



HELP PREPARE FOR THE UNEXPECTED

HELPING TO PROTECT
YOUR QUALITY OF LIFE

Available to the employees of : Krapf Buses

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



PEACE OF MIND FOR THE UNEXPECTED



Even the best-laid plans can be thrown off by an unexpected emergency. Being prepared starts with an understanding of how both Wealth + HealthSM affect your quality of life, especially when it comes to healthcare costs. Transamerica's voluntary insurance benefits can help provide the protection you and your family need.

**Because what good is wealth
without the health to enjoy it?**

In this guide:

Highlights of Offered Benefits

- Transamerica Critical Illness Insurance
- Hospital Select II

Transamerica Critical Illness InsuranceSM

- Benefit Details
- Limitations and Exclusions

***Hospital Select® II* Hospital Indemnity Insurance**

- Benefit Details
- Limitations and Exclusions

Policy Questions?

 **Visit:** transamerica.com

 **Call:** 855-244-8318

HIGHLIGHTS OF BENEFITS



ABOUT TRANSAMERICA CRITICAL ILLNESS INSURANCESM

MORE THAN JUST PEACE OF MIND

A critical illness can come in many forms, bringing the risk of incapacitation or hospitalization. Should this happen, you may be unable to work or provide for your family. We think you deserve help protecting your finances and your loved ones' future.

A supplement to major medical insurance, Transamerica's critical illness insurance can be used to offset out-of-pocket costs not covered by major medical.

GOING BEYOND MAJOR MEDICAL

Transamerica Critical Illness InsuranceSM is designed to help ease the burden of unexpected costs that can accompany a critical illness. It pays a benefit you can use however you need — to help pay for deductibles, copays, everyday living expenses while out of work or additional care while you recover.

Highlights of *Transamerica Critical Illness Insurance*



**NO LIFETIME
BENEFIT MAXIMUM**



**NO WAITING
PERIODS**



**PAYS BENEFITS
DIRECTLY TO YOU**



**FAMILY OPTIONS
AVAILABLE**



**EASY PAYROLL-DEDUCTED
PREMIUMS**

See Your Critical Illness Benefits for more details.

This is a brief summary of *Transamerica Critical Illness InsuranceSM* – C112 **underwritten by Transamerica Life Insurance Company (TLIC)**, Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy Form Series TMC112PA-1020 Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Please refer to the policy, certificate, and riders for complete details.

This Is A Limited Policy – Read It Carefully. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

ABOUT *HOSPITAL SELECT*® II HOSPITAL INDEMNITY INSURANCE

HELPING YOU PREPARE FOR THE UNEXPECTED

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.

