

PROTECTION FOR THE UNEXPECTED

HOSPITAL SELECT® //
HOSPITAL INDEMNITY INSURANCE



Available to the employees of: Transamerica Corporation

Products underwritten by Transamerica Life Insurance
Company, Cedar Rapids, IA



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



An unexpected hospital stay is stressful enough, but the medical bills that follow? They can be financially devastating. Help protect your financial future and your loved ones with hospital indemnity insurance from Transamerica.

Because what good is wealth without the health to enjoy it?

HOW *HOSPITAL SELECT II* WORKS

A hospital stay shouldn't jeopardize the future you've worked so hard to build. *Hospital Select II* hospital indemnity insurance pays a cash benefit that can be used to help cover deductibles, lost income due to missed work, and other expenses that may arise as the result of a hospitalization.

Highlights of *Hospital Select II*



**BENEFITS FOR
ALL TYPES OF
WORKERS**



**AVAILABLE FOR
ELIGIBLE FAMILY
MEMBERS**



**NO CO-INSURANCE,
CO-PAYS, OR
DEDUCTIBLES**



**NO HEALTH
QUESTIONS,
EXAMS, OR BLOOD
TEST**



**PAYROLL-DEDUCTED
PREMIUMS¹**



**PAYS ON TOP OF
OTHER INSURANCE**



**NO PRE-EXISTING
CONDITION LIMITS**

See "Your Hospital Indemnity Benefits" for more details

Policy Questions?

 **Visit:** transamerica.com

 **Call:** 855-244-8318

¹ Minimum payroll-deducted premium of \$10 per month for employee insurance benefits.

Your Hospital Indemnity Benefits

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	PLAN OPTION 2
Pays each day an insured person is confined to a hospital (but not an emergency room, an outpatient stay, or a stay in an observation unit or recovery room) as the result of a covered accident or sickness.	\$150	\$250
Calendar Year Maximum	\$10,000	\$20,000
INCLUDED RIDERS		
INTENSIVE CARE INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRCICU00)	PLAN OPTION 1	PLAN OPTION 2
Pays each day an insured person is confined to an intensive care unit as the result of a covered accident or sickness. This benefit is paid in addition to the Daily In-Hospital Benefit.	\$100	\$200
Calendar Year Maximum	10 days	10 days
AMBULANCE INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRAMB400)	PLAN OPTION 1	PLAN OPTION 2
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, not to exceed \$3,000.	\$50	\$250
Maximum	3 days per calendar year/6 days per lifetime	
OFF-THE-JOB ACCIDENTAL INJURY INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRACIN00)	PLAN OPTION 1	PLAN OPTION 2
Pays each day an insured person receives treatment for a covered accident. Treatment must be provided by a physician within 96 hours of the accident.	\$150	\$150
Maximum	1 day per accident/5 days per calendar year	
INPATIENT MENTAL AND NERVOUS DISORDER INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRMN0400)	PLAN OPTION 1	PLAN OPTION 2
Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind.	\$150	\$250
Maximum	31 days per calendar year/60 days per lifetime	

Your Hospital Indemnity Benefits

INPATIENT DRUG AND ALCOHOL ADDICTION INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRDA0400)	PLAN OPTION 1	PLAN OPTION 2
Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours.	\$150	\$250
Maximum	31 days per calendar year/60 days per lifetime	
HOSPITAL ADMISSION INDEMNITY BENEFIT RIDER (RIDER FORM SERIES TRHA1100-1021)	PLAN OPTION 1	PLAN OPTION 2
Hospital Admission Indemnity Benefit		
Pays each day an insured person is first admitted to a hospital (but not an emergency room, an outpatient stay, or a stay in an observation unit or recovery room) as a result of a covered accidental injury or sickness. Does not pay for a newborn child's admission. This benefit is paid in addition to the Daily In-Hospital Benefit.	\$1,500	\$1,500
Maximum Number of Days per Calendar Year	1	2
Intensive Care Unit Admission Indemnity Benefit		
Pays each day an insured person is first admitted to an ICU as a result of a covered accidental injury or sickness. Does not pay for a newborn child's admission. This benefit is paid in addition to the Daily In-Hospital Benefit.	\$1,500	\$1,500
Maximum Number of Days per Calendar Year	1	1
NEWBORN CHILD IN-HOSPITAL INDEMNITY BENEFIT RIDER (RIDER FORM SERIES TRHC1100-1021)	PLAN OPTION 1	PLAN OPTION 2
Daily Newborn In-Hospital Indemnity Benefit		
Pays each day for a newborn child's stay in the hospital immediately following the child's birth.	\$150	\$250
Maximum Number of Days per Newborn Child	31	31
Stillborn Child Lump Sum Indemnity Benefit		
Pays a lump sum for each day a stillborn child is delivered. Stillborn is defined as the unintended end of a pregnancy after the 24 th week if the infant is dead at birth. In the event of a stillborn delivery, this benefit will be paid in lieu of all other benefits under this rider.	\$250	\$500
Maximum Number of Days per Stillborn Child	1	1

