

2014 Voluntary Benefits

# Online Enrollment Instructions



**@rTech**

# CorTech, LLC Benefits Enrollment

CorTech, LLC is now conducting benefit enrollment online at:  
[www.benefitsconnect.net/cortech](http://www.benefitsconnect.net/cortech)

Online enrollment with Benefits Connect is simple, secure and can be done in a few minutes from any computer with internet access. After enrolling online, you will have access to your benefit information 24 hours a day, from any computer. For your security Benefits Connect is 128-bit encrypted and password protected. Follow the steps below to learn how to access the system and enroll.

## What you need to get started...

During the enrollment process you will be asked to provide some basic information that you should have available.

- Your social security number
- Your dependent's social security numbers and birth dates

## User Name and Password

Initially your user name and password are defaulted to a standard format. Upon completing your first login you will be prompted to change your password. Let's walk through a sample login.

Your **user name** is made up of the **first six letters of your last name**, followed by your **first initial** and **the last four numbers of your social security number**. The **initial password** for the system is your **social security number** (without dashes).

### Example:

**Employee Name:** Matt Sample  
**Social Security Number:** 949-12-1234

**User Name:** samplem1234  
**Password:** 949121234

**Apprize Enrollment Demo login**  
Please login below to enter the *benefitsCONNECT@* system.

Username: samplem1234  
Password: \*\*\*\*\*

enter cancel

First six of last name, first initial, last four of social security number

Social Security Number (no dashes)

## Entering Personal Profiles

After your initial login, the system will take you to the PERSONAL INFORMATION section. Please complete all fields. **Bolded** fields are required, and must be completed. When you have completed all of the fields, click *save & continue* to proceed to the next screen.

**personal information**  
Please complete the 5-section enrollment process.  
Click the "save" button at the bottom of the page after you've entered the profile information.  
Fields in bold are required.

General Information

First Name: Jane  
Middle Initial: .  
Last Name: Sample  
Title: No Title  
Social Security No.: 123456789  
Government Visa No.: Not specified  
EEO Ethnic Code: Select EEO Code  
EEO Job Category: Select EEO Job Category  
Gender: Female  
Date of Birth: 10/25/1983

Contact Information

Street Address:  
Street Address 2:

## Entering Dependent Profiles

The system will now take you to the DEPENDENT INFORMATION section:

- To enter a spouse, click the icon under Spouse, enter information, and click *Save*.
- To enter a child, click the icon under Children, enter information, and click *Save*. **If your child is age 19+ and enrolled as a full time student, you must indicate so under School Information to make them eligible for benefits.**
- To edit a dependent, click the pencil icon next to the dependent you want to edit, make changes, and click *Save*.

please complete the 4-section enrollment process

### dependent information

Please enter your dependent information.

Spouse or Domestic Partner  
To add spouse or domestic partner information, click here.

Children  
To add a child dependent, click here.

Ex-spouse  
To add ex-spouse information, click here.

[back](#) [save & continue](#)

[ Section 2 of 4 ]

When you are finished entering dependents, click *Save & Continue*.

## Making Benefit Plan Elections

Next, the system will take you to the BENEFIT PLAN ENROLLMENT Section. Each benefit and your options will be displayed one by one.

- To enroll in a plan, check next to the plan, and check any dependents you want to cover. If applicable, indicate the amount for which you would like to enroll.
- To waive coverage, check next to *I waive enrollment*.
- For information about a plan, click *View Plan Outline of Benefits*.
- For plans provided by your company at no cost to you, enrollment is already checked.

### benefits plan enrollment

Please select a Medical plan.

All elections and changes are stored in an archive that can be viewed at any time, so there's never missing forms or lost information.