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
PREMIUMS¹**



**PAYS ON TOP OF
OTHER INSURANCE**



**NO PRE-EXISTING
CONDITION LIMITS**

See "Your Hospital Indemnity Benefits" for more details

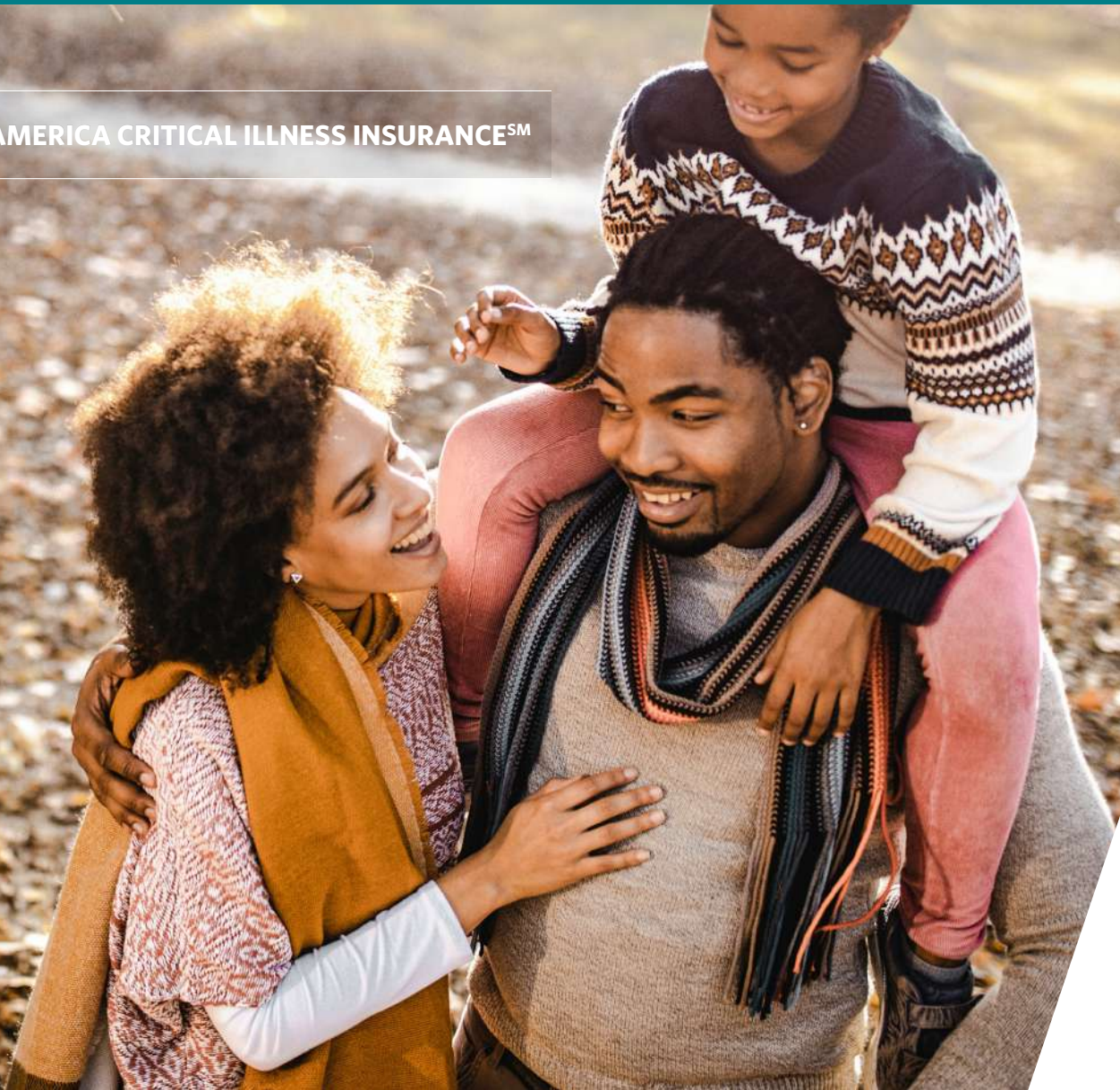
¹ Minimum payroll-deducted premium of \$10 per month for employee insurance benefits.

This is a brief summary of *Hospital Select*® II 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 TMHI10PA-0118 and TCHI10PA-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.

MORE ABOUT TRANSAMERICA CRITICAL ILLNESS INSURANCESM

TRANSAMERICA CRITICAL ILLNESS INSURANCESM



Your Critical Illness Benefits

*Transamerica Critical Illness Insurance*SM pays you a benefit to cover expenses associated with a covered critical illness. The benefit amount is elected by the employee at enrollment. The initial diagnosis benefit in each category pays a percentage of the benefit amount. If applicable, the recurrent diagnosis benefit pays a percentage of the initial diagnosis benefit. Benefits are subject to limitations and exclusions.

DEPENDENT INSURANCE	PLAN OPTION 1
Spouse/Adult Dependent	50% of the employee benefit amount
Child Dependent	50% of the employee benefit amount

BENEFIT CATEGORIES

The Benefit Amount is elected by the employee on the application or enrollment form. The benefit is a percentage of the Benefit Amount or the dollar amount shown below.

