

# MORE ABOUT TRANSAMERICA

# ACCIDENT INSURANCE<sup>SM</sup>

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# Your Accident Insurance Benefits

## COVERED BENEFITS

INITIAL TREATMENT AND DIAGNOSIS BENEFITS		
BENEFITS	PLAN OPTION 1	PLAN OPTION 2
<b>Initial Accident Treatment</b>		
Received in an Emergency Room	\$150	\$200
Received in a Physician's Office	\$150	\$200
Received in an Urgent Care Center or Similar Facility	\$150	\$200
<b>Ambulance</b>		
Ground	\$300	\$375
Air	\$900	\$1,125
<b>Laceration</b>		
Without Stitches	\$25	\$50
With Stitches - Less than 7.5 centimeters	\$50	\$100
With Stitches - 7.5 centimeters to 20 centimeters	\$125	\$250
With Stitches - More than 20 centimeters	\$250	\$500
<b>Diagnosis Benefits</b>		
Medical Diagnostic Imaging	\$150	\$200
Blood, Plasma, and Platelets	\$100	\$200
X-Ray	\$150 MAXIMUM 3 PER ACCIDENT	\$200 MAXIMUM 3 PER ACCIDENT
Lab Test	\$150 MAXIMUM 3 PER ACCIDENT	\$200 MAXIMUM 3 PER ACCIDENT

## Your Accident Insurance Benefits

<b>BODILY INJURY BENEFITS - HEAD, NECK AND SHOULDER</b>		
<b>BENEFITS</b>	<b>PLAN OPTION 1</b>	<b>PLAN OPTION 2</b>
<b>Brain Injury</b>		
Concussion/Mild Traumatic Brain Injury	\$100	\$200
Concussion/Moderate or Severe Traumatic Brain Injury	\$100	\$200
<b>Collar Bone Dislocation</b>		
Open Reduction	\$1,200	\$2,000
Closed Reduction	\$600	\$1,000
<b>Collar Bone Fracture</b>		
Open Reduction	\$1,200	\$1,800
Closed Reduction	\$600	\$900
<b>Dental</b>		
Extraction	\$20	\$40
Repaired with Crown	\$100	\$200
<b>Eye Injury</b>		
Non-Surgical Removal of Foreign Object	\$20	\$40
Surgical Repair	\$100	\$200
<b>Face (other than Jaw) Fracture</b>		
Open Reduction	\$1,200	\$1,800
Closed Reduction	\$600	\$900
<b>Lower Jaw Dislocation</b>		
Open Reduction	\$1,200	\$2,000
Closed Reduction	\$600	\$1,000
<b>Lower Jaw Fracture</b>		
Open Reduction	\$1,800	\$3,000
Closed Reduction	\$900	\$1,500
<b>Upper Jaw Fracture</b>		
Open Reduction	\$1,800	\$3,000
Closed Reduction	\$900	\$1,500
<b>Nose Fracture</b>		
Open Reduction	\$1,200	\$1,800
Closed Reduction	\$600	\$900

## Your Accident Insurance Benefits

<b>BODILY INJURY BENEFITS - HEAD, NECK AND SHOULDER</b>		
<b>BENEFITS</b>	<b>PLAN OPTION 1</b>	<b>PLAN OPTION 2</b>
<b>Shoulder/Shoulder Blade Dislocation</b>		
Open Reduction	\$1,800	\$3,000
Closed Reduction	\$900	\$1,500
<b>Shoulder/Shoulder Blade Fracture</b>		
Open Reduction	\$2,475	\$4,125
Closed Reduction	\$1,125	\$1,875
<b>Skull (other than Face, Jaw or Nose) Fracture</b>		
Depressed Fracture	\$3,825	\$6,375
Simple Fracture	\$2,025	\$3,375

