



# RCA Benefit Suite

## Take a look inside!

**New benefits this year! Enrollment Starts July 15th - August 31st.**

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### Eligibility Requirements

The eligibility requirements for the Hospital Indemnity Insurance, 10 and 20 Year Term Life Insurance, Short-Term Disability Insurance, Critical Illness Insurance, Accident Insurance through **Transamerica Life Insurance Company, Cedar Rapids, IA** are as follows:

1. You must be an active member of the National Rural Letter Carriers' Association to apply for insurance.
2. You must be actively at work and able to perform all duties of your job.
3. If you are a new NRLCA member, there is a 45 day waiting period before a new leave replacement carrier is eligible to enroll.
4. After the 45-day waiting period, new NRLCA members have 30 days to elect to enroll or must wait until the next open enrollment period.

During open enrollment - the 45 day waiting period is being waived. Please see policy specifics for dependent eligibility, if a dependent is currently disabled. Please visit [www.rc-benefits.com](http://www.rc-benefits.com) for more information.

# Help Protect You and Your Family with These Voluntary Insurance Products.

## Hospital Indemnity Insurance

Hospital Indemnity Insurance pays a set amount if an insured is confined in a hospital. Even with the best primary insurance plan, out-of-pocket costs from a hospital stay can add up.

Hospital Indemnity insurance benefits can help defray expenses that major medical insurance doesn't cover, like deductibles, co-pays or co-insurance amounts. Benefits can also be used for non-medical expenses such as rent or mortgage, car payment, groceries, or child care.

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.

## HealthiestYou

**Consult with a Doctor**  
**24/7 physician access via phone, email or video**

HealthiestYou is an innovative and comprehensive telehealth and wellness solution, serving as an accessible complement to any health insurance plan.

With access to a 24/7 physician network as well as a one-of-its-kind online wellness program, these services help you save money. Look inside for complete details.

## Short-Term Disability Income Insurance

**How long could you go without a paycheck?**

If you run out of vacation or leave days, will you have enough savings to make it? Would you want to borrow money from family or friends while you're getting well? Obtaining Social Security disability benefits can be challenging and time consuming. Now the NRLCA is making voluntary short-term disability income insurance available to you. You must satisfy the income requirements to qualify.

**Benefit Period:** 6 months or 12 months

**Waiting Period:** 14 days after a sickness or accident

**Monthly Benefit:**

- \$800 monthly benefit - must work at least 20 hours per week
  - \$1,500 monthly benefit - must work at least 30 hours per week
- Income verification at time of claim.*

## Accident Insurance

### 24 Hour On & Off-the-Job Insurance

You and/or your family are covered 24 hours a day against accidents at home, on vacation, playing sports, etc. Benefits are paid directly to you. A set benefit amount is paid for broken bones, dislocations, loss of limbs, sight, accidental death, daily hospital expenses, lump sum hospital expenses and much more.

### Partial Fee Schedule

*(see full brochure at [www.RC-Benefits.com](http://www.RC-Benefits.com))*

- Accident Emergency Treatment by a physician in a Doctor's office or Hospital.....\$100
- Major Diagnostic Examination CT Scan, MRI, EGG.....\$160
- Follow up Visits (3 per accident) & Physical Therapy (10 per accident).....\$75 per visit
- Initial Accident Hospitalization Benefit.....\$2,400
- Accident Hospital Income Benefit (Up to 365 days while in the hospital).....\$200 per day

## Critical Illness Insurance

Pays a lump sum when you are diagnosed with cancer, have a stroke, have a heart attack, need a major organ transplant or end-stage renal failure. Use the lump sum benefit for anything you wish. You can purchase either \$10,000 or \$20,000 of this lump sum benefit.

## 10 or 20 Year Term Life Insurance

**If Something Happens to You, Is Your Family Ready for Tomorrow?**

There is no way to know what will happen tomorrow, but there is a way to help protect your family against the unexpected. Trans Select® 10 or 20 is Transamerica's term life insurance product to help meet life's changes — today and tomorrow.

### Riders Included with Base Policy:

- Accelerated Death Benefit for Terminal Illness
- Accelerated Death Benefit for Long-Term Care

Please call (877) 817-4801 or visit [www.RC-Benefits.com](http://www.RC-Benefits.com) for more information.



# Hospital Indemnity Insurance

## Hospital Select® II

*Underwritten by Transamerica Life Insurance Company*

Hospital Indemnity Insurance pays a set amount if an insured is confined in a hospital. Even with the best primary insurance plan, out-of-pocket costs from a hospital stay can add up.

Hospital Indemnity insurance benefits can help defray expenses that major medical insurance doesn't cover, like deductibles, co-pays or co-insurance amounts. Benefits can also be used for non-medical expenses such as rent or mortgage, car payment, groceries, or child care.

### Benefits

**Daily In-Hospital Indemnity Benefit**                      **\$50.00 per day/Maximum \$5,000 per calendar year**

Pays each day a covered person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.

