

HELP WHEN YOU NEED IT MOST

CRITICALASSISTANCE PLUS® CRITICAL ILLNESS INSURANCE



CriticalAssistance Plus, underwritten by Transamerica Life Insurance Company, is extra help when you need it most.

If you suffer from a serious illness that lands you in the hospital, even with traditional health insurance, you may be facing a big financial setback. There can be co-pays and co-insurance, time lost from work, travel for treatment, and other costs.

CriticalAssistance Plus critical illness insurance can help you and your family prepare for the financial stress a critical illness can cause. It's designed to provide extra money to families like yours to help cover the costs associated with the initial occurrence of a heart attack, stroke, cancer, or other serious illness as defined in the policy.

You choose your benefit amount, and benefits are also available for your spouse and eligible children. Their benefit amount will be 50% of the benefit you elect.

LUMP-SUM BENEFIT

This policy pays a lump-sum benefit equal to the amount you choose multiplied by the applicable percentage shown in the schedule of benefits upon the first occurrence of a covered critical illness within each category. If the benefit payment is less than 100% of the selected benefit amount, the policy pays another lump-sum benefit amount upon the diagnosis of a different type of critical illness within the same category up to the limit per category. There is a lifetime maximum of three times the benefit amount you choose.

ISSUE AGES

Employees and their spouses age 18 and up and eligible children from birth through age 25.

PORTABLE PROTECTION

Keep your insurance when changing jobs by opting to pay premiums directly to us within 31 days of leaving your current job. Just let us know you wish to continue your critical illness insurance policy, and we'll simply bill you directly.

CriticalAssistance Plus® is not compatible with Health Savings Accounts (HSAs).

This is a brief summary of *CriticalAssistance Plus*® critical illness insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPC10200 and CCC1200. Forms and form numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

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

HOW IT WORKS

- Use benefits for medical or non-medical purposes
- Benefits paid directly to you
- Convenient payroll-deducted premiums
- Family options available
- Hassle-free online claims



Visit:

transamerica.com



Customer Service:

888-763-7474

PRODUCT DETAILS

CriticalAssistance Plus provides benefits for covered Critical Illnesses in three categories.

Category 1	Percentage of Benefit	Plan 1
Heart Attack	100%	Included
Stroke	100%	Included
Heart Transplant Surgery	100%	Included
Coronary Bypass Surgery	25%	Included
Angioplasty/Stent	5%	Included
Category 2	Percentage of Benefit	Plan 1
Major Organ Transplant Surgery (excluding heart)	100%	Included
End Stage Renal Failure	100%	Included
Paralysis Not due to Stroke - all 4 limbs	100% (50% if fewer than 4 limbs)	Included
Burns (3rd degree or 50% coverage)	100%	Included
Category 3	Percentage of Benefit	Plan 1
Invasive Cancer	100%	Included
Carcinoma in situ	25%	Included
Prostate Cancer with TNM Classification of T1	25%	Included
Skin Cancer	5%	Included
Cancer Screening Benefit	\$50 per calendar year	Included
Optional Riders		Plan 1
Cancer Screening Wellness Benefit Rider		Included

Benefit Amount - Eligible employees can purchase coverage for \$15,000. If dependent coverage is elected by the employee, the Benefit Amount for each dependent will be equal to 50% of the employee's Benefit Amount.

CriticalAssistance[®] Plus critical illness insurance

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

LIFE

HEALTH

Plan 1 Weekly Non-Tobacco Rates

Category 1: Heart Attack, Stroke, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent

Category 2: Major Organ Transplant, End Stage Renal Failure, Paralysis, Burns

Optional Riders:

Category 3: Cancer Benefit Rider

Cancer Screening Wellness Benefit Rider (\$100)

Employee		
Age	\$15000	\$20000
18-35	\$3.40	\$4.09
36-45	\$5.54	\$6.95
46-55	\$9.11	\$11.70
56-60	\$13.02	\$16.92
61-65	\$19.25	\$25.23
66+	\$21.50	\$28.23
1 Parent Family		
18-35	\$3.86	\$4.60
36-45	\$6.00	\$7.46
46-55	\$9.57	\$12.21
56-60	\$13.48	\$17.43
61-65	\$19.71	\$25.74
66+	\$21.96	\$28.73
2 Parent Family		
18-35	\$5.48	\$6.47
36-45	\$8.70	\$10.76
46-55	\$13.92	\$17.73
56-60	\$19.60	\$25.30
61-65	\$28.77	\$37.53
66+	\$32.41	\$42.38