Benign Tumor Category		
	Plan Option 1	
Sub-Benefit	First Occurrence Benefit Amount	Recurrent Benefit Amount
Benign Brain Tumor	100%	50%
Benign Spinal Cord Tumor	100%	50%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	
Cancer Category		
	Plan Option 1	
Sub-Benefit	First Occurrence Benefit Amount	Recurrent Benefit Amount
Invasive Cancer	100%	50%
Non-Invasive Cancer	25%	12.5%
Skin Cancer	\$750	\$375
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	
Cardiovascular Disease Category		
	Plan Option 1	
Sub-Benefit	First Occurrence Benefit Amount	Recurrent Benefit Amount
Coronary Artery Disease Requiring Angioplasty/Stent	10%	5%
Coronary Artery Disease Requiring Bypass Grafts	25%	12.5%
Coronary Invasive	100%	50%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

Your Critical Illness Benefits

CHILDHOOD DISEASE CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Cerebral Palsy	100%	N/A
Cleft Lip/Palate	50%	N/A
Cystic Fibrosis	100%	N/A
Down Syndrome	100%	N/A
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	
FUNCTIONAL LOSS CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Sensory Loss	100%	N/A
Monoplegia	50%	N/A
Quadriplegia, Paraplegia, or Hemiplegia	100%	N/A
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	
HEART ATTACK CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Heart Attack	100%	50%
Sudden Cardiac Arrest	100%	50%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	
INFECTIOUS DISEASE CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Anthrax	100%	N/A
Cholera	100%	N/A
Rocky Mountain Spotted Fever	100%	N/A
Encephalitis/Bacterial Meningitis	100%	N/A
Typhoid Fever	100%	N/A
Tuberculosis	100%	N/A
Malaria	100%	N/A
Osteomyelitis	100%	N/A
SARS – CoV-2	25%	N/A
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

Your Critical Illness Benefits

KIDNEY FAILURE CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
End Stage Renal Failure	100%	N/A
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	
MAJOR ORGAN TRANSPLANT CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Bone Marrow Transplant	100%	50%
Major Organ Transplant (except Bone Marrow)	100%	50%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	
PROGRESSIVE DISEASE CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Alzheimer’s Disease	100%	N/A
Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease)	100%	N/A
Lupus	100%	N/A
Multiple Sclerosis	100%	N/A
Parkinson’s Disease	100%	N/A
Primary Sclerosing Cholangitis (Walter Peyton’s Disease)	100%	N/A
Other Dementia	100%	N/A
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	
SEVERE BURNS CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Severe Burns	100%	50%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	
STROKE CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Stroke	100%	50%
Transient Ischemic Attack (TIA)	10%	5%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

Your Critical Illness Benefits

VASCULAR DISEASE CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Abdominal/Thoracic Aortic Aneurysm	25%	12.5%
Carotid Artery Disease	25%	12.5%
Cerebral Aneurysm	25%	12.5%
Renal Aneurysm	25%	12.5%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

Your Critical Illness Benefits

SUPPLEMENTAL BENEFITS

HEALTH SCREENING BENEFIT RIDER (RIDER FORM SERIES TRWE1200-1020)	PLAN OPTION 1
<p>Pays a benefit once per insured per calendar year for undergoing a Health Screening Test, regardless of the number of tests the insured undergoes. Health Screening Test includes, but may not be limited to, one of the below listed tests performed under the supervision of or recommendation by a physician while this rider is in force.</p>	<p>Benefit Amount: \$50</p>
<p>Cholesterol and Diabetes</p> <ul style="list-style-type: none"> • Blood Test Total Cholesterol • Blood Test Total Triglycerides • Fasting Blood Glucose Test • Fasting Plasma Glucose Test 	<ul style="list-style-type: none"> • Hemoglobin A1C • Serum Cholesterol Test LDL/HDL Levels • Two-hour Post-load Plasma Glucose Test
<p>Cancer</p> <ul style="list-style-type: none"> • Biopsies for Cancer • Bone Marrow Testing • Breast MRI • Breast Ultrasound • Breast Sonogram • Cancer Antigen 15-3 Blood Test for Breast Cancer (CA 15-3) • Cancer Antigen 125 Blood Test for Ovarian Cancer (CA 125) • Carcinoembryonic Antigen Blood Test for Colon Cancer (CEA) • Colonoscopy • Doppler Screening for Cancer • Endoscopy 	<ul style="list-style-type: none"> • Flexible Sigmoidoscopy • Hemoccult Stool Specimen • Oral Cancer Screening • PAP Smears or Thin Prep PAP Test • Prostate-Specific Antigen (PSA) Test • Serum Protein Electrophoresis • Skin Cancer Biopsy • Skin Cancer Screening • Skin Exam • Virtual Colonoscopy
<p>Cardiovascular Function</p> <ul style="list-style-type: none"> • Carotid Doppler • Doppler Screening for Peripheral Vascular Disease • Echocardiogram (Echo) 	<ul style="list-style-type: none"> • Electrocardiogram (ECG or EKG) • Electroencephalogram (EEG) • Stress Test on Bicycle or Treadmill
<p>Imaging Studies</p> <ul style="list-style-type: none"> • Chest X-Rays • Mammogram • Thermography 	<ul style="list-style-type: none"> • Ultrasounds for Cancer Detection • Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms
<p>Periodic Physical and Blood Examinations</p> <ul style="list-style-type: none"> • Routine Health Check-up Exam • Blood Chemistry Panel • Clinical Testicular Exam • Complete Blood Count (CBC) • Dental Exam • Digital Rectal Exam (DRE) 	<ul style="list-style-type: none"> • Eye Exams • Hearing Test • Lipid Panel • Successful Completion of Smoking Cessation Program • Tests for Sexually Transmitted Infections (STIs)
<p>Immunizations</p> <ul style="list-style-type: none"> • Immunization 	<ul style="list-style-type: none"> • Human Papillomavirus Vaccination (HPV)

