

TransChoice® Advance HOSPITAL INDEMNITY INSURANCE

Offered by Transamerica Life Insurance Company | SUMMARY OF BENEFITS

Highlights of TransChoice® Advance

- Benefits for full-time, part-time, hourly, seasonal and temporary workers and their eligible family members.
- No coinsurance, co-pays, waiting periods or deductibles
- Benefits paid in addition to any other insurance the insured may have¹

¹The policy excludes from coverage any accident or sickness arising out of or in the course of any occupation.

See Plan Design for more details.

How TransChoice® Advance Works

This policy pays a specified amount for each day a covered person is confined to the hospital, and can provide benefits for a range of other medical situations through a series of optional riders.

Benefits are paid directly to the covered employee unless they are assigned to a health care provider.

TransChoice® Advance Group Hospital Indemnity Insurance

This is a brief summary of TransChoice® Advance 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.**

Dependent Plan

The following benefits are included in the benefit class shown. Unless otherwise noted, all benefits and maximums are per insured person.

Daily In-Hospital Indemnity Policy	Employee	Dependent
Pays each day an insured 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.	\$50	\$600
Maximum	31 days per confinement	31 days per confinement

Additional Benefits Included:

Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400)

Pays each day an insured 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. Pays maximum of 1 day per confinement.	Not Included	\$2,000
Calendar Year Maximum		1 day

Surgical & Anesthesia Indemnity Benefit Rider (Rider Form Series CRSRGP00)

Pays each day an insured person undergoes surgery, as follows:	Not Included	\$1,500
Inpatient Surgery Calendar Year Maximum		1 day
Outpatient Surgery Calendar Year Maximum		\$750
Outpatient Minor Surgery Calendar Year Maximum		1 day
If anesthesia is administered, pays an additional		\$150
		1 day
		30%

Emergency Room Sickness Indemnity Benefit Rider (Rider Form Series CRERS400)

Pays each day an insured person receives treatment in the emergency room for a sickness. This rider does not pay benefits for emergency room treatments as the result of an accident.	Not Included	\$450
Calendar Year Maximum		2 days

Outpatient Physician Office Visit Indemnity Benefit Rider (Rider Form Series CROPV400)

Pays each day an insured person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness.	Not Included	\$120
Calendar Year Maximum		6 days

Outpatient Diagnostic Laboratory Test Indemnity Benefit Rider (Rider Form Series CRLAB400)

Pays each day an insured person undergoes an outpatient laboratory test performed for the purpose of diagnosis for a covered accident or sickness. Does not include tests covered under any other rider.	Not Included	\$60
Calendar Year Maximum		4 days

Outpatient Select Diagnostic Test Indemnity Benefit Rider (Rider Form Series CRSDT400)

Pays each day an insured person undergoes an outpatient X-ray, ultrasound, Electroencephalogram (EEG), or sleep study for the purpose of diagnosis for a covered accident or sickness.	Not Included	\$300
Calendar Year Maximum		2 days

Outpatient Advanced Studies Diagnostic Test Indemnity Benefit Rider (Rider Form Series CRASD400)

Pays each day an insured person undergoes an outpatient Computer Tomography (CT) Scan, Magnetic Resonance Imaging (MRI), Myelogram, Positron Emission Tomography (PET), Angiogram, Arteriogram, or Thallium Stress Test for the purpose of diagnosis for a covered accident or sickness.	Not Included	\$1,200
Calendar Year Maximum		1 day

Prescription Drug Indemnity Benefit Rider (Rider Form Series CRRX0400)

Pays each day an insured person fills a Generic prescription, prescribed as a result of a covered accident or sickness.	Not Included	\$35
Pays each day an insured person fills a Brand name prescription, prescribed as a result of a covered accident or sickness.		\$70
Combined Maximum		36 days per Calendar Year

Non-Insurance Benefits

PPO Network Offered by the Boon Group	First Health	First Health
Alight Price Transparency Offered by the Boon Group	New Benefits, Ltd.	New Benefits, Ltd.
Worklife Services Offered by the Boon Group	New Benefits, Ltd.	New Benefits, Ltd.
Telephonic EAP Offered by the Boon Group	New Benefits, Ltd.	New Benefits, Ltd.

Monthly Dependent Rates	
Spouse Only	\$144.00
Child(ren) only	\$89.00
Spouse + Child(ren)	\$196.00

EXCLUSIONS & LIMITATIONS

Confinement for the same or related condition within 30 days of discharge will be treated as a continuation of the prior confinement. Successive confinements separated by more than 30 days will be treated as a new and separate confinement.

No benefits under this contract will be payable as the result of the following:

- Suicide or attempted suicide, whether while sane or insane.
- Intentionally self-inflicted injury.
- Rest care or rehabilitative care and treatment.
- Immunization shifts and routine examinations such as: physical examinations, mammograms, Pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings (unless Wellness Indemnity Benefit Rider is included).
- Any pregnancy of a dependent child including confinement rendered to her child after birth.
- Routine newborn care (unless Wellness Indemnity Benefit Rider is included).
- A covered person's abortion, except for medically necessary abortions performed to save the mother's life
- Treatment of alcoholism or drug addiction (unless Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider is included).
- Participation in a felony, riot, or insurrection.
- 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).
- Dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.
- Sex change, reversal of tubal ligation or reversal of vasectomy.
- Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician's services, unless required by law.
- Committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation.
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.
- Any loss incurred on active duty status in the armed forces. (If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.)
- An accident or sickness arising out of or in the course of any occupation for compensation, wage or profit or for which benefits may be payable under an Occupational Disease Law or similar law, whether or not application for such benefits has been made.
- Involvement in any war or act of war, whether declared or undeclared.

