

Introducing

Turn-Key Employee Benefits

By



PaySmart offers our valued clients access to the following turn-key voluntary or contributory employee benefit solutions designed to save time and add value to your employees:

- **Indemnity Health Options with National Network**
- **Nationwide Dental Plan**
- **Nationwide Vision Plan**
- **Term Life Insurance**

Simply review the programs below and elect to participate as an employer.

Once we have your company enrolled, your employees can enroll on line, on paper, or via our national call center. Our NAWP Association status makes it easier than ever to provide quality employee benefits in a simple and affordable solution.

Contact us to learn more today!

888.611.7467 | 573.445.5588 | info@paysmartpayroll.com

Call today to set up your location!

Protection that is Affordable!

Our health is something we all take for granted...until there is a problem. Now you can get affordable healthcare for yourself and your family. Enjoy the peace of mind that comes with protection.

NAWP members must pay a monthly \$3.00 membership fee. When you become a member of NAWP, you not only have access to affordable medical coverage but also to a variety of other benefits. The benefits listed below are just a sample of the services you will have access to as an association member:

- Identity Theft Coverage
- \$10,000 Accidental Death and Dismemberment
- Wellness Benefits

Call 1-888-611-SHOP (7467) to learn more today!

- There are 3 plans to offer your employees
- Simple payroll deduction
- No minimum participation
- Prepay for coverage or deduct and remit
- Customer service, billing, and enrollment in the same 800#

Employee Eligibility

To be eligible for coverage, an employee must:

- Be an employee of an eligible class of employees;
- Satisfy the group waiting period and be working an average of 20 hours per week;
- Satisfactorily answer all eligibility and other questions on the enrollment form (and must provide evidence of insurability, if requested by Transamerica); and
- Be actively at work on the coverage effective date.

Note: There are no age restrictions for the employee under the TransChoicePlus and Group Term Life/AD&D Plans. Additionally, part-time and seasonal employees are eligible as long as they meet the minimum hours per week requirements.

Discount Benefits

PPO Network Benefit - offered by KBA

Access to the Beechstreet PPO network with over 520,000 physicians nationwide, 4,000 hospitals, and over 50,000 ancillaries (lab, x-ray imaging, durable medical equipment, and home health care), members can benefit significantly on medical services utilizing the contracted provider networks.

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 each insured employee receives from KBA.

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

Nurse Hotline

Receive free, unlimited 24-hour telephone access to registered nurses seven days a week. These nurses are specially trained to offer prompt, confidential medical counseling to help members make informed decisions about their health and the medical care they receive. Nurses do not provide any diagnosis or treatment.

Teledoc

Teledoc allows you access to telephone medical consults with licensed physicians who diagnose medical problems and prescribe short-term medication when appropriate. All licensed physicians specialize in telephone medical consults. They are primary care physicians, internists and urgent care physicians. Doctors are available 24 hours a day, 365 days a year. There is no cost to call in and speak with a licensed physician.



TransChoice® Plus, A Group Limited Benefit Hospital Indemnity Insurance

Coverage to Include	Silver	Gold	Diamond
Outpatient Benefits			
Doctor Office Visit 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 of six visits per calendar year per person.	\$50	\$60	\$80
Wellness Visit This benefit will pay the selected amount for each covered person who undergoes the following (after the selected waiting period): physical examinations mammograms pap smears immunizations flexible sigmoidoscopy blood screenings prostate-specific antigen tests This benefit is payable only once each calendar year for each covered person. Services must be under the supervision or recommended by a physician, and a charge must be incurred.	\$50	\$100	\$150
Diagnostic Tests 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 four days of testing 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).	\$50	\$50	\$100
In-Hospital Indemnity Benefits			
Daily In-Hospital Indemnity Benefit When a covered person is confined in a hospital as a result of an accident or sickness, this policy pays the benefit amount for each day the insured is confined in a hospital, up to a maximum of 30 days per confinement.	\$200	\$400	\$700
Accident Injury Benefit			
Off the Job Accidental Injury Benefit This benefit pays based on the actual charges incurred, up to a maximum of \$100 to \$1,500 in \$100 increments (employer elected) for each covered accident (maximum of 5 covered accidents) 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 per covered person per calendar year. Treatment must be received within 72 hours of the accident for benefits to be payable.	\$100	\$200	\$400
Surgical & Anesthesia Indemnity Benefit			
Surgical Benefit (see Surgical Schedule) 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. 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.	\$1,000	\$1,500	\$2,500
Anesthesiology The anesthesia benefit is 20% of the surgical benefit amount.	\$200	\$300	\$500
Emergency Room 2 visits per year per covered person	\$50	\$50	\$50
Group Term Life Insurance			
Group Term Life Term life available for member, spouse and children. Term life with full benefit amounts for member •Member Life \$10,000 •Spouse Life \$5,000 •Children Life \$2,500	Included	Included	Included
Member Discount Card			
Discount Card	Included	Included	Included
Nationwide PPO Network			
PPO Network	Included	Included	Included

