

Important Health Insurance Information



New PCIL Advantage Plans

This program, called TransChoice® Plus, is underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, IA. Administration of the plan is provided by Key Benefits Administrators. Policy form Series CP200100/CC200100.

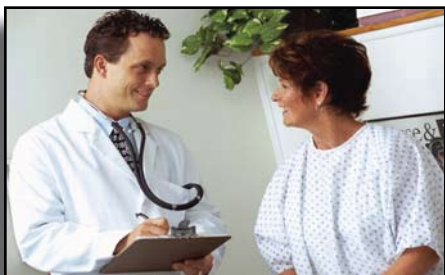
RLI and Pennsylvania Council on Independent Living (PCIL) are excited about the new benefit plan available this year. In addition to the Preferred and Elite plans, all attendants now have access to the Enhanced plan which provides a greater level of coverage and additional benefits not previously offered. All three plan are designed to provide coverage for basic health care services. We encourage you to review the enclosed information in order to decide which plan is most suitable for you and your family.

If you are currently enrolled, you only need to call the call center if you want to make changes to your coverage. If you choose not to make changes, you will be automatically enrolled in the corresponding plan at the lower rates.

If you are **NOT** currently enrolled and want to enroll, you must call the call center by February 29, 2008.

Key Features of the PCIL Advantage Plan

- No Pre-Existing Condition Limitations
- Guarantee Issue
- First Dollar Coverage
- Discounts Available for Network Provider Use
- No Deductibles or Coinsurance
- No Benefit Waiting Periods
- No Coordination of Benefits - Plan pays in **addition** to other insurance you may have



PCIL Advantage Covered Services Include

- Outpatient Physician's Office Visit Indemnity Benefit
- Outpatient Diagnostic X-Ray and Lab Indemnity Benefit
- Wellness Indemnity Benefit
- Accident Indemnity Benefit
- Emergency Room Sickness
- Ambulance Indemnity Benefit
- PPO Network (Offered by KBA)
- Daily In-Hospital Indemnity Benefit
- In-Hospital Additional Indemnity Benefit
- Daily Intensive Care Indemnity Benefit
- Surgical and Anesthesia Indemnity Benefit
- Critical Illness Indemnity Benefit
- Prescription Benefits (Offered by Envision)
- Discounted Health Services

Attendants will use our national call center to enroll. Our call center is staffed with customer service representatives who will answer benefit questions and immediately enroll you in the plan over the phone.

Open enrollment begins February 11, 2008 and ends February 29, 2008

Coverage will become effective April 1, 2008

Please call 1-800-481-9979 to enroll today!

**The enrollment center is available between
8:30 AM and 7:00 PM EST Monday through Friday**

This plan is offered in association with Resources for Living Independently.

To All Attendants: The TransChoice® Plus Group Voluntary Limited Benefit Medical Plan provides **first dollar coverage** with **no deductibles** and **no coinsurance requirements**. This plan is **fully insured** with **limited network restrictions**. Network use is required for the Non-Insurance Prescription Card, New Benefits Discount Program, and PPO Network Benefit offered through Key Benefits Administrator, Inc. Benefits are paid directly to the provider, unless the insured elects reimbursement of medical benefits.

Included in all plans are the Prescription Card, New Benefits Discount Program, and PPO Network Benefit!

PHARMACEUTICAL BENEFITS - BEST Rx - Provided by Rx Options, Inc. - Network Use Required
Select Generic Drugs - \$10, \$20, or \$50 tier (30-day supply)
Select Brand Name Drugs - \$10, \$20, or \$50 tier (30-day supply)
Non-Select Brand and Generic Drugs - Discounts averaging 19% off the average wholesale price (30-day supply)
No Annual Maximum, No Deductibles, No Claim Forms, Accepted at over 43,000 Pharmacies nationwide

"NEW BENEFITS" CARD - This program offers discounts on health services and provides access to medical information
Health Service Discounts: **Vision** - Save up to 60% **Hearing** - Save up to 50% (Network Use Required)
Medical Information: Access to a 24 hour **Nurse Hotline** Access to **Counseling services** and **discounted referrals**

PPO BENEFIT - NATIONAL PREFERRED PROVIDER NETWORK (NPPN) - Network Use Required
Members have access to a **PPO Network**, which provides discounts on **Hospital** and **Physician** services. Using the **PPO Network** may lower out-of-pocket medical expenses. The **NPPN network** is comprised of more than 450,000 **physician** locations, nearly 4,000 **acute care** facilities, and more than 65,000 **ancillary care** provider locations.

