MORE ABOUT ACCIDENTADVANCE®

ACCIDENT-ONLY INSURANCE



TRANSAMERICA®

Your Accident Benefits

AccidentAdvance accident insurance pays you a benefit to help with expenses associated with an injury from a covered accident. The type of care received determines payout amounts. For you or your spouse to be eligible, you must be between the ages of 18 and 64. Children are eligible through age of 25. Accident insurance is a voluntary policy intended to supplement your major medical insurance. It is not considered minimum essential coverage to meet the requirement of the Affordable Care Act. Benefits are as follows:

MODULE 1 ACCIDENT EMERGENCY TREATMENT	PLAN OPTION 1 24 HOUR
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.	**$200.00**
MAJOR DIAGNOSTIC EXAMINATION BENEFIT For one CT Scan, MRI, or EEG completed within 90 days of the accident.	**$320.00**

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 1½ times the highest benefit amount. No other amount will be paid under this benefit.	**DISLOCATED JOINT**	**Reduction**	
		Open	**Closed**
	Hip	$6,400.00	$2,160.00
	Knee or shoulder	$2,160.00	$880.00
	Collar bone	$3,440.00	$640.00
	Ankle or foot (except toes)	$2,160.00	$640.00
	Lower jaw	$2,160.00	$1,120.00
	Wrist or elbow	$1,760.00	$880.00
	Toe or finger	$480.00	$240.00

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 1½ times the highest benefit amount. No other amount will be paid under this benefit.	**FRACTURED BONE**	**Reduction**	
		Open	**Closed**
	Coccyx	$1,120.00	$560.00
	Hand (except fingers), foot (except toes/heel), wrist, shoulder blade, forearm, ankle, elbow, kneecap, sternum, or lower jaw	$2,720.00	$1,360.00
	Hip	$8,000.00	$2,720.00
	Leg	$3,360.00	$2,720.00
	Nose, heel, or fingers	$2,720.00	$560.00
	Ribs	$5,360.00	$560.00
	Skull	$4,320.00	$1,600.00
	Toes	$1,120.00	$560.00
	Upper jaw, upper arm, face (except nose), or collar bone	$3,200.00	$1,360.00
	Vertebrae, pelvis	$1,360.00	$1,360.00
	Vertebral processes	$5,360.00	$800.00

If the insured has both a dislocation and a fracture, 1½ times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.

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MODULE 2 FOLLOW-UP VISITS AND PHYSICAL THERAPY		PLAN OPTION 1
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. Follow-up treatments must 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.		**$100.00**
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.		**$100.00**

MODULE 3 INITIAL ACCIDENT HOSPITALIZATION		PLAN OPTION 1
INITIAL ACCIDENT ADMISSION BENEFIT When the insured is hospital confined for 24 hours or more, this benefit is payable for the first hospital admission and 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 the ICU later during the same hospitalization.		**$1,500.00**
AMBULANCE BENEFIT For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	**$300.00**
	Air Ambulance	**$1,500.00**

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ADDITIONAL RIDERS

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER (FORM NO. FRADD300)

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.**		**PLAN OPTION 1**
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.		**$75,000.00**
AUTOMOBILE ACCIDENTAL DEATH If the insured person was: *Benefits are not payable if an insured person was driving without a valid driver's license.*	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	**$55,000.00**
	wearing and properly utilizing a seat belt, as evidenced by police report, but an air bag was not present or was not deployed	**$50,000.00**
	not wearing a seat belt	**$37,500.00**
OTHER ACCIDENTAL DEATH Other than those described above.		**$25,000.00**
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.		**$1,000.00**

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.**	**PLAN OPTION 1**
SURVIVING CHILD EDUCATIONAL BENEFIT Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, two-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.	**$2,000.00**
LICENSED DAY CARE CENTER BENEFIT Child must be between newborn and 12 years old and 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.	**$750.00**
CAREER ENRICHMENT BENEFIT Survivor must be a full-time student at a professional or trade training program from an accredited college, university, two-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.	**$2,000.00**

Your Accident Benefits

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 with a minimum of $500 per unit.	One or more fingers or toes	**$1,250.00**
	One hand, foot, arm or leg	**$5,000.00**
	Two hands or two feet	**$12,500.00**
	Two arms or two legs	**$12,500.00**
	Both arms and both legs	**$25,000.00**
Total dismemberment benefits per insured person per accident will not exceed:		**$25,000.00**

