

EXTRA PROTECTION FOR THE UNEXPECTED

HOSPITAL SELECT® III HOSPITAL INDEMNITY INSURANCE

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

Meg didn't think much about the cut on her foot, except that it prevented her from wearing some of the shoes she likes. When a friend noticed it and said it didn't look good, she urged Meg to go have it checked out. The cut turned out to be a staph infection that landed her in the hospital. Fortunately, she responded well to antibiotics and was soon back home.

Thankfully, Meg's finances didn't stumble from the unexpected oversight. It might have been a different story if she didn't have her employer's hospital indemnity insurance that helped cover the out-of-pocket expenses her medical insurance didn't.

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

HOSPITAL SELECT III FEATURES

- No co-insurance, co-pay, waiting periods¹, 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
- 24-hour insurance

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 age² for employees and their adult dependents. Children under the age of 26 can be insured.

¹ Based on plan design, some policies have a 10-month pregnancy waiting period.

² Some states do not apply.

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 III*, underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series TMHI1000-0118 and TCHI1000-0118. 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 tbcs.com.

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PRODUCT HIGHLIGHTS

- No lifetime maximum for most benefits
- No waiting period¹
- Benefits paid directly to the insured
- Payroll-deducted premiums
- Family options available



Visit:

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 insured person.

Daily In-Hospital Indemnity Benefit	Plan Option 1
Pays each day an insured is confined to a hospital (but not an emergency room, outpatient stay, stay in an observation unit, stay in a recovery room or for routine newborn care).	Day 1 Benefit: \$1000.00 Day 2 Benefit: \$100.00
Maximum	31 Days

Limitations and Exclusions

Hospital Select® III

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:

- mental or emotional disorders, alcoholism, and drug addiction.
- illness, accident, treatment or medical condition arising out of:
 - war or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; services in the Armed Forces or units auxiliary thereto;
 - suicide, attempted suicide or intentionally self-inflicted injury; or
 - aviation, other than as a fare-paying passenger on a schedule or charter flight or operated by a scheduled airline.
- cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of an insured dependent which has resulted in a functional defect.
- treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), any state or Federal workers' compensation, employees' liability or occupational disease law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories or other institutions; services performed by a member of the insured person's immediate family; and services for which no charge is normally made.
- 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.
- eyeglasses, hearing aids and examination for the prescription or fitting thereof; rest
- cures, custodial care and transportation.

Portability Option

If the employee loses eligibility for any reason other than nonpayment of premiums, the insured will have the option to continue insurance by notifying us and complete an application for individual insurance. An individual policy will be issued and premiums will be paid directly to us.

Continuation of Dependent Insurance

Insured dependents will be eligible for continuation of insurance if the group policy should terminate for any of the following:

- the insured dependent attains the limiting age. the
- insured employee turns age 70.
- upon request of a divorced or legally separated spouse; or on the premium
- due date next following the insured employee's death.

The insured dependent must submit written notice to use within 60 days after they have ceased to be eligible as an insured under the group policy, provided it is still in force because of one of the events described. We will issue a new certificate subject to the following conditions:

- the certificate provides benefits similar to but not greater than those provided in the group policy. the
- premium rate and classification will be that of an adult member.
- the effective date of insurance on the new certificate will be the date they first became insured under the group policy; and benefit payable under the new certificate will be reduced by the amount of any benefits paid or payable under the
- prior certificate with respect to each insured person.

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 insurance. the policy anniversary date
- following the insured's 70th birthday. the date the policy terminates, subject to the grace
- period provision. the date the insured ceases to be eligible for insurance.

Dependent insurance ends on the earliest of:

- the date the insured's insurance terminates.
- the date the dependent child no longer meets the definition of child.
- the premium due date when we fail to receive a premium, subject to the grace period.
- the date of written notice to cancel insurance on insured dependents. the date an insured spouse
- or other adult dependent no longer meets the definition of same.

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.

Disclosures

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.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.