



Everyone deserves
a better Tomorrow.

Hospital Select® II is hospital
indemnity insurance

When Talia comes down with a particularly nasty cough, what she thought was just a cold soon turns into pneumonia that puts her in the hospital. She and her family are relieved that she responds well to treatment and is discharged within a few days without lasting effects.

Her finances would not recover nearly so easily if she hadn't signed up for her employer's hospital indemnity insurance. With benefits that help complement her major medical insurance, her family is able to overcome financial repercussions after her body overcomes the infection.

Choose flexible benefits to manage health care expenses.

Hospital indemnity insurance pays an amount for each day the insured is hospitalized, up to specific maximum limits. Because the benefits are paid to the insured directly, Talia can use them to help pay for her out-of-pocket expenses, such as her \$1,500 deductible and copays, as well as costs that would be hard to pay due to the work she missed, like her car payment, rent and childcare.

Hospital Select® II features:

- benefits for full-time, part-time, hourly, seasonal and temporary workers (as well as eligible family members)
- no coinsurance, co-pays, waiting periods or deductibles
- benefits paid in addition to other insurance the insured may have
- portability that allows employees to keep insurance after they retire or leave the job

Qualify easily with broad eligibility.

This policy is available for individuals, single-parent families, individuals with spouses or another adult dependent and families. There is no maximum issue age for employees and their adult dependents including common-law marriage partners, domestic partners or civil union partners. Children under the age of 26 can be insured.

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.

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

This is a brief summary of Hospital Select® II Limited Group Hospital Indemnity Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy Form Series CPGHI400 AND CCGHI400. Forms and form numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy and riders for complete details.

Product Highlights
No lifetime maximum
No waiting period
Benefits paid directly to you
Payroll-deducted premiums
Family options available

PRODUCT DETAILS

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

Daily In-Hospital Indemnity Benefit		Plan 1
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.		\$100.00
	Maximum	31 Days per confinement
Intensive Care Indemnity Benefit Rider (Rider Form Series CRCICU00)		
Pays each day a covered person is confined to an intensive care unit as the result of a covered accident or sickness.		\$200.00
	Calendar Year Maximum	10 Days
Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400)		
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 lasting a minimum of 24 continuous hours from time of admission.		\$1500.00
	Maximum	1 day per confinement/1 day(s) per calendar year

PRODUCT DETAILS

Plan 1 Monthly Rates Hospital Select II

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Age	Employee	Employee and Spouse	Employee and Child	Family
All Ages	\$28.04	\$60.44	\$41.54	\$68.54

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

The above rates are quoted for this group with 30000 eligible lives.
Should this plan design sell and the submitted group size is different, rates may be different.

**HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be covered under such plans and accounts.*

Issue State: North Carolina

LIMITATIONS AND EXCLUSIONS

Hospital Select II

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 shots 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, except for complications of pregnancy, 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 mental or emotional disorder (unless Inpatient Mental and Nervous Disorder Indemnity Benefit Rider is included).
- treatment of alcoholism or drug addiction (unless Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider is included).
- active 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. This exclusion does not apply to claims covered by the North Carolina's Worker's Compensation Act, Article 1 of Chapter 97 of the General Statutes, unless the insured, employer of the insured, or the worker's compensation insurance carrier is liable or responsible according to a final adjudication of the claim under that Article or an order of the North Carolina Industrial Commission approving a settlement agreement entered into under that Article.
- involvement in any war or act of war, whether declared or undeclared.

Portability Option

If the employee loses eligibility for any reason other than nonpayment of premiums, coverage can be continued by paying premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

LIMITATIONS AND EXCLUSIONS

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.