TRANSAMERICA®
LIFE INSURANCE COMPANY

TransChoice® Advance Hospital Indemnity Insurance Key Product Features

- **Guaranteed Issue with no Medical Questions**
- **Four Tier Rates**
- **No Waiting Period**
- **No Deductibles, Co-pays, or Co-Insurance**

Underwritten By
Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Policy Form Series CPGHI400 and CCGHI400

This document sets forth highlights of potential insurance benefits, and is not an offer to bind coverage. If a product providing these benefits is approved by the applicable regulatory authorities, the insurance company will provide, upon request, an application for coverage. If an application is submitted to the insurance company and a policy is issued, any coverage will be subject to limitations and exclusions, and premium rates will be subject to change in accordance with policy provisions. This proposal is valid for 90 days from the date of the proposal.

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	Plan 1	Plan 2	Plan 3
Daily In-Hospital Indemnity Benefit Per day (max of 31 days per confinement)	$100	$500	$800
Surgical and Anesthesia Indemnity Benefit Pays benefit per day, 1 day per calendar year for Inpatient Surgery; Pays one half the benefit per day, 1 day per calendar year for Outpatient Surgery; Pays one-tenth the benefit per day, 1 day per calendar year for Specified Outpatient Surgeries; Pays additional 20% of the surgical benefit for Anesthesia.	$1,000	$2,000	$2,000
Outpatient Physician Office Visit Indemnity Benefit Per day up to max days per calendar year per covered person	$100 6 day max	$100 6 day max	$100 6 day max
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit Pays benefit per day, 2 days per calendar year for Advanced Studies; Pays one-quarter the benefit per day for Select Diagnostic tests, 2 days per calendar year; Pays one-twentieth the benefit per day for Diagnostic Laboratory Tests, 3 days per calendar year.	$500	$500	$1,000
Hospital Confinement 1 day of confinement per year	$500	$1,000	$2,000
Prescription Drug Indemnity Benefit Per day a prescription is filled for up to 36 days per calendar year, per covered person	$10 Generic $20 Brand	$10 Generic $20 Brand	$30 Generic $60 Brand
Emergency Room Sickness Benefit Per visit up to 4 days per calendar year per covered person	$100	$100	$100
Ambulance Indemnity Benefit Per day in an ambulance, amount listed is for ground ambulance. Benefit pays 3x benefit in air ambulance	$300	$300	$300
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	N/A	$10,000	$20,000

Non-Insurance Benefits Included

Employee Discount Card
Offered by New Benefits, LTD
Provides access to a discount Vision plan, Nurses Hotline, Counseling Services, and discounts on Hearing Aids

Weekly Premiums†	Plan 1	Plan 2	Plan 3
Employee	$19.17	$28.72	$40.19
Employee + Spouse	$39.74	$60.02	$85.07
Employee + Child(ren)	$30.83	$46.02	$66.25
Family	$47.21	$71.19	$101.83

This is a brief summary of TransChoice® Advance Limited Benefit Hospital Indemnity Insurance **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, IA. 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. Rates shown include insurance premiums and administrative fees for continuation and billing costs. Administration provided by WebPTA, Grapevine TX.
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.
† Rates assume premiums are currently and will continue to be remitted in advance of the effective date. Rates include insurance premiums and administrative fees for continuation, enrollment and materials.

Summary of Benefits

TransChoice® Advance
Group Limited Benefit Hospital Indemnity Insurance

TRANSAMERICA® LIFE INSURANCE COMPANY

Daily In-Hospital Indemnity Benefit
When a covered person is confined in a hospital as a result of an accident or sickness, this benefit pays the benefit amount for each day the insured is confined in a hospital, up to a maximum of 31 days per confinement.

Surgical and Anesthesia Indemnity Benefit
We will pay the inpatient, an outpatient or an outpatient minor surgical benefit described for a covered person when a covered surgery is performed because of an accident or a sickness. The inpatient benefit is payable once per calendar year per covered person for any covered inpatient surgical procedure or for two or more inpatient procedures performed in the same surgical session. The outpatient benefit is payable once per calendar year for any covered outpatient surgical procedure or two or more outpatient procedures performed in the same surgical session. The outpatient minor benefit is payable once per calendar year per covered person for any covered outpatient minor surgical procedure or two or more such procedures performed in the same surgical session.

We will also pay the anesthesia benefit when anesthesia is administered during any covered surgery. The indemnity benefit will be a percentage of the amount paid under the surgical indemnity benefit. Please see the certificate for a list of codes that are considered outpatient minor surgical procedures.

Critical Illness Indemnity Benefits and Subsequent Critical Illness Indemnity Benefit
When a covered person is diagnosed with a covered critical illness, the selected amount will be paid. This amount is payable up to two times for each covered person, once under the Critical Illness Indemnity Benefit and once under the Subsequent Critical Illness Indemnity Benefit, and is paid in addition to any other benefits paid by the TransChoice policy. The Subsequent Critical Illness Indemnity Benefit is paid if the covered person is diagnosed as having a subsequent and seperate covered critical illness more than sixty (60) days after the first covered illness.