Your Hospital Indemnity Benefits

REHABILITATION UNIT CONFINEMENT BENEFIT RIDER (RIDER FORM SERIES TRRH1100-1021)	PLAN OPTION 1	PLAN OPTION 2
Pays each day an insured person requires confinement in a rehabilitation unit as a result of a covered accident or sickness. A rehabilitation unit is a rehabilitation facility or unit, acute care rehabilitation center or rehabilitation hospital that is licensed under state laws to provide rehabilitative services for physical, occupational or speech therapy on a short-term basis.	\$150	\$200
Maximum Number of Days per Confinement	30	30
Maximum Number of Days per Insured per Calendar Year	60	60
Number of Days Within Which Rehabilitation Confinement Must Begin	15	15

Your Hospital Indemnity Benefits

PLAN OPTION 1 : MONTHLY RATES <i>HOSPITAL SELECT II</i>				HIP-HS2- HSA.2023.01.PROD,SHARED,AWS.IA.0.0.OVR.D9
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$17.21	\$36.56	\$25.03	\$41.30

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

The above rates are quoted for groups with 8200 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different.

Issue State: Iowa

Rate generation date: July 9, 2026

SIC Code: 6311

PLAN OPTION 2 : MONTHLY RATES <i>HOSPITAL SELECT II</i>				HIP-HS2- HSA.2023.01.PROD,SHARED,AWS.IA.0.0.OVR.D9
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$24.22	\$52.04	\$35.41	\$58.83

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

The above rates are quoted for groups with 8200 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different.

Issue State: Iowa

Rate generation date: July 9, 2026

SIC Code: 6311

When groups are eligible to offer 2 plan designs to employees in a group, the premium for the "high" (more expensive) plan design cannot be more than 50% greater than the premium for the "low" (less expensive) plan. **When groups are eligible to offer 3 plan designs**, the premium for the middle plan cannot be more than 50% greater than the low plan, and the premium for the high plan cannot be more than 50% greater than the middle plan.

**** 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 insured under such plans and accounts.

Limitations and Exclusions: What Doesn't Qualify

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
- Rehabilitative care and treatment (unless the Rehabilitation Unit Confinement Benefit Rider is included) or rest care
- 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 (unless the Newborn Child In-Hospital Indemnity Benefit Rider is included)
- 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 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 insurance is provided as a result of this exception.)
- Involvement in any war or act of war, whether declared or undeclared

Limitations and Exclusions: What Doesn't Qualify

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.

OFF-THE-JOB ACCIDENTAL INJURY INDEMNITY BENEFIT RIDER

Does not pay benefits for injuries which are caused by an accident that occurs while in the course of any legal or illegal occupation, activity, or employment for pay, benefit, or profit.

HOSPITAL ADMISSION INDEMNITY BENEFIT RIDER

Admissions in a hospital or ICU for the same or related condition within 30 days of discharge will be treated as a continuation of the prior confinement. In the event we pay a hospital admission benefit and the insured is later admitted to the ICU for the same or related condition within 30 days, we will pay the difference between what was paid for the hospital admission and the higher ICU admission benefit. Successive admissions separated by more than 30 days will be treated as a new and separate admission.

NEWBORN CHILD IN-HOSPITAL INDEMNITY BENEFIT RIDER

The Daily Newborn In-Hospital Indemnity Benefit will not be paid when benefits are paid under the Daily In-Hospital Indemnity Benefit for a newborn child due to medically diagnosed congenital defects or birth abnormalities.

REHABILITATION UNIT CONFINEMENT BENEFIT RIDER

A physician must certify that the insured has a condition that requires rehabilitation, continued medical supervision and coordinated care. No benefit will be paid for outpatient rehabilitation treatment services or for rehabilitation unit confinement stays of less than 20 hours.

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

Limitations and Exclusions: What Doesn't Qualify

- 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.

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.

Group Benefits Disclosure Policy

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**.

Notes

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Policy Questions?

 **Visit:** transamerica.com

 **Call:** 855-244-8318

This is a brief summary of *Hospital Select® II* hospital indemnity insurance policy **underwritten by Transamerica Life Insurance Company (TLIC)**, Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy Form Series TMHI1000-0118 and TCHI1000-0118. 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.(H)

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.

EB3 207026R4 V 05/25

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