



$TransConnect^{\tiny{(8)}}$, underwritten by Transamerica Life Insurance Company

Even though you have major medical insurance, it may not comprehensively cover everything — potentially leaving you with high medical bills. *TransConnect* supplemental medical insurance helps you cover those out-of-pocket expenses such as deductibles, co-insurance, and co-pays, so you don't have to dip into your savings or go into 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 BENEFITS TO MEET YOUR NEEDS

CERTIFICATE DEDUCTIBLE

INPATIENT HOSPITAL BENEFITS

Your policy pays benefits for:

Inpatient hospital stays, inpatient procedures, inpatient physician charges, inpatient mental health and substance abuse treatment, and routine nursery care for dependent children

OUTPATIENT HOSPITAL BENEFITS

Your 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
- Accident injury treatment [(accident and sickness treatment for AK,FL, and OH residents) in a hospital ER or urgent care center
- ER charges for illness if admitted to the hospital
- Diagnostic testing for illness 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

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.

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.

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 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

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.