**Hospital Confinement Indemnity Benefit**            **\$750.00 1 day per confinement/1 day per calendar year**

Pays if a covered person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission.

**Critical Illness Indemnity Benefit**                      **\$2,500.00 per person**

Pays once when the insured is diagnosed with a critical illness (invasive cancer, heart attack, stroke, end stage renal failure, or major organ failure). A subsequent benefit is payable when the insured is diagnosed with a different critical illness 60 or more days after the first diagnosis.

<b>Surgical and Anesthesia Benefit</b>	<b>\$1,000 Inpatient Surgery</b>	<b>1 day calendar year maximum</b>
	<b>\$500 Outpatient Surgery</b>	<b>1 day calendar year maximum</b>
	<b>\$100 Outpatient Minor Surgery</b>	<b>1 day calendar year maximum</b>
	<b>30% extra is paid if anesthesia is administered</b>	

### MONTHLY RATES

Member	<b>\$32.18</b>
Member plus Children	<b>\$56.13</b>
Member plus Spouse	<b>\$71.01</b>
Member plus Family	<b>\$87.30</b>

This is a brief summary of Hospital Select® II Group Hospital Indemnity Insurance underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, IA. Policy Form Series CPGHI400 and CCGHI400. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. **THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.**

# Accident Insurance

## AccidentAdvance® 24-Hour On & Off-the-Job Coverage

Underwritten by Transamerica Life Insurance Company

You and/or your family are covered 24 hours a day against accidents whether you are working as a rural letter carrier, at home, on vacation, playing sports, etc. Benefits are paid directly to you. A set dollar amount is paid for broken bones, dislocations, loss of limbs, sight, accidental death, dally hospital expenses, lump sum hospital expenses and much more.

### Partial Benefit Schedule:

Accident Emergency Treatment.....	\$100
Major Diagnostic Examination.....	\$160
Follow up Visits & Physical Therapy.....	\$75 per visit
Initial Accident Hospitalization Benefit.....	\$2,400
Accident Hospital Income Benefit.....	\$200 per day

### See full brochure at [www.RC-Benefits.com](http://www.RC-Benefits.com)

Benefits are payable only once per covered person, per accident, unless otherwise noted. Benefits are not payable for services rendered by an immediate family member.

### Accident Emergency Treatment

**Accident Emergency Treatment Benefit** - For treatment by a physician and X-rays received in a hospital or physician's office received within 96 hours of the accident. \$100

**Major Diagnostic Examination Benefit** - For one CT Scan, MRI, or EEG completed within 90 days of the accident. \$160

### Dislocation Benefit

For dislocations reduced under general anesthesia. A dislocation reduced without general anesthesia is limited to 25% of the benefit amount for the dislocation involved. Benefits are payable only for the first dislocation of a joint. If multiple dislocations are reduced, we will pay 1 1/2 times the highest benefit amount and no other amount will be paid under this benefit.

Dislocated Joint	Open Reduction	Closed Reduction
Hip	\$3,200	\$1,080
Knee or Shoulder	\$1,080	\$440
Collar Bone	\$1,720	\$320
Ankle or Foot (except toes)	\$1,080	\$320
Lower Jaw	\$1,080	\$560
Wrist or Elbow	\$880	\$440
Toe or Finger	\$240	\$120

This is a brief summary of AccidentAdvance®, Accident Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPACC100 and CCACC100. Forms and form numbers may vary. This coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

### Fracture Benefit

For repair of a fracture sustained in an accident. A chip fracture is limited to 10% of the benefit amount for the fracture involved. If multiple fractures are repaired, we will pay 1 1/2 times the highest benefit amount and no other amount will be paid under this benefit.

Fractured Bone	Open Reduction	Closed Reduction
Coccyx	\$560	\$280
Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$1,360	\$680
Hip	\$4,000	\$1,360
Leg	\$1,680	\$1,360
Nose, Heel or Fingers	\$1,360	\$280
Rib(s)	\$2,680	\$280
Skull	\$2,160	\$800
Toes	\$560	\$280
Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$1,600	\$680
Vertebrae, Pelvis	\$680	\$680
Vertebral Processes	\$2,680	\$400

If dislocations and fractures are both involved, we will pay 1 1/2 times the highest dislocation or fracture benefit amount and no other amount will be paid under the dislocation benefit or the fracture benefit.

### Follow-Up Visits and Physical Therapy

**Accident Follow-Up Treatment Benefit** – Maximum of 3 follow-up visits per accident. For follow-up treatment visits, original treatment must have been received within 96 hours of the accident. Treatment must begin within 30 days of, and completed within the 6 month period following the later of: (1) the accident; (2) discharge from the hospital from a covered confinement; or (3) discharge from an extended care facility. Treatments must be provided by a physician in their office or in a hospital on an outpatient basis. \$75

**Physical Therapy Benefit** – Maximum of 10 treatments per accident. For physical therapy treatments performed by a licensed Physical Therapist under the advice of a physician. Treatment must begin within 120 days of the accident and be completed within 1 year of the accident. \$75



# Accident Insurance

## Initial Accident Hospitalization

**Initial Accident Hospitalization Benefit** \$2,400  
Benefit is payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.