Available Medical Plans	Coverage	Your Cost
<input checked="" type="radio"/> <b>Choice MCS7 Plan</b> View Plan Outline of Benefits Provided by MEDICA Eligible on 4/1/2005 Cost is deducted on a pre-tax basis	<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Sam [child]	92.31
<input type="radio"/> <b>Comprehensive Major Medical Plan</b> View Plan Outline of Benefits Provided by BLUE CROSS OF MINNESOTA Eligible on 4/1/2005 Cost is deducted on a pre-tax basis	<input type="checkbox"/> You <input type="checkbox"/> Sam [child]	
<input type="radio"/> <b>I waive enrollment in all Medical plans</b>		

[back](#) [save & continue](#)

**Election Summary**  
Costs shown are as of 4/1/2005  
Medical \$92.31  
Dental  
Long-Term Disability  
Basic Life  
Voluntary Life  
Health Care Reimbursement (125)  
**Bi-weekly Payroll Deduction** \$92.31

Click *Save & Continue* after each benefit selection.

## Completing Your Enrollment

Once you have gone through enrollment for each plan available, the system will take you to the CONSOLIDATED ENROLLMENT FORM page. This screen will show you a summary of the information you entered and the benefit elections you made.

- **To complete the enrollment process: Please Click "Finished"**
- If you need to log off before completing enrollment, any data you entered will be saved. The next time you log on, you will be taken directly to the last saved screen.
- **Always make sure to *log out* upon completing any action on the system.**

**For Online Enrollment Assistance – Please call: 1-866-301-9375, option 1**

2014 Voluntary Benefits

# Medical Insurance Benefit Summary





# MEC and Mini-Med Health Plans Summary

EXCLUSIVELY FOR EMPLOYEES OF

**@rTech**

# Self Funded MEC / Preventive Services

## Minimum Essential Coverage

You are being offered the opportunity to enroll in Minimum Essential Coverage (MEC) which is designed to cover **100%** of the CMS listed Preventive and Wellness benefits required under Healthcare Reform. By enrolling in this coverage you will be able to access 63 preventive services (listed on next page) with NO Deductible, NO Co-Payments and all services are covered at 100% in network!

By participating in this coverage, combined with a Mini-Med Plan, or by itself, you can AVOID being taxed the "Individual Mandate" coverage penalty for not purchasing Minimum Essential Coverage (MEC).

## What kind of taxes could I be responsible for if I don't purchase Minimum Essential Coverage?:

Beginning in 2014, employees will face a tax of the greater of 1% of adjusted household income or \$95 per adult plus \$47.50 per child; in 2015, the greater of 2% of adjusted household income or \$325 per adult plus \$162.50 per child; thereafter, the greater of 2.5% of adjusted household income or \$695 per adult plus \$347.50 per child. – *Enrolling in this coverage will allow you to AVOID these penalties!*

## What does MEC cover and what does it cost?

	MEC PLAN	
Minimum Essential Coverage Benefits:	Network	Non-network
15 Preventive Services for Adults:	100%	40%
22 Preventive Services for Woman:	100%	40%
26 Covered Preventive Services for Children:	100%	40%
PPO Network:	Multiplan	

Minimum  
Essential  
Coverage  
(MEC) Plan

Monthly MEC Rates	
Coverage Type	Voluntary
EE Only	\$66.59
EE + Spouse	\$99.19
EE + Child(ren)	\$166.44
Family	\$199.03

## What Are the 63 CMS Listed Preventive Services Covered by the Plan?

### 15 Covered Preventive Services for Adults under the ACA

**Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked

**Alcohol Misuse** screening and counseling

**Aspirin** use for men and women of certain ages

**Blood Pressure** screening for all adults

**Cholesterol** screening for adults of certain ages or at higher risk

**Colorectal Cancer** screening for adults over 50

**Depression** screening for adults

**Type 2 Diabetes** screening for adults with high blood pressure

**Diet** counseling for adults at higher risk for chronic disease

**HIV** screening for all adults at higher risk

**Immunization** vaccines for adults--doses, recommended ages, and recommended populations vary:

- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Influenza (Flu Shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella

**Obesity** screening and counseling for all adults

**Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk

**Tobacco Use** screening for all adults and cessation interventions for tobacco users

**Syphilis** screening for all adults at higher risk

### 22 Covered Preventive Services for Women, Including Pregnant Women under the ACA

The eight new prevention-related health services marked with an asterisk ( \* ) must be covered with no cost-sharing in plan years starting on or after August 1, 2012.

