

YOUR FLEXIBLE BENEFITS

ACCIDENTADVANCE®

ACCIDENT INSURANCE: BENEFITS FOR UNEXPECTED INJURIES

AccidentAdvance, underwritten by Transamerica Life Insurance Company, can help protect you and your family in the event of unanticipated medical bills when someone is hurt.

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 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.

Because he has accident insurance, he has help recovering financially without dipping into family savings or using a credit card. Accident insurance benefits are paid directly to the insured, letting George use them where and how they're most needed.

FLEXIBILITY TO MEET 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 received 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. Eligible dependent children can keep their insurance through age 25.

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.

This is a brief summary of AccidentAdvance accident insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. 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.

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

PRODUCT HIGHLIGHTS

- Pays benefits directly to you.
- Family options available.
- Payroll-deducted premiums.

Visit: transamericabenefits.com

Customer Service:
888-763-7474

Product Details

		Plan Option 1 Off-The-Job	Plan Option 2 Off-The-Job				
Module 1	Accident Emergency Treatment	2.00 Units	2.00 Units				
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		\$50	\$50				
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$80	\$80				
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		Reduction			
		Open	Closed	Open	Closed		
		Hip	\$1,600	\$540	\$1,600	\$540	
		Knee or Shoulder	\$540	\$220	\$540	\$220	
		Collar Bone	\$860	\$160	\$860	\$160	
		Ankle or Foot (except toes)	\$540	\$160	\$540	\$160	
		Lower Jaw	\$540	\$280	\$540	\$280	
		Wrist or Elbow	\$440	\$220	\$440	\$220	
		Toe or Finger	\$120	\$60	\$120	\$60	
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		Reduction			
		Fractured Bone		Open	Closed	Open	Closed
				\$280	\$140	\$280	\$140
		Coccyx	\$280	\$140	\$280	\$140	
		Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$680	\$340	\$680	\$340	
		Hip	\$2,000	\$680	\$2,000	\$680	
		Leg	\$840	\$680	\$840	\$680	
		Nose, Heel or Fingers	\$680	\$140	\$680	\$140	
		Ribs	\$1,340	\$140	\$1,340	\$140	
		Skull	\$1,080	\$400	\$1,080	\$400	
		Toes	\$280	\$140	\$280	\$140	
		Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$800	\$340	\$800	\$340	
		Vertebrae, Pelvis	\$340	\$340	\$340	\$340	
		Vertebral Processes	\$1,340	\$200	\$1,340	\$200	

**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	4.00 Units	4.00 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.			\$40	\$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, not to exceed 10 treatments per accident.			\$40	\$40
Module 3		Initial Accident Hospitalization	5.00 Units	5.00 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.			\$1,500	\$1,500
Ambulance Benefit				
For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance		\$300	\$300
	Air Ambulance		\$1,500	\$1,500
Additional Riders				
Accidental Death and Dismemberment Rider (Form No. CRADD300)			0 Units	1.50 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 insured 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			None	\$45,000
Automobile Accidental Death				
If the insured 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.			None	\$33,000
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.			None	\$30,000
not wearing a seat belt.			None	\$22,500
<i>Benefits are not payable if an insured person was driving without a valid drivers' license</i>				
Other Accidental Death				
Other than those described above.			None	\$15,000
Transportation of Remains Benefits				
For transporting remains to a mortuary near the insured person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.			None	\$600

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 insured 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.		None	\$1,200
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.		None	\$450
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.		None	\$1,200
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	None	\$750
	One eye, hand, foot, arm or leg	None	\$3,000
	Two eyes, hands or feet	None	\$7,500
	Speech <u>or</u> hearing in both ears	None	\$7,500
	Two arms or two legs	None	\$7,500
	Speech <u>and</u> hearing in both ears	None	\$15,000
	Both arms and both legs	None	\$15,000
	Total dismemberment benefits per insured person per accident will not exceed:	None	\$15,000
Accident Hospital and ICU Income Rider (Form No. CRHICU00)		0 Units	8.00 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.		None	\$200
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.		None	\$600

Product Details

Expanded Benefits Rider (Form No. CREXPB00)		0 Units	12.00 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%		None	\$720
	More than 35%		None	\$1,800
	Third-degree burns of body surface:			
	6 through 10 square centimeters		None	\$1,800
	10 through 25 square centimeters		None	\$4,800
25 through 35 square centimeters		None	\$10,800	
more than 35 square centimeters		None	\$14,400	
Lacerations Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures		None	\$48
	Single laceration less than 7.6 centimeters		None	\$96
	Lacerations 7.6 to 20 centimeters		None	\$360
	Lacerations over 20 centimeters		None	\$720
Eye Injury	With surgical repair		None	\$480
	Non-surgical removal of foreign body by physician		None	\$84
Emergency Dental Work	One or more broken teeth repaired with crowns		None	\$360
	One or more broken teeth resulting in extractions		None	\$96
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.			None	\$240
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.			None	\$18,000
Paralysis Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)		None	\$18,000
	Paraplegia (paralysis of lower limbs)		None	\$9,000
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		None	\$240
	One repair		None	\$600
	Two or more repairs		None	\$1,200
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		None	\$240
	One repair		None	\$600
	Two or more repairs		None	\$1,200

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.	None	\$1,800																		
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.	None	\$240																		
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	None	\$900																	
	Two or more prosthetic devices	None	\$1,800																	
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered	None	\$480																		
Transportation 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.	None	\$720																		
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 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.	None	\$180																		
Wellness Benefit Rider (Form No. CRWELB00)	15.00 Units	15.00 Units																		
Benefit is payable per calendar year for one annual health screening test listed for the insured employee and one test for an insured spouse.																				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Blood test for triglycerides</td> <td style="width: 50%;">Flexible sigmoidoscopy</td> </tr> <tr> <td>Bone marrow testing</td> <td>Hemocult stool analysis</td> </tr> <tr> <td>Breast ultrasound</td> <td>Mammography</td> </tr> <tr> <td>CA 125 (blood test for ovarian cancer)</td> <td>Pap Test</td> </tr> <tr> <td>CA 15-3 (blood test for breast cancer)</td> <td>PSA (blood test for prostate cancer)</td> </tr> <tr> <td>CEA (blood test for colon cancer)</td> <td>Serum cholesterol test to determine HDL/LDL level</td> </tr> <tr> <td>Chest X-ray</td> <td>Serum Protein Electrophoresis (blood test for myeloma)</td> </tr> <tr> <td>Colonoscopy</td> <td>Stress test on a bicycle or treadmill</td> </tr> <tr> <td>Fasting blood glucose test</td> <td>Thermography</td> </tr> </table>	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	\$150	\$150
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Product Details

Rates					Ver 3.0.GA.0.00
Accident Insurance	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan Option I Off-The-Job	Monthly	\$12.50	\$14.52	\$19.32	\$21.36
Plan Option II Off-The-Job	Monthly	\$18.75	\$23.73	\$29.04	\$34.28

**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: Georgia
Rate generation date: November 4, 2016

Limitations and Exclusions

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

- Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit;
- 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.

Limitations and Exclusions

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.