of testing facilities is vast and includes all the well known, accredited companies including the well known LabCorp.</p>
<p>Vision Provided by Coast to Coast Vision Family members will receive immediate savings on all your eye-care needs including exams, frames, lenses and contacts. Expect to save 20- 60% on designer frames. Honored at more than 12,000 locations nationwide including Sears Vision Centers, J.C. Penneys, Pearle Vision Centers, Texas State Optical, Lens Crafters and many more.</p>	<p>Fitness Advantage Provided by Fitness Club Network Fitness Advantage offers an opportunity to get a head start on a healthier lifestyle through access to International Fitness Club Network (IFCN), a network of high quality health and fitness clubs at affordable rates.</p>
<p>Hearing Aids Provided by New Benefits Enjoy access to a variety of hearing programs providing hearing aid discounts of 15% to 58% in retail locations nationwide and discounts of 40% to 60% through the mail order program.</p>	<p>Grocery Coupons Provided by New Benefits Members save money by ordering their favorite brand name grocery coupons anytime. Members can access the website 24 hours a day to request and receive pre-clipped manufacturers coupons for grocery and related items of their choice</p>
<p>WorldDoc Provided by WorldDoc WorldDoc offers online health decision support services that empower people to make better health care choices. Using an online, interactive graphical and text based system, WorldDoc easily helps people decide what they may have and what they should do for medical problems like cough, red eye, high blood pressure, asthma, or knee pain.</p>	<p>Financial Help Line Provided by New Benefits Financial problems plague a significant portion of Americans. From the most basic questions to the more complex, our accredited financial counselors can help. Debt, health care expenses, housing issues, credit card spending, taxes, college funding, retirement planning, are just some of the issues that our members can get help with.</p>
<p>Identity Theft Check Up Provided by IDWatchDog ID Watchdog's patent pending technology searches over 10,000 databases for signs of identity theft. You will immediately receive an Identity Profile Report that can identify possible signs of fraud.</p>	<p>Tax Help Line Provided by New Benefits Members of the Tax Help Line will have access to unlimited tax advice, prior year tax return review and free tax return preparation for forms 1040 EZ, 1040A and standard 1040. Tax Help Line provides members with access to discounts on numerous tax return schedules and forms.</p>
<p>TelaDoc Provided by TelaDoc TelaDoc is a national network of board certified physicians providing cross coverage consultations 24 hours a day, 365 days a year. TelaDoc physicians use electronic health records [EHRs] and telephone consultations to diagnose, recommend treatment and write short-term non-DEA controlled prescriptions, when appropriate.</p>	<p>Legal Services Provided by New Benefits The legal benefit is provided by a nationwide discount legal referral service. Attorneys in our network have an average of 19.4 years of experience.</p>
<p>Emergency Travel & Assist Provided by World Wide Travel Assistance Network Emergency Air Ambulance & Travel Assist is a Worldwide benefit and is applicable when you are 100 miles or more away from home. Benefits are available for illness or accident emergencies when you are away from home, or in another country.</p>	<p>Family Consultation Services Provided by New Benefits "Life happens" in many different ways and Family Consultation Services responds with real solutions. Our comprehensive telephone consultation provides you with research and referral information for child care, elder care and care for people with disabilities.</p>
<p>Pet Care Provided by Pet Assure The Pet Care Savings Program is designed to save members money on everything for their special family member - their pet! All the pets in the household can take advantage of this program. The Pet Care Savings Program is not insurance.</p>	<p>Auto Maintenance Provided by New Benefits Features nationwide 10% discounts on auto maintenance such as exhaust system repair, brake system repair, shocks and struts, coil springs, CV joints, front-end alignment, auto bodywork, paint services, oil changes and many more</p>
<p>Discount Prescription Card Provided by MedImpact You will receive 55-65% off AWP discount for your generics, and 15% off AWP for name brand prescription drugs at your local pharmacy. The Prescription Card is accepted by most local and chain pharmacies throughout the U.S. Members pay wholesale cost plus a small dispensing fee. 90-day supply mail order plans are available.</p>	<p>VIP Health & Wellness Provided by New Benefits Vitacost.com is your one-stop shop for thousands of top brand vitamins, supplements, herbs, organics and natural health care products at up to 80% off retail everyday. Choose from over 400 brands and 12,000 items in stock and enjoy savings of 10% on already low prices. DermStore.com is the premier online retail destination for skin care brands ranging from spa exclusive brands, physician-strength brands and hard-to-find specialty brands along with expert advice and esthetician recommended regimens.</p>