For example: If covered person is diagnosed for the first time with a heart attack, and then is diagnosed with a stroke for the first time more than sixty (60) days later, he or she will receive the benefit amount selected for each illness. This benefit is payable one time for each covered person. The Subsequent Critical Illness Indemnity Benefit is not payable for Skin Cancer or Carcinoma in Situ.

Benefits are payable for the following critical illnesses:
- Cancer (including leukemia and Hodgkin's Disease, except Stage 1 Hodgkin's Disease)
- Heart Attack (diagnosis must be based on EKG changes consisten with injury elevation of cardiac enzymes, and confirmatory neuroimaging studies)
- Stroke (diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies)
- End Stage Renal Failure (chronic, irreversible failure of the function of both kidneys, such that a covered person must undergo regular hemodialysis or peritoneal dialysis at least weekly)
- Major Organ Transplant (undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas)
- Skin cancer including basal cell epitheloma or squamous cell carcinoma; does not include malignant melanoma or mycosis fungoides
- Carcinoma In Situ (cancer that is confined to the site of origin without having invaded neighboring tissue)

Condition	% of Elected Benefit Amount
Cancer, Heart Attack, Stroke, Major Organ Transplant, End-State Renal Failure*	**100%**
Skin Cancer, Carcinoma In Situ	**5%**

** Dependent coverage equal to 50% of this benefit*

Outpatient Physician Office Visit Indemnity Benefit
This benefit pays the amount shown for the day of a physician's office visit as a result of a sickness or accident. Benefits are payable for a maximum number of days per calendar year per person.

Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit
This benefit pays the amount shown per testing day for tests performed for the purpose of diagnosis of a covered sickness or accident as indicated by symptoms that would suggest an injury or sickness had occured. The benefit is limited to a number of days of testing per calendar year per covered person and is not payable while the insured is confined in a hospital (i.e. it applies to outpatient services only).

Prescription Drug Indemnity Benefit
This benefit pays the amount selected for a day when a prescription is filled for prescription drugs prescribed by a physician as a result of an accident or sickness. There is a maximum of one brand and one generic prescription per day.

Ambulance Indemnity Benefit
This benefit pays per day of using an air or ground ambulance. Treatment must be received within 72 hours of the accident or onset of sickness, and must be provided by a licensed ambulance company for benefits to be payable.

Emergency Room Sickness Benefit
This benefit will pay for each sickness visit to the emergency room for a number of days per calendar year per covered person. Emergency room visits for accidents are not covered under this benefit, they would be covered under the Off-the-Job Accident Benefit.

Hospital Confinement
This benefit pays an additional benefit per covered person per calendar year when he/she receives treatment or surgery while confined to a hospital as an inpatient as a result of a covered accident or sickness.

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Non-Insurance Benefits:

Employee Discount Card

This discount card is provided by New Benefits, LTD. It offers employees access to a discount Vision Plan, a Nurses Hotline, Counseling Services and benefits for Hearing Aids. **This is not an insurance plan.** The discount Vision Plan through the Coast to Coast network allows the employee to receive discounts of 20% to 60% on eyeglasses, non-prescription sunglasses, contact lenses (including disposables) and frames from over 10,000 independent retail optical locations nationwide. Providers include independent practitioners, regional chains, department store opticals, and the largest chains in the U.S. Some of these providers are LensCrafters, Pearle Vision, Sears Optical and JC Penney Optical (among others).*

The Nurses Hotline allows access to experienced registered nurses 24 hours a day, 7 days a week, 365 days a year. These hotline nurses are an immediate, reliable and caring source of health information, education and support. Services provided by this plan include:

- General information on all types of health concerns
- Information based on physician-approved guidelines
- Answers about medication usage and interaction
- Information on non-medical support groups
- Translation services for non-English speaking callers
- Full time medical director on staff

The Counseling Services benefit allows the employee to speak with a counselor 24 hours a day, 7 days a week regarding any personal problems they may be facing. In addition, if the employee is referred to one of the 27,000 counseling providers nationwide, they will receive discounts of 25% to 30% off the normal billing charges from those providers.*

The Hearing Aid benefit provides savings of up to 15% off the retail cost on over 70 models of hearing aids, and a free hearing test when utilizing one of the 1,200 participating Beltone® locations nationwide. Or, the employees can realize savings of up to 50% off suggested retail price on over 90 models of hearing aids in over 1,000 locations nationwide.*

Information on how to access the benefits of the Employee Discount card will be included in the fulfillment package that each insured employee receives from TPA.

** Discounts on professional services are not available where prohibited by law.*