

# PROTECTION FOR THE UNEXPECTED

**HOSPITAL SELECT® II**  
**HOSPITAL INDEMNITY INSURANCE**



Available to the employees of: Stryker Corporation

**Products underwritten by Transamerica Life Insurance  
Company, Cedar Rapids, IA**



# 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® II** WORKS

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

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### Highlights of *Hospital Select® II*



**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  
PREMIUMS<sup>1</sup>**



**PAYS ON TOP OF  
OTHER INSURANCE**



**NO PRE-EXISTING  
CONDITION LIMITS**

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See "Your Hospital Indemnity Benefits" for more details

### Policy Questions?

 **Visit:** [transamerica.com](https://transamerica.com)

 **Call:** 855-244-8318

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



## 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
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.	\$100
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.	\$100
Calendar Year Maximum	10 days
HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER (RIDER FORM SERIES TRHI1000-0118)	PLAN OPTION 1
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.	\$1,500
Maximum	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.MI.0.00.OVR.DB
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$8.92	\$18.42	\$12.88	\$20.80

\*The illustrated rates DO NOT contain a pre-existing condition limitation.  
The above rates are quoted for groups with 17000 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different  
Issue State: Michigan  
Rate generation date: May 19, 2022  
SIC Code: 3841

*\* 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

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### **HOSPITAL SELECT® II**

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:

- 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, 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, if such participation rises to the level of a misdemeanor or felony
- Any accident caused by the operation of a vehicle, while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred)
- 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
- Any loss to which a contributing cause was the insured person's commission of or attempt to commit, a misdemeanor or felony or to which a contributing cause was the insured person being engaged 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.)
- Voluntary involvement in any war or act of war, whether declared or undeclared

### **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.



## Limitations and Exclusions: What Doesn't Qualify

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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 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.

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](https://tebcs.com)**.

## Notes



## Notes

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## Policy Questions?

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 **Call:** 855-244-8318

This is a brief summary of *Hospital Select*® II hospital indemnity insurance policy underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy Form Series TMHI10MI-0118 and TCHI10MI-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.**

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