



TransChoice® Plus

Group Limited Benefit Hospital Indemnity Insurance

Call 877-422-4430 to Enroll
Your PIN # is 5815
Representatives are available
8am to 5pm Eastern Time, Monday through Friday

TransChoice® Plus

A Group Limited Benefit Hospital Indemnity Insurance Policy*

Benefits	Plan 1	Plan 2
Outpatient Physician Office Visit Indemnity Benefit Per visit up to max visits per calendar year per insured	\$50 6 visits	\$70 8 visits
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit Up to \$500 per calendar year, per insured	\$50	\$100
Daily In-Hospital Indemnity Benefit Per day over 23 hours (max of 30 days per confinement)	\$100	\$100
Surgical and Anesthesia Indemnity Benefit Pay benefit shown in Surgical Schedule up to max amount; pays additional 20% for Anesthesia	\$500 Schedule	\$1,000 Schedule
Off-the-Job Accidental Injury Benefit Actual charges of expenses up to a maximum per covered accident (5 covered accidents per calendar year)	\$200	\$300
Wellness Indemnity Benefit 1 visit per calendar year per insured over 2 years of age; 4 visits per year for children 0-12 months and 2 visits per year for children 12-24 months	\$50	\$100
Prescription Drug Indemnity Benefit Per prescription for up to 12 prescriptions per calendar year per insured	\$15	\$25
Group Term Life Insurance Policy with Accidental Death and Dismemberment Rider (AD&D) AD&D not available to dependent children	Associate Spouse Child(ren)	\$5,000 \$2,500 \$2,500
	\$10,000 \$5,000 \$2,500	

Non-Insurance Benefits		
PPO Network - Offered by WebTPA You and your covered dependents will receive contracted discounts from the normal fees charged by network physicians, hospitals, and outpatient x-ray and laboratory providers	Included	Included
Associate Discount Card- Offered by New Benefits, LTD Provides access to a discount Vision plan, Nurses Hotline, Counseling Services, and discounts on Hearing Aids	Included	Included

Premiums**	Weekly		Biweekly	
	Plan 1	Plan 2	Plan 1	Plan 2
Associate Only	\$11.39	\$17.28	\$22.79	\$34.57
Associate + Spouse	\$19.32	\$28.90	\$38.65	\$57.79
Associate + Child(ren)	\$19.65	\$29.78	\$39.29	\$59.56
Family	\$26.94	\$41.48	\$53.87	\$82.95
Child(ren) Only	\$10.33	\$15.81	\$20.65	\$31.61

Limitations and Exclusions Apply. Consult your Enrollment Guide for more details on these plans.

* Group Limited Benefit Hospital Indemnity Insurance Policy **underwritten by Transamerica Life Insurance Company**. Home Office: Cedar Rapids, IA. Policy Form Series CPCH0200 and CCCH0200. Administration provided by WebTPA, Home Office: Grapevine, TX.

** Rates include insurance premiums and administrative fees for continuation, enrollment and materials.

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.

Frequently Asked Questions

Choosing the right benefits package is important to you and your family. That's why we've included some of our most frequently asked questions and answers to help you make the right choice. Please read below to learn more about your benefits.

Who is eligible to enroll?

All Associates may enroll in these plans. You must sign up for coverage in the first 30 days after becoming eligible or during an open enrollment period. If you do not elect coverage during that time, you will not be able to enroll until the next open enrollment period unless you experience a qualifying event.

Will I get ID cards?

If you have enrolled in a plan, you will receive ID cards. If you need to request a new ID card, please use the contact below for TransChoice Plus.

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.

When will my coverage begin?

Your coverage will be effective on the Monday following your first payroll deduction.

How do I pay for my benefits?

You will pay through payroll deductions. Payroll deductions will automatically be set up when you enroll.

Who do I call for more information or when I have questions?

For questions regarding enrollment, benefit options, your dependents or to report a Qualified Life Event, please call 1-866-441-3433.

If you have a question regarding a claim or available network providers, please contact:

Medical Service	TransChoice Plus	1-866-441-3433
Medical Network	Multiplan	1-866-680-7427

What happens if I am almost at, or I have exceeded, a medical plan limit and I need to see a doctor?

You are responsible for any amount owed above your plan limit.

When will my coverage end?

Your coverage will end when you no longer qualify under the plan or when your premium payments end, whichever comes first. Coverage on dependents ends on either the date they no longer meet the definition of a dependent or, the date your coverage terminates, whichever comes first.

Can I drop this coverage later?

Yes. However, you will not be able to enroll until the next open enrollment unless you have another qualifying event.

Is this coverage considered "creditable" towards pre-existing conditions limitations on comprehensive medical insurance?

No. TransChoice Plus has no pre-existing conditions limitations, therefore it does not attempt to track your conditions in a manner that would allow another insurance carrier to credit you towards their pre-existing condition period.

IMPORTANT NOTE: Participation the program is completely voluntary for OfficeMax Associates. OfficeMax does not endorse this program and makes no contributions to this program. Our role is limited to permitting the insurer to publicize the program to Associates, collecting premiums through Associate payroll deductions and remitting them to the insurer. OfficeMax does not consider this program to be an Associate welfare benefit plan for purposes of ERISA. For information about the program, contact the enrollment call center."