Critical Illness Indemnity Benefit

Coverage to Include	Silver	Gold	Diamond
Critical Illness			
<p>Critical Illness: When a covered person is diagnosed with a covered critical illness, the selected amount will be paid*. 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.</p> <p>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 first one.</p> <p>After the waiting period has expired, benefits are payable for the following critical illnesses:</p> <ul style="list-style-type: none"> •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) <p>Dependant coverage equal to 50% of this benefit.</p>	\$0	\$0	\$5,000

Prescription Benefit

Coverage to Include	Silver	Gold	Diamond
Prescription Benefit			
<p>Prescription Benefit RxEDO Prescription Drug Card – There are three primary types of drugs eligible for discounts or co-pays (generic, formulary brand, and non-formulary non-preferred). Generic Drugs - \$10.00 co-pay or the negotiated discount rate, whichever is lower Formulary Brand Name Drugs - \$50.00 co-pay or 50% off the price, whichever is greater Non-Formulary non-preferred drugs – Sold at a negotiated, discounted rate...5% -50% off The RxEDo pharmacy network includes over 51,000 pharmacies and all major chains are included; mail order is available; maximum \$250 per month per member or \$500 per month per family</p>	Included	Included	Included

Premium Rates

	Member	Member + Spouse	Member + Child(ren)	Family
Silver				
Monthly	\$71.06	\$117.98	\$109.37	\$152.66
Gold				
Monthly	\$92.65	\$158.41	\$148.60	\$210.94
Diamond				
Monthly	\$137.45	\$239.87	\$222.42	\$321.81

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, IA. Policy Form Series CPCH0200 and CCCH0200.

Administration provided by Key Benefits Administrators (KBA) Fort Mills, SC

** Underwritten by Guaranteed Trust Life Insurance Company, Glenview, IL

***Underwritten by Companion Life Insurance Company, Columbia, SC

Limitations & Exclusions

TRANSCOICE® Plus

No benefits will be payable as the result of:

- 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;
- 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; 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;
- 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 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.

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.

Group Term Life Insurance Policy

We will not pay a death benefit if an insured dies by suicide, while sane or insane, within two years of the date of his/her insurance starts. 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. If any death benefit is increased, this suicide exclusion starts anew, but will apply only to the amount of the increase.

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:

- suicide or intentionally self-inflicted injury, 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;
- 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.



Access to Discount Medical Benefits & Services* (Non-Insurance Programs)

In addition to the Hospital Indemnity Benefits provided by Transamerica Life Insurance Company, the plans INCLUDE a Provider Network and many other discounts including:

Member Discount Card

This card is provided by New Benefits Ltd. It offers members access to Nurses Hotline, Counseling Services and benefits for Hearing Aids. **This is not an insurance plan.**



Nurses Hotline

The **Nurses Hotline** allows 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

Hearing Aid Benefit

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 members can realize savings of up to 50% off suggested retail price on over 90 models of hearing aids in over 1,000 locations nationwide.*

Counseling Services

The **Counseling Services** benefit allows the member 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 member 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.*

Information on how to access the benefits of the Member Discount card will be included in the fulfillment package that each insured member receives from KBA.

BeechStreet PPO Network (Non-Insurance)

Our National Preferred Provider Organization (PPO) offers a medical provider network with over 520,000 physicians and more than 3,500 hospitals throughout the United States. Members have access to a broad network of independently contracted physicians, hospitals and other healthcare professionals who provide services at negotiated discounted rates. While all limited benefit plans may seem equal, using the PPO Network, combined with our knowledge and years of healthcare experience, allows members to save dollars on their healthcare services. www.beechstreet.com



