

TransConnect® II

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

Help Protect Their Tomorrow

TransConnect II helps employers stabilize rate increases on health plans with benefits to help pay for certain out of pocket medical expenses.



Basic Coverage

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

Outpatient Hospital 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 includes 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.

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 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.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

For rate information and a list of limitations and exclusions in your state ask your agent for a TransConnect® II proposal.

First and Last Name

Address, City and State

E-mail Address

Web Site

Phone Number

Additional products available through Transamerica Life Insurance Company

Universal Life • Whole Life • Basic and Supplemental Group Term Life • Dental • Vision • Legal • Cancer • Accident • Critical Illness
Short-Term Disability Income • Out-of-Pocket Medical Expense Indemnity • Hospital Indemnity • Identity Theft • Telehealth • Stop Loss

Termination of Coverage

Insurance coverage on an insureds 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 coverage on a dependent will end on the earliest of the following dates:

- The insured's coverage 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 coverage.

The Company may end the coverage 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.