

# EXTRA PROTECTION FOR HEALTHCARE COSTS

**TRANSCONNECT®**  
SUPPLEMENTAL MEDICAL EXPENSE INSURANCE

**NOW WITH MORE  
FLEXIBILITY**



**TRANSAMERICA®**

*TransConnect*<sup>®</sup> can help protect your employees from high out-of-pocket healthcare costs, but that's not the only way you can leverage this tool. This type of supplemental insurance complements your group health insurance plan and has the flexibility to help meet your company's unique goals and challenges.



***TransConnect*<sup>®</sup>, underwritten by Transamerica Life Insurance Company.**

When you run a business, you have to be ready for change. Customer needs, market demand, and changes with your vendors or suppliers can cause you to make a pivot you weren't expecting. The same is true with healthcare and your employee health plan. Changes in your major medical insurance benefit may create new or increased coverage gaps — potentially leaving employees with significant medical bills. *TransConnect* supplemental medical expense insurance helps employees cover out-of-pocket expenses such as deductibles, co-insurance, and co-pays, so they don't have to dip into savings or increase credit card debt.

## MEET MCKENZIE

McKenzie was enjoying the summer in her new sandals and didn't pay much attention to a cut on her foot. A few days later, she developed an infection that led to three days in the hospital. Thankfully, she signed up for *TransConnect*, which helped pay for out-of-pocket expenses so she could avoid dipping into savings.

# MORE SOLUTIONS TO MEET EMPLOYEE NEEDS

## **CERTIFICATE DEDUCTIBLE**

\$500 per Covered Person, 3 times per Family

## **INPATIENT HOSPITAL BENEFITS**

\$3,000 per Covered Person, 3 times per Family

*TransConnect* pays benefits for:

- Inpatient hospital stays
- Inpatient procedures
- Inpatient physician charges
- Inpatient mental health and substance abuse treatment
- Routine nursery care for dependent children

You determine the calendar year maximum benefit for your employee (multiplied by three for an insured family).

## **OUTPATIENT HOSPITAL BENEFITS**

\$3,000 per Covered Person, 3 times per Family

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

- 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
- X-rays, MRIs, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident in a hospital emergency room (ER) or urgent care center
- ER charges for illness if admitted to the hospital
- Diagnostic testing in the ER
- Treatment in the ER for an appendicitis, or kidney stones
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

## **AMBULANCE BENEFIT**

\$2,000 per Covered Person, 3 times per Family

This benefit is payable 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.

## **ADDITIONAL BENEFIT OPTIONS**

**Enhanced Outpatient Benefit Rider** includes options for: Infusion therapy

### MONTHLY PREMIUMS

|                              |         |                          |         |
|------------------------------|---------|--------------------------|---------|
| <b>EMPLOYEE</b>              | \$23.46 | <b>EMPLOYEE + SPOUSE</b> | \$49.58 |
| <b>EMPLOYEE + CHILD(REN)</b> | \$40.88 | <b>FAMILY</b>            | \$70.26 |

## ELIGIBILITY

Employees must be actively employed to qualify as an eligible insured and have the company's basic, major medical, or comprehensive medical plan.

## IMPORTANT POLICY PROVISIONS

You select the benefit amounts for employees, 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

Employees receive an ID card after enrollment. This should be presented at the time of service so providers are paid directly after the employee's major medical carrier determines what is owed. If this is not done at time of service, employees can 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 is owed 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 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 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 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 physician's office outpatient treatment benefit is listed on the schedule of benefits, such as health exams, periodic checkups, or routine physicals
- For any expense for which benefits are excluded under the insured 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 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

## Questions?

 **Visit:** [transamerica.com](http://transamerica.com)

 **Contact:** 800-851-7555, option 4

This is a brief summary of *TransConnect*® Supplemental Medical Expense insurance, **underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.** Policy form series TMLB1000-1119 and TCLB1000-1119. 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 at [tebcs.com](http://tebcs.com).**

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