<b>Ambulance Benefit</b>	Ground Ambulance	\$480
For ambulance transportation by a licensed ambulance service to the nearest hospital for treatment within 96 hours of the accident.	Air Ambulance	\$2,400

## Accident Hospital and ICU Income Rider

**Accident Hospital Income Benefit** - For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident. \$200

**Accident ICU Benefit** - For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident. \$600

## Expanded Benefits Rider

The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.

**Burns** - Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.

Second-degree burns of at least 25% but not more than 35% of body surface	\$480
Second-degree burns of more than 35% of body surface	\$1,200
Third-degree burns covering 6 through 10 square centimeters of body surface	\$1,200
Third-degree burns covering 10 through 25 square centimeters of body surface	\$3,200
Third-degree burns covering 25 through 35 square centimeters of body surface	\$7,200
Third-degree burns covering more than 35 square centimeters of body surface	\$9,600

**Lacerations** - Must be treated or repaired within 96 hours of the accident.

Lacerations not requiring sutures	\$32
Single laceration less than 7.5 centimeters	\$64
Lacerations 7.6 to 20 centimeters	\$240
Lacerations over 20 centimeters	\$480

### Eye Injury

With surgical repair	\$320
Non-surgical removal of foreign body by a physician	\$56

### Emergency Dental Work

One or more broken teeth repaired with crowns	\$240
One or more broken teeth resulting in extractions	\$64
	\$160

**Brain Concussion** - Must be diagnosed by a physician within 96 hours of the accident. \$12,000

**Coma** - Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs, and require the use of life support systems.

**Paralysis** – Lasting a minimum of 30 days

Quadriplegia (paralysis of four limbs)	\$12,000
Paraplegia (paralysis of lower limbs)	\$6,000

**Tendons, Ligaments, and/or Rotator Cuffs** – Must be detached, torn, ruptured, or severed and surgically repaired by a physician within 1 year of the accident. Only one of the following benefits is payable.

Arthroscopic surgery with no repair	\$160
Repair of one	\$400
Repair of two or more	\$800

**Ruptured Discs and/or Torn Knee Cartilage** – Must be surgically repaired by a physician within 1 year of the accident. Only one of the following benefits is payable.

Shaved cartilage (debridement) or arthroscopic surgery with no repair	\$160
Repair of one	\$400
Repair of two or more	\$800

**Major Surgery** – For an open abdominal, cranial, or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded. \$1,200

**Appliance** – For a medical appliance recommended by a physician as an aid in personal locomotion. Appliances include items such as crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for prosthetic devices. \$160

**Prosthetic Devices** – For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eye glasses, or for cosmetic prosthetic devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee.

One prosthetic device	\$600
Two or more prosthetic devices	\$1,200

**Blood, Plasma, and Platelets** – Required for the treatment of injuries due to a covered accident. Immunoglobulins are not covered. \$320

**Transportation** – Benefit is payable for up to 2 round trips to the hospital per accident per covered person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefits are not payable for transportation to any hospital within a 100-mile radius of the site of the accident or the residence of the covered person. \$480

## MONTHLY RATES

Member	<b>\$13.58</b>
Member plus Children	<b>\$19.14</b>
Member plus Spouse	<b>\$21.36</b>
Member plus Family	<b>\$27.08</b>



# 10 Year Term Life Insurance

(includes Accelerated Death Benefit for Long Term Rider)

## Trans Select® 10

Underwritten by Transamerica Life Insurance Company

### If Something Happens to You, Is Your Family Ready for Tomorrow?

There is no way to know what will happen tomorrow, but there is a way to help protect your family against the unexpected. Trans Select® 10 is Transamerica's term life insurance product to meet life's changes - today and tomorrow.

At the end of each term, the policy will automatically renew unless cancelled by the owner. The new premium rate, based on the attained age of the insured and the death benefit, will be presented. The premium change will occur on the group renewal date. Subsequent term periods are 10 years until the expiration date, if earlier.

### Riders included with Base Policy

- Accelerated Death Benefit for Terminal Illness
- Accelerated Death Benefit for Long-Term Care

Please review the flowchart on how the Accelerated Death Benefit for Long Term Care Rider benefits work

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### 10 Year Term Life Insurance Monthly Rates

