



# HELP PREPARE FOR THE UNEXPECTED

HELPING TO PROTECT  
YOUR QUALITY OF LIFE

Available to the employees of : Bethlehem Area School District

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



# HIGHLIGHTS OF BENEFITS



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



**PAYS ON TOP OF  
OTHER INSURANCE**



**NO PRE-EXISTING  
CONDITION LIMITS**

See "Your Hospital Indemnity Benefits" for more details

<sup>1</sup> 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 TMH110PA-0118 and TCH110PA-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**

***HOSPITAL SELECT*<sup>®</sup> 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.

<b>DAILY IN-HOSPITAL INDEMNITY BENEFIT</b>	<b>PLAN OPTION 1</b>	<b>PLAN OPTION 2</b>
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.	\$100	\$100
<b>Waiver of Observation Unit Exclusion Rider</b> 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	INCLUDED
Calendar Year Maximum	31 Days per confinement	31 Days per confinement
<b>INCLUDED RIDERS</b>		
<b>INTENSIVE CARE INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRCICU00)</b>	<b>PLAN OPTION 1</b>	<b>PLAN OPTION 2</b>
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.	\$100	\$100
Calendar Year Maximum	31 days	31 days
<b>HOSPITAL ADMISSION INDEMNITY BENEFIT RIDER (RIDER FORM SERIES TRHA1100-1021)</b>	<b>PLAN OPTION 1</b>	<b>PLAN OPTION 2</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.	\$750	\$1,500
<b>Waiver of Observation Unit Exclusion Rider</b> 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	INCLUDED
Maximum Number of Days per Calendar Year	1	1
<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.	\$750	\$1,500
Maximum Number of Days per Calendar Year	1	1

# Your Hospital Indemnity Benefits

PLAN OPTION 1 : MONTHLY RATES <i>HOSPITAL SELECT II</i>				HIP-HS2- HSA.2023.01.PROD,SHARED,AWS.PA.0.0.OVR.D5
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$13.48	\$28.44	\$19.72	\$32.18

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

The above rates are quoted for groups with 1300 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different.

Issue State: Pennsylvania

Rate generation date: September 19, 2023

SIC Code: 8211

PLAN OPTION 2 : MONTHLY RATES <i>HOSPITAL SELECT II</i>				HIP-HS2- HSA.2023.01.PROD,SHARED,AWS.PA.0.0.OVR.D3
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$17.80	\$37.94	\$26.19	\$43.00

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

The above rates are quoted for groups with 1300 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different.

Issue State: Pennsylvania

Rate generation date: September 19, 2023

SIC Code: 8211

**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*<sup>®</sup> II** **HOSPITAL INDEMNITY INSURANCE**



## ***Hospital Select*<sup>®</sup> II Hospital Indemnity Insurance** **Limitations and Exclusions: What Doesn't Qualify**

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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**

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- 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**

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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.



## Policy Questions?

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

 **Call:** 855-244-8318