

# 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 copays, coinsurance — 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 copays. She also could use them to pay her:

- Car payment, rent, or childcare

### HOSPITAL SELECT II FEATURES

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

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at [tebcs.com](http://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](http://transamerica.com)



**Customer Service:**

888-763-7474



TRANSAMERICA®

## 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	Plan 2
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.	\$150.00	\$250.00
Maximum	\$10000.00 per calendar year	\$20000.00 per calendar year
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.	None	\$300.00
Calendar Year Maximum		30 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	\$1500.00
Maximum	1 day per confinement/1 day(s) per calendar year	1 day per confinement/2 day(s) per calendar year
Off-the-Job Accidental Injury Indemnity Benefit Rider (Rider Form Series CRACIN00)		
Pays each day a covered person receives treatment for a covered accident. Treatment must be provided by a physician within 96 hours of the accident.	\$350.00	None
Maximum	1 day per accident/5 days per calendar year	

# 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 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).
- 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.
- 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.

### **Off-the-Job Accidental Injury Indemnity Benefit Rider:**

Does not cover 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.