



YOUR FLEXIBLE BENEFITS

ACCIDENTADVANCE® FOR CALIFORNIA ACCIDENT INSURANCE: BENEFITS FOR UNEXPECTED INJURIES

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

George is the owner and president of a West Coast city's top ad agency. When together, he and his family go for it: surfing, skiing, running. So when his oldest daughter dares him to catch air on her old skateboard, it's on. He ends up on the sidewalk, and his fractured fibula keeps him out of the office for about two months.

GET THE BENEFITS THAT FIT YOUR NEEDS

The ad agency offers *AccidentAdvance* for California accident insurance as a benefit, and George had signed on, never expecting to need it. He did take some grief from his wife, kids, and colleagues, but the two months on the sidelines were easier knowing *AccidentAdvance* helped pay for some of his copays and other expenses. No need to touch the resources earmarked for retirement. Health insurance covered the medical bills. Accident insurance, paid directly to George, helped him pay for:

- The ambulance ride to the ER.
- Copays and deductibles.
- Specified ER care.
- Physical therapy.

HELP PROTECT YOURSELF AND YOUR FAMILY

There's not much George can't do after the accident that he couldn't before. And the whole family is now insured by *AccidentAdvance* for California — just in case. Employees and spouses are eligible from age 18 to 64. Dependent children are eligible through age 25.

George is back to balancing work and play with (reasonable) abandon. And we're happy to help him protect his family's health and their financial future. Go for it, George. We've got you.

HASSLE-FREE ONLINE CLAIMS PROCESS

Our 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* for California accident insurance, **underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.** Policy form series CPACC100 and CCACC100. 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.

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PRODUCT HIGHLIGHTS

- File claims online.
- Receive benefits directly.
- Enroll your family.



Visit:
transamericabenefits.com



Customer Service:
888-763-7474



TRANSAMERICA®

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.	Dislocated Joint	Reduction	
		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.	Fractured Bone	Reduction	
		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		10.00 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.		\$100
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.		\$100
Module 3 Initial Accident Hospitalization		7.00 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.		\$2,100
Ambulance Benefit For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$420
	Air Ambulance	\$2,100
Additional Riders		
Accident Hospital and ICU Income Rider (Form No. CRHICU00)		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.		\$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.		\$600

PRODUCT DETAILS

Expanded Benefits Rider (Form No. CREXPB00)		14.00 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%	\$840
	More than 35%	\$2,100
	Third-degree burns of body surface: 6 through 10 square centimeters	\$2,100
	10 through 25 square centimeters	\$5,600
	25 through 35 square centimeters	\$12,600
	more than 35 square centimeters	\$16,800
	Lacerations Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures
Single laceration less than 7.5 centimeters		\$112
Lacerations 7.6 to 20 centimeters		\$420
Lacerations over 20 centimeters		\$840
Eye Injury	With surgical repair	\$560
	Non-surgical removal of foreign body by physician	\$98
Emergency Dental Work	One or more broken teeth repaired with crowns	\$420
	One or more broken teeth resulting in extractions	\$112
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.		\$280
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.		\$21,000
Paralysis Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$21,000
	Paraplegia (paralysis of lower limbs)	\$10,500
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	\$280
	One repair	\$700
	Two or more repairs	\$1,400
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	\$280
	One repair	\$700
	Two or more repairs	\$1,400

PRODUCT DETAILS

<p>Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.</p>	<p>\$2,100</p>	
<p>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.</p>	<p>\$280</p>	
<p>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.</p>	<p>One prosthetic device</p>	<p>\$1,050</p>
	<p>Two or more prosthetic devices</p>	<p>\$2,100</p>
<p>Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.</p>	<p>\$560</p>	
<p>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.</p>	<p>\$840</p>	
<p>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.</p>	<p>\$210</p>	

PRODUCT DETAILS

Rates					
Coverage	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan I 24 Hour	Monthly	\$20.02	\$27.64	\$31.24	\$39.36

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.

LIMITATIONS AND EXCLUSIONS

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.

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 coverage. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.