24-HOUR ACCIDENT INSURANCE

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

What happens if you get hurt?

Accident insurance can help offset medical deductible, help reduce stress and recovery time.

Are we covered for that?

Accidents and injuries can happen at any place at any time. As one of your employer's most important assets, it is important to protect yourself and make sure you can bounce back from whatever life may throw at you. Transamerica Life Insurance Company's new AccidentAdvance offers 24-hour coverage for accidents that happen both on and off the job. It also offers features to promote healthier behavior in general, such as an auto accident benefit that pays more if the insured was wearing a seat belt and has air bags in the car. It is an advancement in accident coverage. It is AccidentAdvance.

Pays in addition to any other coverage and is Guaranteed Issue.

Understanding AccidentAdvance℠

AccidentAdvance is a group voluntary on-and off-the-job accident only insurance policy. Individual and family coverage is available, and as with all our products is conveniently payroll deducted. Issue ages for employees and spouses are 18 through 64. Eligible children can have coverage through age 25. Base coverage includes Accident Emergency Treatment, Follow-Up Visit and Physical Therapy, Initial Accident Hospitalization.

Riders Included in Coverage

- Accidental Death and Dismemberment Rider
- Accident Hospital and ICU Income Rider
- Expanded Benefits Rider
- Wellness Benefit Rider

Optional Riders

- Accident Only Disability Income Rider
- Sickness Only Disability Income Rider
- Spouse Off-The-Job Accident Only Disability Income Rider

	Monthly Premium
Employee	**$22.80**
Employee and Child(ren)	**$28.86**
Employee and Spouse	**$35.58**
Employee, Spouse and Child(ren)	**$42.66**

TRANSAMERICA WORKSITE MARKETING

Policy form series CPACC100 and CCACC100. Forms may vary, coverage available where approved. This is a brief summary of AccidentAdvance, Group 24-Hour Accident Insurance. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

CAV01C(24)-0511

Information on producer compensation is available at www.transamericaworksite.com

GROUP 24-HOUR ACCIDENT INSURANCE

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

Advantage Plan

24 Hour Coverage

		Advantage Plan
Module 1	**Accident Emergency Treatment**	
	Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital or doctor's office within 96 hours of the accident.	$125
	Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.	$200

Dislocation Benefit
Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid 25% of the joint's benefit amount. Multiple reduced dislocations are paid 1½ times the highest benefit amount. No other amount will be paid under this benefit.

Dislocated Joint	Reduction	
	Open	Closed
Hip	$4,000	$1,350
Knee or Shoulder	$1,350	$550
Collar Bone	$2,150	$400
Ankle or Foot (except toes)	$1,350	$400
Lower Jaw	$1,350	$700
Wrist or Elbow	$1,100	$550
Toe or Finger	$300	$150

Fractures Benefit
For repair of a fracture sustained in an accident. A chip fracture is paid 10% of the fracture's benefit amount. Multiple repaired fractures are paid 1½ times the highest benefit amount. No other amount will be paid under this benefit.

Fractured Bone	Reduction	
	Open	Closed
Coccyx	$700	$350
Hand (except fingers), Foot (except toes/ heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	$1,700	$850
Hip	$5,000	$1,700
Leg	$2,100	$1,700
Nose, Heel or Fingers	$1,700	$350
Ribs	$3,350	$350
Skull	$2,700	$1,000
Toes	$700	$350
Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	$2,000	$850
Vertebrae, Pelvis	$850	$850
Vertebral Process	$3,350	$500

For both dislocations and fractures, 1½ times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.

Module 2	**Follow-Up Visits and Physical Therapy**	
	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 outpatient basis; begin within 30 days of, and be completed within the 6 month following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.	$50
	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.	$50

Module 3	Initial Accident Hospitalization	
	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.	$1,500
	Ambulance Benefit For transportation to the nearest hospital for treatment with 96 hours of the accident by a licensed ambulance service.	
	Ground Ambulance	$300
	Air Ambulance	$1,500

Additional Riders

Accidental Death and Dismemberment Rider

Accidental Death Benefit
Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per covered person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount**.**

Common Carrier Accidental Death For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation.		$120,000
Automobile Accidental Death If the covered person was:	wearing and properly utilizing a seat belt and was seated in a position protected by an air bag system that deployed during the accident, as evidenced by police report.	$88,000
	wearing and properly utilizing a seat belt, as evidenced by police report, but an air bag was not present or was not deployed.	$80,000
	not wearing a seat belt.	$60,000

Benefits are not payable if a covered person was driving without a valid drivers' license.

Other Accidental Death Other than those described above.	$40,000
Transportation of Remains For transporting remains to a mortuary near the covered person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.	$1,600

Additional Benefits Accidental Death
If an accidental death benefit is payable, the following benefits will be paid to the survivor. A reduced benefit will be paid to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be covered under this rider.

