EXTRA PROTECTION FOR HEALTHCARE COSTS

***TRANSCONNECT*® SUPPLEMENTAL MEDICAL EXPENSE INSURANCE**
UNDERWRITTEN BY TRANSAMERICA LIFE INSURANCE COMPANY

Quoted rates are valid for 90 days, then they are subject to change without notice. This proposal describes insurance highlights only. This is not an offer. Limitations and exclusions apply. No contract will result until an application is submitted and approved by the insurance company and a policy or certificate is issued.

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TRANSAMERICA®

***TransConnect*® 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®, 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 some 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 had *TransConnect*, which helped pay for out-of-pocket expenses so she could avoid dipping into savings.

* Deductibles, co-insurance, and co-pays are only payable for covered benefits. For example, doctor's office visits are not covered benefits; therefore deductibles, co-insurance, and co-pays are not payable.

MORE SOLUTIONS TO HELP MEET EMPLOYEE NEEDS

TransConnect covers certain out-of-pocket expenses such as deductibles, some co-pays*, and co-insurance that are incurred in inpatient and select outpatient settings.

CERTIFICATE DEDUCTIBLE

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

INPATIENT HOSPITAL BENEFITS

$4,500 per Covered Person, 3 times per Family

- You determine the *TransConnect* Inpatient Hospital Benefit plan year maximum for your employee
- The benefit amount selected is per insured person (or multiplied by three, for an insured family)
- This policy pays out-of-pocket costs for inpatient services such as: hospital stays, procedures, chemotherapy and radiation, physician charges, mental health and substance abuse treatment, routine nursery care for dependent children

OUTPATIENT HOSPITAL BENEFITS

$4,500 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. However, certain expenses that may be charged as a result of these therapies such as prescription medications for side effects or physician office visits or consultations will not be covered. See exclusion for details.
- 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 sickness** or injury due to an accident in a hospital emergency room (ER) or urgent care center
- Outpatient mental health and substance abuse treatment, not including office visits
- Treatment in the ER for an appendicitis, or kidney stones
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center
- Infusion therapy, Durable medical equipment, Laboratory testing (includes tests performed in an independent laboratory or in a physicians office) ***

OUTPATIENT AMBULANCE BENEFIT

$2,500 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. Ambulance transportation must be within 72 hours and must be provided by a licensed professional ambulance company.

ADDITIONAL BENEFIT OPTIONS

Physical and Chiropractic Therapy Rider $3,000 per Covered Person, 3 times per Family

**Treatment services for sickness are covered under the Emergency Condition Benefit Endorsement; residents of AK, FL, NM and OH receive this benefit automatically without the addition of the endorsement.

***Benefits are included under the Enhanced Outpatient Benefit Rider

ELIGIBILITY

Employees 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

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, UB04, or CMS1500 (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 for any expenses incurred:

- During any period the insured person is not insured under the Comprehensive 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:
  - Where the insured person's life would be endangered if the fetus were carried to term; or
  - Where medical complications have arisen from abortion
- For pregnancy of a Dependent child
- As a result of an insured person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority
- As a result of an insured person's commission of a felony
- As a result of an insured person's participation in a contest of speed in power driven vehicles, parachuting, or hang gliding
- As a result of an insured person's traveling in or descending from any vehicle or device for aerial navigation, unless as a fare paying passenger on a scheduled or a charter flight operated by a scheduled airline
- As a result of an insured person's being intoxicated as defined by the laws of the jurisdiction in which the loss occurred or under the influence of a controlled substance unless administered by a Physician or taken according to the Physician's instructions
- For sex changes, except for medically necessary treatment including gender affirmation surgery for gender dysphoria and related health conditions
- For experimental treatment, drugs, or surgery. As it pertains to this exclusion, experimental treatment, drugs or surgery means:
  - The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished;
  - Reliable evidence shows that the drug, device or medical treatment or procedure is the subject of on-going phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, or its efficacy as compared with the standard means of treatment or diagnosis;
  - Reliable evidence shows that the consensus among experts regarding the drug, device, or medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, safety, or efficacy as compared with the standard means of treatment or diagnosis;
  - The drug or device is used for a purpose that is not approved by the FDA; or
  - Surgery or therapy not endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies
- For any loss that occurred while on active duty status in the armed forces of any country. If you notify us of such active duty, we will refund any premiums paid for any period for which no benefits are provided as a result of this exclusion
- For Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit. (not applicable to sole proprietors or partners not covered by Workers' Compensation)
- For dental or vision services, unless:
  - Resulting from an Accident occurring while the insured person's insurance under the Policy is in force and such services are performed within 12 months of the date of such Accident;
  - Due to congenital disease or anomaly of an insured newborn child; or
  - Consisting of a surgical procedure to remove cataracts
- For routine examinations such as health exams, periodic check-ups, or routine physicals
- For any expense for which benefits are excluded under the insured person's Comprehensive Medical Plan
- For expenses related to Radiation Therapy or Chemotherapy such as: prescribed medications for side effects, physical exams, checkups, treatment consultations and planning, or any similar expenses. Radiation Therapy or Chemotherapy does not include laser or stereotactic surgery

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 (TLIC),** Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. 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 and may vary by state. 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.

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