Optional Insured Benefits

Insured Dental Program*

The Enhanced Dental Program provides Preventive and Diagnostic benefits and a \$10 co-pay. Benefits are paid according to a schedule up to \$1,000 per covered person per calendar year for Basic and Major dental procedures. The member can choose a dental provider of his/her choice or utilize in-network providers. If the covered person chooses an in-network dental provider his/her out-of-pocket costs can be substantially lower.^{1,2}

Brief Highlights

Preventive Care - No Waiting Period **Diagnostic** - No Waiting Period **Basic Procedures** - No Waiting Period **Major Procedures** - 6 Month Waiting Period **Orthodontics for dependent children under age 19** - No Waiting Period (Network Savings) **\$100 lifetime deductible per individual**

Except as noted below, coverage is underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company. Madison National, rated A- (Excellent) by A.M. Best, is a Member of the IHC Group. In New York and New Hampshire, coverage is underwritten by Standard Security Life Insurance Company of New York, also rated A- (Excellent), also a Member of the IHC Group. Policy form MNL-ADEN-POL 0905 or SSL-ADEN-POL 0905. The IHC Group has been providing life, health and stop-loss insurance solutions for over 25 years.

¹ PPO plans are not available in the state of Texas, and North Carolina. Texas members utilize DenteMax as a contracted network provider source.

² Out-of-network charges in excess of the network fee, or Maximum Allowable Charge (MAC) are the responsibility of the insured person.

SaveNow Rx Prescription*

SaveNow Rx is one of America's few stand alone insured prescription programs that is guaranteed to be issued regardless of any pre-existing prescription use. The program is unique because it has two components. The first component is a fully insured generic co-pay prescription card, insured by Companion Life Insurance Company. The insurance portion of the program, makes available generic prescriptions where you pay only a \$3 to \$15 co-pay. The second component is a powerful International Mail Order Pharmacy program. This component is a non-insurance mail order program that provides a fixed cost for over 600 name brand and maintenance drugs.

Exclusions & Limitations

- All Brand Name Medications are excluded from the Co-pay option
- All new generic medications are excluded for the first year
- Over the counter medications not available.
- Additional excluded drugs and supplements listed in online brochure.

Monthly Max Benefit

Individual Max: \$150 per member per month, \$1,800 per member per year
Family Max: \$450 per family per month, \$5,400 per family per year

Group Limited Benefit Hospital Indemnity Insurance Policy

No benefits will be payable as the result of

- In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage;
- any intentionally self-inflicted injury or sickness;
- rest care or rehabilitative care and treatment (unless provided as a benefit on the Schedule of Benefits);
- 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 (unless covered under the Wellness Indemnity Benefit);
- the treatment of mental illness; functional or organic nervous disorder, regardless of cause (unless the daily Inpatient Mental and Nervous Benefit is shown on the Schedule of Benefits); alcohol abuse; and drug use, unless such drugs were taken on the advice of a physician and taken as prescribed (unless the daily inpatient Drug and Alcohol Benefit is shown on the Schedule of Benefits);
- 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 or vasectomy;
- 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;
- 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;
- with respect to the Off-the-Job Accidental Injury Benefit only, charges that the insured 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.

Termination

Your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which You cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Policy terminates; or
4. The last day of the payroll deduction period during which You terminate employment.

The insurance on a Dependent will cease on the earliest of:

1. The date Your coverage terminates;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Dependent no longer meets the definition of Dependent; or
4. The date the Policy is modified so as to exclude Dependent coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of Your employment or membership, such termination will be without prejudice to any Hospital Confinement which commenced while coverage was in force, with respect to Daily In-Hospital Indemnity Benefits; or any covered treatment or service for which benefits would be provided and which commenced while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or Disabled. Such Extension of Benefits will continue for up to the earlier of 30 days; or The date on which the Covered Person is no longer Disabled.

