

SAFEGUARDING AGAINST MISHAPS

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. He and his wife even joke that since she 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. But it could've been worse — without insurance, it would have been no laughing matter.

GET BENEFITS TO SPEND ON WHAT YOU NEED

George's health insurance pays for many of his medical expenses, but he still has co-pays and a high deductible. And there are other costs: for one, he doesn't make commissions for sales on the days he misses work.

Because he has accident insurance, he has financial help without dipping into family savings or using a credit card. Accident insurance benefits are paid directly to the insured, letting him 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), follow-up visits, and physical therapy while recovering. Plus, George would have received additional help had he needed an ambulance, initial hospitalization, or intensive care. See 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 may help provide 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, Iowa. Policy form series CPACC100 and CCACC100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions 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



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TRANSAMERICA®

Product Details

		Plan Option 1 24 Hour		Plan Option 2 24 Hour	
Accident Emergency Treatment					
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.		\$150		\$200	
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$240		\$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.	Dislocated Joint	Reduction		Reduction	
		Open	Closed	Open	Closed
	Hip	\$4,800	\$1,620	\$6,400	\$2,160
	Knee or Shoulder	\$1,620	\$660	\$2,160	\$880
	Collar Bone	\$2,580	\$480	\$3,440	\$640
	Ankle or Foot (except toes)	\$1,620	\$480	\$2,160	\$640
	Lower Jaw	\$1,620	\$840	\$2,160	\$1,120
	Wrist or Elbow	\$1,320	\$660	\$1,760	\$880
	Toe or Finger	\$360	\$180	\$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.	Fractured Bone	Reduction		Reduction	
		Open	Closed	Open	Closed
	Coccyx	\$840	\$420	\$1,120	\$560
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$2,040	\$1,020	\$2,720	\$1,360
	Hip	\$6,000	\$2,040	\$8,000	\$2,720
	Leg	\$2,520	\$2,040	\$3,360	\$2,720
	Nose, Heel or Fingers	\$2,040	\$420	\$2,720	\$560
	Ribs	\$4,020	\$420	\$5,360	\$560
	Skull	\$3,240	\$1,200	\$4,320	\$1,600
	Toes	\$840	\$420	\$1,120	\$560
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$2,400	\$1,020	\$3,200	\$1,360
	Vertebrae, Pelvis	\$1,020	\$1,020	\$1,360	\$1,360
	Vertebral Processes	\$4,020	\$600	\$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.**

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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 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.	\$50	\$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.	\$50	\$75
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.	\$1,050	\$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	\$210
	Air Ambulance	\$1,050
		\$300
		\$1,500
Additional Riders		
Accidental Death and Dismemberment Rider (Form No. CRADD300)		
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	\$15,000	\$30,000
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.	\$11,000	\$22,000
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.	\$10,000	\$20,000
not wearing a seat belt.	\$7,500	\$15,000
Benefits are not payable if an insured person was driving without a valid drivers' license		
Other Accidental Death Other than those described above.	\$5,000	\$10,000
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.	\$200	\$400

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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.		\$400	\$800
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.		\$150	\$300
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.		\$400	\$800
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	\$250	\$500
	One eye, hand, foot, arm or leg	\$1,000	\$2,000
	Two eyes, hands or feet	\$2,500	\$5,000
	Speech <u>or</u> hearing in both ears	\$2,500	\$5,000
	Two arms or two legs	\$2,500	\$5,000
	Speech <u>and</u> hearing in both ears	\$5,000	\$10,000
	Both arms and both legs	\$5,000	\$10,000
Total dismemberment benefits per insured person per accident will not exceed:		\$5,000	\$10,000
Accident Hospital and ICU Income Rider (Form No. CRHICU00)			
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.		\$150	\$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.		\$450	\$600

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Expanded Benefits Rider (Form No. CREXPB00)

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%		\$480	\$600
		More than 35%		\$1,200	\$1,500
		Third-degree burns of body surface:			
		6 through 10 square centimeters		\$1,200	\$1,500
		10 through 25 square centimeters		\$3,200	\$4,000
		25 through 35 square centimeters		\$7,200	\$9,000
more than 35 square centimeters		\$9,600	\$12,000		
Lacerations Must be treated or repaired within 96 hours of the accident.		Lacerations not requiring sutures		\$32	\$40
		Single laceration less than 7.5 centimeters		\$64	\$80
		Lacerations 7.6 to 20 centimeters		\$240	\$300
		Lacerations over 20 centimeters		\$480	\$600
Eye Injury	With surgical repair		\$320	\$400	
	Non-surgical removal of foreign body by physician		\$56	\$70	
Emergency Dental Work	One or more broken teeth repaired with crowns		\$240	\$300	
	One or more broken teeth resulting in extractions		\$64	\$80	
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.			\$160	\$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.			\$12,000	\$15,000	
Paralysis Lasting a minimum of 30 days		Quadriplegia (paralysis of four limbs)		\$12,000	\$15,000
		Paraplegia (paralysis of lower limbs)		\$6,000	\$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		\$160	\$200
		One repair		\$400	\$500
		Two or more repairs		\$800	\$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		\$160	\$200
		One repair		\$400	\$500
		Two or more repairs		\$800	\$1,000

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Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		\$1,200	\$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.		\$160	\$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	\$600	\$750
	Two or more prosthetic devices	\$1,200	\$1,500
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered		\$320	\$400
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.		\$480	\$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 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.		\$120	\$150
Wellness Benefit Rider (Form No. CRWELB00)			
Benefit is payable per calendar year for one annual health screening test listed for the insured employee and one test for an insured spouse.			
Blood test for triglycerides Bone marrow testing Breast ultrasound CA 125 (blood test for ovarian cancer) CA 15-3 (blood test for breast cancer) CEA (blood test for colon cancer) Chest X-ray Colonoscopy Fasting blood glucose test	Flexible sigmoidoscopy Hemocult stool analysis Mammography Pap Test PSA (blood test for prostate cancer) Serum cholesterol test to determine HDL/LDL level Serum Protein Electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Thermography	\$50	\$50

Product Details

Rates					
AccAdv(H) 2020.11.TX.0.00.D6					
Accident Insurance	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan Option I 24 Hour	Monthly	\$15.66	\$20.21	\$24.29	\$29.32
Plan Option II 24 Hour	Monthly	\$20.39	\$26.54	\$31.66	\$38.49

**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.*

Limitations and Exclusions

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

Extension of Benefits for Total Disability

If an insured person is entitled to benefits while totally disabled and the group policy terminates, benefits will continue until the earliest of:

1. The date we would have ceased to pay benefits had the policy remained in force;
2. The 91st day following policy termination; or
3. The date on which the insured person is no longer totally disabled.

For the purposes of this provision, total disability and totally disabled mean the following:

1. With respect to the Insured, the complete inability to perform all of the substantial and material duties and functions of his or her occupation and any other gainful occupation in which he or she would earn substantially the same compensation earned before the disability; and
2. With respect to any other insured person, confinement as a bed patient in a Hospital.

Limitations and Exclusions

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.

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.

GROUP BENEFITS DISCLOSURE POLICY

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

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