## Your Accident Insurance Benefits

<b>BODILY INJURY BENEFITS - LIMBS</b>		
<b>BENEFITS</b>	<b>PLAN OPTION 1</b>	<b>PLAN OPTION 2</b>
<b>Ankle or Foot (other than Toes) Dislocation</b>		
Open Reduction	\$1,500	\$2,500
Closed Reduction	\$720	\$1,200
<b>Ankle or Foot (other than Toes) Fracture</b>		
Open Reduction	\$2,400	\$4,000
Closed Reduction	\$1,200	\$2,000
<b>Upper Arm Fracture</b>		
Open Reduction	\$2,700	\$4,500
Closed Reduction	\$1,350	\$2,250
<b>Forearm Fracture</b>		
Open Reduction	\$2,400	\$4,000
Closed Reduction	\$1,200	\$2,000
<b>Elbow Dislocation</b>		
Open Reduction	\$1,200	\$2,000
Closed Reduction	\$600	\$1,000
<b>Elbow Fracture</b>		
Open Reduction	\$2,400	\$4,000
Closed Reduction	\$1,200	\$2,000
<b>Fingers Dislocation</b>		
Open Reduction	\$420	\$630
Closed Reduction	\$180	\$270
<b>Fingers Fracture</b>		
Open Reduction	\$420	\$630
Closed Reduction	\$180	\$270
<b>Hand (other than Fingers or Wrist) Dislocation</b>		
Open Reduction	\$2,400	\$4,000
Closed Reduction	\$1,200	\$2,000
<b>Hand (other than Fingers or Wrist) Fracture</b>		
Open Reduction	\$2,400	\$4,000
Closed Reduction	\$1,200	\$2,000

## Your Accident Insurance Benefits

<b>BODILY INJURY BENEFITS - LIMBS</b>		
<b>BENEFITS</b>	<b>PLAN OPTION 1</b>	<b>PLAN OPTION 2</b>
<b>Heel Fracture</b>		
Open Reduction	\$420	\$630
Closed Reduction	\$180	\$270
<b>Knee Dislocation</b>		
Open Reduction	\$2,475	\$4,125
Closed Reduction	\$1,350	\$2,250
<b>Kneecap Fracture</b>		
Open Reduction	\$2,400	\$4,000
Closed Reduction	\$1,200	\$2,000
<b>Leg Fracture</b>		
Open Reduction	\$2,925	\$4,875
Closed Reduction	\$1,575	\$2,625
<b>Toes Dislocation</b>		
Open Reduction	\$420	\$630
Closed Reduction	\$180	\$270
<b>Toes Fracture</b>		
Open Reduction	\$780	\$1,170
Closed Reduction	\$420	\$630
<b>Wrist Dislocation</b>		
Open Reduction	\$1,200	\$2,000
Closed Reduction	\$600	\$1,000
<b>Wrist Fracture</b>		
Open Reduction	\$2,400	\$4,000
Closed Reduction	\$1,200	\$2,000

## Your Accident Insurance Benefits

<b>BODILY INJURY BENEFITS - TORSO</b>		
<b>BENEFITS</b>	<b>PLAN OPTION 1</b>	<b>PLAN OPTION 2</b>
<b>Coccyx (Tailbone) Fracture</b>		
Open Reduction	\$600	\$900
Closed Reduction	\$300	\$450
<b>Hip Dislocation</b>		
Open Reduction	\$4,500	\$7,500
Closed Reduction	\$2,250	\$3,750
<b>Hip Fracture</b>		
Open Reduction	\$4,500	\$7,500
Closed Reduction	\$2,250	\$3,750
<b>Pelvis Fracture</b>		
Open Reduction	\$4,275	\$7,125
Closed Reduction	\$2,025	\$3,375
<b>Rib Dislocation</b>		
Open Reduction	\$780	\$1,170
Closed Reduction	\$420	\$630
<b>Rib Fracture</b>		
Open Reduction	\$780	\$1,170
Closed Reduction	\$420	\$630
<b>Sternum (Breastbone) Fracture</b>		
Open Reduction	\$780	\$1,170
Closed Reduction	\$420	\$630
<b>Vertebrae/Vertebral Processes Fracture</b>		
Open Reduction	\$3,600	\$6,000
Closed Reduction	\$1,800	\$3,000

