



HOSPITAL INDEMNITY INSURANCE

Underwritten by Transamerica Financial Life Insurance Company

Hospital indemnity insurance from Transamerica pays a cash benefit for each day you are hospitalized. Your benefit can be used to help with deductibles and co-pays — or even costs you might not think about like the need for added child care or help with transportation. This insurance can help you get through a hospital stay without throwing your finances off track.

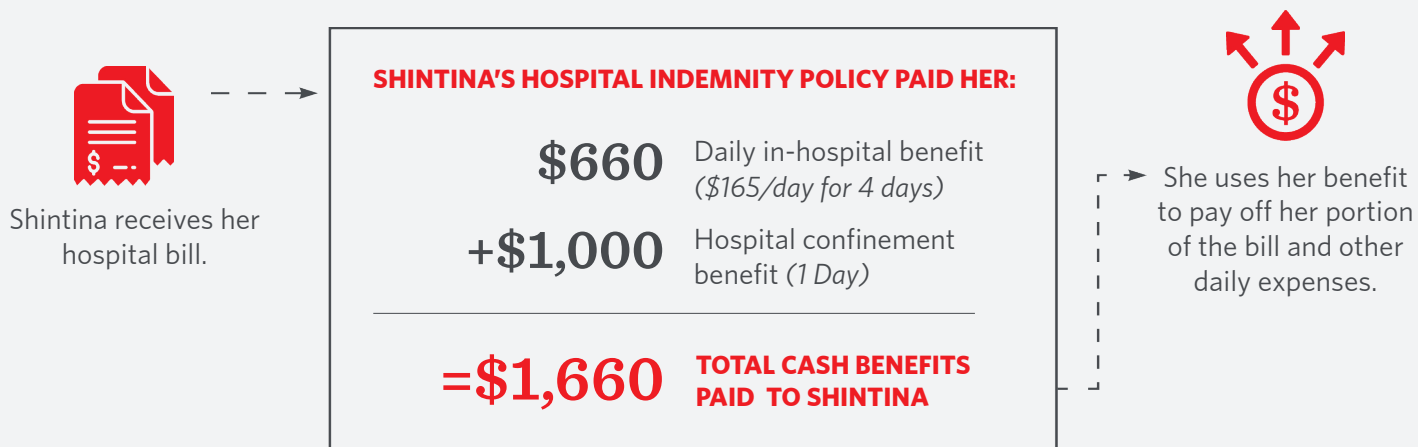
MEET SHINTINA

Shintina looks forward to giving birth, and is especially glad she signed up for hospital indemnity insurance from Transamerica. When her baby needs a C-section delivery, she spends four nights in the hospital, but her finances won't suffer because the birth didn't go as she'd planned. Her policy provides a benefit for the stay, letting her pay her bill more easily and recover without as much financial stress.

Hospital costs average \$2,883 per day throughout the U.S.¹

AN EXAMPLE OF HOW HOSPITAL INDEMNITY INSURANCE WORKS

Benefit amounts are for illustration purposes only. Actual benefits paid may vary.



Could your finances weather the storm if you or a family member is hospitalized? Why chance it?

Transamerica can help you feel prepared for rough weather.

YOUR BENEFITS AT A GLANCE

Daily in-hospital indemnity benefit:	\$165
Hospital admission indemnity benefit	\$1,000
Can I continue my insurance after employment?	Yes, you can take it with you if your job status changes.
Additional benefits:	Intensive Care Indemnity Benefit Rider

KEY FEATURES



Provides additional benefits beyond your major medical insurance



Payroll-deducted premium payments to make this simple for you



Allows you to keep your policy should you retire or change jobs



No maximum issue age for employees and their adult dependents



Option to insure your family

See product brochure for full list of included benefits

Questions?



Visit: transamerica.com



Contact: 855-244-8318

¹ "Hospital and Surgery Costs," Debt.org, June 2023

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.

LIMITATIONS AND EXCLUSIONS

With respect to benefits provided under this certificate, no benefits will be payable as the result of: An insured person's suicide or attempted suicide, while sane or insane. An insured person's 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. This exclusion does not apply to coverage under the optional Wellness Indemnity Benefit Rider, if attached as part of the contract. Any pregnancy of a dependent child, including confinement rendered to her child after birth. Routine newborn care. This exclusion does not apply to coverage under the optional Wellness Indemnity Benefit Rider, if attached as part of the contract. An insured person's abortion, except for medically necessary abortions performed to save the mother's life. The treatment of a. An insured person's mental or emotional disorder. This exclusion does not apply to coverage under the optional Inpatient Mental and Nervous Disorder Indemnity Benefit Rider, if attached as part of the contract. b. An insured person's alcoholism or drug addiction. This exclusion does not apply to coverage under the optional Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider, if attached as part of the contract. An insured person's participation in a riot, or insurrection. 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. 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). An insured person's 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 Physicians 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 while an insured person is 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. An insured person's involvement in any war or act of war, whether declared or undeclared.

This is a brief summary of *Hospital Select[®] III*, underwritten by Transamerica Financial Life Insurance Company, Harrison, New York. Policy form series FMH10NY-0118 and FCH10NY-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 tebcs.com.

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TRANSAMERICA[®]

Product Details

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	PLAN OPTION 2
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: \$1000 Day 2 Benefit: \$165	Day 1 Benefit: \$500 Day 2 Benefit: \$165
Calendar Year Maximum	\$100,000	\$100,000
INCLUDED RIDERS		
INTENSIVE CARE INDEMNITY BENEFIT RIDER (RIDER FORM SERIES FRCICUNY)	PLAN OPTION 1	PLAN OPTION 2
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.	\$165	\$165
Calendar Year Maximum	30 days	30 days

Product Details

PLAN OPTION 1 : MONTHLY RATES <i>HOSPITAL SELECT III</i>				HIP-HS3- HSA.2023.01.PROD,SHARED,AWS.NY.0.0.OVR.L3
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$17.65	\$37.74	\$26.04	\$42.76

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

The above rates are quoted for groups with 750 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: December 4, 2024

SIC Code: 6799

PLAN OPTION 2 : MONTHLY RATES <i>HOSPITAL SELECT III</i>				HIP-HS3- HSA.2023.01.PROD,SHARED,AWS.NY.0.0.OVR.L3
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$13.21	\$27.90	\$19.36	\$31.59

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

The above rates are quoted for groups with 750 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: December 4, 2024

SIC Code: 6799

When groups are eligible to offer 2 plan designs to employees in a group, the premium for the "high" (more expensive) plan design cannot be more than 50% greater than the premium for the "low" (less expensive) plan. **When groups are eligible to offer 3 plan designs**, the premium for the middle plan cannot be more than 50% greater than the low plan, and the premium for the high plan cannot be more than 50% greater than the middle plan.

****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.