



## Everyone deserves a better Tomorrow.

TransConnect® is supplemental medical expense insurance for out-of-pocket expenses of deductibles co-insurance amounts and co-payments.

When Andrea went to the hospital to have her baby - she presented her major medical ID card and TransConnect ID card. As a result, she received first dollar inpatient and ambulance benefits on her deductible and co-insurance amount.

TransConnect® pays three separate benefit amounts for out-of-pocket expenses of deductibles, co-insurance and co-payments for charges from your group or another group's comprehensive medical plan.

### In-Hospital Benefits

Benefits are paid for the following out-of-pocket medical services:

- Inpatient hospital stays
- Inpatient procedures
- Inpatient physician charges

Plus, routine nursery care for dependent children.

Your total inpatient hospital benefit for you is the amount selected by the employer for a calendar year. The total inpatient hospital benefit for a family will be three times the selected amount for a calendar year.

### Outpatient Hospital Benefit

Benefits are paid for the following out-of-pocket medical services:

- Outpatient surgery performed in a hospital facility or a free-standing surgery center.
- Outpatient surgery performed in a physician's office (up to \$100 benefit).
- Radiological diagnostic testing including MRIs, CT scans, PET scans, diagnostic ultrasounds and Electrocardiogram (EKG) tests. (x-rays and lab fees are not included)
- Treatment in a hospital emergency room or urgent care center for an injury due to an accident (emergency room charges for sickness are covered if admitted to the hospital.)

### Accident-Only Ambulance Benefit

This benefit is payable up to \$350 when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

### Eligibility

You must be actively employed qualifying as an eligible insured (defined by the employer) and covered under an employer's basic, major medical or comprehensive medical plan.

### Product Highlights

Guaranteed issue

No pre-existing conditions

Present a TransConnect® ID card along with your group medical ID card to the medical service provider

Review claims online

## Important Policy Provisions

Benefit amounts are selected by your employer. Benefits are payable when charges are incurred and the medical plan provides benefits for such charges. Benefit amounts payable are limited to deductibles, co-insurance and co-payment amounts applied to covered charges by an employer's medical plan.

## Claim Submission

You will receive an identification card to present at the time of service. This allows providers to be paid directly after the major medical carrier determines your financial responsibility for the claim. If the provider submits the claim, you do not have to complete a claim form.

For non-network providers: If you file the claim, you must submit the following information:

- TransConnect Claim Form
- UB92 or HCFA — original itemized bill from the service provider listing all the services completed
- Primary Carrier Explanation of Benefits (EOB) — provided by primary carrier for each bill submitted

## Exclusions

No benefits are payable under this policy/certificate for any expenses incurred:

- Late Enrollees are subject to a 30 day waiting period.
- During any period the Covered Person does not have coverage under Another Medical Plan.
- For suicide or any attempt, thereof, while sane or insane. In the event of suicide, the Company's liability may be limited to only the return of premiums paid.
- For any intentionally self-inflicted injury or sickness.
- For rest care or rehabilitative care and treatment, outpatient therapies, including chemotherapy, radiation and physical therapy, durable medical equipment (DME) and observation including sleep apnea
- For voluntary abortion except, with respect to the insured or covered spouse where the insured or the insured's dependent spouse's life would be endangered if the fetus were carried to term; or where medical complications have arisen from abortion.
- As a result of commission of a felony.
- As a result of participation in a riot, civil commotion, civil disobedience, or unlawful assembly. Excludes loss occurring while acting in a lawful manner within the scope of authority.
- As a result of participation in a contest of speed in power driven vehicles, parachuting or hang gliding as a result of air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member.
- As a result of intoxication as determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.
- For alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed while hospital confined as an inpatient.
- As a result of performing police duty as a member of any military or naval organization (includes accident sustained or sickness contracted while in the service of any military, naval, or air force of any country engaged in war. The company will refund the pro-rata unearned premium for any such period the insured is not covered).
- For pregnancy of a dependent child.
- For sex changes.
- For experimental treatment, drugs or surgery.
- For accident or sickness arising out of and in the course of any occupation for compensation, wage or profit; (Doesn't apply to sole proprietors or partners not covered by workers' compensation.);
- For mental illness or functional or organic nervous disorders, regardless of the cause.
- For dental or vision services, including, but not limited to, treatment, surgery, extractions or X-rays, unless resulting from an accident occurring while the covered person's insurance under this policy is in force and if performed within 12 months of the date of such accident;
- or due to congenital disease or anomaly of a covered newborn child.
- For any expense for which benefits are excluded under the covered person's Other Medical Plan.

## Termination of Insurance

### Insurance on an insured will end on the earliest of the following dates:

- The end of the last period for which premium has been paid.
- The policy is terminated.
- The employer ceases to participate in this insurance.
- The insured retires.
- The insured ceases to be on active service.
- The insured's coverage in the underlying medical plan ends.

### Insurance on a dependent will end on the earliest of the following dates:

- The insured's insurance terminates.
- The end of the last period for which premium has been paid.
- The dependent no longer meets the definition of dependent.
- The dependent's coverage in the underlying medical plan ends.
- The policy is modified so as to exclude dependent insurance.

### The Company may end the insurance if:

- Any covered person submits a fraudulent claim.
- Participation requirements are not met.
- On any premium due date, if the Company or employer sends written notice 31 days in advance requesting termination.
- If the underlying medical plan terminates.

This is a brief summary of TransConnect® Out-of-pocket medical expense insurance **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy form series CP201200 and CC200200. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

**Up to date information regarding our compensation practices can be found in the Disclosures section of our website: [www.tebcs.com](http://www.tebcs.com)**