

# Alternate Plan - with Base PPO 40

## GROUP OUT-OF-POCKET MEDICAL EXPENSE INDEMNITY INSURANCE

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



You have insurance so you think you are covered.  
Then you get hit with a deductible. Protect your pocket with out-of-pocket insurance.

### Techprose

#### Overview and Benefits

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

#### In-Hospital Benefit

This 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.

**Your In-Hospital Benefit is \$8,000**

#### 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.

**Your Outpatient Hospital Benefit is \$4,000**

#### 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.

**Your Ambulance Benefit is \$350**

#### Eligibility

Anyone on active service as an employee of the employer, qualifying as an eligible insured (*as defined by the employer*) and covered under another medical plan.

#### Important Policy Provisions

Benefit levels and deductible have been selected by the employer. The in-hospital, outpatient hospital, and physician office outpatient treatment benefits are payable only if you are 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.

**For More Information:**  
Benefits Access Insurance Services  
(800) 486-4410



Generic form numbers CP201200 and CC200200. Forms may vary, coverage available where product is approved.

## Exclusions

No benefits are payable under this policy/certificate for any expenses incurred:

- Late Enrollees are subject to a 30 day waiting period (except on the *Optional Physician Office Outpatient Treatment Benefit*).
- For routine examinations, other than well-child examinations, such as health exams, periodic check-ups or routine physicals if the *Optional Physicians Office Outpatient Treatment Benefit* is selected by the employer.
- During any period the Covered Person does not have coverage under Another Medical Plan.
- For suicide or any attempt, thereof, while sane or insane. In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide at the time of application for coverage.
- 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 the insured's covered 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 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 commission of a felony.
- As a result of intoxication (Whether or not a person is intoxicated is 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 (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 is not covered).
- For pregnancy of a dependent child.
- 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; (Excluding sole proprietors or partners not covered by workers' compensation.);
- For mental illness or functional or organic nervous disorders, regardless of the cause.
- For dental or vision services, including, but not limited to, treatment, surgery, extractions or X-rays, unless resulting from an accident occurring while the covered person's coverage 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 a covered newborn child.
- For any expense for which benefits are excluded under the covered person's Other Medical Plan.

## Termination of Coverage

Insurance coverage on an insureds 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 coverage on a dependent will end on the earliest of the following dates:

- The insured's coverage 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 coverage.

The Company may end the coverage if:

- Any covered 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.