

Summary of Benefits

This is not basic health insurance or major medical coverage and is not designed as a substitute for either coverage.

Benefit Description	Bronze	Silver	Gold	Platinum	Platinum Plus
The Advantage Scheduled Benefit Plans include:					
OUTPATIENT PHYSICIAN OFFICE VISIT INDEMNITY BENEFIT Per visit up to max visits per calendar year, per covered person	\$50 6 visits maximum	\$60 6 visits maximum	\$70 6 visits maximum	\$80 6 visits maximum	\$80 8 visits maximum
EMERGENCY ROOM SICKNESS BENEFIT Per visit, number of visits per calendar year, per covered person	\$100 4 visits maximum	\$100 4 visits maximum	\$100 4 visits maximum	\$100 4 visits maximum	\$100 4 visits maximum
OUTPATIENT DIAGNOSTIC X-RAY and LABORATORY INDEMNITY BENEFIT Up to max days of testing per calendar year, per covered person	\$75 3 days maximum	\$100 3 days maximum	\$100 3 days maximum	\$100 4 days maximum	\$150 4 days maximum
WELLNESS INDEMNITY BENEFIT Per calendar year, per insured over 2 years of age, per visit; 4 visits per year for children 0-12 months and 2 visits per year for children 12-24 months.	\$50	\$50	\$100	\$100	\$150
DAILY IN-HOSPITAL INDEMNITY BENEFIT Per day over 23 hours (max of 30 days per confinement)	\$400	\$600	\$800	\$1,000	\$1,000
INTENSIVE CARE INDEMNITY BENEFIT Per day (annual maximum of 30 days)	\$400	\$600	\$800	\$1,000	\$1,000
SURGICAL AND ANESTHESIA INDEMNITY BENEFIT Pays benefit shown in Surgery Schedule up to the maximum amount; pays additional 20% for Anesthesia.	\$1,000 Schedule	\$1,500 Schedule	\$2,500 Schedule	\$4,000 Schedule	\$4,000 Schedule
IN-HOSPITAL SURGICAL ADDITIONAL INDEMNITY BENEFIT One confinement per year	\$500	\$500	\$1,000	\$1,000	\$1,000
DAILY INPATIENT DRUG AND ALCOHOL INDEMNITY BENEFIT Per day (annual maximum of 30 days)	\$100	\$200	\$200	\$300	\$300
DAILY SKILLED NURSING BENEFIT RIDER Maximum of 60 days per calendar year, per covered person; 60 day elimination period	\$160	\$240	\$320	\$400	\$600
DAILY INPATIENT MENTAL AND NERVOUS INDEMNITY BENEFIT Per day (annual maximum of 30 days)	\$100	\$200	\$200	\$300	\$300
OFF-THE-JOB ACCIDENTAL INJURY BENEFIT Pays actual charges* of expenses up to a maximum per covered accident (5 covered accidents per calendar year).	\$300	\$400	\$500	\$500	\$500

Summary of Benefits continued

Benefit Description	Bronze	Silver	Gold	Platinum	Platinum Plus
<p>AMBULANCE INDEMNITY BENEFIT Per trip in an ambulance, 3 trips per calendar year per covered person; lifetime maximum of 6 trips.</p>					\$250
<p>CRITICAL ILLNESS INDEMNITY BENEFIT AND SUBSEQUENT CRITICAL ILLNESS INDEMNITY BENEFIT Lump sum benefit for the initial diagnosis of a covered critical illness and an additional lump sum benefit of the same amount for subsequent and separate covered critical illness.</p>					<p>\$10,000 (Member)</p> <p>\$5,000 (Dependents)</p>
<p>GROUP TERM LIFE WITH ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS AD&D coverage is not available to dependent children. <i>Form Series CP100200, CC100400 and CR101100</i></p>	<p><i>Same benefit for Bronze, Silver and Gold plan levels</i></p> <p>Member – Term Life \$5,000 with full benefit amounts AD&D \$5,000 Spouse – Term Life \$2,500 Children - Term Life \$2,500</p>			<p><i>Same benefit for Platinum and Platinum Plus plan levels</i></p> <p>Member – Term Life \$10,000 with full benefit amounts AD&D \$10,000 Spouse – Term Life \$5,000 Children – Term Life \$2,500</p>	

* In regards to Off-the-Job Accidental Injury Benefit, the plan pays actual charges as the amount actually paid by or on behalf of the covered person, and accepted by the provider as payment in full for services rendered.

The plan will not pay benefits for any care provided prior to the coverage effective date or if you are confined in a hospital at the time the coverage is effective. Hospital does not include a nursing home, convalescent home or extended care facility. The Insurance benefits described above are offered by Transamerica Life Insurance Company to members of OOIDA. For cost and further details of coverage, including exclusions, any restrictions or limitations, and the terms under which the policy may be continued in force, contact the OOIDA Medical Benefits Group. Form Series CPCH0200 and CCCH0200.

These plans are not available in MA, ME, NH, or WA.