	PREFERRED	ELITE	*NEW! - ENHANCED
Doctor's Office Visits • Calendar Year Maximum	Pays \$50 per Visit, Maximum 6 Visits	*Pays \$80 per Visit, Maximum 6 Visits	Pays \$100 per Visit, Maximum 6 Visits
Preventive Care • Calendar Year Maximum	*Pays \$75 per Visit, Maximum 1 Visit	*Pays \$100 per Visit, Maximum 1 Visit	Pays \$200 per Visit, Maximum 2 Visits
Accident Benefit • Calendar Year Maximum	Up to \$300 per Occurrence, Maximum 5 Accidents	Up to \$500 per Occurrence, Maximum 5 Accidents	Up to \$1,000 per Occurrence, Maximum 5 Accidents
Diagnostic, X-Ray, and Lab • Calendar Year Maximum	Pays \$50 per Visit, Maximum 3 Testing Days	Pays \$75 per Visit, Maximum 3 Testing Days	Pays \$100 per Visit, Maximum 4 Testing Days
Surgical Benefit	Pays \$1,000 per Year (According to a Schedule)	Pays \$1,500 per Year (According to a Schedule)	Pays \$2,500 per Year (According to a Schedule)
Anesthesia Benefit	20% of Surgical Benefit	20% of Surgical Benefit	20% of Surgical Benefit
Daily In-Hospital • Calendar Year Maximum	Pays \$200 per Day, 30 Days per Confinement	Pays \$400 per Day, 30 Days per Confinement	Pays \$500 per Day, 30 Days per Confinement
Critical Illness and Subsequent Critical Illness	—	Pays \$2,500	Pays \$5,000
In-Hospital Admission Benefit • Calendar Year Maximum	—	—	\$1,000 for Confinement, 1 Confinement
Intensive Care Benefit	—	—	Pays \$500 per Day, 30 Days per Year
Emergency Room Sickness • Calendar Year Maximum	—	—	Pays \$200 per Visit, Maximum 2 Visits
Ambulance Benefit • Calendar Year Maximum	—	—	Pays \$200 per Occurrence Maximum 3 Trips
Life and AD&D Insurance • Employee • Spouse (Life Only) • Child (Life Only)	\$5,000 \$2,500 *\$2,500	\$5,000 \$2,500 *\$2,500	\$5,000 \$2,500 \$2,500
Attendant Weekly Rates			
Attendant:	\$7.19	\$13.46	\$28.27
Attendant + Spouse:	\$15.10	\$26.56	\$53.97
Attendant + Child(ren):	\$14.18	\$24.38	\$51.92
Family:	\$22.16	\$37.63	\$77.89

***Denotes benefit enhancements from the 2007 plan designs and the new plan for the 2008 plan year.**

IMPORTANT NOTICE: This is a Benefit Plan highlight sheet and is not intended to be a complete legal description of the benefit program. Complete information is available upon request and will be provided to you in the certificate of insurance or member benefit booklets for the various programs in which choose to participate. This program is not intended to replace, nor do we recommend that it replace any comprehensive program of insurance in which you currently participate, or are considering participation in.

Open Enrollment begins February 11, 2008 and ends February 29, 2008 Coverage will become effective April 1, 2008

To enroll call 1-800-481-9979. The enrollment center is available between 8:30 AM and 7:00 PM EST Monday through Friday.

Limitations and Exclusions

**TransChoice® Plus Underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA
Administration Provided by Key Benefit Administrators, Indianapolis, IN**

No benefits will be payable as the result of: In the event of suicide, the Company's liability may be limited to only the return of premiums paid; any intentionally self-inflicted injury or sickness; rest care or rehabilitative care and treatment (unless provided as a benefit on the Schedule of Benefits); 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 (unless covered under the Wellness Indemnity Benefit); the treatment of mental illness; functional or organic nervous disorder, regardless of cause (unless the daily Inpatient Mental and Nervous Benefit is shown on the Schedule of Benefits); alcohol abuse and drug use, unless such drugs were taken on the advice of a physician and taken as prescribed (unless the daily Inpatient Drug and Alcohol Benefit is shown on the Schedule of Benefits); 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 vasectomy; 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.

**Group Term Life Insurance Policy with Accidental Death & Dismemberment Rider
Underwritten by Transamerica Life Insurance Company, Administrative Office, Little Rock, AR**

Exclusions – Group Term Life Policy

We will not pay a death benefit if an insured dies by suicide, while sane or insane, within two years of the date his/her insurance starts. If the insured or his/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.

Exclusions – Accidental Death & Dismemberment 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: In the event of suicide, the Company's liability may be limited to only the return of premiums paid; 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. This Rider stops on the employee's 70th Birthday.

Resources for Living Independently (RLI) and the Pennsylvania Council on Independent Living (PCIL) are pleased to offer these benefits in order to promote the health and wellness of our attendants.