# TRANSAMERICA®

Underwritten by Transamerica Life Insurance Company Customer Service: 1-888-763-7474 or www.tebcs.com



Everyone deserves a better Tomorrow.

AccidentAdvance<sup>®</sup> 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<sup>®</sup> 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
Pavroll-deducted premiums

## Plan Option 1 24 Hour

Module 1	Accident Emerger	ncy Treatment	8.50 Units		
Accident Emergency Treatment BenefitFor physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.Major Diagnostic Examination BenefitFor one CT Scan, MRI, or EEG completed within 90 days of the accident.			\$213 \$340		
		Dislocated Joint	Open	Closed	
0	nesthesia. Dislocation	Hip	\$6,800	\$2,295	
	general anesthesia paid nt's benefit amount.	Knee or Shoulder	\$2,295	\$935	
Multiple reduced	dislocations are paid at 1	Collar Bone	\$3,655	\$680	
	hest benefit amount. No I be paid under this	Ankle or Foot (except toes)	\$2,295	\$680	
benefit.	•	Lower Jaw	\$2,295	\$1,190	
		Wrist or Elbow	\$1,870	\$935	
		Toe or Finger	\$510	\$255	
Fractures Benefit			Reduction		
		Fractured Bone	Open	Closed	
	fracture is paid at 10% of	Соссух	\$1,190	\$595	
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.	s are paid at 1 1/2 times fit amount. No other	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.

Module 2 Follow-Up Visits a	4.00 Units				
Accident Follow-Up Treatment Benefit					
Maximum of three (3) follow-up visits per a must have been within 96 hours of the acci provided by a physician in their office or in basis; begin within 30 days of, and be com following the later of: the accident; discharg covered confinement; or discharge from an	\$40				
Physical Therapy Benefit					
For treatments by a licensed physical thera advice that begin within 120 days of the ac within 1 year of the accident, not to exceed	\$40				
Module 3 Initial Accident Ho	Module 3 Initial Accident Hospitalization				
Initial Accident Hospitalization Benefit Payable once for the first hospital admission is payable once for the first Intensive Care accident. The ICU benefit is paid even if action and then transferred to ICU later during the	\$900				
Ambulance Benefit For transportation to the nearest hospital	Ground Ambulance	\$180			
for treatment within 96 hours of the accident by a licensed ambulance service.	Air Ambulance	\$900			
Additional Riders					
Accident Hospital and ICU Income Rider	10.00 Units				
Accident Hospital Income Benefit For hospital confinement for treatment of in days of the accident. Benefit is payable for	\$250				
Accident ICU Benefit For ICU confinement while the person is re benefit. Benefit is payable for up to 15 days	\$750				

Expanded Benefits	Rider (F	orm No. CREX	10.00 Units		
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.					
Burns		Second-degr			
Must be treated by a	ours of	At least 25%, but not more than 35%		\$600	
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.			More than 35%	\$1,500	
		Third-degree burns of body surface:			
		6 through 10 square centimeters		\$1,500	
		10 thro	ough 25 square centimeters	\$4,000	
		25 thro	ough 35 square centimeters	\$9,000	
		more	than 35 square centimeters	\$12,000	
Lacerations		Lacer	ations not requiring sutures	\$40	
Must be treated or re		Single laceration	n less than 7.6 centimeters	\$80	
within 96 hours of the accident.	9	Lacera	ations 7.6 to 20 centimeters	\$300	
		Lace	rations over 20 centimeters	\$600	
Eye Injury		1	With surgical repair	\$400	
	Non-su	irgical removal o	of foreign body by physician	\$70	
Emergency	One	or more broker	teeth repaired with crowns	\$300	
Dental Work	One o	r more broken t	eeth resulting in extractions	\$80	
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.				\$200	
<b>Coma</b> 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		Quadriple	gia (paralysis of four limbs)	\$15,000	
Lasting a minimum of	f 30 day	s Parapleg	ia (paralysis of lower limbs)	\$7,500	
Tendons, Ligaments Must be detached, to			Arthroscopic surgery with: No repair	\$200	
and surgically repaire	ed by a p	hysician within	One repair	\$500	
one (1) year of the ac benefits is payable.	cident.	Unly one of the	Two or more repairs	\$1,000	
Ruptured Discs and Torn Knee Cartilage Must be surgically rep	•	v a	Shaved cartilage or arthroscopic surgery with:		
physician within one			No repair	\$200	
the accident. Only on benefits is payable.	the accident. Only one of the		One repair	\$500	
benenis is payable.			Two or more repairs	\$1,000	

<b>Major Surgery</b> For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.			\$1,500		
<b>Appliance</b> 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		
<b>Prosthetic Devices</b> For one or more prosthetic devices within 1 year of the accident. This k not payable for hearing aids, denta	penefit is	\$750			
(including false teeth), glasses, cos prosthetic devices, such as wigs, o replacement, such as an artificial h	smetic r joint	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		
<b>Transportation</b> 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		
<b>Family Lodging Benefit</b> 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.			ed <b>\$150</b>		
Wellness Benefit Rider (Form No. CRWELB00)			10.00 Units		
			listed for the insured employee and one test for		
Blood test for triglyceridesFlexible sigmoidoscopyBone marrow testingHemocult stool analysisBreast ultrasoundMammographyCA 125 (blood test for ovarian cancer)Pap TestCA 15-3 (blood test for breast cancer)PSA (blood test for prostate cancer)CA 15-3 (blood test for breast cancer)Serum cholesterol test to determine HDL/LDL levelCEA (blood test for colon cancer)Serum Protein Electrophoresis (blood test for muchane)		\$100			
Chest X-ray Colonoscopy Fasting blood glucose test		st for myeloma) on a bicycle or treadmill phy			

Rates Ver 3.0.AL					
Accident Insurance	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan Option I 24 Hour	Weekly	\$5.19	\$6.57	\$8.03	\$9.55

\*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: Alabama 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.

## 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.