

MORE ABOUT

***HOSPITAL SELECT*[®] II**

HOSPITAL INDEMNITY INSURANCE



Your Hospital Indemnity Benefits

Hospital Select® II hospital indemnity insurance pays you a cash benefit to help cover costs associated with a hospital stay. *Hospital Select*® II 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	PLAN OPTION 2
Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay, or stay in an observation unit) as the result of a covered accident or sickness.	\$50	\$100
Maximum	31 Days per confinement	31 Days per confinement
INCLUDED RIDERS		
INTENSIVE CARE INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRCICU00)	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.	\$100	\$200
Calendar Year Maximum	10 days	10 days
HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER (RIDER FORM SERIES TRHI1000-0118)	PLAN OPTION 1	PLAN OPTION 2
Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay, or stay in an observation unit) as the result of an accidental injury or sickness lasting a minimum of 24 continuous hours from time of admission.	\$750	\$1,000
Maximum	1 day(s) per confinement/ 1 day(s) per calendar year	1 day(s) per confinement/ 1 day(s) per calendar year

Your Hospital Indemnity Benefits

PLAN OPTION 1: MONTHLY RATES HOSPITAL SELECT® II				HIP-HS2- HSA.2021.03.10.OK.0.00.NODPT.L1
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$12.35	\$25.97	\$18.04	\$29.38

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

The above rates are quoted for groups with 833 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different

Issue State: Oklahoma

Rate generation date: June 22, 2022

SIC Code: 9199

PLAN OPTION 2: MONTHLY RATES HOSPITAL SELECT® II				HIP-HS2- HSA.2021.03.10.OK.0.00.NODPT.L1
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$18.98	\$40.53	\$27.96	\$45.92

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

The above rates are quoted for groups with 833 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different

Issue State: Oklahoma

Rate generation date: June 22, 2022

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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.*

***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 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 (unless Wellness Indemnity Benefit Rider is included)
- Any pregnancy of a dependent child, except for complications of pregnancy, 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 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 (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 or insurrection

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

- 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)
- 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
- 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 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 while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer

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

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 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 CONFINEMENT INDEMNITY BENEFIT RIDER:

We will not pay benefits under this rider for an emergency room stay, an outpatient stay, or a stay in an observation unit, or recovery room. We also will not pay a hospital confinement benefit for a newborn child's stay in the hospital unless the newborn child is confined to the hospital and is being treated for an accidental injury or sickness.

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.