

HELPING WITH YOUR MEDICAL COSTS

TRANSCONNECT® WITH OUTPATIENT LAB RIDER FOR FLORIDA SUPPLEMENTAL MEDICAL EXPENSE INSURANCE

TransConnect for Florida, underwritten by Transamerica Life Insurance Company

Andrea was involved in a serious car accident. After the whirlwind of the ambulance ride, ER, surgery, 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* which can pay for out-of-pocket expenses like deductibles, co-insurance, and co-payments.

INPATIENT HOSPITAL BENEFITS

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 WITH OUTPATIENT LAB RIDER

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, and electrocardiogram (EKG) tests performed in a physician's office (X-rays and lab fees are not included)
- Cardiac catheterizations and stress tests
- Accident, injury, or emergency condition treatment in a hospital ER or urgent care center
- Laboratory tests performed on an outpatient basis in an independent laboratory (a lab that is independent of both an attending or consulting physician's office and of a hospital).

ACCIDENT-ONLY 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.

MONTHLY PREMIUM

You	
You and your spouse	
You and your child(ren)	
You, your spouse and your child(ren)	



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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 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
- For any intentionally self-inflicted injury or sickness
- For rest care or rehabilitative care and treatment
- 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
- For any loss incurred while on active duty status in the armed forces of any country. If you notify us of such active duty, we will refund any premium paid for any period for which no benefits are provided as a result of this exclusion.

- For pregnancy of a dependent child
- For sex changes
- For experimental treatment, procedures, devices, drugs, or surgery (except that bone marrow transplants will not be considered experimental in the treatment of cancer)
- For accident or sickness arising out of and in the course of any occupation for compensation, wage, or profit (does not apply to sole proprietors or partners not covered by workers' compensation)
- For mental illness or functional or organic 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 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; and to assure the safe delivery of necessary dental care provided to an insured person meeting certain criteria
- For routine physical examinations and rest cures

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 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 45 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 CPGAP2FL and CCGAP2FL, rider form number TRLB1000-1119. 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