## Your Accident Insurance Benefits

<b>HOSPITALIZATION BENEFITS</b>		
<b>BENEFITS</b>	<b>PLAN OPTION 1</b>	<b>PLAN OPTION 2</b>
<b>Admission Benefit</b>		
Non-Intensive Care Unit	\$1,200	\$1,500
Intensive Care Unit	\$2,400	\$3,000
<b>Daily Benefit</b>		
Non-Intensive Care Unit	\$180 LIMITED TO 365 DAYS PER ACCIDENT	\$225 LIMITED TO 365 DAYS PER ACCIDENT
Intensive Care Unit	\$360 LIMITED TO 15 DAYS PER ACCIDENT	\$450 LIMITED TO 15 DAYS PER ACCIDENT
Step-Down Unit	\$180 LIMITED TO 5 DAYS PER ACCIDENT	\$225 LIMITED TO 5 DAYS PER ACCIDENT
Inpatient Rehabilitation Unit	\$180 LIMITED TO 30 DAYS PER ACCIDENT	\$225 LIMITED TO 30 DAYS PER ACCIDENT
Observation Room	\$180 LIMITED TO 2 DAYS PER ACCIDENT	\$225 LIMITED TO 2 DAYS PER ACCIDENT



## Your Accident Insurance Benefits

RECOVERY SERVICES BENEFITS		
BENEFITS	PLAN OPTION 1	PLAN OPTION 2
Appliance	\$100	\$200
Residence Modification	\$200	\$400
Vehicle Modification	\$200	\$400
Family Lodging (per day)	\$30 LIMITED TO 30 DAYS PER ACCIDENT	\$60 LIMITED TO 30 DAYS PER ACCIDENT
Acupuncture Care (per visit)	\$100 LIMITED TO 10 VISITS PER ACCIDENT	\$150 LIMITED TO 10 VISITS PER ACCIDENT
Chiropractic Care (per visit)	\$100 LIMITED TO 10 VISITS PER ACCIDENT	\$150 LIMITED TO 10 VISITS PER ACCIDENT
Follow-Up Treatment (per visit)	\$100 LIMITED TO 3 VISITS PER ACCIDENT	\$150 LIMITED TO 3 VISITS PER ACCIDENT
Mental Health Care (per visit)	\$100 LIMITED TO 5 VISITS PER ACCIDENT	\$150 LIMITED TO 5 VISITS PER ACCIDENT
Pain Management - Epidural	\$100 LIMITED TO 3 TREATMENTS PER ACCIDENT	\$150 LIMITED TO 3 TREATMENTS PER ACCIDENT
Prosthetic Devices		
One Prosthetic	\$200	\$400
Multiple Prosthetics	\$400	\$800
Repairs	\$200	\$400
Therapy Services (per visit)	\$100 LIMITED TO 10 VISITS PER ACCIDENT	\$150 LIMITED TO 10 VISITS PER ACCIDENT
Transportation	\$100 LIMITED TO 3 TRIPS PER ACCIDENT	\$200 LIMITED TO 3 TRIPS PER ACCIDENT

## Your Accident Insurance Benefits

MAJOR INJURIES		
BENEFITS	PLAN OPTION 1	PLAN OPTION 2
<b>Burns</b>		
Second Degree Burns covering 25%-35% of total body surface	\$100	\$200
Second Degree Burns covering more than 35% of total body surface	\$300	\$600
Third Degree Burn measuring at least 6 square centimeters but less than 10 square centimeters	\$300	\$600
Third Degree Burn measuring at least 10 square centimeters but less than 25 square centimeters	\$800	\$1,600
Third Degree Burn measuring at least 25 square centimeters but less than 35 square centimeters	\$1,800	\$3,600
Third Degree Burn measuring more than 35 square centimeters	\$2,500	\$5,000
Skin Graft (pays a percentage of the applicable Burn benefit)	25%	25%
<b>Coma</b>		
Non-Induced	\$5,000	\$10,000
Induced	\$5,000	\$10,000
Persistent Vegetative State (PVS)	\$5,000	\$10,000
<b>Paralysis</b>		
Quadriplegia	\$5,000	\$10,000
Triplegia	\$2,500	\$5,000
Paraplegia	\$2,500	\$5,000
Hemiplegia	\$2,500	\$5,000
Diplegia	\$2,500	\$5,000
Monoplegia	\$2,500	\$5,000
<b>Surgery</b>		
Exploratory	\$100	\$200
Major	\$500	\$1,000
<b>Surgery on Tendons, Ligaments, Rotator Cuffs</b>		
Arthroscopic Surgery with No Repair	\$50	\$100
Surgery with One Repair	\$125	\$250
Surgery with Two or More Repairs	\$250	\$500
<b>Surgery on Ruptured Discs or Torn Knee Cartilage</b>		
Shaved Cartilage or Arthroscopic Surgery with No Repair	\$50	\$100
Surgery with One Repair	\$125	\$250
Surgery with Two or More Repairs	\$250	\$500

