



Everyone deserves
 a better Tomorrow.

AccidentAdvance® is accident
 insurance with benefits for
 unexpected injuries.

George enrolls himself, his wife and his kids in the accident insurance offered at the car dealership where he works, joking that his wife is such a klutz that they'll get plenty of use out of it. A few weeks later, he drops a cinder block on his foot while working in his garage, breaking a bone. He ends up with a cast, crutches and a joke his wife will never let him live down.

Get benefits to spend on what you need.

George's health insurance pays for many of his medical expenses, but he still has copays and a high deductible. He doesn't make commissions for sales on the days he misses work, and visiting the orthopedic specialist's office 50 miles away costs a lot in gas.

Because he has accident insurance, he has help recovering financially without dipping into their family savings or using a credit card. Accident insurance benefits are paid directly to the insured, letting him use them where and how they're most needed.

Get the benefits that fit your needs.

George gets specific amounts for his emergency care (including X-rays and physician care received within 96 hours of the accident), for follow-up visits and for his physical therapy while recovering. He would have gotten additional help had he needed an ambulance, initial hospitalization or intensive care. See this brochure for in-depth information about what benefits are paid for specific injuries or procedures.

Help protect yourself and your family.

George liked the ability to add his wife and kids to his policy. Because kids can be especially accident-prone, a family accident policy provides extra peace of mind. Employees and their spouses can be insured after reaching age 18, and eligible dependent children can keep their insurance through age 25.

Enjoy our hassle-free online claims process.

Our easy-to-navigate website allows you to update your information, keep track of your policies, submit claims and more from your PC or mobile device.

Up-to-date information regarding our compensation practices can be found in the Disclosure section of our website at tebcs.com.

This is a brief summary of AccidentAdvance® accident insurance. Policy form series CPACC100 and CCACC100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusion apply. Refer to the policy, certificate and riders for complete details.

Product Highlights
Pays benefits directly to you
Family options available
Payroll-deducted premiums

Product Details

Plan Option 1
24 Hour

Module 1 Accident Emergency Treatment		8.50 Units	
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		\$213	
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$340	
Dislocation Benefit Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Dislocated Joint	Reduction	
		Open	Closed
	Hip	\$6,800	\$2,295
	Knee or Shoulder	\$2,295	\$935
	Collar Bone	\$3,655	\$680
	Ankle or Foot (except toes)	\$2,295	\$680
	Lower Jaw	\$2,295	\$1,190
	Wrist or Elbow	\$1,870	\$935
Toe or Finger	\$510	\$255	
Fractures Benefit For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Fractured Bone	Reduction	
		Open	Closed
	Coccyx	\$1,190	\$595
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$2,890	\$1,445
	Hip	\$8,500	\$2,890
	Leg	\$3,570	\$2,890
	Nose, Heel or Fingers	\$2,890	\$595
	Ribs	\$5,695	\$595
	Skull	\$4,590	\$1,700
	Toes	\$1,190	\$595
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$3,400	\$1,445
	Vertebrae, Pelvis	\$1,445	\$1,445
	Vertebral Processes	\$5,695	\$850

For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.

Product Details

Module 2 Follow-Up Visits and Physical Therapy		4.00 Units
Accident Follow-Up Treatment Benefit Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$40
Physical Therapy Benefit For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$40
Module 3 Initial Accident Hospitalization		3.00 Units
Initial Accident Hospitalization Benefit Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$900
Ambulance Benefit For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$180
	Air Ambulance	\$900
Additional Riders		
Accident Hospital and ICU Income Rider (Form No. CRHICU00)		10.00 Units
Accident Hospital Income Benefit For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.		\$250
Accident ICU Benefit For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.		\$750

Product Details

Expanded Benefits Rider (Form No. CREXPB00)		10.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
Burns Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	Second-degree burns of body surface: At least 25%, but not more than 35%	\$600
	More than 35%	\$1,500
	Third-degree burns of body surface: 6 through 10 square centimeters	\$1,500
	10 through 25 square centimeters	\$4,000
	25 through 35 square centimeters	\$9,000
	more than 35 square centimeters	\$12,000
Lacerations Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures	\$40
	Single laceration less than 7.6 centimeters	\$80
	Lacerations 7.6 to 20 centimeters	\$300
	Lacerations over 20 centimeters	\$600
Eye Injury	With surgical repair	\$400
	Non-surgical removal of foreign body by physician	\$70
Emergency Dental Work	One or more broken teeth repaired with crowns	\$300
	One or more broken teeth resulting in extractions	\$80
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.		\$200
Coma Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$15,000
Paralysis Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$15,000
	Paraplegia (paralysis of lower limbs)	\$7,500
Tendons, Ligaments and/or Rotator Cuffs Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000
Ruptured Discs and/or Torn Knee Cartilage Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Shaved cartilage or arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000

Product Details

Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		\$1,500
Appliance For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.		\$200
Prosthetic Devices For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.	One prosthetic device	\$750
	Two or more prosthetic devices	\$1,500
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		\$400
Transportation Benefit is payable for up to 2 round trips to the hospital per accident per insured person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or insured person's residence.		\$600
Family Lodging Benefit Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the insured person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the insured person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member.		\$150
Wellness Benefit Rider (Form No. CRWELB00)		10.00 Units
Benefit is payable per calendar year for one annual health screening test listed for the insured employee and one test for an insured spouse.		
Blood test for triglycerides Bone marrow testing Breast ultrasound CA 125 (blood test for ovarian cancer) CA 15-3 (blood test for breast cancer) CEA (blood test for colon cancer) Chest X-ray Colonoscopy Fasting blood glucose test	Flexible sigmoidoscopy Hemocult stool analysis Mammography Pap Test PSA (blood test for prostate cancer) Serum cholesterol test to determine HDL/LDL level Serum Protein Electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Thermography	\$100

Product Details

Rates					Ver 3.0.AL.0.00
Accident Insurance	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan Option I 24 Hour	Bi-Weekly	\$10.39	\$13.14	\$16.06	\$19.10

**HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

Issue State: Louisiana
Rate generation date: January 31, 2018

Limitations and Exclusions

We will not pay benefits for losses caused by or as a result of an insured person:

- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.

Termination of Insurance

Subject to the Portability Option, insurance on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for insurance;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel insurance.

The insurance on a dependent will cease on the earliest of:

- the date of the employee's death;
- the date the employee's insurance terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent insurance;
- the date the employee sends us a written notice to cancel insurance on a dependent.

Extension of Benefits

Whenever termination of insurance under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while insurance was in force; or
- any covered treatment or service for which benefits would be provided and which began while insurance was in force; provided, however that the insured person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- the date on which the insured person is no longer hospitalized or receiving treatment.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue your insurance.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

Limitations and Exclusions

Other Insurance with Us

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this insurance. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.