

PROTECTION FOR THE UNEXPECTED

**HOSPITAL SELECT® /// FOR NEW YORK
HOSPITAL INDEMNITY INSURANCE**



Available to the employees of: Complete Womens Imaging PC

**Products underwritten by Transamerica Financial Life Insurance
Company, Harrison, New York**



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 III* FOR NEW YORK WORKS

A hospital stay shouldn't jeopardize the future you've worked so hard to build. *Hospital Select III* for New York 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**



**NO PRE-EXISTING
CONDITION LIMITS**

See "Your Hospital Indemnity Benefits" for more details

Policy Questions?

 **Visit:** transamerica.com

 **Call:** 888-763-7474

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

Your Hospital Indemnity Benefits

Hospital Select III for New York hospital indemnity insurance pays employees a cash benefit to help cover costs associated with a hospital stay. *Hospital Select III* for New York 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, an outpatient stay, or a stay in an observation unit or recovery room) as the result of a covered accident or sickness.	Day 1 Benefit: \$1500 Day 2 Benefit: \$100
Calendar Year Maximum	31 Days per confinement

Your Hospital Indemnity Benefits

PLAN OPTION 1 : MONTHLY RATES <i>HOSPITAL SELECT III</i>				HIP-HS3- HSA.2023.01.PROD,SHARED,AWS.NY.0.0.OVR.L7
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$20.16	\$43.36	\$29.81	\$49.10

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

The above rates are quoted for groups with 50 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different.

Issue State: New York

Rate generation date: October 13, 2025

SIC Code: 8011

*** 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 III FOR NEW YORK

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; service 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 operated by a scheduled airline
- Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incident 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 child which has resulted in a functional defect
- 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
- Treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), 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 member of the insured person's immediate family; and services for which no charge is normally made.

PORTABILITY OPTION

If the employee loses eligibility for this insurance for any reason other than fraud or nonpayment of premiums, they will have the option to continue this insurance (including any riders, if applicable). After the employee notifies us and completes an application for individual insurance, they will be issued an individual policy. Premiums will be paid directly to us and may exceed the premiums that were paid for insurance issued through the policyholder due to increased administrative costs for direct billing. The portability option is only available for the insured employee and their insured dependents. It is not available for the insured dependents without the insured employee.

TERMINATION OF INSURANCE

Subject to the Portability Option, 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

Limitations and Exclusions: What Doesn't Qualify

- The policy anniversary date following the insured's attainment of age 70

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.

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

Notes

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This is a brief summary of *Hospital Select® III* for New York hospital indemnity insurance for New York **underwritten by Transamerica Financial Life Insurance Company**, Harrison, New York. Policy Form Series FMHI10NY-0118 and FCHI10NY-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 HEALTH ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

THIS IS NOT A MEDICARE SUPPLEMENT. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.