# Your Accident Insurance Benefits

ACCIDENTAL DEATH BENEFITS		
BENEFITS	PLAN OPTION 1	PLAN OPTION 2
Accidental Death Benefit		
Other Accidental Death (other than Automobile or Common Carrier)	EMPLOYEE: \$15,000	EMPLOYEE: \$30,000
	SPOUSE: \$15,000	SPOUSE: \$30,000
	CHILD: \$15,000	CHILD: \$30,000
Automobile Accident While wearing seatbelt and airbag deployed	EMPLOYEE: \$33,000	EMPLOYEE: \$66,000
	SPOUSE: \$33,000	SPOUSE: \$66,000
	CHILD: \$33,000	CHILD: \$66,000
Automobile Accident While wearing seatbelt without airbag being deployed	EMPLOYEE: \$30,000	EMPLOYEE: \$60,000
	SPOUSE: \$30,000	SPOUSE: \$60,000
	CHILD: \$30,000	CHILD: \$60,000
Automobile Accident While not wearing seatbelt	EMPLOYEE: \$22,500	EMPLOYEE: \$45,000
	SPOUSE: \$22,500	SPOUSE: \$45,000
	CHILD: \$22,500	CHILD: \$45,000
Common Carrier Accident	EMPLOYEE: \$45,000	EMPLOYEE: \$90,000
	SPOUSE: \$45,000	SPOUSE: \$90,000
	CHILD: \$45,000	CHILD: \$90,000
Transportation of Remains	\$600	\$1,200

# Your Accident Insurance Benefits

DISMEMBERMENT BENEFITS		
BENEFITS	PLAN OPTION 1	PLAN OPTION 2
One or more fingers or one or more toes	EMPLOYEE: \$750	EMPLOYEE: \$1,500
	SPOUSE: \$750	SPOUSE: \$1,500
	CHILD: \$750	CHILD: \$1,500
One eye, hand, foot, arm, or leg	EMPLOYEE: \$3,000	EMPLOYEE: \$6,000
	SPOUSE: \$3,000	SPOUSE: \$6,000
	CHILD: \$3,000	CHILD: \$6,000
Two eyes, hands, or feet	EMPLOYEE: \$15,000	EMPLOYEE: \$30,000
	SPOUSE: \$15,000	SPOUSE: \$30,000
	CHILD: \$15,000	CHILD: \$30,000
Two arms or two legs	EMPLOYEE: \$15,000	EMPLOYEE: \$30,000
	SPOUSE: \$15,000	SPOUSE: \$30,000
	CHILD: \$15,000	CHILD: \$30,000
Speech and hearing in both ears	EMPLOYEE: \$15,000	EMPLOYEE: \$30,000
	SPOUSE: \$15,000	SPOUSE: \$30,000
	CHILD: \$15,000	CHILD: \$30,000
Both arms and both legs	EMPLOYEE: \$15,000	EMPLOYEE: \$30,000
	SPOUSE: \$15,000	SPOUSE: \$30,000
	CHILD: \$15,000	CHILD: \$30,000

SURVIVOR BENEFITS		
BENEFITS	PLAN OPTION 1	PLAN OPTION 2
Career Enrichment	\$1,050	\$2,100
Child Care Center	\$450	\$900
Child Education	\$1,050	\$2,100

