

MORE ABOUT

***HOSPITAL SELECT*[®] II**

HOSPITAL INDEMNITY INSURANCE



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
Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay, or a stay in an observation unit or recovery room) as the result of a covered injury or sickness.	\$150
Calendar Year Maximum	31 Days per confinement
INCLUDED RIDERS	
INTENSIVE CARE INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRCICU00)	PLAN OPTION 1
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.	\$300
Calendar Year Maximum	31 days
HOSPITAL ADMISSION INDEMNITY BENEFIT RIDER (RIDER FORM SERIES TRHA1100-1021)	PLAN OPTION 1
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.	\$1,000
Maximum Number of Days per Calendar Year	1
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.	\$2,000
Maximum Number of Days per Calendar Year	1

Your Hospital Indemnity Benefits

PLAN OPTION 1 : MONTHLY RATES <i>HOSPITAL SELECT II</i>				HIP-HS2- HSA.2023.01.PROD,SHARED,AWS.CA.0.0.OVR.DB
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$10.23	\$21.32	\$14.84	\$24.08

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

The above rates are quoted for groups with 486 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different.

The premium rates quoted for this plan design are based on at least 75% employer contribution. If the employer does not contribute, then the rates will be different.

Issue State: California

Rate generation date: May 14, 2024

SIC Code: 5511

*** 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*[®] II** **HOSPITAL INDEMNITY INSURANCE**



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

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 thereof
- 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 injury or sickness (unless the Newborn Child In-Hospital Indemnity Benefit Rider is included)
- An insured person's abortion, except for 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, civil commotion, civil disobedience, or unlawful assembly
- Any loss incurred due to the insured's being intoxicated or under the influence of any controlled substance, unless administered on the advice of a physician

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

- Dental care or treatment that is not a result of an injury or sickness
- Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law
- Committing or attempting to commit a felony or to which a contribution cause was the insured person's being engaged in an illegal occupation
- Air travel, except: as a fare-paying passenger on a commercial airline on a regularly scheduled route; or as a passenger for transportation only and not as a pilot or crew member
- 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.)
- Treatment of an injury or sickness made necessary by or arising from war, declared or undeclared, or any act of war

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.

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.

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
- The date the insured turns age 65

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

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

- 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 date an insured spouse or registered domestic partner reaches age 65

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.