Your Critical Illness Benefits

PROVISIONS

BENEFIT SEPARATION PERIOD	PLAN OPTION 1
First Occurrence Benefit Separation Period The number of days that must elapse between the date of diagnosis of two medically unrelated illnesses for benefits to be payable for the second illness as a first occurrence.	30 days
Recurrent Benefit Separation Period The number of days that must elapse between the date of diagnosis for the first time an insured is diagnosed and the second time they are diagnosed with the same covered illness.	90 days
If an insured is diagnosed with multiple covered conditions that are medically related as determined by a physician, the applicable benefit separation period, we will only pay one benefit which will be the higher critical illness benefit amount. If the last critical illness benefit payment under the certificate was less than 100% of the applicable benefit amount, we will waive the applicable benefit separation period.	

Definitions

Availability of benefit categories and sub-benefits may vary by state.

CRITICAL ILLNESS BENEFIT

First Occurrence – The first time a covered critical illness is diagnosed on or after the insured's effective date.

First Occurrence Critical Illness – If an insured is diagnosed with the first occurrence of a critical illness, we will pay a lump sum benefit. The positive first occurrence diagnosis must be made after the effective date of the certificate, while the certificate is in force, and after the applicable benefit separation period has been satisfied.

Recurrent Critical Illness – If an insured is diagnosed with a recurrent critical illness, we will pay a lump sum benefit. The positive recurrent diagnosis must be made after the effective date of the certificate, while the certificate is in force, and after the applicable benefit separation period has been satisfied. Only one recurrent critical illness benefit may be paid per insured for each critical illness.

Benefits may be subject to lifetime category maximums per insured person.

CRITICAL ILLNESS

An illness or condition listed in one of the covered condition categories. Positive diagnosis must be made by a physician.

BENIGN TUMOR COVERED CONDITION CATEGORY

Benign Brain Tumor – The presence of a non-cancerous tumor located in the brain, or a non-cancerous Meningioma. Does not include:

- Acoustic neuromas
- Tumors of the skull
- Tumors of the spinal cord
- Pituitary adenomas
- Germinomas

Benign Spinal Cord Tumor – The presence of a non-cancerous tumor, located in the spinal cord. Does not include:

- Tumors of the brain
- Tumors of the vertebrae
- Tumors of peripheral nerves

Benign Tumor Covered Condition Exclusions

This benign tumor category does not include tumors resulting from:

- Neurofibromatosis I or II
- Von Hippel Lindau disease
- Tuberous sclerosis
- Cowden disease

CANCER COVERED CONDITION CATEGORY

Invasive Cancer – The presence of one or more malignant tumors with invasion of normal tissue and characterized by the uncontrollable and abnormal growth and spread of malignant cells to lymph nodes and/or a body part different from the site of cancer origin.