Surgical and Anesthesia Indemnity Benefit Rider

As an exception to the dental care or treatment exclusion above, we will pay the following dental or oral surgery procedures under this rider:

- Excision of impacted third molars.
- Closed or open reduction of fractures or dislocation of the jaw.

First Health PPO Network

The First Health PPO Network provides access to the largest national network with fair and reasonable costs with the flexibility and freedom to choose your preferred provider and minimize your out of pocket expenses by selecting a participating network provider within the network. First Health's national PPO network provides access to more than 5,000 hospitals, over 90,000 ancillary facilities, and over 1 million health care professional service locations in the United States, including Puerto Rico. The network covers over 98% of the U.S. population who are within 10 miles of a participating network physician and within 20 miles of a participating network hospital. Members of a group health plan using the First Health Network will be provided with the most current, innovative provider search tools available through our online web tools, 24 hours a day, and 7 days per week.

Caremark Prescription Benefits

Caremark offers a nationwide network of over 62,000 retail pharmacies and online prescription services. Caremark's website provides access to easy-to-use tools and services such as: view prescription history, research generic alternatives, look up copay information, find a network pharmacy, and more. Also, members will continue to receive discounts by using any of the in-network national chains, even after the calendar year benefits have been exhausted.

UNDERWRITING OFFER & ELIGIBILITY

Employee Eligibility

To be eligible for coverage, an employee must:

- Be at least 18 years old;
- Be on active service, performing in the usual manner all the regular duties of his/her occupation at one of the places of business where he/she normally works, or at some location directed by the employer; and
- Be continuously employee for the amount of time and working the minimum number of hours per week required to be eligible for benefits (as defined on the Life and Health Group Application and Agreement).

Spouse Eligibility

To be eligible for coverage, a spouse must:

- Be at least 18 years old;
- Be a legally married spouse, common law spouse, domestic partner, or civil union partner if legally recognized in the governing jurisdiction or as otherwise agreed between you and us;
- Not be disabled (must be able to perform the majority of the normal activities of a person of like age in good health).

Child Eligibility

To be eligible for coverage, a child must be one of the following:

- The insured's natural child
- A legally adopted child, or a child who has been placed with the insured for adoption, or where the insured is party in a suit seeking adoption
- A stepchild or foster child
- A child for whom the insured is a legal guardian, or for whom the insured is legally required to provide support
- A grandchild who is dependent on the insured for federal income purposes at the time of application

Minimum Participation

At least 5 eligible employee applications are required to establish and maintain an employer group.

Evidence of Insurability

Coverage is Guaranteed Issue when an applicant first becomes eligible for coverage.

Coverage applied for at a later date will be considered a Late Enrollee. Late Enrollee applications are underwritten on an accept/reject basis.

- If an employee answers "yes" to the questions on the application, we will decline the application for all persons for whom coverage is being requested.
- If there is a "yes" answer to the questions for the spouse, the spouse only will be declined coverage.
- If there is a "yes" answer to the questions for a dependent child, that one child will be declined coverage.

Other Considerations

Please be aware of the following:

- **For MASSACHUSETTS Residents: This product DOES NOT MEET CREDITABLE COVERAGE STANDARDS and WILL NOT SATISFY the Massachusetts individual mandate to have health insurance.**

How to Apply - Organization

Your organization can apply for this insurance by providing us with your completed Life and Health Group Application and Agreement together with a copy of the proposal. Before approving, we may request additional information about your group. Upon approval, we will notify you when coverage becomes effective.

Group Master Policy Effective Date

Subject to our receipt and review of all necessary information, the group master policy takes effect on the date requested on the Life and Health Group Application and Agreement. There is no backdating of a policy.

Individual Coverage Effective Date

Insurance is effective on the effective date requested on the Life and Health Group Application and Agreement or first day of the month following the date an individual's application is approved by us, whichever is later. The employee must be actively at work (performing regular duties at his/her usual place of employment) for insurance to become effective.

Current Disability and/or Premium Waiver

We do not provide coverage to an individual currently disabled on a premium waiver. In this case, it is assumed that the previous carrier, if any, should continue to provide the individual's coverage.

Grace Period

A grace period of 31 days will be allowed for each premium payment after the first premium. Insurance will stay in force during this time. The policy will terminate at the end of the grace period if the premium has not been paid. You must still pay all unpaid premiums. This includes the premium due for the grace period.

Termination of Insurance

The insurance terminates on the earliest of:

- The insured's death.
- The premium due date when we fail to receive a premium, subject to the grace period.
- The date of written notice to cancel coverage.
- The date the policy terminates.
- The date the insured ceases to be eligible for coverage.

Dependent coverage ends on the earliest of:

- The date the insured's coverage terminates for any of the reasons above.
- The date the dependent no longer meets the definition of a dependent.
- The premium due date when we fail to receive a premium, subject to the grace period.
- The date of written notice to cancel coverage.
- The date the policy is modified so as to exclude dependent coverage.

The insurance company has the right to terminate the coverage of any insured who submits a fraudulent claim. Termination will not impact any claim which begins before the date of termination.

DISCLOSURES

GROUP BENEFITS DISCLOSURE POLICY

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to see our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents, who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed plan documents or policy certificate package for more information on any such arrangements.

Up-to-date information regarding our compensation practices can be found in the Disclosures Section of our website at www.tebcs.com.