Group Term Life Insurance Policy with AD&D Rider

Exclusions—Group Term Life Insurance Policy (Policy form series CP100200, CC100400 and CR101100)

Suicide Exclusion: We will not pay a death benefit if an insured dies by suicide, while sane or insane, within two years of the date his or her insurance starts. If the insured or his or her spouse die 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—AD&D 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:

- In the event of suicide, the Company's liability may be limited to only the return of premiums

paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage;

- commission of or attempt to commit an assault or felony;
- sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness or disease;
- injuries received while under the influence of alcohol, a controlled substance or other drugs as defined by the laws of the state where the accident occurs, except as prescribed by a doctor;
- any poison or gas voluntarily taken, administered, absorbed or inhaled (except in the course of employment);
- flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft;
- any bacterial or viral infection;
- declared or undeclared war, or any act of war; and
- taking part in an insurrection.

This Rider stops on the member's 70th Birthday.

Dental Exclusions & Limitations

Premium Changes

The Insurance Company reserves the right (subject to state specific requirements) to change the premium upon 31 days prior written notice.

EXCLUSIONS AND LIMITATIONS FROM COVERAGE

Benefits will not be paid for dental expenses arising from or in connection with:

1. Treatment, services or supplies which:
 - (a) Are not Medically Necessary;
 - (b) Are not prescribed by a Dentist;
 - (c) Are determined to be Experimental/Investigational in nature by Us;
 - (d) Are received without charge or legal obligation to pay;
 - (e) Would not routinely be paid in the absence of insurance;
 - (f) Are received from any Family Member;
 - (g) Are not Covered Procedures.
2. Self inflicted injuries.
3. War or an act of war, whether or not declared.
4. A Covered Person's commission of a felony or an assault on another person.
5. Riot, nuclear accident, or a major disaster.
6. Employment: whether caused by, related to, or as a condition of employment, including self employment. This exclusion applies even if Workers' Compensation or any Occupational Disease or similar law does not cover the charges.
7. Treatment which began, before the Covered Person's Effective Date of coverage or after the Covered Person's termination of coverage.
8. Congenital or development malformations existing when the Covered Person's coverage became effective under this Certificate.
9. Cosmetic procedures, unless the coverage is elected by the Insured Person and the required premium is paid.
10. Implants of any type, and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, unless the coverage is elected by the Policyholder and the required premium is paid.
11. Periodontal splinting.
12. Porcelain on crowns, or pontics posterior to the 2nd bicuspid.
13. Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period.
14. Relining of dentures more often than once in any 2-year period.
15. Lost, stolen, or missing dentures or bridges or for duplicates.
16. Fixed or removable bridgework involving replacement of a natural tooth or teeth which was lost prior to the Covered Person's Effective Date of coverage under this Certificate. Benefits may be payable for bridgework required for loss of teeth while covered under this Certificate, if such bridgework is not an abutment for non covered bridgework.
17. Prescription Drugs and analgesia pre medication.
18. Telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending Dentist statements, and any other services or supplies, which are not part of the direct treatment of the Covered Person.
19. Dental education or training programs including oral hygiene or plaque control programs.
20. Counseling on diet and nutrition.
21. Military service, including service in a military reserve unit.
22. Orthodontia, unless this coverage is elected by the Insured Person and the required premium is paid.
23. Prosthodontics, unless this coverage is elected by the Insured Person and the required premium is paid.
24. Charges payable under any medical insurance.
25. Charges made by any government entity unless the Covered Person is required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made.
26. Use of materials, other than fluorides or sealants, to prevent tooth decay.
27. Bite registrations.
28. Bacteriologic cultures in connection with a covered dental service.
29. Therapeutic injections administered by a Dentist.
30. Cast restorations, inlays, onlays and crowns for teeth that are not broken down by extensive decay or accidental injury or for teeth that can be restored by other means (such as an amalgam or composite filling).
31. Replacement of 3rd molars.
32. Composites on teeth posterior to the 2nd bicuspid,
33. Crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology.
34. Temporomandibular joint syndrome.

Group Policy Form

MNL-ADEN-POL 0905 and SSL-ADEN-POL 0905 is issued to NationalWay Healthcare Association. Coverage not available in all jurisdictions. This brochure is a brief description of coverage only and does not constitute a policy or coverage. Please refer to the certificate of insurance for a complete description of benefits, conditions and limitations.