Includes:

Definitions

- A malignant melanoma for which a pathology report shows a maximum thickness greater than 0.80 millimeters using the Breslow method of determining tumor thickness
- A cancer that is a leukemia or lymphoma
- Where an insured has terminal cancer and has a life expectancy of 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy

Non-Invasive Cancer – (Including Carcinoma in Situ) The presence of a malignant tumor and characterized by the abnormal growth of malignant cells which are confined to the site of origin without spread to lymph nodes and/or a body part different from the site of cancer origin. Does not include skin cancer.

Includes:

- A malignant melanoma, for which a pathology report shows a maximum thickness less than or equal to 0.80 millimeters using the Breslow method of determining tumor thickness
- A tumor of the prostate classified as T1bN0M0, or T1cN0M0
- A Carcinoma in Situ classified as TisN0M0

Skin Cancer – Any malignant growth that arises on the surface of the skin that is any of the following:

- Basal cell carcinoma
- Squamous cell carcinoma
- Malignant melanoma that remains confined to the epidermis

Cancer Covered Condition Exclusions

This cancer category does not include other conditions which may be considered precancerous including, but not limited to:

- Leukoplakia
- Hyperplasia
- Polycythemia vera
- Moles
- Lesions
- Similar diseases

CARDIOVASCULAR COVERED CONDITION CATEGORY

Coronary Artery Disease Requiring Angioplasty/Stent – Coronary artery disease requiring a balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries. This benefit is confined to the heart; therefore, a narrowing or blockage of renal arteries, carotid arteries, or other peripheral arteries is not coronary artery disease and does not qualify for this benefit.

Coronary Artery Disease Requiring Bypass Grafts – Coronary artery disease requiring a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Angiographic evidence to support the necessity for this surgery will be required. This benefit is confined to the heart; therefore, a narrowing or blockage of renal arteries, carotid arteries, or other peripheral arteries is not coronary artery disease and does not qualify for this benefit. Also for the purposes of this benefit, a surgical operation to correct narrowing or blockage does not include the following:

- Balloon angioplasty
- Laser embolectomy
- Atherectomy
- Stent placement
- Any non-surgical procedures

Definitions

Coronary Artery Disease Requiring Heart Valve Repair or Replacement (Coronary Invasive) – Coronary artery disease requiring the aortic valve or mitral valve is repaired or replaced with a mechanical or bio-prosthetic heart valve by a procedure that is either of the following:

- A surgery in which a median sternotomy is performed
- A minimally invasive procedure in which a transcatheter valve repair or replacement, or minimal incision valve surgery is performed

If the insured is diagnosed with more than one cardiovascular disease covered condition at the same time or on the same day for which a benefit is payable, we will pay the applicable benefit for one cardiovascular disease covered condition, which will be for the covered condition that pays the highest benefit amount.

CHILDHOOD DISEASE COVERED CONDITION CATEGORY

Childhood Disease Covered Condition Exclusions

We will not pay benefits for:

- A suspected or probable diagnosis of a childhood covered condition
- A childhood covered condition that is diagnosed for a stillborn child
- A childhood covered condition that is diagnosed during pregnancy which is later terminated due to abortion or miscarriage

FUNCTIONAL LOSS COVERED CONDITION CATEGORY

Sensory Loss – Loss of sight, hearing or speech.

Paralysis – Quadriplegia, paraplegia, hemiplegia or monoplegia that is expected to last for a continuous 6-month period or longer from the date of diagnosis to determine if paralysis is permanent. A benefit will not be paid for paralysis that results from a stroke or psychiatric related causes.

