



Everyone deserves a better Tomorrow.

Hospital SelectSM II is hospital indemnity insurance designed to be cost-effective as it provides valuable benefits.

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

About Hospital Indemnity Insurance

Are you financially prepared if an unexpected illness or accident causes you or one of your family members to spend one day, two days or longer in the hospital? Recovering from a serious illness or accident is difficult enough without having to worry about the added financial stress of being in the hospital.

You can help protect yourself with a product that pays benefits for expenses that arise if you or a covered family member end up in the hospital. It's called Hospital Select II, hospital indemnity insurance.

How Hospital SelectSM II Works

The base policy pays a specified amount for each day a covered person is confined to the hospital, up to specified maximum limits. You can use hospital indemnity insurance benefits to defray the 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 your rent or mortgage, car payment, groceries, or child care.

Hospital Select II can help reduce your financial stress with real dollars that are paid to you quickly so you can focus on recovery. Benefits when you need them most, peace of mind when you don't. Plus, benefits are paid in addition to any other insurance you may have and this protection is available at a competitive cost.

Individual and Family coverage available

No coinsurance, co-pays or deductibles

No waiting period

No health questions, exams or blood tests

Benefits are paid in addition to other insurance (except for workers' compensation)



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.

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.		\$100.00
	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.		\$500.00
	Maximum	1 day per confinement/1 day(s) per calendar year

Hospital Select® II hospital indemnity insurance

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LIFE

HEALTH

Plan 1 Semi-Monthly Rates Hospital Select II

Ver 4.L3.00.0.00

Age	Employee	Employee and Spouse	Employee and Child	Family
All Ages	\$6.22	\$13.07	\$9.06	\$14.78

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

The above rates are quoted for this group with 1372 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.*

This custom plan is incomplete without a state-specific proposal which describes the benefits, exclusions, and limitations of policy form CPGHI400 or CCGHI400.

Issue State: Colorado
Rate generation date: February 4, 2016

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).
- treatment of autism spectrum disorders.
- 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.
- 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.

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.