



## **New Guaranteed Issue Limited Medical, Dental and Eye Care benefits Now Available!**

### **Open Enrollment Now – November 30th**

The Tavern League of Wisconsin has made a great new benefit program available to all members, employees, spouses and eligible dependents. The program is called the CARE Benefit Program and is being offered through Greater Insurance Service Corp. (GIS), the details are enclosed.

There are no health questions and no underwriting rate ups, waivers or exclusions due to pre-existing health conditions. This program works great for individuals with or without current health insurance. As you know, many people do not have access to benefits such as health insurance due to preexisting health problems and others just cannot afford them. This program is a very affordable option with premiums starting as low as \$78 per month.

If you have current insurance, you may consider plan adjustments to incorporate this program in addition to your current plan at a similar monthly cost. The CARE Benefit Program will help pay many expenses you are now paying out of pocket under your deductible, co-insurance, & co-pay exposures PLUS you can pick up the additional benefits included in the program including term life with AD&D and critical illness. There are also a Dental and Eye Care programs that are available to add to the program or you can enroll in them as stand alone programs. We do acknowledge that this program is not intended to replace major medical insurance, participation is clearly up to each individual, but it is a great program that can help you out no matter what your current situation is.

See the enclosed material for detailed information. Any questions you may have regarding the program may be directed to the GIS Benefit Center at 877-817-4805.



# Guaranteed Issue Limited Benefit Medical Insurance Program Options

Available to Part-Time, Seasonal and Full-Time Employees.

Take as a stand alone or to complement Major Medical!

## Enroll Today!

More information and enrollment can be found on the website

<https://www.gisconline.com/tlw> or call **1-877-817-4805**

Plan Options	Freedom Plan	Liberty Plan
<b>TransChoice® Benefits</b>	<b>Benefit Amount</b>	<b>Benefit Amount</b>
<b>Daily In Hospital Indemnity Benefit</b> —maximum of 30 days per confinement	\$300 per day	\$750 per day
<b>Outpatient Physician Office Visit Indemnity Benefit</b> —up to 5 visits per calendar year for you and your spouse each, up to 5 visits per calendar year for all children combined	\$50 per visit	\$75 per visit
<b>Outpatient Diagnostic X-Ray &amp; Laboratory Indemnity Benefit</b> —up to 3 days of testing per calendar year, per covered person	\$50 per day	\$75 per day
<b>Surgical &amp; Anesthesia Indemnity Benefits</b> —Pays benefit amount shown in the specified plan surgical schedule for the type of surgery performed; pays 20% of the Surgery Benefit for the administration of anesthesia	\$1,000 Plan Surgical Schedule	\$2,000 Plan Surgical Schedule
<b>Off-The-Job Accidental Injury</b> —100% of expenses up to a maximum specified per covered accident, up to 5 covered accidents per covered person per calendar year (off-the-job only)	\$300 Maximum	\$500 Maximum
<b>Critical Illness Indemnity Benefit and Subsequent Critical Indemnity Benefit</b> —Up to a lump-sum benefit for the initial diagnosis of a covered critical illness and also an additional lump-sum benefit of the same amount for a subsequent and separate covered critical illness	Up to \$10,000	Up to \$10,000
<b>Wellness Indemnity Benefit</b>	\$25 for physical exams or certain diagnostic tests; one benefit per calendar year per insured, 6 month waiting period	
<b>Group Term Life Insurance Policy with Accidental Death and Dismemberment (AD&amp;D) Rider</b>	Employee: \$5,000 Spouse: \$2,500 Child(ren) over 6 months: \$2,500	
<b>Prescription Drug Indemnity Benefit</b>	\$10 per prescription for up to 12 prescriptions per calendar year for you and your spouse each, 12 prescriptions per calendar year for all children combined	
<b>TransChoice® Non-Insurance Benefits</b>		
<b>Employee Discount Card</b> - Offered by New Benefits, Ltd.	This card will provide access to a discount Vision Plan, a Nurses Hotline, Counseling Services and discounts for Hearing Aids	
<b>PPO Network</b> - Offered by Key Benefit Administrators (KBA) Providers can be located at <a href="http://www.nppn.com">www.nppn.com</a>	You and your covered dependents will receive contracted discounts from the normal fees charged by network physicians, hospitals, and outpatient x-ray and laboratory provides	
<b>Prescription Drug Discount Card</b> —Offered by Caremark with 55,000 participation providers	You can receive a discount of at least 14% off the retail pharmacy price of brand name drugs and up to 60% for generic drugs.	
<b>Monthly Premium</b>	<b>Freedom Plan</b>	<b>Liberty Plan</b>
Member Only	\$78.00	\$120.00
Member + Spouse	\$129.00	\$210.00
Member + Child(ren)	\$123.00	\$196.00
Member + Family	\$174.00	\$287.00