Issue Age	Non-Tobacco				Tobacco			
	SPOUSE ONLY 15,000	30,000	50,000	100,000	SPOUSE ONLY 15,000	30,000	50,000	100,000
18	2.88	5.75	9.58	19.17	4.13	8.25	13.75	27.50
19	2.90	5.80	9.67	19.33	4.15	8.30	13.83	27.67
20	2.93	5.85	9.75	19.50	4.18	8.35	13.92	27.83
21	2.94	5.88	9.79	19.58	4.20	8.40	14.00	28.00
22	3.00	6.00	10.00	20.00	4.25	8.50	14.17	28.33
23	3.03	6.05	10.08	20.17	4.28	8.55	14.25	28.50
24	3.09	6.18	10.29	20.58	4.33	8.65	14.42	28.83
25	3.11	6.23	10.38	20.75	4.35	8.70	14.50	29.00
26	3.20	6.40	10.67	21.33	4.43	8.85	14.75	29.50
27	3.34	6.68	11.13	22.25	4.70	9.40	15.67	31.33
28	3.43	6.85	11.42	22.83	4.81	9.63	16.04	32.08
29	3.53	7.05	11.75	23.50	5.05	10.10	16.83	33.67
30	3.61	7.23	12.04	24.08	5.25	10.50	17.50	35.00
31	3.71	7.43	12.38	24.75	5.39	10.78	17.96	35.92
32	3.79	7.58	12.63	25.25	5.51	11.03	18.38	36.75
33	3.88	7.75	12.92	25.83	5.73	11.45	19.08	38.17
34	4.06	8.13	13.54	27.08	6.00	12.00	20.00	40.00
35	4.28	8.55	14.25	28.50	6.34	12.68	21.13	42.25
36	4.58	9.15	15.25	30.50	6.89	13.78	22.96	45.92
37	5.00	10.00	16.67	33.33	7.41	14.83	24.71	49.42
38	5.24	10.48	17.46	34.92	7.99	15.98	26.63	53.25
39	5.61	11.23	18.71	37.42	8.78	17.55	29.25	58.50
40	5.98	11.95	19.92	39.83	9.61	19.23	32.04	64.08
41	6.38	12.75	21.25	42.50	10.53	21.05	35.08	70.17
42	6.78	13.55	22.58	45.17	11.30	22.60	37.67	75.33

Issue Age	Non-Tobacco				Tobacco			
	SPOUSE ONLY 15,000	30,000	50,000	100,000	SPOUSE ONLY 15,000	30,000	50,000	100,000
43	7.19	14.38	23.96	47.92	12.16	24.33	40.54	81.08
44	7.78	15.55	25.92	51.83	13.03	26.05	43.42	86.83
45	8.30	16.60	27.67	55.33	13.88	27.75	46.25	92.50
46	8.91	17.83	29.71	59.42	14.93	29.85	49.75	99.50
47	9.51	19.03	31.71	63.42	16.38	32.75	54.58	109.17
48	10.19	20.38	33.96	67.92	17.69	35.38	58.96	117.92
49	10.89	21.78	36.29	72.58	18.95	37.90	63.17	126.33
50	11.56	23.13	38.54	77.08	20.29	40.58	67.63	135.25
51	12.21	24.43	40.71	81.42	21.70	43.40	72.33	144.67
52	12.80	25.60	42.67	85.33	23.14	46.28	77.13	154.25
53	13.46	26.93	44.88	89.75	24.81	49.63	82.71	165.42
54	14.13	28.25	47.08	94.17	26.99	53.98	89.96	179.92
55	15.15	30.30	50.50	101.00	29.41	58.83	98.04	196.08
56	16.58	33.15	55.25	110.50	31.15	62.30	103.83	207.67
57	17.80	35.60	59.33	118.67	34.11	68.23	113.71	227.42
58	19.19	38.38	63.96	127.92	37.16	74.33	123.88	247.75
59	20.56	41.13	68.54	137.08	39.76	79.53	132.54	265.08
60	22.14	44.28	73.79	147.58	43.19	86.38	143.96	287.92
61	23.83	47.65	79.42	158.83	45.54	91.08	151.79	303.58
62	25.51	51.03	85.04	170.08	48.65	97.30	162.17	324.33
63	27.20	54.40	90.67	181.33	52.81	105.63	176.04	352.08
64	29.04	58.08	96.79	193.58	57.43	114.85	191.42	382.83
65	31.84	63.68	106.13	212.25	63.04	126.08	210.13	420.25

#### Note:

- Spouses can only elect the \$15,000 benefit amount
- The minimum member benefit is \$30,000

This is a brief summary of Trans Select® Group Term Life Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa 52499. Policy form series CPVTL200 and CCVTL200; Rider form series CRTIVT00, CRWPL200 and CRCHL200. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

All Rates are Monthly



# 20 Year Term Life Insurance

(includes Accelerated Benefit for Long Term Care Rider)

## Trans Select® 20

Underwritten by Transamerica Life Insurance Company

### If Something Happens to You, Is Your Family Ready for Tomorrow?

There is no way to know what will happen tomorrow, but there is a way to help protect your family against the unexpected. Trans Select® 20 is Transamerica's term life insurance product to meet life's changes - today and tomorrow.

At the end of each term, the policy will automatically renew unless cancelled by the owner. The new premium rate, based on the attained age of the insured and the death benefit, will be presented. The premium change will occur on the group renewal date. Subsequent term periods are 20 years until the expiration date, if earlier.