# Your Accident Insurance Benefits

SUPPLEMENTAL BENEFITS	PLAN OPTION 1	PLAN OPTION 2
<b>WELLNESS BENEFIT RIDER (RIDER FORM SERIES TRWE1300-1220)</b>		
<p>Pays a benefit once per specified insured (in the corresponding plan option) per calendar year for undergoing a Wellness Test, regardless of the number of tests the insured undergoes. Wellness Test includes, but may not be limited to, one of the below listed tests performed under the supervision of or recommendation by a physician while this rider is in force.</p>	<b>EMPLOYEE:</b> \$50	<b>EMPLOYEE:</b> \$50
	<b>SPOUSE:</b> \$50	<b>SPOUSE:</b> \$50
	<b>CHILD:</b> N/A	<b>CHILD:</b> N/A
<p><b>Cholesterol and Diabetes</b></p> <ul style="list-style-type: none"> <li>• Blood Test Total Cholesterol</li> <li>• Blood Test Total Triglycerides</li> <li>• Fasting Blood Glucose Test</li> <li>• Fasting Plasma Glucose Test</li> </ul> <ul style="list-style-type: none"> <li>• Hemoglobin A1C</li> <li>• Serum Cholesterol Test LDL/HDL Levels</li> <li>• Two-hour Post-load Plasma Glucose Test</li> </ul>		

# Your Accident Insurance Benefits

SUPPLEMENTAL BENEFITS	PLAN OPTION 1	PLAN OPTION 2
<b>WELLNESS BENEFIT RIDER (RIDER FORM SERIES TRWE1300-1220)</b>		
<b>Cancer</b>		
<ul style="list-style-type: none"> <li>• Biopsies for Cancer</li> <li>• Bone Marrow Testing</li> <li>• Breast MRI</li> <li>• Breast Ultrasound</li> <li>• Breast Sonogram</li> <li>• Cancer Antigen 15-3 Blood Test for Breast Cancer (CA 15-3)</li> <li>• Cancer Antigen 125 Blood Test for Ovarian Cancer (CA 125)</li> <li>• Carcinoembryonic Antigen Blood Test for Colon Cancer (CEA)</li> <li>• Colonoscopy</li> <li>• Doppler Screening for Cancer</li> <li>• Endoscopy</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible Sigmoidoscopy</li> <li>• Hemoccult Stool Specimen</li> <li>• Oral Cancer Screening</li> <li>• PAP Smears or Thin Prep PAP Test</li> <li>• Prostate-Specific Antigen (PSA) Test</li> <li>• Serum Protein Electrophoresis</li> <li>• Skin Cancer Biopsy</li> <li>• Skin Cancer Screening</li> <li>• Skin Exam</li> <li>• Virtual Colonoscopy</li> </ul>	
<b>Cardiovascular Function</b>		
<ul style="list-style-type: none"> <li>• Carotid Doppler</li> <li>• Doppler Screening for Peripheral Vascular Disease</li> <li>• Echocardiogram (Echo)</li> </ul>	<ul style="list-style-type: none"> <li>• Electrocardiogram (ECG or EKG)</li> <li>• Electroencephalogram (EEG)</li> <li>• Stress Test on Bicycle or Treadmill</li> </ul>	
<b>Imaging Studies</b>		
<ul style="list-style-type: none"> <li>• Chest X-Rays</li> <li>• Mammogram</li> <li>• Thermography</li> </ul>	<ul style="list-style-type: none"> <li>• Ultrasounds for Cancer Detection</li> <li>• Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms</li> </ul>	
<b>Periodic Physical and Blood Examinations</b>		
<ul style="list-style-type: none"> <li>• Routine Health Check-up Exam</li> <li>• Blood Chemistry Panel</li> <li>• Clinical Testicular Exam</li> <li>• Complete Blood Count (CBC)</li> <li>• Dental Exam</li> <li>• Digital Rectal Exam (DRE)</li> </ul>	<ul style="list-style-type: none"> <li>• Eye Exams</li> <li>• Hearing Test</li> <li>• Lipid Panel</li> <li>• Successful Completion of Smoking Cessation Program</li> <li>• Tests for Sexually Transmitted Infections (STIs)</li> </ul>	
<b>Immunizations</b>		
<ul style="list-style-type: none"> <li>• Immunization</li> </ul>	<ul style="list-style-type: none"> <li>• Human Papillomavirus Vaccination (HPV)</li> </ul>	

# Rate Sheet

PREMIUM RATES		AC11.2022.04.PROD,AWS.OK.0.00.NS	
	PLAN OPTION 1	PLAN OPTION 2	
Coverage Type	OFF-THE-JOB	OFF-THE-JOB	
Rate Frequency	Monthly	Monthly	
Employee	\$10.44	\$14.50	
Employee and Spouse	\$18.48	\$25.32	
Employee and Children	\$21.00	\$30.84	
Employee and Family	\$29.05	\$41.66	

*\*\*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: Oklahoma  
 Rate generation date: June 22, 2022  
 SIC Code: 9199

## Definitions

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The benefits described below are payable when an insured is treated for bodily injuries resulting from an accident for which benefits are payable. All benefits will be paid to the insured, unless otherwise stated or when the insured has assigned benefits. Benefits may vary by state or plan option.