**Anemia** screening on a routine basis for pregnant women

**Bacteriuria** urinary tract or other infection screening for pregnant women

**BRCA** counseling about genetic testing for women at higher risk

**Breast Cancer Mammography** screenings every 1 to 2 years for women over 40

**Breast Cancer Chemoprevention** counseling for women at higher risk

**Breastfeeding** comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women\*

**Cervical Cancer** screening for sexually active women

**Chlamydia Infection** screening for younger women and other women at higher risk

**Contraception** Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs\*

**Domestic and interpersonal violence** screening and counseling for all women\*

**Folic Acid** supplements for women who may become pregnant

**Gestational diabetes** screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes\*

### (Continued) 22 Covered Preventive Services for Women, Including Pregnant Women under the ACA

**Gonorrhea** screening for all women at higher risk

**Hepatitis B** screening for pregnant women at their first prenatal visit

**Human Immunodeficiency Virus (HIV)** screening and counseling for sexually active women\*

**Human Papillomavirus (HPV) DNA Test:** high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older\*

**Osteoporosis** screening for women over age 60 depending on risk factors

**Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk

**Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users

**Sexually Transmitted Infections (STI)** counseling for sexually active women\*

**Syphilis** screening for all pregnant women or other women at increased risk

**Well-woman visits** to obtain recommended preventive services\*

### 26 Covered Preventive Services for Children under the ACA

#### **Alcohol and drug use**

assessments for adolescents

**Autism** screening for children at 18 and 24 months

**Behavioral** assessments for children of all ages. Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

**Blood Pressure** screening for children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

**Cervical Dysplasia** screening for sexually active females

**Congenital Hypothyroidism** screening for newborns

**Depression** screening for adolescents

**Developmental** screening for children under age 3, and surveillance throughout childhood

**Dyslipidemia** screening for children at higher risk of lipid disorders Ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

**Fluoride Chemoprevention** supplements for children without fluoride in their water source

**Gonorrhea** preventive medication for the eyes of all newborns

**Hearing** screening for all newborns

**Height, Weight and Body Mass Index** measurements for children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

**Hematocrit or Hemoglobin** screening for children

**Hemoglobinopathies** or sickle cell screening for newborns

**HIV** screening for adolescents at higher risk

# Mini-Med Health Plans <sup>sm</sup>

## Mini-Med Health Plans

While Minimum Essential (MEC) Coverage offers you valuable wellness benefits and helps you avoid the “Individual Mandate” coverage penalty – Combining MEC with our *Mini-Med Health Plans*<sup>sm</sup> adds important benefits for your most common, everyday healthcare needs including: Doctors Office Visits, Lab & X-Ray, Emergency Treatment, Accidents, Prescription Drugs, and More!

This plan features No Deductibles, No Co-Pays and No Pre-Existing Condition Limitations. Indemnity Benefits pay on a first-dollar basis when a policyholder receives a covered service. Coverage is Guaranteed Issue with No Medical Questions asked during open enrollment. You can purchase this coverage as a combination plan with MEC or by itself as a stand alone option.

Medical Benefits are not available to the residents of the states of MA and NH.

Mini-Med Health Plans Benefits	Base Plan	Buy-Up Plan
Doctor's Office Visit • Routine office visits other than wellness	\$50 per visit 6 days per calendar year	\$100 per visit 10 days per calendar year
Outpatient Diagnostic Lab Testing Benefit	\$40 per visit 5 days per calendar year	\$50 per visit 5 days per calendar year
Outpatient Select Diagnostic Benefit	\$200 per visit 2 days per calendar year	\$250 per visit 2 days per calendar year
Outpatient Advanced Studies	\$800 per visit 2 days per calendar year	\$1,000 per visit 2 days per calendar year
Emergency Room Sickness Indemnity Benefit	\$100 per visit 4 days per calendar year	\$250 per visit 4 days per calendar year
Off-the-Job Accident Indemnity Benefit	\$500 per occurrence	\$700 per occurrence
Inpatient Surgical Indemnity Benefit • Outpatient Benefit / Outpatient Minor	\$500 \$250 / \$50	\$2,500 \$1,250 / \$ 250
Anesthesiology	Pays 20% of Surgical Indemnity Benefit	Pays 20% of Surgical Indemnity Benefit
Ambulance Transportation	not included	\$500 for Ground Transport \$1,500 for Air Transport
Hospital Admission Benefit	not included	\$2,000 per admission 2 per year
In-Patient Hospital Benefit • 31 days max per confinement)	\$300 per day	\$1,500 per day
Intensive Care Benefit • 31 days max per confinement)	\$600 per day	\$2,000 per day
Inpatient Mental & Nervous	\$150 per day	\$1,000 per day
Inpatient Substance Abuse	\$150 per day	\$1,000 per day
Inpatient Skilled Nursing Facility	\$150 per day	\$1,000 per day
Group Term Life Insurance & AD&D • Spouse Coverage • Child Coverage	\$10,000 \$5,000 \$2,500	\$10,000 \$5,000 \$2,500
TeleMedicine	TelaDoc	TelaDoc
PPO Network	Multi Plan	Multi Plan
Prescription Drug Benefit	\$10/20/40 tier	\$10/20/40 tier
Non Insured Benefits (Discount Plans)	Included	Included

