

GROUP OFF-THE-JOB ACCIDENT INSURANCE

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



Prevention Plus Protection

AccidentAdvance is an accident insurance policy that offers an annual wellness exam.

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 Off-the-Job coverage for accidents. The annual wellness benefit covers an annual health screening test such as mammography, colonoscopy and cholesterol test. Pays in addition to any other coverage and coverage cannot be denied due to past medical history and there are no medical questions.

Understanding AccidentAdvanceSM

- ◆ Premiums are paid through payroll deductions or bank draft.
- ◆ Individual and Family coverage is available.

AccidentAdvance's base coverage offers:

- ◆ Accident Emergency Treatment
- ◆ Initial Accident Hospitalization
- ◆ Follow-Up Visit and Physical Therapy
- ◆ Wellness Benefit

Off-the-Job Base Plan		Bi-Weekly Premium	
Individual	Single Parent Family	Two-Adult Family	Family
\$ 0	\$ 0.94	\$ 3.15	\$4.09

Individual only annual premium = **\$0**
Annual Wellness Benefit = **\$150**

Single Parent Family annual premium = **\$24.44**
Annual Wellness Benefit = **\$150**

Two Parent Family annual premium = **\$81.90**
Annual Wellness Benefit = **\$300**

Family annual premium = **\$106.34**
Annual Wellness Benefit = **\$300**

PLAN DESIGN

Off-the-Job Only Plan		Accidents in the workplace or during the course of employment for pay benefit or profit are excluded.	
		Plan I	
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.		\$50	
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$80	
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. <i>(In Iowa, multiple dislocation benefits are not available. Only the first dislocation is eligible for benefits)</i>		Dislocated Joint	Reduction
		Open	Closed
		Hip	\$1,600 / \$540
		Knee or Shoulder	\$540 / \$220
		Collar Bone	\$860 / \$160
		Ankle or Foot (except toes)	\$540 / \$160
		Lower Jaw	\$540 / \$280
		Wrist or Elbow	\$440 / \$220
		Toe or Finger	\$120 / \$60
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	\$280 / \$140
		Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$680 / \$340
		Hip	\$2,000 / \$680
		Leg	\$840 / \$680
		Nose, Heel or Fingers	\$680 / \$140
		Ribs	\$1,340 / \$140
		Skull	\$1,080 / \$400
		Toes	\$280 / \$140
		Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$800 / \$340
		Vertebrae, Pelvis	\$340 / \$340
		Vertebral Process	\$1,340 / \$200

**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.

\$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.

(In Maryland, no time limits but limited to 10 treatments per accident)

\$40

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

Wellness Benefit Rider (Form No. CRWELB00)

This rider is not available in Connecticut, DC, Kansas, or Massachusetts

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. *(In Maryland, there is no waiting period)*

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

\$150

Semi-Monthly Rates

Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
\$6.25	\$7.26	\$9.66	\$10.68

Exclusions and Limitations Summary

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

- Driving any taxi for wage, compensation or profit;
(In Idaho and Oregon, this exclusion does not apply)
- Mountaineering, parachuting or hang gliding;
(In Idaho and Oregon, this exclusion does not apply)
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
(In Connecticut, voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by the covered person's physician)
(In Idaho, this exclusion does not apply)
(In Oregon, unless the exposure occurs in the course of employment)
(In Tennessee, must be done intentionally);
- Alcoholism or drug addiction;
(In Iowa, only applies to the Sickness-Only Disability Income Rider)
(In Maryland and Nevada, this exclusion does not apply)
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
(In Idaho, this exclusion only applies if participating as a professional)
- 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
(In Oklahoma, when serving in the military or an auxiliary unit);
- 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;
(In Connecticut, involvement in a covered accident that occurs while the covered person is driving a motor vehicle while intoxicated or under the influence. "Intoxicated", according to Webster's New World Dictionary, 3rd College Edition, means "to affect the nervous system of, so as to cause a loss of control; make drunk; stupefy; inebriate as the result of alcoholic liquor. Being "under the influence" means according to the laws of the jurisdiction in which the accident occurs.)
(In Idaho, this exclusion does not apply)
(In Indiana, "under the influence" means under the influence of a controlled substance, unless administered by a physician or taken according to a physician's instructions)
(In Maryland, this exclusion only applies to the Accidental Death and Dismemberment Rider and Disability Riders)
(In Nevada, this exclusion does not apply)
(In Oregon, instigating or actively participating in a riot)
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
(In Connecticut, "participating", according to Miriam-Webster Online Dictionary, 2009, means "to take part; to have a part or share in something." Also according to Miriam-Webster Online Dictionary 2009, "riot" means "public violence, tumult or disorder; a violent public disorder; specifically: a tumultuous disturbance of the public peace by three or more persons assembled together and acting with a common intent.")
(In Florida, participating in a riot or insurrection)
(In Idaho, participating in a felony, riot or insurrection)
(In Maryland, this exclusion does not apply)
(In Utah, voluntarily participating in a felony, riot or insurrection)
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
(In Idaho, this exclusion does not apply)
(In Maryland, this exclusion only applies to the Accidental Death and Dismemberment Rider and Disability Riders)
(In Utah, voluntarily participating in illegal activities, limited to losses related directly to such participation)
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
(In Missouri, while sane);
- 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;
(In Indiana, Injuries that occur in the workplace, at the place of employment, or at least during the course of any employment.

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 coverage¹;
- The last date for which premium payment has been made to us, subject to the grace period;
- The date he or she terminates employment/membership¹;
- The date the group master policy terminates¹;
- 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 (*In Illinois, 90 days after 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 coverage¹;
- The date the employee/member sends us a written notice to cancel coverage on a dependent.

¹ *Not applicable in Florida and Montana*

Extension of Benefits (*Not available in Florida and Montana*)

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.
(In Maryland, Extension is available when coverage terminates for any reason except for termination due to failure to pay premium, fraud or material misrepresentation by the covered person, or if a succeeding health plan is provided at a cost that is less or equal to the cost of this coverage and does not result in an interruption of benefits)

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

- 30 days (*In Maryland, 12 months*)(*Not applicable in New Jersey*); or
- The date on which the covered person is no longer hospitalized or receiving treatment.

Termination of the Group Master Policy (*Not applicable in Florida and Montana*)

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.

Brochure and rates applicable for

AK,AL,AR,AZ,DE,GA,GU,HI,IA,IL,IN,LA,ME,MI,MO,MS,MT,NC,ND,NE,NJ,NM,OH,OK,OR,RI,SC,TX,UT,VA,WI,WV,WY