

## Out-of-Pocket Medical Expense Indemnity Insurance

TransConnect<sup>®</sup>

# How can you help clients regain the balance of coverage to benefit dollars?



We can stabilize and even reduce premiums while increasing benefit coverage.

**To learn more, call 1 (800) 400-3042!**

### 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 \$5,000 (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

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 or MRI facility (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). The outpatient hospital benefit is 50% of the In-Hospital Benefit amount.

### 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.

## Benefit Matrix

To be eligible for this coverage, expenses must be eligible under the primary (*underlying*) medical policy.

BENEFIT TYPE	BENEFIT RANGE OPTION	ELIGIBLE TYPES OF CONDITION	ELIGIBLE TYPES OF EXPENSE
In-Hospital	\$500 - \$5,000 increments of \$500	Eligible illness or accident	Any eligible expense of inpatient confinement
OutPatient 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

Benefits are per person, up to three times per family, per calendar year. TransConnect is COBRA eligible.

## 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 employer's major medical plan	Field / Web Quote
< 100	50%	50%	50%	Yes
100-500	25%	25%	25%	Yes

**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.**

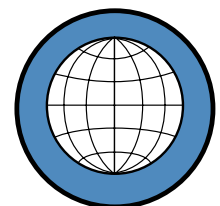
### Transamerica Worksite Marketing offers through our underwriting companies:

Universal Life • Whole Life • Basic Group Term Life and Supplemental • Accident • Cancer • Critical Illness  
Short-Term Disability Income • Out-of-Pocket Medical Expense Indemnity  
Hospital Indemnity • Dental • Vision • Legal Plan

## For More Information:



1 (800) 400-3042



[www.transamericaworksite.com](http://www.transamericaworksite.com)