

TransConnect® II supplemental medical expense insurance

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.

LIFE

HEALTH



BUILD A BETTER TOMORROW

TransConnect II is designed to offset rising health care premiums and increasing deductibles with benefits to help pay for certain out of pocket medical expenses.

Basic Coverage

TransConnect II pays a benefit for certain out of pocket expenses of deductibles, co-insurance and co-payments for charges from the insured group's comprehensive medical plan.

Outpatient Hospital Benefit

The outpatient hospital benefit amount is selected by the employer and ranges from \$250 to \$10,000. This benefit helps pay the out-of-pocket expense for the following Outpatient services or treatments:

- Treatment in a hospital emergency room or urgent care center due to an accident.
- Surgery performed in a hospital outpatient facility or a free-standing outpatient surgery center
- Up to \$100 per surgical procedure for outpatient surgery performed in a physician's office
- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist or oncologist for the treatment of cancer that is not administered during an inpatient confinement
- Radiological diagnostic testing performed in a hospital outpatient facility or a magnetic resonance imaging (MRI) facility.
- Diagnostic tests performed in a doctor's office which include Magnetic Resonance Imaging (MRI), Computerized Tomography (CT) scan, Positron Emission Tomography (PET) scan, Diagnostic ultrasound, Cardiac stress test and Electrocardiogram (EKG or ECG).

Accident Only Ambulance Benefit

This benefit helps pay for the out-of-pocket expenses incurred for ambulance transportation (ground or air) to a hospital or emergency center for injuries sustained in an accident. Transportation must be within 72 hours of the accident and provided by a licensed professional ambulance company. The benefit amount is limited to \$350 per calendar year per covered person to a maximum of three benefits per family and is payable for accidents only.

Important Policy Provisions

Benefit amounts are selected by the employer. Benefits are payable only if the insured is covered by a basic, major medical or comprehensive medical plan (HSA-qualified health plans are not eligible) when charges are incurred and the medical plan provides benefits for such charges.



This is a brief summary of TransConnect® II, Supplemental Medical Expense Insurance. Policy Form Series CPGAP300 and CCGAP300. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy and certificate for complete details

CTC201A-0214
Agent Use Only.

Benefit Matrix

To be eligible for this insurance, expenses must be eligible under the primary underlying medical policy. Benefits are per person, up to three times per family, per calendar year. TransConnect II is COBRA eligible.

Benefit Type	Benefit Range Option	Eligible Types of Condition	Eligible Types of Expense
Out-Patient Hospital	\$250 - \$10,000	Surgery in a dr.'s office up to \$100, Radiological Diagnostic Testing. Accident-Only: Emergency Room or Urgent Care Facility Treatment	Any eligible expense done in free standing facility, Outpatient Hospital, ER, MRI Facility
Ambulance	\$350	Accident only - within 72 hours	Air or Ground

Claim Submission Requirements

If the provider submits the claim, the insured does not have to complete a claim form. **Employees receive an identification card to present at the time of service that allows their providers to be paid directly after the major medical carrier determines the employee's financial responsibility for the claim.**

For non-network providers or if the insured files the claim, the insured must submit the following information:

- Transamerica Claim Form - TEBTransConnectClaim-072413
- UB92 or HCFA — original itemized bill from the service provider listing all the services completed
- Primary Carrier EOB — explanation of benefits provided by primary carrier for each bill submitted

Underwriting Guidelines

OUT-OF-POCKET MEDICAL EXPENSE	TransConnect® Policy Form Series CP201200 and CC200200		Different employer-paid plans may be offered for each underlying medical plan.		
	TransConnect® II Policy Form Series CPGAP300 and CCGAP300.				
	ELIGIBLE EMPLOYEES of those in the employer's major medical plan	EMPLOYER-PAID of those in the employer's major medical plan	BUY-UP of those participating in the TransConnect product	VOLUNTARY of those in the employers major medical plan	FIELD / WEB QUOTE
< 100	100%	50%	50%	Yes	
100-500	100%	25% or 50 applications whichever is larger	25% or 50 applications whichever is larger	Yes	

For 5 or fewer employee applications, HealthPak must include TransConnect II, Critical Illness and Accident products. Contact the Home Office for approval on cases with more than 500 lives.

Refer to the proposal for a full list of limitations and exclusions for your state.

For more information contact

Transamerica Employee Benefits

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Additional products available through Transamerica Life Insurance Company

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