# 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 jurisdications. 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

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Module 1	Accident Emergency Treatment		4.00 Units		8.00 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.		\$100		\$200		
Major Diagnostic E	Examination Benefit					
For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$160		\$320		
Dislocation Benefit		Reduction		Reduction		
Payable for joint dislocation reduced		Dislocated Joint	Open	Closed	Open	Closed
under general anest	hesia. Dislocation	Hip	\$3,200	\$1,080	\$6,400	\$2,160
reduced without ger at 25% of the joint's	neral anesthesia paid benefit amount.	Knee or Shoulder	\$1,080	\$440	\$2,160	\$880
Multiple reduced dislocation	locations are paid at 1	Collar Bone	\$1,720	\$320	\$3,440	\$640
1/2 times the highes other amount will be	st benefit amount. No	Ankle or Foot (except toes)	\$1,080	\$320	\$2,160	\$640
benefit.		Lower Jaw	\$1,080	\$560	\$2,160	\$1,120
		Wrist or Elbow	\$880	\$440	\$1,760	\$880
		Toe or Finger	\$240	\$120	\$480	\$240
Freedures Demofit			Reduction		Reduction	
Fractures Benefit	ire sustained in an	Fractured Bone	Open	Closed	Open	Closed
For repair of a fracture sustained in an accident. A chip fracture is paid at 10% 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.		Соссух	\$560	\$280	\$1,120	\$560
	re paid at 1 1/2 times amount. No other	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$1,360	\$680	\$2,720	\$1,360
		Hip	\$4,000	\$1,360	\$8,000	\$2,720
		Leg	\$1,680	\$1,360	\$3,360	\$2,720
		Nose, Heel or Fingers	\$1,360	\$280	\$2,720	\$560
		Ribs	\$2,680	\$280	\$5,360	\$560
		Skull	\$2,160	\$800	\$4,320	\$1,600
		Toes	\$560	\$280	\$1,120	\$560
		Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$1,600	\$680	\$3,200	\$1,360
		Vertebrae, Pelvis	\$680	\$680	\$1,360	\$1,360
		Vertebral Processes	\$2,680	\$400	\$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 a	Follow-Up Visits and Physical Therapy		5.00 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.		\$50	\$50	
<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.		\$50	\$50	
Module 3 Initial Accident Ho		3.50 Units	5.00 Units	
<b>Initial Accident Hospitalization Benefit</b> Payable once for the first hospital admission is payable once for the first Intensive Care accident. The ICU benefit is paid even if and and then transferred to ICU later during the	\$1,050	\$1,500		
Ambulance Benefit For transportation to the nearest hospital	Ground Ambulance	\$210	\$300	
for treatment within 96 hours of the accident by a licensed ambulance service.	Air Ambulance	\$1,050	\$1,500	
Additional Riders				
Accidental Death and Dismemberment F	Rider (Form No. CRADD300)	2.50 Units	5.00 Units	
Accidental Death Benefit Death must result from and occur within 90 insured person per accident and will be red Child benefit is 50% of the benefit amount. Common Carrier Accidental Death For death resulting from a covered acci	luced by any dismemberment l			
as a fare-paying passenger on a mode	\$75,000	\$150,000		
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.		\$55,000	\$110,000	
wearing and properly utilizing a se report, but an air bag was not	\$50,000 \$100,000			
	\$37,500 \$75,000			
Benefits are not payable if an insured p	erson was driving without a va	lid drivers' license		
Other Accidental Death Other than those described above.		\$25,000	\$50,000	
<b>Transportation of Remains Benefits</b> For transporting remains to a mortuary near primary residence if death occurs more that residence. Child benefit is 50% of the ber	\$1,000 \$2,000			

# **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.

to the beneficiary if no engible survivor. De			
Surviving Child Educational Benefit Payable for each eligible child ages 17 student at an accredited college, unive vocational or trade school within 365 da Payable each year for up to 4 years wh full-time student.	\$2,000	\$4,000	
Licensed Day Care Center Benefit Child must be between newborn and 12 day care, which is not an immediate far from the accidental death date. Day ca survivor to work or obtain training for w	\$750	\$1,500	
<b>Career Enrichment Benefit</b> Survivor must be a full-time student at a training program from an accredited co college, vocational, or trade school with accidental death. Training must be for t independent source of income or enrich earn a living. This benefit will be paid for survivor remains a full-time student. Be children.	a professional or trade llege, university, 2-year hin 24 months of the the purpose of obtaining an hing the survivor's ability to or up to 4 years while the	\$2,000	\$4,000
Accidental Dismemberment Benefits	One or more fingers or toes	\$1,250	\$2,500
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 eye, hand, foot, arm or leg	\$5,000	\$10,000
	Two eyes, hands or feet	\$12,500	\$25,000
	Speech <u>or</u> hearing in both ears	\$12,500	\$25,000
	Two arms or two legs	\$12,500	\$25,000
	Speech <u>and</u> hearing in both ears	\$25,000	\$50,000
	Both arms and both legs	\$25,000	\$50,000
Total dismemberment benefits per insure	\$25,000	\$50,000	
Accident Hospital and ICU Income Ride	r (Form No. CRHICU00)	4.00 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.		\$100	\$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.		\$300	\$600

# **Product Details**

Rates AccAdv 2018.06					AccAdv 2018.06.LA
Accident Insurance	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan Option I 24 Hour	Monthly	\$12.19	\$15.69	\$19.01	\$23.30
Plan Option II 24 Hour	Monthly	\$22.27	\$28.29	\$34.60	\$42.28

\*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: Louisiana Rate generation date: July 9, 2018

# **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.

#### 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.

# **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.