

# 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.

It is an advancement in accident coverage. It is AccidentAdvance.

### Understanding AccidentAdvance<sup>SM</sup>

- ◆ Premiums are paid through payroll deductions
- ◆ 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\*

AccidentAdvance's base coverage offers:

Off-the-Job Base Plan		Weekly Premium	
Individual	Single Parent Family	Two-Adult Family	Family
\$ 2.89	\$ 3.36	\$ 4.46	\$4.93

Employee only annual premium = **\$150**

Annual Wellness Benefit = **\$150**

Family annual premium = **\$257**

Annual Wellness Benefit = **\$300**



AccidentAdvance is not available in CA, CO, FL, IL, KY, MN, MT, NH, NY, PR, VT, or WA. Policy form series CPACC100 and CCACC100. Forms may vary, coverage available where approved. This is a brief summary of AccidentAdvance, Group Off-the-Job Accident Insurance. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

# GROUP OFF-THE-JOB ACCIDENT INSURANCE

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



**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.

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**

<p><b>Accident Follow-Up Treatment Benefit</b> 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.</p>	<p><b>\$40</b></p>
<p><b>Physical Therapy Benefit</b> 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.</p>	<p><b>\$40</b></p>

**Module 3 Initial Accident Hospitalization**

<p><b>Initial Accident Hospitalization Benefit</b> 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.</p>	<p><b>\$1,500</b></p>						
<p><b>Ambulance Benefit</b> For transportation to the nearest hospital for treatment with 96 hours of the accident by a licensed ambulance service.</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right;">Ground Ambulance</td> <td style="text-align: center; vertical-align: middle;"><b>\$300</b></td> </tr> <tr> <td></td> <td style="text-align: right;">Air Ambulance</td> <td style="text-align: center; vertical-align: middle;"><b>\$1,500</b></td> </tr> </table>		Ground Ambulance	<b>\$300</b>		Air Ambulance	<b>\$1,500</b>
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**Additional Riders**

**Wellness Benefit Rider (Form No. CRWELB00)\***

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.

<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Blood test for triglycerides</td> <td style="width: 33%;">Hemocult stool analysis</td> <td rowspan="12" style="text-align: center; vertical-align: middle;"><b>\$150</b></td> </tr> <tr> <td>Bone marrow testing</td> <td>Mammography</td> </tr> <tr> <td>Breast ultrasound</td> <td>Pap test</td> </tr> <tr> <td>CA 125 (blood test for ovarian cancer)</td> <td>PSA (blood test for prostate cancer)</td> </tr> <tr> <td>CA 15-3 (blood test for breast cancer)</td> <td>Serum cholesterol test to determine HDL/LDL level</td> </tr> <tr> <td>CEA (blood test for colon cancer)</td> <td>Serum Protein Electrophoresis (blood test for myeloma)</td> </tr> <tr> <td>Chest X-ray</td> <td>Stress test on a bicycle or treadmill</td> </tr> <tr> <td>Colonoscopy</td> <td>Thermography</td> </tr> <tr> <td>Fasting blood glucose test</td> <td></td> </tr> <tr> <td>Flexible sigmoidoscopy</td> <td></td> </tr> </table>	Blood test for triglycerides	Hemocult stool analysis	<b>\$150</b>	Bone marrow testing	Mammography	Breast ultrasound	Pap test	CA 125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)	CA 15-3 (blood test for breast cancer)	Serum cholesterol test to determine HDL/LDL level	CEA (blood test for colon cancer)	Serum Protein Electrophoresis (blood test for myeloma)	Chest X-ray	Stress test on a bicycle or treadmill	Colonoscopy	Thermography	Fasting blood glucose test		Flexible sigmoidoscopy		<p><b>\$150</b></p>
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**Weekly Rates**

Individual	Single-Parent Family	Two-Adult Family	Family
<b>\$2.89</b>	<b>\$3.36</b>	<b>\$4.46</b>	<b>\$4.93</b>

\* Not available in CT, DC, KS, or MA.

# Exclusions and Limitations Summary

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

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.

## All Disability Income Riders

Benefits are not payable for a disability that is caused by or occurs as the result of one of:

- Disability that is being treated outside the territorial limits of the United States or, if outside of the United States, the territorial limits of the place where this rider was issued.
- Any disability, which begins after termination of coverage. This will not be considered a continuation of a previous disability and will not be covered under the contract.

Total disability exists when under the regular care and attendance of a physician for necessary treatment of a covered accident or sickness and not actually engaged in any substantially gainful occupation. Total disability must begin while rider is in force and ends when released by a physician to return to work. Total disability is the inability to:

- **Employed Full-Time:** engage in or perform all of the material and substantial occupational duties.
- **Not Employed Full-Time:** perform two or more ADLs (bathing, continence, dressing, eating, toileting and transferring) without direct personal assistance, as certified by a physician, each time the activity is performed.

If more than one disability benefit is in force with us, rider benefits are reduced so that the total benefit from all disability coverage does not exceed 80% of a person's monthly compensation. Premium paid for disability benefits in excess of 80% will be refunded.

## Sickness-Only Disability Income Rider

Benefits are not payable for a disability that is caused by, or occurs as the result of, childbirth or charges related to normal pregnancy within 10 months of the rider's effective date. Pregnancy complications are covered to the same extent as any other sickness. No benefits are provided during the first 12 months for any sickness for which, during the 12-month period immediately before the rider's effective date, a covered employee/member had treatment, incurred expense, took medication or received a diagnosis or advice from a physician.

## 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.