

TransChoice[®] Advance hospital indemnity insurance

Underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

LIFE

HEALTH

The following benefits are included in your plan option(s). Unless otherwise noted, all benefits and maximums are per insured person.

Daily In-Hospital Indemnity Benefit	Plan Option 1
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 injury or sickness.	\$100.00
Maximum	31 Days per confinement
Included Riders:	
<i>Ambulance Indemnity Benefit Rider (Rider Form Series CRAMB400)</i>	
Pays each day an insured person receives ambulance transportation as the result of a covered accident or sickness. Transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onset of sickness. Air ambulance pays 3 times the amount shown.	\$100.00
Maximum	3 days per calendar year/6 days per lifetime
<i>Emergency Room Sickness Indemnity Benefit Rider (Rider Form Series CRERS400)</i>	
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.	\$50.00
Calendar Year Maximum	2 Days
<i>Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400)</i>	
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.	\$500.00
Maximum	1 day per confinement/1 day(s) per calendar year
<i>Prescription Drug Indemnity Benefit Rider (Rider Form Series CRRX0400)</i>	
Pays per generic prescription, prescribed as a result of a covered accident or sickness.	\$10.00
Pays per brand name prescription, prescribed as a result of a covered accident or sickness.	\$20.00
Combined Maximum	2 Days per Month

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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.		\$10.00
	Calendar Year Maximum	2 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.		\$50.00
	Calendar Year Maximum	1 Day(s)
Outpatient Advance 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.		\$200.00
	Calendar Year Maximum	1 Day(s)
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.		\$50.00
	Calendar Year Maximum	6 Days
Surgical and Anesthesia Indemnity Benefit Rider (Rider Form Series CRSRGP00)		
Pays each day an insured person undergoes surgery, as follows:		
Inpatient Surgery		\$500.00
Calendar Year Maximum		1 day
Outpatient Surgery		\$250.00
Calendar Year Maximum		1 day
Outpatient Minor Surgery		\$50.00
Calendar Year Maximum		1 day
If anesthesia is administered, pays an additional		20%
Other Included Benefits:		
Group Term Life Insurance with Accidental Death & Dismemberment Rider (Policy Form Series CP100200 and CC100400)		
Pays a death benefit when an insured person dies:	Employee	\$10000.00
	Spouse	\$5000.00
	Children (AD&D is not available to dependent children)	\$2500.00

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Non-Insurance Benefits:

PPO Network offered by Web-TPA:	Included
Employee Discount Card offered by New Benefits Ltd.:	Included

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Plan Option 1 Monthly Rates for TransChoice[®] Advance with Group Term Life and AD&D

Ver 5.ND.0.00

Age	Employee	Employee and Spouse	Employee and Child	Family
All Ages	\$56.71	\$111.16	\$88.85	\$132.02

*The illustrated rates DO NOT contain a pre-existing condition limitation.

The illustrated rates are for standard monthly list bill administration only.
If your group has custom administrative needs, please contact your sales representative for a quote.

The above rates are quoted for this group with 1100 eligible lives.
Should this plan design sell and the submitted group size is different, rates may be different.

This custom plan design is incomplete without a state-specific proposal which describes the benefits, exclusions, and limitations of policy form CPGHI400.

Issue State: California
Rate generation date: November 28, 2016