



## FLORIDA

# BUILD A BETTER TOMORROW

You have insurance so you think you are covered. Then you get hit with a deductible. Help safeguard your pocketbook with a benefit to help with those deductibles.

### Overview and Benefits

TransConnect for Florida 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

**Benefit: \$ 3,000.00**

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.

#### Outpatient Hospital Benefit

**Benefit: \$ 1,500.00**

The outpatient hospital benefit is 50% of the In-Hospital Benefit amount. 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 or emergency condition. It also pays up to \$100 for surgical procedures performed in a doctor’s office.

#### Accident Only Ambulance Benefit

**Benefit: \$ 1,000.00**

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.

#### 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 deductibles are selected by your employer. 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.

Coverage Level	Age	Monthly Premium
You	16-54	<b>\$ 31.04</b>
	55 +	<b>\$ 49.66</b>
You and Your Spouse	16-54	<b>\$ 66.74</b>
	55 +	<b>\$ 106.77</b>
You and Your Child(ren)	16-54	<b>\$ 56.49</b>
	55 +	<b>\$ 79.46</b>
You, Your Spouse and your Child(ren)	16-54	<b>\$ 99.33</b>
	55 +	<b>\$ 144.01</b>

## Exclusions

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

- Late Enrollees are subject to a 30 day waiting period.
- During any period the Covered 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 the insured's covered spouse or other adult dependent, where you or your covered spouse's or other adult dependent'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. Doesn't include loss occurring while acting in a lawful manner within the scope of authority.
- As a result of commission of a felony.
- 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 (Intoxication 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.
- 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 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 premiums paid for any period for which no coverage is provided as a result of this exclusion.
- For accident or sickness arising out of and in the course of any occupation for compensation, wage or profit; if paid by workers' compensation. (Doesn't apply to sole proprietors or partners not covered by workers' compensation.);
- For mental illness, emotional or functional 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 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; and to assure the safe delivery of necessary dental care provided to a covered person meeting certain criteria.
- For routine physical examinations and rest cures.

## 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 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 Company may end the coverage if:**

- The policy is modified so as to exclude dependent coverage.
- 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 45 days in advance to request termination.
- If the underlying medical plan terminates.

## For More Information: