

HIGHLIGHTS OF BENEFITS



ABOUT *HOSPITAL SELECT*[®] III HOSPITAL INDEMNITY INSURANCE

HELPING YOU PREPARE FOR THE UNEXPECTED

A hospital stay shouldn't jeopardize the future you've worked so hard to build. *Hospital Select*[®] III 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*[®] III



**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**

See "Your Hospital Indemnity Benefits" for more details

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

This is a brief summary of *Hospital Select*[®] III hospital indemnity insurance policy **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy Form Series TMH10NJ-0118 and TCH10NJ-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.

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.

MORE ABOUT

***HOSPITAL SELECT*[®] III**

HOSPITAL INDEMNITY INSURANCE



Your Hospital Indemnity Benefits

Hospital Select[®] III hospital indemnity insurance pays you a cash benefit to help cover costs associated with a hospital stay. *Hospital Select*[®] III is a voluntary policy intended to supplement your major medical insurance. The following benefits are included in your plan. 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 as the result of a covered accident or sickness. | Day 1 Benefit: \$1000 Day 2 Benefit: \$50 |
| Maximum | 31 days per confinement |

Your Hospital Indemnity Benefits

| PLAN OPTION 1: MONTHLY RATES HOSPITAL SELECT® III | | | | HIP-HS3- HSA.2021.03.10.NJ.0.00.NODPT.D6 |
|---|----------|---------------------|-------------------------|---|
| AGE | EMPLOYEE | EMPLOYEE AND SPOUSE | EMPLOYEE AND CHILD(REN) | EMPLOYEE, SPOUSE, AND CHILD(REN) |
| All Ages | \$12.37 | \$26.14 | \$18.10 | \$29.56 |

*The illustrated rates DO contain a pre-existing condition limitation.

The above rates are quoted for groups with 101 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different

Issue State: New Jersey

Rate generation date: January 28, 2022

SIC Code: 8082

**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.*

***HOSPITAL SELECT*[®] III** **HOSPITAL INDEMNITY INSURANCE**



***Hospital Select*[®] III Hospital Indemnity Insurance** **Limitations and Exclusions: What Doesn't Qualify**

Confinement for the same or related condition within 90 days of discharge will be treated as a continuation of the prior confinement. Successive confinements separated by more than 90 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
- Routine newborn care
- 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
- Treatment of alcoholism or drug addiction
- An insured being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
- 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

Hospital Select® III Hospital Indemnity Insurance Limitations and Exclusions: What Doesn't Qualify

- An insured's commission of or attempt to commit a felony or the insured's engagement in an illegal occupation
- Aviation except as a fare-paying passenger on a regularly scheduled airline
- 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 participation in a riot or insurrection

NORMAL PREGNANCY LIMITATION

No benefits are provided for normal pregnancy during the first 10 months this insurance is in force. Complications from pregnancy are covered the same as any other sickness.

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 Select® III Hospital Indemnity Insurance Limitations and Exclusions: What Doesn't Qualify

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.

Policy Questions?

 **Visit:** transamerica.com

 **Call:** 855-244-8318