Functional Loss Covered Condition Exclusions

We will not pay benefits for a functional loss covered condition for any of the following:

- A functional loss covered condition that is associated with the total and irreversible loss of all brain function (brain death)
- A functional loss covered condition that is a dismemberment of an extremity
- A functional loss covered condition caused by a congenital birth defect
- Any functional loss covered condition for which, in general medical opinion or practice, surgery, an adaptive device or other corrective measure could restore function

HEART ATTACK COVERED CONDITION CATEGORY

Myocardial Infarction – The ischemic death of a portion of the heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by either of the following criteria:

- The presence of three or more of the following indicators:
 - a) Pain, pressure, fullness, discomfort, or squeezing in the center of the chest
 - b) Radiating pain to the shoulder, neck, back, arm or jaw
 - c) New EKG changes indicative of myocardial infarction
 - d) Diagnostic increase of specific cardiac markers typical for heart attack
 - e) Confirmatory imaging studies
- In the event of death, an autopsy confirmation identifying heart attack as the cause of death will be accepted

Definitions

Sudden Cardiac Arrest – The sudden, unexpected loss of heart function, breathing and consciousness resulting when the heart suddenly and unexpectedly stops beating because of an internal electrical disturbance of the heart, which results in an insured being pronounced deceased by a physician.

If an insured sustains a myocardial infarction and sudden cardiac arrest which are diagnosed at the same time or on the same day and for which a heart attack benefit is payable, we will pay the critical illness benefit for only one of the heart attack covered conditions; which will be for the heart attack covered condition that pays the highest benefit amount.

Additional proof of loss requirements for heart attack covered conditions may be required.

INFECTIOUS DISEASE COVERED CONDITION CATEGORY

Proof of SARS – CoV-2 infection requires a clinical diagnosis that is substantiated in writing by a physician and must include additional documentation showing any of the following:

- The insured was confined in a hospital as an inpatient in an intensive care unit (ICU) for 5 consecutive days
- The insured has died from SARS – CoV-2 while confined in a hospital as an inpatient in an intensive care unit (ICU)

KIDNEY FAILURE COVERED CONDITION CATEGORY

End Stage Renal Failure – The end stage failure which presents a chronic, irreversible failure of both kidneys, and requires treatment by renal dialysis.

The date of diagnosis of a kidney failure covered condition will be the earlier of:

- The date the insured receives the first kidney dialysis treatment
- The date the insured is placed on the transplant list

MAJOR ORGAN TRANSPLANT COVERED CONDITION CATEGORY

Bone Marrow Transplant – The irreversible failure of an insured's bone marrow for which replacement of the bone marrow (stem cells) from a human donor is medically necessary.

Major Organ Failure Requiring Transplant (Other Than Bone Marrow) – The irreversible failure of an insured's heart, lung, pancreas, kidney (entire renal function), or any combination of such organs, for which a physician has determined that there is medical evidence to support the complete replacement of such organ with an entire organ from a donor. It can also be the irreversible failure of an insured's liver for which a physician has determined that there is medical evidence to support the complete or partial replacement of the liver or liver tissue from a human donor. The need for a transplant must be due to severe organ disease. Documentation of the diagnosis is required that shows the insured has either been placed on the transplant list or such major organ transplant procedure has been performed.

The date of diagnosis of a major organ transplant covered condition will be the earlier of:

- The date an insured is placed on the transplant list
- The date an insured undergoes a major organ transplant procedure

If an insured is placed on the transplant list and then subsequently undergoes a major organ transplant procedure on the same organ for which the insured was on the transplant list, we will treat this as a single diagnosis of a major organ transplant covered condition.

Two or more organs transplanted on the same day or during the same surgery shall be deemed one diagnosis of a major organ transplant covered condition.

We will not pay benefits for a major organ transplant covered condition for an insured:

Definitions

- If we have paid an initial benefit for a kidney failure covered condition to the insured and the organ for which a major organ transplant procedure is performed is a kidney
- If we have paid an initial benefit for invasive cancer for the same cancer condition for which a major organ transplant of bone marrow replacement is performed
- If prior to the insured's insurance becoming effective, the insured had been placed on a transplant list for the same organ for which the major organ transplant procedure is performed
- For a transplant involving organs received from non-human donors
- For a transplant involving implantation of medical devices or mechanical organs
- For a transplant involving islet cell transplants

PROGRESSIVE DISEASE COVERED CONDITION CATEGORY

Alzheimer's Disease – A clinically established diagnosis of Alzheimer's Disease that is based upon a severe cognitive impairment of such progressive nature that it results in an insured's inability to independently perform (without hands-on assistance) 2 or more of the activities of daily living.

