

# TransConnect<sup>®</sup> out-of-pocket medical expense indemnity insurance

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

LIFE

HEALTH



## BUILD A BETTER TOMORROW

Stabilize and even reduce major medical premiums with out-of-pocket insurance.

### Basic Coverage

TransConnect pays an indemnity benefit for out of pocket expenses of deductibles, co-insurance and co-payments for charges from the insured group's comprehensive medical plan.

### In-Hospital Benefit

Helps pay the out-of-pocket expense for inpatient hospital stays, inpatient surgeries, physician's in-hospital charges and routine nursery care for dependent children. Amount ranges from \$500 to \$10,000 (in increments of \$500). The total amount payable for each covered person during a calendar year will not exceed the maximum in-hospital benefit shown in the policy schedule of benefits. For family coverage, the total benefit amount payable will not exceed three times the amount selected.

### Outpatient Hospital Benefit

The outpatient hospital benefit is 50% of the In-Hospital Benefit amount, ranging from \$250 to \$5,000. This benefit helps pay the out-of-pocket expense for surgery in a hospital outpatient facility or a free-standing outpatient surgery center, radiological diagnostic testing in a hospital outpatient facility, MRI facility or doctor's office (does not cover lab fees) or treatment in a hospital emergency room or urgent care center for injury due to an accident (emergency room charges for sickness are not covered). It also pays up to \$100 for surgical procedures performed in a doctor's office.

### 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. 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 levels and deductible are selected by the employer. Benefits are payable only if the insured is covered by a basic, major medical or comprehensive medical plan (i.e. another medical plan) when charges are incurred and the medical plan provides benefits for such charges.



Generic form numbers CP201200 AND CC200200. Forms may vary, coverage available where approved.

CTC01A-0212  
Agent Use Only.

## Benefit Matrix

To be eligible for this coverage, expenses must be eligible under the primary underlying medical policy. Benefits are per person, up to three times per family, per calendar year. TransConnect is COBRA eligible.

Benefit Type	Benefit Range Option	Eligible Types of Condition	Eligible Types of Expense
In-Hospital	\$500 - \$10,000 increments of \$500	Eligible illness or accident	Any eligible expense of inpatient confinement
Out-Patient Hospital	50% of In-Hospital increments of \$250	Surgery in a dr.'s office up to \$100, Radiological Diagnostic Testing. Accident-Only: Emergency Room or Urgent Care Facility Treatment	Any eligible expense done in free standing facility, Outpatient Hospital, ER, MRI Facility
Ambulance	\$350	Accident only - within 72 hours	Air or Ground

## Claim Submission Requirements

If the provider submits the claim, the insured does not have to complete a claim form. For non-network providers (prior to August 1, 2009): If the insured files the claim, the insured must submit the following information:

- TWM-TransConnectClaim-070109
- UB92 or HCFA — original itemized bill from the service provider listing all the services completed
- Primary Carrier EOB — explanation of benefits provided by primary carrier for each bill submitted

**Employees receive an identification card to present at the time of service that allows their providers to be paid directly after the major medical carrier determines the employee's financial responsibility for the claim.**

## Underwriting Guidelines

TransConnect® Policy Form Series CP201200 and CC200200		Different employer-paid plans may be offered for each underlying medical plan.		
ELIGIBLE EMPLOYEES of those in the employer's major medical plan	EMPLOYER-PAID of those in the employer's major medical plan	BUY-UP of those participating in the TransConnect product	VOLUNTARY of those in the employers major medical plan	FIELD / WEB QUOTE
< 100	100%	50%	50%	Yes
100-500	100%	25% or 50 applications whichever is larger	25% or 50 applications whichever is larger	Yes

**For 5 or fewer employee applications, HealthPak must include TransConnect, Critical Illness and accident products. Contact the Home Office for approval on cases with more than 500 lives.**

**Refer to the proposal for a full list of limitations and exclusions for your state.**

**For more information contact**

**Additional products available through Transamerica Life Insurance Company**  
 Universal Life • Whole Life • Basic and Supplemental Group Term Life • Dental • Vision • Legal  
 Accident • Cancer • Critical Illness • Short-Term Disability Income • Hospital Indemnity