## Monthly Rates

Employee Only	\$ 99.44	\$297.49
Employee plus Spouse	\$197.52	\$636.53
Employee plus Child	\$143.62	\$455.03
Family	\$225.15	\$734.86



# Summary of Benefits

## Daily In-Hospital Indemnity Benefit

When a covered person is confined in a hospital as a result of an accident or sickness, this benefit pays the benefit amount for each day over 23 hours the insured 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 an accident or sickness, the policy pays the benefit amount shown in the Schedule based on the plan level selected by the group. 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.

## Emergency Room Sickness Benefit

This benefit will pay for each sickness visit to the emergency room for a number of visits per calendar year per covered person. Emergency room visits for accidents are not covered under this benefit, they would be covered under the Off-the-Job Accident Benefit.

## Daily Inpatient Drug and Alcohol Indemnity Benefit

This benefit pays per day if a covered person is confined as an inpatient in a rehabilitation facility for substance abuse. The maximum benefit per covered person per calendar year is 30 days. The lifetime maximum for this benefit is \$30,000.

## Daily Inpatient Mental and Nervous Indemnity Benefit

This benefit pays per day if a covered person is confined as an inpatient in a rehabilitation facility for a mental or nervous condition. The maximum benefit per covered person per calendar year is 30 days. The lifetime maximum for this benefit is \$30,000.

## Outpatient Physician Office Visit Indemnity Benefit

This benefit pays the amount shown per physician's office visit as a result of a sickness or accident. Benefits are payable for a maximum number of visits per calendar year per person.

## What is does the Select Diagnostic benefit cover?

Select diagnostic covers X-ray, ultrasound, EEG, and sleep studies.

## And major?

Advanced diagnostic includes MRI, CT, PET, arteriogram, thallium stress test

## Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit

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

## Off-the-Job Accidental Injury Benefit

This benefit pays the selected amount for each covered accident (maximum of 5 covered accidents per covered person per calendar year), for x-rays used to diagnose an accidental injury and for treatment of a covered accident by a physician in the physician's office, clinic, urgent care facility, or hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable.

## Prescription Drug Indemnity Benefit

This benefit pays the amount selected per prescription when an insured incurs expenses for prescription drugs prescribed by a physician as a result of an accident or sickness. The benefit pays for up to 12 prescriptions per calendar year per person.

## In-Hospital and Inpatient Surgical Additional Indemnity Benefit

This benefit pays an additional benefit per covered person per calendar year when he/she receives treatment or surgery while confined to a hospital as an inpatient as a result of a covered accident or sickness. The maximum benefit per covered person per calendar year is one confinement.

# Non-Insurance Benefits

## **Employee Discount Card (Included in both *Mini-Med Health Plans*)**

This discount card is provided by New Benefits, LTD. It offers employees access to a discount Vision Plan, Counseling Services and benefits for Hearing Aids. **This is not an insurance plan.** The discount Vision Plan through the Coast to Coast network allows the employee 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 Counseling Services 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, if the employee is referred to one of the 27,000 counseling providers nationwide, they 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, the employees can realize savings of up to 50% off suggested retail price on over 90 models of hearing aids in over 1,000 locations nationwide.