CriticalAssistance[®] Plus critical illness insurance

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

LIFE

HEALTH

Plan 1 Weekly Tobacco Rates

Category 1: Heart Attack, Stroke,, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent

Category 2: Major Organ Transplant, End Stage Renal Failure, Paralysis, Burns

Optional Riders:

Category 3: Cancer Benefit Rider

Cancer Screening Wellness Benefit Rider (\$100)

Employee		
Age	\$15000	\$20000
18-35	\$5.30	\$6.63
36-45	\$10.53	\$13.60
46-55	\$20.32	\$26.66
56-60	\$32.09	\$42.35
61-65	\$34.93	\$46.14
66+	\$38.84	\$51.35
1 Parent Family		
18-35	\$5.76	\$7.14
36-45	\$10.99	\$14.10
46-55	\$20.78	\$27.16
56-60	\$32.55	\$42.86
61-65	\$35.39	\$46.64
66+	\$39.30	\$51.86
2 Parent Family		
18-35	\$8.11	\$9.98
36-45	\$15.66	\$20.04
46-55	\$29.36	\$38.32
56-60	\$45.60	\$59.96
61-65	\$49.34	\$64.95
66+	\$55.36	\$72.98

SUMMARY OF BENEFITS

Critical Illness Benefit - If a covered person is diagnosed with a First Occurrence of a covered Critical Illness, we will pay a lump sum benefit equal to the Benefit Amount multiplied by the applicable percentage shown above, provided that the positive diagnosis is made after the effective date of coverage and while coverage is in force, and that we have not already paid 100% of the Benefit Amount for that category.

If the total benefit paid in a category is less than 100% of the Benefit Amount, we will pay a lump sum benefit equal to the Benefit Amount multiplied by the applicable percentage shown above upon the diagnosis of a different type of Critical Illness within the same category. The cumulative benefit paid within each category will not exceed 100% of the Benefit Amount.

First Occurrence means a Critical Illness that was diagnosed for the very first time and is the first Critical Illness ever diagnosed within the applicable category to which the diagnosed Critical Illness belongs.

Critical Illness means one of the illnesses or conditions listed below for which positive diagnosis is made by a physician. It must be based on diagnostic criteria generally accepted by the medical profession, as explained below.

Heart Attack - The ischemic death of a portion of a heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of 3 or more of the following indicators:
 - typical chest pain suggestive of heart attack;
 - new EKG changes indicative of myocardial infarction;
 - diagnostic increase of specific cardiac markers typical for heart attack; and
 - confirmatory imaging studies; or
2. In the event of death, an autopsy confirmation identifying heart attack as the cause of death will be accepted.

Stroke - A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage, or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

- Documented neurological deficits; and
- Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

- Transient Ischemic Attack (TIA);
- Reversible neurological deficit;
- Migraine;
- Cerebral injury resulting from trauma or hypoxia; or
- Vascular disease affecting the eye, optic nerve, or vestibular functions.

Heart Transplant Surgery - A covered person undergoing surgery as a recipient of a transplant of a human heart.

Coronary Bypass Surgery - Undergoing of a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a board-certified cardiologist. Angiographic evidence to support the necessity for this surgery will be required. The following procedures are not considered coronary artery by-pass surgery: balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

Angioplasty/Stent - Balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries. Coronary angioplasty must be performed by a physician who is also a board-certified cardiologist. This benefit is confined to the heart, therefore, angioplasty/stenting of renal arteries or other peripheral arteries are excluded from this benefit.

Major Organ Transplant (excluding heart) - A covered person undergoing surgery as a recipient of a transplant of a human lung, liver, kidney or pancreas, lung, liver, kidney or pancreas.

End Stage Renal Failure - The end stage failure which presents a chronic irreversible failure of both kidneys, and requires treatment by renal dialysis or kidney transplant.

SUMMARY OF BENEFITS

Paralysis - Means quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12 month period or longer from the date of diagnosis to determine if paralysis is permanent. "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs on the same side of the body. "Limb" means an entire arm or an entire leg. A benefit will not be paid for paralysis that results from a stroke or psychiatric related causes.