Teledoc

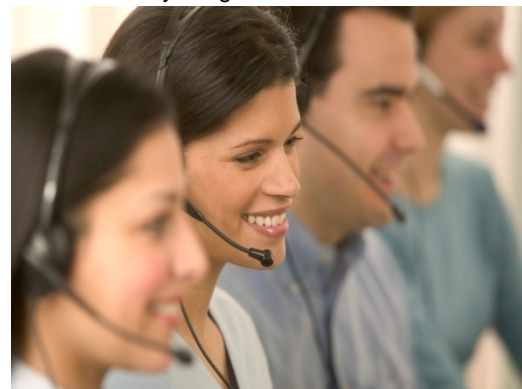
TeleDoc allows you access to telephone medical consults with licensed physicians who diagnose medical problems and prescribe short-term medication when appropriate. All licensed physicians specialize in telephone medical consults. They are primary care physicians, internists and urgent care physicians. Doctors are available 24 hours a day, 365 days a year.

Member Services

Members can access benefit information and other services by dialing one toll free number.

We are available to provide information on:

- Account Management Monday through Friday
- Member Eligibility 8:00 AM – 7:00 PM EST
- Verification of Benefits
- General Policy Questions
- PPO Network Information
- Patient Advocacy Program



TransSmile Dental Insurance



TransSmile Group Dental Insurance

is underwritten by

Transamerica Life Insurance Company

Home Office: Cedar Rapids, IA, Policy Form Series

CPDEN100, CCDEN100

Services*	Coverage	Basic	Preferred
Type I – Diagnostic & Preventative**	100%	✓	✓
Type II – Basic Restorative Services***	80%	✓	✓
Type III – Major Restorative Services****	50%		✓

*Out of network reimbursement based on maximum allowable (MA).

**Type I services include: exams, cleanings, topical fluoride, space maintainers and bitewings

***Type II services include: x-rays, emergency treatment for pain, fillings, and simple extractions.

****Type III services include: denture repair, oral surgery (except TMJ), non-surgical periodontics, surgical periodontics, periodontal maintenance, crowns, inlays, onlays, veneers endodontics, prosthodontics and implants. (12 month waiting period for Type III)

Other limitations and exclusions may apply. See policy for details.

Additional Benefit Information

Waiting Period

➤ Type III Services – 12 months waiting period

Dependent Eligibility

➤ Eligible dependents of the insured include the insured's lawful spouse and unmarried children less than 19 or less than 23 if a full-time student.

Annual Maximum

Applies individually to member and each covered family member per Policy Year.

- Basic
- Preferred

\$500
\$1,000

Annual Deductible

Applies to Type II and III

- Basic
- Preferred

\$50
\$50

MONTHLY RATES	BASIC	PREFERRED
MEMBER ONLY	\$15.05	\$22.17
MEMBER + SPOUSE	\$28.28	\$42.53
MEMBER + CHILD(REN)	\$34.98	\$44.59
FAMILY	\$51.91	\$69.11

SightSelect® Vision Care Insurance



Spectera Inc. administers Vision Benefits underwritten by the following entities: United Healthcare Insurance Company; United Healthcare Insurance Company of New York; Unimerica Insurance Company, Inc. Administrative Office; Spectera, Inc., Baltimore, MD; SightSelect® Vision Plan Policy Form series UHIC VisPol. Certificate UHIC.

An exhibit of the key benefits and the rates on the vision program are as follows. There is a provider network on the vision program with over 10,000 participating providers. Members can contact Spectera at 1-800-839-3242 to access provider information or locate a network provider through the website at www.spectera.com. Customer Service number is 1-800-638-3120 to verify benefits and file claims.

PROGRAM DESCRIPTION	SIGHTSELECT	
Examination Lenses Frames	100% Paid – Once every 12 months 100% Paid – Once every 12 months 100% Paid – Once every 24 months	
Examination Co-Pay Materials Co-Pay	\$10 Co-Pay \$25 Co-Pay	
BENEFITS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Examination	100%	Up to \$40
Single Vision Lenses	100%	Up to \$40
Bifocal Lenses	100%	Up to \$60
Trifocal Lenses	100%	Up to \$80
Lenticular Lenses	100%	Up to \$80
Frames	100%	Up to \$45
Contact Lenses - Necessary	100%	Up to \$210
Contact Lenses - Elective	100%	Up to \$105
<p>➤ Laser Eye Surgery – SightSelect offers a life-changing experience – access to discounted refractive eye surgery procedures from selected provider locations.</p>		
<p>➤ Primary Eye Care Rider – SightSelect covers the cost of detecting, treating, and managing conditions that produce ocular or vision symptoms such as discomfort or pain, transient loss of vision, swollen lids, red eyes or pink eye, sty, and cataracts, subject to a \$5.00 co-payment (benefits are available through participating optometrists only).</p>		
MONTHLY RATES		
MEMBER ONLY	\$ 6.93	
MEMBER + SPOUSE	\$13.23	
MEMBER + CHILD(REN)	\$13.86	
MEMBER + FAMILY	\$21.37	