### Riders included with Base Policy

- Accelerated Death Benefit for Terminal Illness
- Accelerated Death Benefit for Long-Term Care

Please review the flowchart on how the Accelerated Death Benefit for Long Term Rider benefits work

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### 20 Year Term Life Insurance Monthly Rates

Issue Age	Non-Tobacco				Tobacco			
	SPOUSE ONLY 15,000	30,000	50,000	100,000	SPOUSE ONLY 15,000	30,000	50,000	100,000
18	3.39	6.78	11.29	22.58	4.74	9.48	15.79	31.58
19	3.41	6.83	11.38	22.75	4.76	9.53	15.88	31.75
20	3.44	6.88	11.46	22.92	4.79	9.58	15.96	31.92
21	3.45	6.90	11.50	23.00	4.81	9.63	16.04	32.08
22	3.48	6.95	11.58	23.17	4.84	9.68	16.13	32.25
23	3.50	7.00	11.67	23.33	4.86	9.73	16.21	32.42
24	3.69	7.38	12.29	24.58	4.98	9.95	16.58	33.17
25	3.71	7.43	12.38	24.75	5.00	10.00	16.67	33.33
26	3.93	7.85	13.08	26.17	5.26	10.53	17.54	35.08
27	3.98	7.95	13.25	26.50	5.33	10.65	17.75	35.50
28	4.20	8.40	14.00	28.00	5.59	11.18	18.63	37.25
29	4.24	8.48	14.13	28.25	5.64	11.28	18.79	37.58
30	4.53	9.05	15.08	30.17	5.93	11.85	19.75	39.50
31	4.56	9.13	15.21	30.42	5.98	11.95	19.92	39.83
32	4.78	9.55	15.92	31.83	6.26	12.53	20.88	41.75
33	4.81	9.63	16.04	32.08	6.31	12.63	21.04	42.08
34	5.09	10.18	16.96	33.92	6.63	13.26	22.08	44.17
35	5.25	10.50	17.50	35.00	7.00	14.00	23.33	46.67
36	5.68	11.35	18.92	37.83	7.79	15.58	25.96	51.92
37	6.14	12.28	20.46	40.92	8.75	17.50	29.17	58.33
38	6.53	13.05	21.75	43.50	9.15	18.30	30.50	61.00
39	6.88	13.75	22.92	45.83	9.71	19.43	32.38	64.75
40	7.13	14.25	23.75	47.50	10.08	20.13	33.58	67.17
41	7.49	14.98	24.96	49.92	11.10	22.20	37.00	74.00
42	7.76	15.53	25.88	51.75	12.01	24.05	40.04	80.08

Issue Age	Non-Tobacco				Tobacco			
	SPOUSE ONLY 15,000	30,000	50,000	100,000	SPOUSE ONLY 15,000	30,000	50,000	100,000
43	8.31	16.63	27.71	55.42	13.14	26.28	43.79	87.58
44	8.96	17.93	29.88	59.75	13.98	27.95	46.58	93.17
45	9.20	18.40	30.67	61.33	15.10	30.20	50.33	100.67
46	9.60	19.20	32.00	64.00	16.24	32.48	54.13	108.25
47	9.94	19.88	33.13	66.25	17.55	35.10	58.50	117.00
48	10.36	20.73	34.54	69.08	18.78	37.55	62.58	125.17
49	10.96	21.93	36.54	73.08	20.43	40.85	68.08	136.17
50	11.74	23.48	39.13	78.25	21.96	43.93	73.21	146.42
51	12.86	25.73	42.88	85.75	23.50	47.00	78.33	156.67
52	14.18	28.35	47.25	94.50	25.21	50.43	84.04	168.08
53	15.50	31.00	51.67	103.33	27.18	54.36	90.58	181.17
54	16.94	33.88	56.46	112.92	29.15	58.30	97.17	194.33
55	17.83	35.65	59.42	118.83	31.23	62.45	104.08	208.17
56	18.95	37.90	63.17	126.33	33.94	67.88	113.13	226.25
57	20.66	41.33	68.88	137.75	36.88	73.75	122.92	245.83
58	22.25	44.50	74.17	148.33	38.99	77.98	129.96	259.92
59	23.93	47.85	79.75	159.50	41.16	82.33	137.21	274.42
60	25.81	51.63	86.04	172.08	45.15	90.30	150.50	301.00
61	27.96	55.93	93.21	186.42	48.15	96.30	160.50	321.00
62	30.11	60.23	100.38	200.75	51.70	103.40	172.33	344.67
63	32.35	64.70	107.83	215.67	56.33	112.65	187.75	375.50
64	35.85	71.70	119.50	239.00	61.43	122.85	204.75	409.50
65	39.65	79.30	132.17	264.33	68.94	137.88	229.79	459.58

#### Note:

- Spouses can only elect the \$15,000 benefit amount
- The minimum member benefit is \$30,000

This is a brief summary of Trans Select® Group Term Life Insurance underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa 52499. Policy form series CPVTL200 and CCVTL200; Rider form series CRTVT00, CRWPL200 and CRCHL200. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

All Rates are Monthly

# The Accelerated Death Benefit for Long Term Care can be used for Nursing Home & Home Health Care Expenses!

**NH=Nursing Home HH=Home Health**

Life Insurance Purchased

**EXAMPLE:**  
**\$100,000**

**If You Need NH or HH Care**

You are unable to perform 2 of the 6 activities of daily living or have a cognitive impairment.