ACCIDENTAL LOSS OF USE BENEFITS Loss of use must occur within 90 days of the accident. If accidental death benefit is payable after loss of use benefits have been paid for the same accident, we will deduct the loss of use benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.	One arm or one leg or sight in one eye	**$5,000.00**
	Sight in both eyes	**$12,500.00**
	Speech or hearing in both ears	**$12,500.00**
	Two arms or two legs	**$12,500.00**
	Speech and hearing in both ears	**$25,000.00**
	Both arms and both legs	**$25,000.00**
Total loss of use benefits per insured person per accident will not exceed:		**$25,000.00**

ACCIDENT HOSPITAL AND ICU INDEMNITY INCOME RIDER (FORM NO. FRHICU00)	**PLAN OPTION 1**
ACCIDENT HOSPITAL INCOME BENEFIT For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable per day for up to 365 days per accident.	**$150.00**
ACCIDENT ICU BENEFIT For ICU confinement while the person is confined to an intensive care unit. Benefit is payable for up to 15 days per accident. This benefit is paid in lieu of the Accident Hospital Income Benefit. We will not pay both benefits concurrently.	**$300.00**

EXPANDED BENEFITS RIDER (FORM NO. FREXPB00)		
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		**PLAN OPTION 1**
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%	**$360.00**
	More than 35%	**$900.00**
	Third-degree burns of body surface: 6 through 10 square centimeters	**$900.00**
	10 through 25 square centimeters	**$2,400.00**
	25 through 35 square centimeters	**$5,400.00**
	more than 35 square centimeters	**$7,200.00**

Your Accident Benefits

LACERATIONS Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures	**$24.00**
	Single laceration less than 7.6 centimeters	**$48.00**
	Lacerations 7.6 to 20 centimeters	**$180.00**
	Lacerations over 20 centimeters	**$360.00**
EYE INJURY	With surgical repair	**$240.00**
	Nonsurgical removal of foreign body by physician	**$42.00**
EMERGENCY DENTAL WORK	One or more broken teeth repaired with crowns	**$180.00**
	One or more broken teeth resulting in extractions	**$48.00**
BRAIN CONCUSSION Must be diagnosed by a physician within 96 hours of the accident.		**$120.00**
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	**$120.00**
	One repair	**$300.00**
	Two or more repairs	**$600.00**
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	**$120.00**
	One repair	**$300.00**
	Two or more repairs	**$600.00**
MAJOR SURGERY For an open abdominal, cranial, or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		**$900.00**
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.		**$120.00**
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	**$450.00**
	Two or more prosthetic devices	**$900.00**
BLOOD, PLASMA, AND PLATELETS Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		**$240.00**
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.		**$360.00**

Your Accident Benefits

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.	**$90.00**

ACCIDENTADVANCE®
ACCIDENT-ONLY INSURANCE



AccidentAdvance® Accident-Only Insurance Limitations and Exclusions: What Doesn't Qualify

This insurance includes certain limitations and exclusions. The policy details all provisions, limitations, and exclusions for this insurance. A copy of the policy can be obtained from your employer.

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

- Alcoholism or drug addiction
- Descending from an airplane, except as a fare paying passenger on a scheduled or charter flight operated by a scheduled airline
- War, or any act of war, whether declared or undeclared
- Intoxicants and Narcotics: We are not liable for any loss sustained or contracted in the consequence of an insured person being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
- Participating in a felony, riot or insurrection
- Commission of or attempt to commit a felony or to which the contributing cause was the insured's being engaged 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
- Any injury for which benefits are provided under any state or Federal Worker's Compensation, employers' liability, or occupational disease law

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

We will not pay the Accidental Death and Dismemberment Benefit if the insured's death or dismemberment is caused by or results directly or indirectly from the insured's:

- Suicide or intentionally self-inflicted injury
- Sickness, disease, physical or mental infirmity, pregnancy, or any other kind of illness, or any medical or surgical care, diagnosis, or treatment for such condition
- Participation in a felony, riot, or insurrection

AccidentAdvance® Accident-Only Insurance Limitations and Exclusions: What Doesn't Qualify

- Voluntary use of any drug, whether legal or illegal, unless administered in accordance with a physician's advice and written instruction
- Travel in or descent 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
- 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
- Participation in professional sports, including motor vehicle or boat racing

INTOXICANTS AND NARCOTICS: We will not be liable for any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

ILLEGAL OCCUPATION: We will not be liable for any loss to which a contributing cause was the insured person's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

TERMINATION OF INSURANCE

Insurance on the employee will cease on the earliest of:

- The date of his or her death
- The last date for which premium payment has been made to us, subject to the grace period
- The date he or she sends us a written notice to cancel insurance
- The policy anniversary date following the employee's 65th birthday

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 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

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.