



HOSPITAL INDEMNITY INSURANCE

Underwritten by Transamerica
Life Insurance Company

FEDERALLY REQUIRED DISCLOSURE

The following disclosure is required by federal regulations to be provided for hospital indemnity insurance applications, enrollment forms, marketing/advertising and re-enrollment documents.

Important: This is a fixed indemnity policy, not health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill
- There might be a limit on how much this policy will pay each year
- This policy isn't a substitute for comprehensive health insurance
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

HELP WITH HOSPITAL COSTS

HOSPITAL SELECT® II HOSPITAL INDEMNITY INSURANCE

Hospital Select II, underwritten by Transamerica Life Insurance Company, is extra protection in case of hospitalization to help with co-pays, co-insurance — even ordinary household expenses.

When Talia comes down with a nasty cough, what her family thinks is just a cold soon lands her in the hospital as pneumonia. Fortunately, she responds well to treatment and is discharged and sent home within a few days.

Just as important, she also bounces back financially. It could have been a different story without her employer's hospital indemnity insurance. With benefits that help complement her major medical insurance, she and her family remain healthy in more ways than one.

DIRECT PAYMENTS FOR HEALTHCARE COSTS

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 uses them to help pay out-of-pocket expenses, such as her \$1,500 deductible and co-pays. She also could use them to pay her car payment, rent or child care.

HOSPITAL SELECT II FEATURES

- Benefits for full-time, part-time, hourly, seasonal, and temporary workers (as well as eligible family members)
- No co-insurance, 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

EASY QUALIFICATION WITH BROAD ELIGIBILITY

This policy is available for individuals, single-parent families, individuals with spouses or other adult dependents, 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.

This is a brief summary of *Hospital Select® II*, underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy and riders for complete details.

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

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PRODUCT HIGHLIGHTS

- No lifetime maximum
- No waiting period
- Benefits paid directly to the insured
- Payroll-deducted premiums
- Family options available



Visit:
transamerica.com



Customer Service:
855-244-8318



TRANSAMERICA®

Product Details

Hospital Select® II hospital indemnity insurance pays employees a cash benefit to help cover costs associated with a hospital stay. *Hospital Select®* II is a voluntary policy intended to supplement the major medical insurance in your benefits package. 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 accident or sickness.	\$100
Maximum	31 Days per confinement
INCLUDED RIDERS	
INTENSIVE CARE INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRCICU00)	PLAN OPTION 1
Pays each day an insured person is confined to an intensive care unit as the result of a covered accident or sickness.	\$100
Calendar Year Maximum	30 days
HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER (RIDER FORM SERIES TRH1000-0118)	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 an accidental injury or sickness lasting a minimum of 24 continuous hours from time of admission.	\$1,000
Maximum	1 day(s) per confinement/ 1 day(s) per calendar year
WELLNESS INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRHWEL00)	PLAN OPTION 1
Pays each day an insured person undergoes a health screening test as defined in the policy.	\$50
Calendar Year Maximum	1 day
OUTPATIENT SURGICAL INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CROPS400)	PLAN OPTION 1
Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness	\$100
If anesthesia is administered, pays an additional:	30%
Calendar Year Maximum	1 day
INPATIENT SURGICAL INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRISRG00)	PLAN OPTION 1
Pays each day an insured person undergoes surgery while confined to a hospital as a result of a covered accident or sickness	\$100
If anesthesia is administered, pays an additional:	30%
Calendar Year Maximum	1 day

Product Details

PLAN OPTION 1: MONTHLY RATES HOSPITAL SELECT® II				HIP-HS2- NONHSA.2021.03.LA.0.00.OVR.D3
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$16.90	\$36.12	\$28.42	\$39.99

*The illustrated rates do not contain a pre-existing condition limitation.

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
- 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 narcotic addiction (unless Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider is included)
- Participation in a 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 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.)
- Involvement in any war or act of war, whether declared or undeclared

Limitations and Exclusions

CONVERSION OPTION

If an employee loses eligibility for this insurance for any reason other than fraud or nonpayment of premiums or termination of the group master policy, they will have the option to convert this group insurance to an individual hospital indemnity policy by submitting an application and the first month's premium to us within 31 days after loss of eligibility. We will bill the employee directly once we receive notification to continue insurance.

If the insured employee elects to convert the policy upon losing eligibility and the insurance at the time of conversion includes a pre-existing condition limitation or a normal pregnancy limitation, the limitation[s] will continue in the conversion policy from the insured person's original effective date under the initial 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 the employee requests the insurance to be canceled, or the date the request is received, whichever is later
- 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 employee's insurance terminates
- The date the dependent no longer meets the definition of a dependent
- The date of the dependent's death
- The premium due date when we fail to receive a premium, subject to the grace period
- The date the employee requests the dependent's insurance to be canceled, or the date the request is received, whichever is later
- 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 to the hospital and is being treated for an accidental injury or sickness.

TERMINATION OF THE GROUP MASTER POLICY

This policy will end on the earliest of the following events:

- If the policyholder submits an advance written request to us to terminate this policy, this policy will terminate on the date specified in that request
- If we give a 60-day advance written notice to the policyholder that we intend to terminate this policy, this policy will terminate on the date specified in that notice
- If any premium payable by the policyholder is not paid within its grace period, this policy will terminate on the day after the end of the grace period

Limitations and Exclusions

- If the policyholder fails to comply with any terms of this policy or the policyholder application; fails to fulfill any obligations or duties under or pertaining to this insurance; or fails to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance; this policy will terminate on the 32nd day after we have given the policyholder written notice of our intent to terminate

OTHER INSURANCE WITH US

An employee can only have one hospital indemnity policy or certificate with us. If a person already has hospital indemnity insurance with us, such person is not eligible to apply for this insurance.

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness, and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

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

This is a brief summary of *Hospital Select*® II hospital indemnity insurance policy **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy Form Series TMH10LA-0118 and TCH10LA-R0919. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

Not available in New York.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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