



# 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](http://tebcs.com).**

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### PRODUCT HIGHLIGHTS

- File claims online.
- Receive benefits directly.
- Enroll your family.
- Pay premiums with payroll deduction.



Visit:  
[transamericabenefits.com](http://transamericabenefits.com)



Customer Service:  
888-763-7474



TRANSAMERICA®

## Product Details

Plan Option 1  
24 Hour

Module 1 Accident Emergency Treatment		8.00 Units	
<b>Accident Emergency Treatment Benefit</b> For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		<b>\$200</b>	
<b>Major Diagnostic Examination Benefit</b> For one CT Scan, MRI, or EEG completed within 90 days of the accident.		<b>\$320</b>	
<b>Dislocation Benefit</b> 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.	<b>Dislocated Joint</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Hip	<b>\$6,400</b>	<b>\$2,160</b>
	Knee or Shoulder	<b>\$2,160</b>	<b>\$880</b>
	Collar Bone	<b>\$3,440</b>	<b>\$640</b>
	Ankle or Foot (except toes)	<b>\$2,160</b>	<b>\$640</b>
	Lower Jaw	<b>\$2,160</b>	<b>\$1,120</b>
	Wrist or Elbow	<b>\$1,760</b>	<b>\$880</b>
	Toe or Finger	<b>\$480</b>	<b>\$240</b>
<b>Fractures Benefit</b> 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.	<b>Fractured Bone</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Coccyx	<b>\$1,120</b>	<b>\$560</b>
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	<b>\$2,720</b>	<b>\$1,360</b>
	Hip	<b>\$8,000</b>	<b>\$2,720</b>
	Leg	<b>\$3,360</b>	<b>\$2,720</b>
	Nose, Heel or Fingers	<b>\$2,720</b>	<b>\$560</b>
	Ribs	<b>\$5,360</b>	<b>\$560</b>
	Skull	<b>\$4,320</b>	<b>\$1,600</b>
	Toes	<b>\$1,120</b>	<b>\$560</b>
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	<b>\$3,200</b>	<b>\$1,360</b>
	Vertebrae, Pelvis	<b>\$1,360</b>	<b>\$1,360</b>
	Vertebral Processes	<b>\$5,360</b>	<b>\$800</b>

**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

<b>Module 2 Follow-Up Visits and Physical Therapy</b>		<b>5.00 Units</b>
<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 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.		<b>\$50</b>
<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, not to exceed 10 treatments per accident.		<b>\$50</b>
<b>Module 3 Initial Accident Hospitalization</b>		<b>2.50 Units</b>
<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.		<b>\$750</b>
<b>Ambulance Benefit</b> For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	<b>\$150</b>
	Air Ambulance	<b>\$750</b>
<b>Additional Riders</b>		
<b>Accident Hospital and ICU Income Rider (Form No. CRHICU00)</b>		<b>4.00 Units</b>
<b>Accident Hospital Income Benefit</b> For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.		<b>\$100</b>
<b>Accident ICU Benefit</b> For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.		<b>\$300</b>

## Product Details

Expanded Benefits Rider (Form No. CREXPB00)		7.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
<b>Burns</b> 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.	<b>Second-degree burns of body surface:</b>	
	At least 25%, but not more than 35%	\$420
	More than 35%	\$1,050
	<b>Third-degree burns of body surface:</b>	
	6 through 10 square centimeters	\$1,050
	10 through 25 square centimeters	\$2,800
	25 through 35 square centimeters	\$6,300
<b>Lacerations</b> Must be treated or repaired within 96 hours of the accident.	more than 35 square centimeters	\$8,400
	Lacerations not requiring sutures	\$28
	Single laceration less than 7.6 centimeters	\$56
	Lacerations 7.6 to 20 centimeters	\$210
<b>Eye Injury</b>	Lacerations over 20 centimeters	\$420
	With surgical repair	\$280
<b>Emergency Dental Work</b>	Non-surgical removal of foreign body by physician	\$49
	One or more broken teeth repaired with crowns	\$210
<b>Brain Concussion</b> Must be diagnosed by a physician within 96 hours of the accident.	One or more broken teeth resulting in extractions	\$56
		\$140
<b>Coma</b> Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$10,500
<b>Paralysis</b> Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$10,500
	Paraplegia (paralysis of lower limbs)	\$5,250
<b>Tendons, Ligaments and/or Rotator Cuffs</b> 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	\$140
	One repair	\$350
	Two or more repairs	\$700
<b>Ruptured Discs and/or Torn Knee Cartilage</b> 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	\$140
	One repair	\$350
	Two or more repairs	\$700

## Product Details

<b>Major Surgery</b> For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		<b>\$1,050</b>
<b>Appliance</b> 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.		<b>\$140</b>
<b>Prosthetic Devices</b> 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	<b>\$525</b>
	Two or more prosthetic devices	<b>\$1,050</b>
<b>Blood, Plasma and Platelets</b> Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		<b>\$280</b>
<b>Transportation</b> 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.		<b>\$420</b>
<b>Family Lodging Benefit</b> 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.		<b>\$105</b>
<b>Wellness Benefit Rider (Form No. CRWELB00)</b>		<b>15.00 Units</b>
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	<b>\$150</b>

## Product Details

<b>Rates</b>					AccAdv 2018.06.CA.
<b>Accident Insurance</b>	<b>Rate Frequency</b>	<b>Employee</b>	<b>Employee and Child(ren)</b>	<b>Employee and Spouse</b>	<b>Employee, Spouse and Child(ren)</b>
<b>Plan Option I 24 Hour</b>	<b>Monthly</b>	<b>\$22.67</b>	<b>\$27.38</b>	<b>\$34.90</b>	<b>\$40.20</b>

*\*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: California  
Rate generation date: November 2, 2018

## Limitations and Exclusions

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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.

### 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

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### 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.