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's) – A neurodegenerative neuromuscular disease that results in the progressive loss of motor neurons that control voluntary muscles.

Lupus – A systemic autoimmune disease that occurs when the body's immune system attacks its own tissues and organs, causing inflammation affecting many different body systems, including the joints, skin, kidneys, blood cells, brain, heart and lungs.

Multiple Sclerosis (MS) – A chronic and progressive disease involving damage of the sheaths of nerve cells in the brain and spinal cord (central nervous system). MS symptoms may include numbness, impairment of speech and of muscular coordination, blurred vision, and severe fatigue.

Parkinson's Disease – A progressive nervous system disorder that affects movement and results in an insured's inability to independently perform (without hands-on assistance) 2 or more of the activities of daily living for a continuous period of 90 days.

Primary Sclerosing Cholangitis (Walter Payton's Disease) – A chronic, long-term, disease that slowly damages the bile ducts.

Other Dementia – The development of multiple progressive cognitive defects manifested by memory impairment and other cognitive disturbances and for which one or more of the following tests document changes to the specific areas of the brain that result in cognitive disturbances: electroencephalogram (EEG); or imaging studies, including computed tomography (CT), magnetic resonance imaging (MRI), fluorodeoxyglucose positron emission tomography (FDG Pet Scan) or amyloid positron-emission tomography scan. Cognitive Disturbances are defined as the following intellectual impairments: aphasia, apraxia, agnosia, disturbance in executive functioning.

Other dementia includes the following types of neurological conditions:

- Lewy body dementia
- Progressive supranuclear palsy
- Corticobasal degeneration
- Parkinson's disease dementia
- Frontotemporal dementia
- Primary progressive aphasia
- Normal-pressure hydrocephalus
- Rapidly progressive dementia as in Creutzfeldt-Jakob disease

Other dementia does not include:

Definitions

- Alzheimer's disease
- Substance-induced conditions
- A form of dementia that is a mental and nervous condition, such as schizophrenia or psychoses
- Any form of Parkinson's disease other than Parkinson's disease dementia
- Reversible dementias such as those caused by thyroid or other hormonal abnormalities, or vitamin deficiencies

For the purposes of this category, Activities of Daily Living include the following activities: bathing, continence, dressing, eating, toileting, transferring.

SEVERE BURN COVERED CONDITION CATEGORY

Severe Burns – Insured has sustained a burn that is at least a third-degree burn and covers at least 20% of the total body surface area.

STROKE COVERED CONDITION CATEGORY

Stroke - A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage, or embolization of brain tissue from an extracranial source. The diagnosis must be based on documented irreversible neurological deficits and confirmatory neuroimaging studies. A stroke does not include cerebral symptoms due to:

- Transient Ischemic Attack (TIA)
- Reversible neurological deficit
- Migraine
- Cerebral injury resulting from trauma or hypoxia
- Vascular disease affecting the eye, optic nerve or vestibular functions

Transient Ischemic Attack (TIA) – A temporary ischemic event (including prolonged reversible ischemic attacks) in which:

- There are measurable, functional neurological impairments that are focal and confined to an area of the brain perfused by a specific artery
- There is no evidence of cerebral tissue damage on diagnostic imaging
- The reversible functional neurological impairments are confirmed by a clinical diagnosis

VASCULAR DISEASE COVERED CONDITION CATEGORY

Abdominal Aortic Aneurysm – Located in the abdominal (lower) part of the aorta

Thoracic Aortic Aneurysm – Located in the thoracic (upper) part of the aorta

Carotid Artery Aneurysm – Located in the portion of the carotid artery that is in the neck

Cerebral Aneurysm – Located in an artery in the brain

Renal Aneurysm – Located in the renal artery

TRANSAMERICA CRITICAL ILLNESS INSURANCESM



Transamerica Critical Illness InsuranceSM Limitations and Exclusions: What Doesn't Qualify

Limitations and exclusions may vary by state.

