

HELP WITH YOUR MEDICAL COSTS

TRANSCONNECT® SUPPLEMENTAL MEDICAL EXPENSE INSURANCE
Underwritten by Transamerica Life Insurance Company

Andrea was 33 weeks along when she was involved in a car accident, immediately putting her into pre-term labor. After the whirlwind of the ambulance ride, ER, emergency c-section, and hospital stay, she's nervous about how much her major medical insurance will pay. It's a relief to remember that she signed up for TransConnect® at her employer's last open enrollment, which can pay for out-of-pocket expenses like deductibles, co-insurance, and co-payments.

INPATIENT HOSPITAL BENEFITS \$1,500

Your policy pays benefits for inpatient hospital stays, inpatient procedures, inpatient physician charges, and even routine nursery care for dependent children. Your employer determines your calendar year maximum benefit (multiplied by three for an insured family).

OUTPATIENT HOSPITAL BENEFITS \$750

Your policy also pays benefits (separate from the inpatient hospital benefits) for:

- 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 an oncologist for outpatient cancer treatment
- outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- MRIs, CT scans, PET scans, diagnostic ultrasounds, electrocardiogram (EKG) tests performed in a physician's office (x-rays and lab fees are not included)
- cardiac cauterizations and stress tests
- accident injury treatment in a hospital ER or urgent care center
- ER charges for illness if admitted to the hospital

AMBULANCE BENEFIT

This benefit pays up to \$350 per calendar year for ground or air ambulance transportation provided by a licensed professional company within 72 hours of an accident or if you are hospitalized for the illness requiring the transportation.

ELIGIBILITY

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

MONTHLY PREMIUM

You	\$29.40
You and your spouse	\$63.08
You and your child(ren)	\$55.58
You, your spouse and your child(ren)	\$96.37

For more information:



Visit:

transamericabenefits.com



Customer Service:

1-888-763-7474



TRANSAMERICA®

IMPORTANT POLICY PROVISIONS

Your employer selects benefit amounts, paid only for deductibles, co-insurance, and co-pays incurred when your major medical plan pays for specified treatments and care.

HOW TO SUBMIT A CLAIM

The ID card you'll receive after enrollment should be presented at time of service so providers are paid directly after your major medical carrier determines what you owe. If you don't do so at time of service, simply submit a TransConnect® claim form, UB92 or HCFA (the itemized service provider's bill), and the Explanation of Benefits (EOB) from the major medical carrier showing what you owe after what they paid.

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 insured person does not have coverage under another medical plan.
- As the result of suicide or any attempted suicide, 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 physical therapy, durable medical equipment (DME) and observation including sleep apnea.
- For voluntary abortion except, with respect to the insured or insured 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; (This exclusion 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 person is not eligible for benefits.)
- 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 insured 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 an insured newborn child.
- For routine examinations, other than well child examinations if the optional physicians office outpatient treatment benefit is listed on the schedule of benefits, such as health exams, periodic check-ups, or routine physicals; or
- For any expense for which benefits are excluded under the insured persons 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 insurance if:

- Any insured 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.

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

This is a brief summary of TransConnect® Supplemental 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.