

TransChoice® Advance

Group Limited Benefit Hospital Indemnity Insurance

| POLICY BENEFITS | | OPTION 1 |
|---|---|--|
| Daily In-Hospital Indemnity Benefit | 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. Maximum | \$1,000 \$5,000 |
| ADDITIONAL INDEMNITY BENEFITS | | OPTION 1 |
| Ambulance Indemnity Benefit Rider | 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 3 days per calendar year/6 days per lifetime |
| Hospital Confinement Indemnity Benefit Rider | 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. | \$1,000 1 day per confinement/per calendar year |
| Inpatient Surgical Indemnity Benefit Rider | Pays each day an insured person undergoes surgery while confined to a hospital as a result of a covered accident or sickness. | \$1,000 |
| | If anesthesia is administered, pays an additional: Calendar Year Maximum | 30% 1 day |
| Inpatient Miscellaneous Indemnity Benefit Rider | Pays each day an insured person is confined to a hospital as the result of a covered accident or sickness. Maximum | \$100 31 days per confinement |
| NON-INSURANCE DISCOUNT PROGRAMS | | |
| PPO Network offered by Web-TPA | | Included |
| Employee Discount Card offered by New Benefits Ltd. | | Included |

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL COVERAGE (MEC) AS DEFINED BY THE FEDERAL AFFORDABLE CARE ACT (ACA).

LIMITATIONS + EXCLUSIONS

TransChoice Advance® Limited Benefit Hospital Indemnity Insurance
Policy Form Series CPGHI400 or CCGHI400

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 including confinement rendered to her child after birth.
- routine newborn care (unless Wellness Indemnity Benefit Rider is included).
- hospital confinement of a newborn child following the child's birth, unless the newborn child is being treated for accidental injury or sickness.
- an insured 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).
- 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 narcotic (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 insurance 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.

Portability Option

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

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 insurance.
- the date the policy terminates.
- the date the insured ceases to be eligible for insurance.

Dependent insurance ends on the earliest of:

- the date the insured's insurance 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 insurance.
- the date the policy is modified so as to exclude dependent insurance.

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

Hospital Confinement Indemnity Benefit Rider:

We will not pay benefits under this rider for an emergency room stay, an outpatient stay or a stay in an observation unit or recovery room. We also will not pay a hospital confinement benefit for a newborn child's stay in the hospital unless the newborn child is confined in the hospital and is being treated for an accidental injury or sickness.