We do not pay benefits for losses caused by, or as a result of, the following:

- As a result of the insured voluntarily participating or attempting to participate in an illegal occupation
- As a result of the insured intentionally causing a self-inflicted injury
- As a result of the insured committing or attempting to commit suicide, whether sane or insane
- As a result of an insured's participation in a war or any act of war, declared or undeclared, riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority
- For any loss that occurred while on active duty status in the armed forces of any country. If you notify us of such active duty, we will refund any premiums paid for any period for which no benefits are provided as a result of this exclusion
- As a result of an insured's commission of a felony
- As a result of an insured's participation in a contest of speed in power driven vehicles, parachuting, or hang gliding
- As a result of an insured's traveling in or descending from any vehicle or device for aerial navigation, unless as a fare paying passenger on a scheduled or a charter flight operated by a scheduled airline
- As a result of an insured's being intoxicated as defined by the laws of the jurisdiction in which the loss occurred or under the influence of a controlled substance unless administered by a physician or taken according to a physician's instructions

Under no condition will we pay any benefits for losses incurred prior to the effective date.

Transamerica Critical Illness InsuranceSM

Limitations and Exclusions: What Doesn't Qualify

CONVERSION OPTION

If an employee loses eligibility for this insurance for any reason other than nonpayment of premium, they will have the option to convert this group insurance to a policy we are issuing for the purpose of conversions. The premium for the converted policy will be based on resident state, age, and class of risk at the time of conversion and the type and amount of insurance provided. Conversion option is not available for the insured's dependents without the insured.

HEALTH SCREENING BENEFIT RIDER

This rider will terminate on the earliest of:

- The date we receive the employer's request to terminate the rider
- The date the certificate terminates

TERMINATION OF INSURANCE

Employee insurance will terminate on the earliest of:

- The date the group master policy terminates
- The date the employee ceases to be eligible for insurance
- The date of the employee's death
- The premium due date on which we fail to receive the employee's premium, subject to the grace period provision
- The date we receive the employee's request to terminate the insurance, or the effective date of termination requested, if later

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates
- The premium due date on which we fail to receive the employee's premium from the employer, subject to the grace period provision
- The date the dependent no longer meets the definition of dependent
- The date of the dependent's death
- The date the group master policy is modified to exclude dependent insurance
- The date we receive the employee's request to terminate their dependent insurance, or the effective date of termination requested, if later

We may terminate the insurance of any insured person who submits a fraudulent claim.

OTHER INSURANCE WITH US

If an insured has more than one specified disease health policy, certificate, or similar insurance with us, only one, chosen by the insured or insured's estate, will be effective. We will refund all premiums paid for all other such insurance from the date of the duplication, less any benefits paid from such date.

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, an outpatient stay, or a stay in an observation unit or recovery room) as the result of a covered accident or sickness.	\$150
Waiver of Observation Unit Exclusion Rider If included on the plan design, the Daily In-Hospital Indemnity Benefit will also pay each day an insured person is confined to an observation unit for at least 24 hours as the result of a covered accident or sickness.	INCLUDED
Calendar Year Maximum	60 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.	\$150
Calendar Year Maximum	60 days
HEALTH SCREENING 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

Your Hospital Indemnity Benefits

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.	\$750
Waiver of Observation Unit Exclusion Rider If included on the plan design, the Hospital Admission Indemnity Benefit will also pay each day for an insured person's stay in an observation unit for at least 24 hours as the result of a covered accidental injury or sickness.	INCLUDED
Maximum Number of Days per Calendar Year	3
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.	\$1,500
Maximum Number of Days per Calendar Year	1

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
- 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 Health Screening Indemnity Benefit Rider is included)
- Any pregnancy of a dependent child, including confinement rendered to her child after birth
- Routine newborn care (unless Health Screening 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 (unless the Newborn Child In-Hospital Indemnity Benefit Amendatory Endorsement is included)
- An insured person's abortion, except for medically necessary abortions performed to save the mother's life
- Treatment of mental or emotional disorder
- Treatment of alcoholism or drug addiction
- 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) 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

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

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

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

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**.

Policy Questions?

 **Visit:** transamerica.com

 **Call:** 855-244-8318

EB3 253826R3 V 08/24

© 2024 Transamerica Corporation. All Rights Reserved.