- Transferring
- Bathing
- Toileting
- Eating
- Contenance
- Dressing

**If Death Occurs**

**EXAMPLE:**  
You die and \$100,000 is paid to your beneficiary.

**If Receiving Nursing Home or Assisted Living Care, 4% of the Benefit Amount is Paid Out for up to 25 Months**

**EXAMPLE:**

The Policy would pay out \$4000 a month for 25 months for nursing home and assisted living facility expenses.

**If Receiving Home Health, Care, 2% of the Benefit Amount is Paid Out for up to 50 Months**

**EXAMPLE:**

The Policy would pay out \$2000 a month for 25 months for nursing home and assisted living facility expenses.

**What If You Still Need Care After:**  
25 months for Nursing Home Care  
**OR**  
50 months for Home Health Care

**Is There Any Life Insurance Left? YES!!!**

If you die anytime during or after you have exhausted the Extension of Benefits coverage, your beneficiaries will receive 25% of the life insurance policy amount.

**EXAMPLE:**

Your beneficiaries would receive \$25,000.

**Then the Extension of Benefits Coverage Is Activated - Giving up to an Additional 25 months for Nursing Home or 50 months for Home Health Care Expenses**

**EXAMPLE:**

The Extension of Benefits Coverage provides up to an additional \$100,000 of benefit. The payout process is the same as above, 4% or 2% depending on the type of care you are receiving.

**What Happens if You Die While Receiving Payments for NH or HH Care?**

**EXAMPLE:**

If you used \$35,000 of the \$100,000 life insurance policy for NH or HH expenses and then die. Your beneficiaries would receive the balance of \$65,000 tax-free.

# Life Insurance and Long Term Care Benefits -- All in one policy.



# Short-Term Disability Income Insurance

## TransDI® Plus

Underwritten by Transamerica Life Insurance Company

**How would your bills be paid if you were suddenly disabled and could not work?**

**How long can you go without an income?**

A serious illness or accidental injury can deplete your saving in a relatively short period of time. TransDI® Plus helps replace up to 60% of your salary if you are unable to work because of a disability. You can use the benefit for:

- Mortgage or rent
- Food
- Utilities
- Clothing
- Credit cards and other debts
- Health, life and auto insurance premiums
- Car payments
- Other transportation expenses

### Eligible Benefits and Amounts

An employee is eligible to receive benefits

- When totally disabled
- Under a physician's care
- The accident or sickness is non-work related
- The selected elimination period has been satisfied

### Pre-Existing Condition Limitation

- No benefit for a pre-existing condition until the insured has been continuously covered under the policy for 12 consecutive months
- Must be performing the duties of his or her occupation for 30 continuous days after the first 12 months of coverage

### Income Qualifications

- Plan 1 - \$800 monthly benefit - 6 months (20 hours per week minimum)
- Plan 2 - \$1,500 monthly benefit - 6 months (30 hours per week minimum)
- Plan 3 - \$800 monthly benefit - 12 months (20 hours per week minimum)
- Plan 4 - \$1,500 monthly benefit - 12 months (30 hours per week minimum)

Income verification at time of claim.

This is a brief summary of TransDI® Plus Group Short-Term Disability Income Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPD10100 and CCD10100. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

## Base Coverage

**Waiver of Premium**- An insured member does not pay premiums after 90 consecutive days of total disability or the satisfaction of the elimination period, whichever is later.

**Partial Disability Benefit**- A partial disability will be paid if an insured becomes partially disabled due to the same cause as total disability. The benefit is 50% of the initial benefit.

**Accelerated Benefit for Terminal Illness**- If a member is diagnosed with a terminal illness for the first time, on or after the effective date, we will accelerate the monthly disability benefit for the remaining months of payments of the maximum disability period of the contract, up to 12 months. Rider Form Series CRDIT100.

**Mental Illness Limited Benefit**- Totally Disabled due to a Mental Illness, regardless of the cause, Disability Benefits will be paid for the period. Mental Illness means Disability due to or resulting from psychiatric or psychological conditions, regardless of cause. The term Mental Illness does not apply to dementia, if due to Stroke, Trauma, Viral infection, Alzheimer's disease, or other conditions not usually treated by a mental health provider using psychotherapy, psychotropic drugs, or other similar modalities.

## When do benefits begin?

After satisfying a 14 day waiting period for either a sickness or accident, the plan will pay the selected benefit amount for maximum of 180/365 days or the end of the disability which ever is sooner.

## Short-Term Disability Insurance Monthly Premium

	6 MONTHS		12 MONTHS	
	\$800	\$1,500	\$800	\$1,500
Ages 18-49	\$19.04	\$35.70	\$23.20	\$43.50
Ages 50-59	\$24.16	\$45.30	\$28.96	\$54.30

# Critical Illness Insurance

Underwritten by Transamerica Life Insurance Company

Critical Illness insurance pays a lump sum benefit when you are diagnosed with cancer, have a stroke, have a heart attack, need a major organ transplant or during end-stage renal failure. This benefit is paid directly to you. Use the lump sum benefit for anything you wish. You can select either a \$10,000 or \$20,000 lump sum benefit amount.

