ACCIDENTS HAPPEN.

Wouldn't you like extra protection for your family?

AccidentAdvance℠
accident insurance

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

Now there's help if you suffer an accident.

Accidents are a part of everyday life, but are you prepared for the added financial burden? If you have a serious accident, you'll want extra cash to cover your increased expenses. Accident insurance pays benefits you can use for medical bills and other out-of-pocket expenses – or for any other purpose, including paying your mortgage or other bills. Your medical coverage may not take care of all of the added expenses you'll have after an accident.

Extended physical therapy benefits, emergency room treatment, and more.
Did you know that 29.5 million visits to the emergency room in a given year will be because of accidents?[1] You'll want your family protected. This policy helps provide protection for you and your insured family every day of the year for covered accidents. Pays benefits for:

- Accident only emergency benefit, including X-rays and physician care received within 96 hours of an accident
- Accident only follow-up visits and physical therapy benefit, which could be important for recovery
- Initial accident only hospitalization benefit, including ambulance and intensive care

These benefits are paid directly to you, not to your doctor or hospital. You can use this money for anything you need. The extra cash can really help you and your family during a difficult time.

Help protect yourself, your spouse, and your eligible dependents.
Issue ages for employees and spouses are 18 through 64.
Eligible children can have coverage through age 25.

- Help offset your major medical deductible
- Spouse and Children Coverage Available
- Convenient Payroll Deduction
- Guarantee Issue Coverage
- Competitively Priced Premiums
- You Can Keep Coverage If You Change Jobs or Retire

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

1 *Centers for Disease Control and Prevention, National Center for Health Statistics, cdc.gov/nchs/fastats/acc-inj.htm.*

This is a brief summary of AccidentAdvance, Accident Insurance.
Policy form series CPACC100 and CCACC100.

Forms and form numbers may vary, coverage available where approved.
Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

TRANSAMERICA®
Employee Benefits

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CAV01C-1112

PRODUCT DETAILS

	Plan 1 24 Hour
Module 1 Accident Emergency Treatment	**8.00 Units**
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital or doctor's office within 96 hours of the accident.	**$200**
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.	**$320**

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.		**Reduction**	
	Dislocated Joint	**Open**	**Closed**
	Hip	**$6,400**	**$2,160**
	Knee or Shoulder	**$2,160**	**$880**
	Collar Bone	**$3,440**	**$640**
	Ankle or Foot (except toes)	**$2,160**	**$640**
	Lower Jaw	**$2,160**	**$1,120**
	Wrist or Elbow	**$1,760**	**$880**
	Toe or Finger	**$480**	**$240**

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.		**Reduction**	
	Fractured Bone	**Open**	**Closed**
	Coccyx	**$1,120**	**$560**
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	**$2,720**	**$1,360**
	Hip	**$8,000**	**$2,720**
	Leg	**$3,360**	**$2,720**
	Nose, Heel or Fingers	**$2,720**	**$560**
	Ribs	**$5,360**	**$560**
	Skull	**$4,320**	**$1,600**
	Toes	**$1,120**	**$560**
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	**$3,200**	**$1,360**
	Vertebrae, Pelvis	**$1,360**	**$1,360**
	Vertebral Processes	**$5,360**	**$800**

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	7.50 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.		**$75**
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.		**$75**
Module 3	**Initial Accident Hospitalization**	**6.00 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.		**$1,800**
Ambulance Benefit For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	**$360**
	Air Ambulance	**$1,800**

Additional Riders

Accidental Death and Dismemberment Rider (Form No. CRADD300)		2.50 Units
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		**$75,000**
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.		**$55,000**
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		**$50,000**
not wearing a seat belt.		**$37,500**
Benefits are not payable if a covered person was driving without a valid drivers' license		
Other Accidental Death Other than those described above.		**$25,000**
Transportation of Remains Benefits 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.		**$1,000**

PRODUCT DETAILS

Additional Benefits for 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 through 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.		**$2,000**
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.		**$750**
Career Enrichment 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.		**$2,000**
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	**$1,250**
	One eye, hand, foot, arm or leg	**$5,000**
	Two eyes, hands or feet	**$12,500**
	Speech or hearing in both ears	**$12,500**
	Two arms or two legs	**$12,500**
	Speech and hearing in both ears	**$25,000**
	Both arms and both legs	**$25,000**
Total dismemberment benefits per covered person per accident will not exceed:		**$25,000**
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 7.5 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**
	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 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 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**

PRODUCT DETAILS

Rates					
Coverage	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan I 24 Hour	Bi-Weekly	$7.41	$9.87	$11.47	$14.29

Issue State: Colorado

LIMITATIONS AND EXCLUSIONS

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.

Termination of Insurance

Subject to the Portability Option, insurance coverage 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 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;
- 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's death;
- the date the employee'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 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, 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.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage 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 coverage.