### **INITIAL TREATMENT AND DIAGNOSIS BENEFITS**

Each of the following Initial Treatment and Diagnosis Benefits will be payable once per insured per accident.

**Initial Accident Treatment Benefit** – A benefit will be paid if an insured receives treatment for a bodily injury. Treatment must be received within 4 days of the accident and must be provided by a physician in any of the following:

- A physician's office
- Hospital emergency room
- An urgent care center

**Ambulance Benefit** – A benefit will be paid for ambulance transportation by a licensed ambulance service if, because of an accident, the insured is transferred by ambulance to the nearest hospital for treatment within 4 days of the accident.

**Laceration Benefit** – A benefit will be paid if an insured receives treatment for a laceration within 4 days of the accident.

**Medical Diagnostic Imaging** – A benefit will be paid if an insured undergoes one of the following due to a bodily injury:

- CT (Computerized Tomography) scan
- MRI (Magnetic Resonance Imaging)
- EEG (Electroencephalogram)

Imaging must be performed within 90 days of the accident.

**Blood, Plasma, and Platelets** – A benefit will be paid if an insured requires blood, plasma, or platelets for the treatment of a bodily injury. Immunoglobulins are not covered. Treatment must be received within 14 days of the accident.

**X-Ray** – A benefit will be paid if an insured undergoes an X-Ray due to a bodily injury. X-Ray's must be performed within 4 days of the accident.

**Lab Test** – A benefit will be paid if an insured undergoes a lab test due to a bodily injury. Lab tests must be performed within 4 days of the accident.

### **BODILY INJURY BENEFITS**

Each of the following Bodily Injury benefits will be payable once per insured per accident.

**Brain (Concussion/Traumatic Brain Injury)** – A benefit will be paid if an insured is diagnosed with a concussion by a physician within 4 days of the accident.

**Dislocation or Fracture** – A benefit will be paid if an insured requires correction of a dislocation or fracture by a physician. Benefit varies by the location of the dislocation or fracture. Correction can be made through an open reduction (surgical repair) or closed reduction (manipulative repair) and must be repaired by a physician within 14 days of the accident. If more than one dislocation and/or fracture is repaired, the benefit paid will be



## Definitions

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1.5 times the larger benefit amount. Dislocations not corrected under general anesthesia will be reduced to 50% of the applicable benefit amount. Chip Fractures pay 10% of the applicable fracture benefit amount and must be diagnosed by a physician through the use of an X-Ray.

**Dental** – A benefit will be paid if an insured sustains broken teeth in an accident. Treatment must be received within 180 days of the accident.

**Eye Injury** – A benefit will be paid if the insured sustains eye damage in an accident. Treatment must be received from a physician within 180 days of the accident.

### HOSPITALIZATION BENEFITS

**Admission Benefit** – A benefit will be paid if an insured is admitted to a hospital for treatment of a bodily injury. The Admission Benefit is paid in addition to the Hospital Confinement Daily Benefit. Only one Admission Benefit is payable per insured per accident. We will only pay the Intensive Care Unit Admission Benefit if the initial admission is to the Intensive Care Unit. For all other admissions, the normal Admission Benefit will be paid.

**Daily Benefit** – A benefit will be paid for each day an insured is hospital confined due to an accident. Confinement must begin within 31 days of the accident. An additional benefit will be paid for each 24-hour period the insured is confined in any of the following:

- An Intensive Care Unit
- A Step-Down Unit
- An Observation Room

Inpatient Rehabilitation Unit – A benefit will be paid for each day an insured is confined in a rehabilitation facility following a period of hospital confinement. The benefit is not payable for the same days that the hospital confinement benefit is payable.

Daily benefits are subject to limits shown in the Product Details.