Voluntary Group Term Life Insurance

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA

An exhibit of the key benefits and the rates on the TAC\$-Advantage Group Term Life Insurance follows:

Policy Description			Voluntary Term Life Program					
Benefit Levels			<ul style="list-style-type: none"> ➤ Conditional Guaranteed Issue up to \$150,000 ➤ \$18.00 per week. ➤ Spouse issue \$6.00 per week not to exceed \$25,000 ➤ Eligible dependent children issue is up to \$10,000; minimum is \$5,000 					
Living Benefit			<ul style="list-style-type: none"> ➤ The Terminal Illness Accelerated Death Benefit Option Rider allows insured individuals to “tap into” their life insurance proceeds early in the event of a terminal illness. The insured can receive up to 50% of their death benefit (maximum of \$100,000). 					
Evidence of Insurability			<ul style="list-style-type: none"> ➤ Conditional Guaranteed Issue 					
Portable			<ul style="list-style-type: none"> ➤ If an insured leaves the group for any reason, he or she may be able to continue this Voluntary Group Term Life Insurance coverage on a direct-pay basis. 					
Convertible to Universal Life Policy			<ul style="list-style-type: none"> ➤ Opportunity to convert to Universal Life upon termination of coverage. 					
Accidental Death and Dismemberment			<ul style="list-style-type: none"> ➤ Pays an additional death benefit up to \$150,000 matching your face amount for death resulting from an accident. 					
Other Benefits			<ul style="list-style-type: none"> ➤ Waiver of Premium for total disability ➤ Level premiums for 5 year period. 					
Monthly Premium Rates			Weekly Premiums at Various Face Amounts					
Rates are per \$1,000			\$25,000		\$50,000		\$100,000	
Class	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
Under 30	\$0.20	\$0.15	\$ 5.00	\$ 3.75	\$ 10.00	\$ 7.50	\$ 20.00	\$ 15.00
30 – 34	\$0.21	\$0.18	\$ 5.25	\$ 4.50	\$ 10.50	\$ 9.00	\$ 21.00	\$ 18.00
35 – 39	\$0.27	\$0.20	\$ 6.75	\$ 5.00	\$ 13.50	\$ 10.00	\$ 27.00	\$ 20.00
40 – 44	\$0.46	\$0.29	\$ 11.50	\$ 7.25	\$ 23.00	\$ 14.50	\$ 46.00	\$ 29.00
45 – 49	\$0.81	\$0.49	\$ 20.25	\$ 12.25	\$ 40.50	\$ 24.50	\$ 81.00	\$ 49.00
50 – 54	\$1.33	\$0.76	\$ 33.25	\$ 19.00	\$ 66.50	\$ 38.00	\$ 133.00	\$ 76.00
55 – 59	\$2.05	\$1.18	\$ 51.25	\$ 29.50	\$ 102.50	\$ 59.00	\$ 205.00	\$ 118.00
60 – 64	\$3.13	\$1.91	\$ 78.25	\$ 47.75	\$ 156.50	\$ 95.50	\$ 313.00	\$ 191.00
65 – 69	\$4.83	\$3.22	\$ 120.75	\$ 80.50	\$ 241.50	\$ 161.00	\$ 483.00	\$ 322.00
70 – 74	\$7.52	\$5.27	\$ 188.00	\$ 131.75	\$ 376.00	\$ 263.50	\$ 752.00	\$ 527.00
75-79	\$16.84	\$12.83	\$ 421.00	\$ 320.75	\$ 842.00	\$ 641.50	\$1,684.00	\$1,283.00

Transamerica Life Insurance Company's Group Term Life Insurance Policy is Form Series CP100200. The Terminal Illness Accelerated Death Benefit Option Rider is Form Series CR101500. The Waiver of Premium Rider is form Series CR101600. The Continuation of Coverage Rider is Form Series CR101200. The Accidental Death & Dismemberment Rider is form series CR101100. Forms may vary and coverage may not be available in all jurisdictions. Refer to your contract and riders for complete details as Limitations and Exclusions apply.