



Everyone deserves a better Tomorrow.

TransConnect® II is out-of-pocket medical expense insurance designed to help with your out of pocket expenses for outpatient services and diagnostic testing.

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

Overview and Benefits

TransConnect II pays a benefit for certain out of pocket, incurred expenses, from deductibles, co-insurance and co-payments from your employer's comprehensive medical plan, when the treatment or service is provided on an outpatient basis.

Outpatient Benefit

If a covered person incurs an out of pocket expense for the following services or treatments, then this benefit helps pay for those expenses:

- 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
- Radiological diagnostic testing performed in a hospital outpatient facility or a magnetic resonance imaging (MRI) facility
- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist or oncologist for the treatment of cancer that is not administered during an inpatient confinement

Ambulance Benefit

This benefit helps pay for out of pocket expenses incurred for ambulance transportation (ground or air) to a hospital or emergency center for injuries sustained in an accident as long as transportation is within 72 hours of the accident.

Also pays benefits when out-of-pocket expenses are incurred for the following **diagnostic tests performed in a Doctor's Office:**

Magnetic Resonance Imaging (MRI)

Computerized tomography (CT) scan

Positron emission tomography (PET) scan

Diagnostic ultrasound

Cardiac stress test

Electrocardiogram (EKG or ECG)

Exclusions and Limitations

No benefits are payable under the Policy for any expenses incurred:

- During any period the Covered Person does not have coverage under Another Medical Plan.
 - As the result of suicide or any attempted suicide, while sane or insane.
 - For any intentionally self-inflicted injury or Sickness.
 - For rest care or rehabilitative care and treatment.
 - For voluntary abortion except:
 - Where you or your Spouse's or Other Adult Dependent's life would be endangered if the fetus were carried to term; or
 - Where medical complications have arisen from abortion.
 - For pregnancy of a Dependent Child.
 - As a result of a Covered Person's participation in a 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.
 - As a result of a Covered Person's commission of a felony.
 - As a result of a Covered Person's participation in a contest of speed in power driven vehicles, parachuting, or hang gliding.
 - For any loss that occurred while 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.
 - As a result of a Covered Person's being intoxicated as defined by the laws of the jurisdiction in which the loss occurred.
 - For the treatment of alcoholism or substance abuse.
 - For sex changes.
 - For experimental treatment, drugs, or surgery. (As it pertains to this exclusion, experimental treatment, drugs or surgery means:
 - The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished;
 - Reliable evidence shows that the drug, device or medical treatment or procedure is the subject of on-going phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, or its efficacy as compared with the standard means of treatment or diagnosis;
 - Reliable evidence shows that the consensus among experts regarding the drug, device, or medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, safety, or efficacy as compared with the standard means of treatment or diagnosis;
 - The drug or device is used for a purpose that is not approved by the FDA; or
 - Surgery or therapy not endorsed by either the National Cancer Institute or the American Cancer society for experimental studies).
 - 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 coverage is provided as a result of this exclusion.
 - For Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit (not applicable to sole proprietors or partners not covered by Workers' Compensation).
 - For mental or emotional disorders or functional nervous disorders, regardless of the cause, if the Other Medical Plan does not cover these conditions.
 - 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 coverage under the Policy is in force and if performed within 12 months of the date of such Accident;
 - Due to congenital disease or anomaly of a covered newborn Child; or
 - Consisting of a surgical procedure to remove cataracts.
 - For routine examinations such as health exams, periodic check-ups, or routine physicals.
 - For any expense for which benefits are excluded under the Covered Person's Other Medical Plan.
- We will not pay for expenses related to Radiation Therapy or Chemotherapy such as: prescribed medications for side effects, physical exams, checkups, treatment consultations and planning, or any similar expenses. Radiation Therapy or Chemotherapy does not include laser or stereotactic surgery.

Termination of Insurance

Your insurance will cease on the earliest of:

- The date the Policy terminates;
- The date you cease to be eligible for coverage;
- The date of your death;
- The date your coverage under Another Medical Plan ends;
- The premium due date on which we fail to receive your premium, subject to the Grace Period provision; or
- The date you send us a written notice you want to cancel coverage.

The insurance on a Dependent will cease on the earliest of:

- The date your coverage terminates;
- The premium due date on which we fail to receive your premium, subject to the Grace Period provision;
- The date the Dependent Child no longer meets the definition of Child;
- The date a Covered Spouse or Other Adult Dependent no longer meets the definition of same;
- The date the Dependent's coverage under Another Medical Plan ends;
- The date the Policy is modified so as to exclude Dependent coverage; or
- The date you send us a written notice that you want to cancel coverage on your Dependent.

The Company may end the coverage if:

- We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.
- 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.