**TelaDoc** provides telephone access to a board-certified physician from any phone 24 hours a day, 7 days a week. Physician can diagnose routine medical problems and prescribe short term medication when appropriate and will contact the member within three hours.

- ▶ Prescriptions phoned into the member's local pharmacy
- ▶ Patient Access to medical records with HIPAA compliant secure servers
- ▶ Free Portable Electronic Health Record (EHR)

Information on how to access the benefits of the Employee Discount card will be included in the fulfillment package that each insured employee receives from TPA.

# Exclusions & Limitations

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

1. Suicide or any attempt thereof, while sane or insane; 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.
2. Any intentionally self-inflicted Injury or Sickness;
3. Rest care or rehabilitative care and treatment (unless provided as a benefit on the Schedule of Benefits);
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 Indemnity Benefit is shown on the Schedule of Benefits);
5. Routine newborn care (unless covered under the Wellness Indemnity Benefit on the Schedule of Benefits);
6. The treatment of:
  - a. Mental illness; functional or organic nervous disorder, regardless of cause (unless the Daily In-Patient Mental and Nervous Benefit is shown on the Schedule of Benefits);
  - b. Alcohol abuse or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed (unless the Daily In-Patient Drug and Alcohol Benefit is shown on the Schedule of Benefits);
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:
  - a. An organized contest of speed;
  - b. Parachuting;
  - c. Parasailing;
  - d. Bungee jumping;
  - e. Hang gliding;
10. Air travel, except:
  - a. As a fare-paying passenger on a commercial airline on a regularly scheduled route; or,
  - b. 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 the 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 a tubal ligation or vasectomy;
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. Accident or Sickness 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;
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;
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.

## TERMINATION OF INSURANCE

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.

# Frequently Asked Questions

## What type of coverage will I and my eligible dependents have?

This is a limited benefit hospital indemnity designed to provide benefits for you and your dependents everyday healthcare needs. While these benefits are not catastrophic or unlimited in nature, they will provide useful benefits at competitively priced rates.

## What is an indemnity benefit?

It means that the insurance company will pay a set amount each time the insured receives a covered service. The same amount is paid regardless of the fees charged by the provider.

## Will I receive an ID card?

Yes, you will receive a fulfillment package including information for your medical and prescription plan from Transamerica Life. The package includes your ID cards, a Summary of Benefits, Certificate Booklet and booklet describing your pharmacy benefits. These will be mailed to your home address after enrolling.

## Are there any Pre-Existing Condition Limitations?

There are no Pre-Existing Condition Limitations.

## Who is the insurance company paying claims on this plan?

Transamerica Life pays claims on the medical.

## Is the Mini-Med Health plan ACA compliant without including MEC?

This product is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA. To learn more about the ACA and how it may affect you in 2014, please visit [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-318-2596.

## Whom can I contact if I have questions about my plan?

Contact Member Services at 1-866-301-9375, Option 1 and a customer service representative will assist you. You can also log onto [www.myvba.biz](http://www.myvba.biz) and click on the [Member Services](#) link, then click on Transamerica for additional plan and provider information.

## Can I use any doctor or hospital?

Yes, you can go to any doctor. There are no network restrictions. Benefits are payable to any hospital that is accredited by JCAHO (*Joint Commission on Accreditation of Healthcare Organizations*) and meets the definition of a hospital. Most hospitals have received their accreditation. However, if you do choose to use a network provider you WILL SAVE MONEY! You can locate a network provider by going to [www.myvba.biz](http://www.myvba.biz) and clicking on the [Member Services](#) link, then click on Transamerica.

## Are Medicare/Medicaid recipients eligible for this plan?

If you have Medicare/Medicaid it is NOT recommended that you enroll in coverage as Medicare/Medicaid regards this plan as Primary Coverage and may reduce or discontinue your benefits.

## Can this plan be used, if I have a separate health insurance?

Yes, the specified benefits pay in addition to any other private group or individual coverage. There is no coordination of benefits. You will file a paper claim instead of using your ID card and be reimbursed directly.