\*AD&D coverage is not available for dependent children

\*\*The above rates include an \$4 per month billing fee and a \$4 administration fee  
Policy Form Series CP200100 and CC200100

\*\*\*Eligible members must also be a member in good standing of CARE

Underwritten by Transamerica Life Insurance Company, Home Office; Cedar Rapids, IA

### **TransChoice® Limitations and Exclusions:**

No benefits will be payable as the result of:

- suicide or any attempt thereof, while sane or insane;
- any intentionally self-inflicted injury or sickness;
- rest care or rehabilitative care an 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; and 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;
- pre-existing conditions during the first 12 months after the effective date (only applies to the Critical Illness Indemnity Benefit and Subsequent Critical Illness Benefit);
- 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;
- any surgical procedure not specifically listed in the Schedule of Surgical Indemnity Benefits;
- 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.

### **Transamerica Life Insurance Company Group Term Life and AD&D Rider Limitations and Exclusions:**

**Group Term Life**—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 dies 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.

**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;
- 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.

# ENROLLMENT STEPS

**Please complete the following easy steps to enroll in this great new benefit:**

## **To Enroll By Mail:**

### STEP 1

Complete, Sign and Date Enrollment form. Be sure to include information on all individuals to be covered.

### STEP 2

Complete, Sign and Date the Payment Options Form.

### STEP 3

Write a Check made payable to GIS for the first month's premium.

### STEP 4

Return the following items to: GIS Benefits Center  
PO Box 8633  
Madison, WI 53708-8633

1. Completed Enrollment Form
2. Completed Payment Option Form
3. Check made payable to GIS for one month's premium

## **To Enroll Online:**

Go to <https://www.gisonline.com/tlw>

-Credit Card payment is the only option if you enroll online

## **For Questions:**

If you have any questions on the enrollment process or payment options, please contact GIS Benefits Center at  
**1-877-817-4805**

If you have any questions on specific policy benefits, please contact Transamerica-KBA at  
**1-866-867-6883**





# Greater Insurance Service Corp. Payment Option Form

## Please Complete the Following Information

Please Print

Insured Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ST ZIP

### *Please Select and Check one of the Following Payment Methods*

VISA Monthly       MasterCard Monthly

#### Instructions for Credit Cards

1. Please complete the following account information and return with a check made payable to Greater Insurance Service for one month's premium
2. Credit cards will be charged around the 20th of the month for the next month's premium

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Personal Account Insurance Deduction (P.A.I.D.) Arranged by Greater Insurance Service Corp

#### Instructions for P.A.I. D.

- 1.-Please submit voided check (no deposit slips) and a check for one month's premium made payable to GIS.
- 2.-Premium will be deducted around the 15th of each month for the next month's premium

#### Please Select the Account Type for Withdrawal

WITHDRAWAL AUTHORIZATION

Checking Account       Savings Account

Name of Depositor \_\_\_\_\_  
(Print name as shown on Financial Institution Records)

Bank Information \_\_\_\_\_  
(Bank Name, Address and Phone # where account is maintained)

TRANSMIT/ROUTING ABA# \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

#### PRE-AUTHORIZED WITHDRAWAL PAYMENT METHOD

As a convenience to me, I hereby request and authorize Greater Insurance Service Corp. to pay and charge to my account, maintained at the above named financial institution, for the payment of premiums due on policies I currently have or may purchase and desire to include under the P.A.I.D. Agreement. The amounts will be drawn on my account by and payable to the order of Greater Insurance Service Corp. provided there are sufficient funds in said account to pay the same upon presentation. This authorization will remain in effect until revoked by me in writing and until Greater Insurance Service Corp. actually receives such notice. I agree that Greater Insurance Service Corp. shall be fully protected in honoring any withdrawals. I understand that if the withdrawal is presented and not honored for any reason and the amount due is not paid, Greater Insurance Service Corp. assumes no responsibility for a policy lapse or cancellation due to non-payment. This arrangement shall terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of my rights in respect to each such charge shall be the same as if they were signed personally by me. A customer has the right to stop payment of a debit entry by notification to Financial Institution prior to charging account. After account has been charged the customer has the right to have the amount of an erroneous entry immediately credited to their account by Financial Institution up to 15 days following the issuance of statement or 45 days after posting, whichever occurs first.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Depositor