TransAmerica Gap Policy

1 Health Insurance - Comparison of Plans from HealthEZ

Office Visits		\$6500 Plan		
1 Primary (Annual Checkup 100%)		\$40 Copay		
2 Specialist w/ Referral			\$65 Copay	
3 Lab & X-Ray (Diagnostic)		1	00% after deductible	
4 Chiropractic			\$50 Copay	
5 Mental Health(limitations apply)		\$50 Copay		
Hospital - In & Out-Patient Se	rvices			
6 Deductible per Calendar year		\$(\$6,500 - 2 per Family	
7 CoInsurance %		10	00% after deductible	
8 MRI's - CT Scans - PET Scans		100% after deductible		
9 Emergency Room			Copay \$500	
10 Urgent Care		\$100 Copay		
11 Out of Pocket:	Single		\$6,000	
Includes the deductible	Family		\$12,000	
12 Prescription Drugs		Tier 1:	\$10.00	
12 Frescription Drugs		Tier 2:	25%	
		Tier 3:	50%	
		Tier 4:	20%	

2 GAP Insurance - TransConnect® - Transamerica

EMPLOYER SPONSORED

A) In-Patient \$6,500 Annual In-Patient

1 Claim example of \$12,000 - You owe 6,500.00 2 TransConnect GAP plan pays 6,500.00

3 Your net cost of the claim 0.00

B) Out-Patient \$6 500 Annual Out-Patient

B) Out-Patient \$6,500 Annual Out-Patient Covers MRI's, PET/CT scans, ultrasounds, echo-cardiograms, surgical procedure in a physician's office, surgery and any

radiological diagnostic testing in a facility, ER or Urgent Care for accident or injuries only and Chemo and radiation.

4 Claim example of \$12,000 – You owe

5 TransConnect GAP plan pays
6,500.00
6 **Your net cost of the claim**6,500.00
0,000

NOT COVERED: Lab, ER for illness, sleep apnea or studies, - physical therapies, observation or medical equipment

C) Inpatient - ambulance covered same as any other benefit or \$350 for ambulance due to an outpatient accident.

THIS IS A BRIEF DESCRIPTION OF THE COVERAGE. For actual benefits, limitations, exclusions and other provisions, refer to the policy or certificate.

Ver. 101.-

Products are underwritten by Transamerica Life Insurance Company, Home Office Cedar Rapids, Iowa. Policy form series CPCAN200 & CCCAN200. BHGAP02 0508

LabCorp is a recommended lab

