

# Your Hospital Indemnity Benefits

PLAN OPTION 1 : MONTHLY RATES <i>HOSPITAL SELECT II</i>				HIP-HS2- HSA.2023.01.PROD,SHARED,AWS.NJ.0.0.OVR.D9
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$7.63	\$15.65	\$10.97	\$17.64

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

The above rates are quoted for groups with 2031 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different.

Issue State: New Jersey

Rate generation date: April 4, 2024

SIC Code: 8721

*\*\* 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.*