## BENEFITS

Categories	Category Benefits	% of Benefit
Category 1	Heart Attack, Stroke, Heart Transplant	100%
	Coronary Bypass Surgery	25%
	Angioplasty/Stent	5%
Category 2	Major Organ Transplant (excluding heart), End-Stage Renal Failure, Paralysis not due to Stroke – all 4 limbs, Burns, Coma, Loss of Sight, Speech or Hearing, Miscellaneous Diseases	100%
	Paralysis not due to Stroke – less than 4 limbs	50%
	Alzheimer's Disease	30%
	Invasive Cancer, Bone Marrow Transplant	100%
Category 3	Carcinoma In Situ, Prostate Cancer with TNM Classification of T1	25%
	Skin Cancer	5%

Categories	Category Benefits	% of Benefit
Recurrence	Recurrent Critical Illness Benefit Rider	50%
Wellness	Wellness Benefit Rider Annual Benefit	\$100

AGE	Member		Member plus Child(ren)		Member plus Spouse/Family	
	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
18-29	\$ 12.30	\$ 18.60	\$ 14.00	\$ 20.50	\$ 19.50	\$ 27.50
30-39	\$ 13.60	\$ 21.20	\$ 15.30	\$ 23.10	\$ 21.70	\$ 31.90
40-49	\$ 21.50	\$ 37.00	\$ 23.20	\$ 38.90	\$ 34.20	\$ 56.90
50-59	\$ 36.60	\$ 67.20	\$ 38.30	\$ 69.10	\$ 55.70	\$ 99.90

*This policy does not increase with age. Premiums and benefits stay level throughout your lifetime. Spouse and child benefits are 50% of the elected member benefit.*

Lifetime Maximum Benefit - Total Critical Illness and Recurrent Benefits are limited to 3 times the elected Benefit.

This is a brief summary of CriticalAssistance Advance<sup>SM</sup>, Critical Illness Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPC10400 and CCC10400. Forms and form numbers may vary. This coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.





Imagine seeing the doctor from the comfort of your home!



Connect with a doctor instantly when you or your children get sick or your allergies kick in. Get a consult, diagnosis, and prescription in minutes. Search in-network providers with our new app. Save up to 85% on prescriptions. Avoid germ-infested waiting rooms.

# \$0 Consult Fee

**Monthly Rates**  
**Single: \$10**  
**Family: \$12**

## TOP 9 PHYSICIAN CONSULTS

Allergies | Bronchitis | Earache | Sore Throat | Sinusitis | Pink Eye | Strep Throat | Respiratory Infection | Urinary Tract Infection

Watch how it works at [www.RC-Benefits.com](http://www.RC-Benefits.com)



### 24x7 UNLIMITED DOCTOR ACCESS

Are you sick? Call HealthiestYou first! Our physician network can diagnose, treat, and prescribe with no consult fees, anytime, anywhere. Really!



### LOCATE PROVIDERS

Need to book a doctor, dentist, or other provider? Our app knows best and will easily lead you through the process. You can even research your doctor first!



### HEALTH MANAGEMENT CONTENT

Are you stressed? Let HealthiestYou guide you to improved health and happiness with relevant health content delivered at the time of need.



### SHOP AND PRICE PROCEDURES

Do you need an MRI or an Ultrasound? Our app puts you in the driver's seat by providing a vehicle to search and price oodles of procedures in your direct area. Happy shopping!



### PRESCRIPTION SAVINGS

Need a prescription? Our geo-based prescription search engine can save you up to 85% on your prescription and will often beat your co-pay.



### SYNC YOUR MEDICAL BENEFITS

Our app provides you a one stop shop to view your medical plan deductible in real time. Easily shop and book in-network and out-of-network providers for medical, dental, vision, and specialists.

YOUR HEALTHCARE JUST GOT A WHOLE LOT EASIER.

HEALTHIESTYOU IS NOT HEALTH INSURANCE AND WE ENCOURAGE ALL MEMBERS TO MAINTAIN ADEQUATE INSURANCE FROM A RESPONSIBLE PROVIDER. HEALTHIESTYOU IS DESIGNED TO COMPLEMENT, AND NOT REPLACE THE CARE YOU RECEIVE FROM YOUR PRIMARY CARE PHYSICIAN. HEALTHIESTYOU PHYSICIANS ARE AN INDEPENDENT NETWORK OF DOCTORS WHO ADVISE, DIAGNOSE, AND PRESCRIBE AT THEIR OWN DISCRETION. PHYSICIANS PROVIDE CROSS COVERAGE AND OPERATE SUBJECT TO STATE REGULATIONS. PHYSICIANS IN THE INDEPENDENT NETWORK DO NOT PRESCRIBE DEA CONTROLLED SUBSTANCES, NON-THERAPEUTIC DRUGS AND CERTAIN OTHER DRUGS WHICH MAY BE HARMFUL BECAUSE OF THEIR POTENTIAL FOR ABUSE. HEALTHIESTYOU DOES NOT GUARANTEE THAT A PRESCRIPTION WILL BE WRITTEN.



