

# PROTECTION FOR THE UNEXPECTED

*HOSPITAL SELECT® III*  
HOSPITAL INDEMNITY INSURANCE



Available to the employees of: Brookeland Independent School District

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



# 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 WORKS

A hospital stay shouldn't jeopardize the future you've worked so hard to build. *Hospital Select III* 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 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  
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:** 888-763-7474

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

## Your Hospital Indemnity Benefits

*Hospital Select III* hospital indemnity insurance pays employees a cash benefit to help cover costs associated with a hospital stay. *Hospital Select III* 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.	\$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	10 days
WELLNESS INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRHWEL00)	PLAN OPTION 1
Pays each day an insured person undergoes a health screening test as defined in the policy.	\$50
Calendar Year Maximum	1 day
INPATIENT MISCELLANEOUS INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRIPM400)	PLAN OPTION 1
Pays each day an insured person is confined to a hospital as a result of a covered accident or sickness to help cover miscellaneous costs related to hospital stays. This benefit is paid in addition to the Daily In-Hospital Indemnity Benefit and the Intensive Care Indemnity Benefit (if the Intensive Care Indemnity Benefit Rider is included on the plan design).	\$50
Maximum	31 days per confinement

# Your Hospital Indemnity Benefits

<b>HOSPITAL ADMISSION INDEMNITY BENEFIT RIDER (RIDER FORM SERIES TRHA1100-1021)</b>	<b>PLAN OPTION 1</b>
<b>Hospital Admission Indemnity Benefit</b>	
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.	<b>\$1,200</b>
Maximum Number of Days per Calendar Year	<b>1</b>
<b>Intensive Care Unit Admission Indemnity Benefit</b>	
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.	<b>\$2,400</b>
Maximum Number of Days per Calendar Year	<b>1</b>

# Your Hospital Indemnity Benefits

PLAN OPTION 1 : MONTHLY RATES <i>HOSPITAL SELECT III</i>				HIP-HS3- HSA.2023.01.PROD,SHARED,AWS.TX.0.0.OVR.L2
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$33.37	\$72.17	\$53.27	\$84.61

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

The above rates are quoted for groups with 80 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different.

Issue State: Texas

Rate generation date: June 18, 2024

SIC Code: 8211

*\*\* 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 III**

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
- Rehabilitative care and treatment 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, 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
- 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)
- 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

## Limitations and Exclusions: What Doesn't Qualify

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### **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 certificate (including any riders, if applicable) by paying the premiums directly to us within 31 days after this insurance terminates. We will bill the employee for these premiums after the employee notifies us to continue this insurance. The premiums the employee pays directly to us may exceed the premiums that were paid through the policyholder due to increased administrative costs for direct billing. If the employee stops paying the premiums under this option, this insurance will cease, subject to the terms of the grace period. 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.

### **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**

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

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

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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](http://tebcs.com).





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This is a brief summary of *Hospital Select® III* hospital indemnity insurance policy **underwritten by Transamerica Life Insurance Company (TLIC)**, Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy Form Series TMHI10TX-0118 and TCHI10TX-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 ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

EB3 207026R3 V 05/23

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