Surviving Child Educational Benefit Payable for each eligible child ages 17 though 21, who is a full-time student at an accredited college, university, 2-year college, vocational or trade school within 365 days of the accidental death. Payable each year for up to 4 years while the child remains a full-time student.	$3,200
Licensed Day Care Center Benefit Child must be between newborn and 12 years old, attend a licensed day care, which is not an immediate family member, within 90 days from the accidental death date. Day care must be necessary for the survivor to work or obtain training for work.	$1,200

Career Enhancement Benefit Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.		$3,200
Accidental Dismemberment Benefits Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.	One or more fingers or toes	$2,000
	One eye, hand, foot, arm or leg	$8,000
	Two eyes, hands or feet	$20,000
	Speech or hearing in both ears	$20,000
	Two arms or two legs	$20,000
	Speech and hearing in both ears	$40,000
	Both arms and both legs	$40,000
	Total dismemberment benefits per covered person per accident will not exceed:	$40,000

Accident Hospital and ICU Income Rider		
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

Expanded Benefits Rider

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:	
	At least 25%, but not more than 35% of body surface	$600
	More than 35% of body surface	$1,500
	Third-degree burns:	
	6 through 10 square centimeters of body surface	$1,500
	10 through 25 square centimeters of body surface	$4,000
	25 through 35 square centimeters of body surface	$9,000
	more than 35 square centimeters of body surface	$12,000
Lacerations Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures	$40
	Single laceration less than 7.5 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
	Repair of one	$500
	Repair of two or more	$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
	Repair of one	$500
	Repair of two or more	$1,000
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 devises.		$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 devises, 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 covered 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 covered person's residence.		$600
Family Lodging Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the covered person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the covered 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

After a 30-day waiting period, benefit is payable per calendar year for one annual health screening test listed for the covered employee and one test for a covered spouse.

Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemocult stool analysis
Breast ultrasound	Mammography
CA 125 *(blood test for ovarian cancer)*	Pap test
CA 15-3 *(blood test for breast cancer)*	PSA *(blood test for prostate cancer)*
CEA *(blood test for colon cancer)*	Serum cholesterol test to determine HDL/LDL level
Chest X-ray	Serum Protein Electrophoresis *(blood test for myeloma)*
Colonoscopy	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography

$60

Monthly Rates

Individual	Single-Parent Family	Two-Adult Family	Family
$22.80	**$28.86**	**$35.58**	**$42.66**

Optional Riders

Accident-Only Disability Income Rider

Monthly benefits are payable when a covered employee suffers continuous Total Disability as the result of a covered accident, not to exceed the Benefit Period. Total Disability must occur within 90 days of the accident. This rider will match the Plan Selection for the base policy. Rider terminates the first of the month following an employee's 70th birthday.

6-Month Benefit Period

MONTHLY BENEFIT	$200	$300	$400	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200	$1,300	$1,400	$1,500
AGES 18-64	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00	8.80	9.60	10.40	11.20	12.00

Sickness-Only Disability Income Rider

Monthly benefits are payable when a covered employee suffers continuous Total Disability as the result of a covered sickness, not to exceed the Benefit Period. A 14-day elimination period must be satisfied before benefits become payable. During the elimination period, benefits are not payable and do not accrue. This rider terminates the first of the month following an employee's 70th birthday.

6-Month Benefit Period

MONTHLY BENEFIT	$200	$300	$400	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200	$1,300	$1,400	$1,500
AGES 18-49	4.00	6.00	8.00	10.00	12.00	14.00	16.00	18.00	20.00	22.00	24.00	26.00	28.00	30.00
AGES 50-64	5.92	8.88	11.84	14.80	17.76	20.72	23.68	26.64	29.60	32.56	35.52	38.48	41.44	44.40

Coverage for pre-existing conditions may be excluded or limited under this rider. See Exclusions and Limitations for details.

Spouse Off-the-Job Accident Only Disability Income Rider

Monthly benefits are payable when a covered spouse suffers continuous Total Disability as the result of a covered off-the-job accident, not to exceed the Benefit Period. Total Disability must occur within 90 days of the accident. This rider terminates the first of the month following the spouse's 70th birthday.

6-Month Benefit Period

MONTHLY BENEFIT	$200	$300	$400	$500	$600	$700	$800
AGES 18-64	2.40	3.60	4.80	6.00	7.20	8.40	9.60

Exclusions and Limitations Summary

We will not pay benefits for losses caused by or as a result of a covered 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 coverage is provided as a result of this exception;
- Injuries that occur in the workplace or during the course of any employment for pay, benefit or profit.

Other limitations may apply. See policy, certificate and riders for complete information.

Termination of Coverage

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

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

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

- The date of the employee/member's death;
- The date the employee/member's coverage 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 coverage;
- The date the employee/member sends us a written notice to cancel coverage on a dependent.

Extension of Benefits

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

- Any hospital confinement which began while coverage was in force; or
- Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however that the covered 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 covered person is no longer hospitalized or receiving treatment.

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 coverage of all remaining insureds will end, subject to the Portability Option.