# NRLCA 2015 Benefit Enrollment Form

For More Information  
(877) 817-4801

Member (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.		Date of birth	Date of marriage***	
Spouse** (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.		Date of birth		
Date of hire	Avg hours worked per week	Hourly salary		Occupation <b>Rural Letter Carrier</b>		Email Address	
Home address						Home phone	
City			State		Zip code	Cell phone	
Child(ren) name	Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F	Full time student <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Child(ren) name	Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F	Full time student <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Beneficiary: (Last, First, M.I.)						Relationship	Percentage
Contingent Beneficiary: (Last, First, M.I.)						Relationship:	Percentage

Member will be the beneficiary for any spouse\*\* and/or child(ren) coverage

## SECTION 2: Hospital Indemnity Insurance

Member Only  \$32.18    Member plus Child(ren)  \$56.13  
 Member plus Spouse  \$71.01    Member plus Family  \$87.30

HOSPITAL INDEMNITY PREMIUM \$ \_\_\_\_\_

## SECTION 3: HealthiestYou

Member Only  \$10  
 Member plus Family  \$12

HEALTHIESTYOU PREMIUM \$ \_\_\_\_\_

## SECTION 4: 10 or 20-Year Term Life Insurance

10 YEAR     20 YEAR    **Tobacco User**  
 Member    Fill in Life Insurance Benefit Amount \$ \_\_\_\_\_     No     Yes    Member Premium \$ \_\_\_\_\_  
 Spouse     \$15,000 (maximum)     No     Yes    Spouse Premium \$ \_\_\_\_\_  
 Children     \$10,000 (\$2.50 total for all dependents combined)     No     Yes    Child(ren) Premium \$ \_\_\_\_\_

Member must purchase life insurance in order for spouse and dependent children to purchase life insurance.

Have you or your spouse used tobacco products in the last year?    **MEMBER**  No  Yes    **SPOUSE**  No  Yes

If applying for spouse and or child(ren) coverage, is any proposed insured currently disabled?     No  Yes

If "Yes" List name(s): \_\_\_\_\_, who will be excluded from coverage.

In the six months prior to the application date, have you or your proposed Insured spouse been hospitalized (Inpatient or outpatient) or missed more than five consecutive days of work due to the following complications of: heart, brain, lung, circulatory, respiratory, blood, vascular, kidney, liver, digestive, neurological, rheumatoid, or other major organ disorders, blood transfusion, diabetes, drug addiction, alcoholism, cancer or malignancy In any form (except non-melanoma skin cancer)?     No  Yes

If "Yes" List name(s): \_\_\_\_\_, who will be excluded from coverage.

Have you or your proposed Insured spouse had an actual diagnosis of or treatment by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or sexually transmitted disease?     No  Yes

If "Yes" List name(s): \_\_\_\_\_, who will be excluded from coverage.

Do you currently have any other existing life insurance or annuity policies or contracts?     No  Yes

If "Yes", complete the replacement form(s) provided by the NRLCA Benefit Center. Call 1-877-817-4801 for forms or download from the website.

If coverage you are applying for includes an Accelerated Death Benefit Rider, did you receive the applicable Disclosure(s) if required by your state?

Critical Care Condition Rider  No  Yes    Terminal Illness Rider  No  Yes

LIFE INSURANCE PREMIUM \$ \_\_\_\_\_

## SECTION 5: 24-Hour On- and Off-the-Job Accident Insurance

Member - \$13.58     Member plus Child(ren) - \$19.14  
 Member plus Spouse - \$21.36     Member plus Family - \$27.08

ACCIDENT INSURANCE PREMIUM \$ \_\_\_\_\_

## SECTION 6: Critical Illness Insurance

\$10,000 Lump-Sum Benefit     Member     Member + Child(ren)     Member + Spouse/Family  
 \$20,000 Lump-Sum Benefit     Member     Member + Child(ren)     Member + Spouse/Family

CRITICAL ILLNESS PREMIUM \$ \_\_\_\_\_

## SECTION 7: Short-Term Disability Income Insurance

6 MONTH    \$800 per month     Ages 18-49 - \$19.04     Ages 50-59 - \$24.16  
 6 MONTH    \$1500 per month     Ages 18-49 - \$35.70     Ages 50-59 - \$45.30  
 12 MONTH    \$800 per month     Ages 18-49 - \$23.20     Ages 50-59 - \$28.96  
 12 MONTH    \$1500 per month     Ages 18-49 - \$43.50     Ages 50-59 - \$54.30

SHORT TERM DISABILITY INCOME PREMIUM \$ \_\_\_\_\_

PREMIUM TOTAL (Transfer total to ACH form on back)

TOTAL \$ \_\_\_\_\_