Burns - The cosmetic disfigurement of body surface or area that is a full-thickness or third-degree burn covering at least 50% of the body surface. A full thickness or third-degree burn is the injury and destruction of skin through the entire thickness or depth of the dermis and possibly to underlying tissue with a loss of fluid and sometimes shock caused by exposure to fire, heat, caustics, electricity, or radiation.

Invasive Cancer - A cancer which is evidenced by the presence of a malignant tumor characterized by uncontrolled and abnormal growth and spread of malignant cells, and the invasion of tissue. Leukemia, Hodgkin's Disease (except Stage 1 Hodgkin's Disease), and malignant melanoma will be considered invasive cancer.

Invasive cancer does not include:

- Pre-malignant conditions or conditions with malignant potential;
- Prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification; and
- Any malignancy associated with the diagnosis of HIV.

Carcinoma In Situ - Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Prostate Cancer with TNM Classification of T1 - Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography.

Skin Cancer - Basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides, which are not considered skin cancers.

Recurrent Critical Illness Benefit - A "Recurrent Critical Illness" is a covered critical illness that is not eligible for payment under the Critical Illness Benefit. If a covered person is diagnosed with a Recurrent Critical Illness, we will pay a lump sum benefit equal to 50% of the Benefit Amount multiplied by the applicable percentage shown in the Schedule of Benefits chart at the beginning of this section, subject to any applicable maximum benefit payment limitation, provided that the positive diagnosis is made after the effective date of coverage and while coverage is in force.

A recurrence of the same type of critical illness is not eligible for the Recurrent Critical Illness Benefit, unless:

- The diagnosis for the prior occurrence was at least 12 months from the most recent diagnosis; and
- the covered person has been Treatment Free for at least 12 months.

Treatment Free - means the covered person is no longer receiving care from a physician, nor regular office visits, or being prescribed medication for a critical illness, other than routine check ups or maintenance medication for that critical illness.

The total Recurrent Critical Illness Benefit paid within each category will not exceed 50% of the Benefit Amount.

Cancer Screening Wellness Benefit Rider (*Rider Form Series CRWEL200*)

We will pay the selected amount per calendar year for each covered person when a charge is incurred for one of the following cancer screening tests: mammogram, Pap smears, flexible sigmoidoscopy, PSA (prostate specific antigen tests), chest x-rays, hemocult stool specimen, ultrasounds, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings.

These tests must be performed to determine whether cancer exists in a covered person. This is a preventative benefit, diagnosis of cancer is not required for this benefit to be payable. This benefit is limited to one payment per calendar year per covered person. This benefit will be paid in addition to any other benefit.

LIMITATIONS AND EXCLUSIONS

We do not cover losses caused by, or as a result of, the following:

- Conditions other than those due to a covered Critical Illness.
- The covered person participating or attempting to participate in an illegal activity.
- The covered person intentionally causing self-inflicted injury.
- The covered person committing or attempting to commit suicide, whether sane or insane.
- The covered person's involvement in any period of armed conflict.
- Surgeries performed outside the United States or its Territories.

Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

We may reduce or deny a claim or void coverage for loss incurred by a covered person:

- During the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or
- At any time for fraudulent misstatements in the application.

Pre-Existing Condition Limitation - No benefits are provided during the first 12 months for any Critical Illness that has been diagnosed, treated, or for which the covered person has incurred expense or has taken medication within 12 months prior to the effective date of such person's insurance.

Pre-Existing Condition - A sickness or physical condition for which the covered person:

- Had treatment; or
 - Incurred expense; or
 - Took medication; or
 - Received a diagnosis or advice from a physician,
- during the 12-month period immediately before the effective date of the covered person's insurance.

The term "Pre-Existing Condition" will also include a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment.

Cancer Benefit Rider - We will not pay for loss as a direct result of cancer, except for cancer screening. Proof of positive diagnosis must be submitted with each new claim. We will not pay for any any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of cancer or its treatment.

Cancer Screening Wellness Benefit Rider - We will only pay this benefit once per calendar year for each covered person. Proof of the charges incurred for the cancer screening tests must be submitted with each new claim.