### RECOVERY SERVICES BENEFITS

**Appliance** – A benefit will be paid for a medical appliance recommended by a physician as an aid in personal locomotion as the result of an accident. This benefit is not payable for prosthetic devices. Benefit is payable once per insured per accident.

**Residence and Vehicle Modification** – A benefit will be paid if an insured suffers total disability due to a bodily injury within 365 days of the accident. This benefit is payable once per insured per accident. The modification must be made within 2 years from the date of the accident causing the injury.

The benefit will be payable for the modification to the insured's primary residence to make the residence accessible or private passenger automobile to make it drivable or rideable only if the modification is all the following:

- Made by a person or persons with experience in such modifications
- Recommended by a physician or recognized organization associated with the total disability
- Certified by a physician that the modification is needed to accommodate the total disability
- In compliance with the applicable laws or requirements for the approval by the appropriate government authorities

## Definitions

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**Family Lodging** – A benefit will be paid per day, up to a maximum of 30 days per accident, for one motel/hotel room for an immediate family member to accompany the insured if hospital confinement is within 90 days of an accident for the treatment of a bodily injury. Benefits are payable only for the same time-period the insured is hospital confined in a facility 50 or more miles from the insured's primary residence. The local attending physician must prescribe the treatment.

**Acupuncture Care** – A benefit will be paid if an insured receives acupuncture treatment on the advice of a physician due to an accident. Acupuncture treatments must begin within 180 days of the accident and be completed within 1 year after the accident.

**Chiropractic Care** – A benefit will be paid if an insured receives chiropractic treatment on the advice of a physician due to an accident. Chiropractic treatments must begin within 180 days of the accident and be completed within 1 year after the accident.

**Follow-Up Treatment** – A benefit will be paid if an insured first receives treatment for a bodily injury within 4 days of the accident and later requires additional treatment for the same injury. Treatments must be furnished by a physician in the physician's office or in a hospital on an outpatient basis. Follow-up treatment must begin within 180 days of, and be completed within, the 12-month period following the later of the following dates:

- The accident
- Discharge from the hospital
- Discharge from an extended care facility

**Mental Health Care** – A benefit will be paid if an insured has received treatment for a covered accident and requires psychological or psychiatric care for a mental health condition triggered by the accident. Treatment must begin within 3 months of the covered accident.

**Pain Management** – A benefit will be paid if an insured is prescribed and receives an injection administered into the spine or a nerve ablation or block for pain management due to an accident.

**Prosthetic Devices** – A benefit will be paid for a prosthetic device due to a covered accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eyeglasses, or for cosmetic prosthetic devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee. The insured must receive the prosthetic device(s) or artificial limb(s) within 24 months of the accident.

**Repair** – A benefit will be paid if an insured loses or damages their existing prosthetic device or artificial limb as a result of an accident. Repair must be made within 365 days of the accident. This benefit is not payable for any of the following:

- Hearing aids
- Dental aids (including false teeth)
- Eyeglasses
- Cosmetic prostheses such as hair wigs
- Joint replacement such as artificial hip or knee

**Therapy Services** – A benefit will be paid if, as a result of an accident, a physician advises an insured to seek treatment from any of the following:

- A physical therapist
- An occupational therapist

## Definitions

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- A speech therapist

Therapy must begin within 180 days of the accident. All treatments must be completed within 1 year after the accident.

**Transportation** – A benefit will be paid for round-trip transportation if an insured requires confinement in a hospital more than 50 miles from the insured's primary residence as the result of an accident. The local attending physician must prescribe the treatment and the treatment must not be available locally. Travel and hospital confinement must occur within 90 days of the accident.

### MAJOR INJURIES

Each of the following Major Injuries benefits will be payable once per insured per accident.

**Burns** – A benefit will be paid if an insured suffers burns due to an accident. If multiple burns exist, the highest benefit for the most severe burn will be paid. When applicable, the Skin Graft benefit will be paid in addition to the burn benefit. Burns must be treated by a physician within 4 days of the accident.

**Coma** – A benefit will be paid if an insured suffers a coma due to an accident. The benefit amount varies by whether the coma was induced or non-induced. The coma must last for a minimum of 10 consecutive days before this benefit is payable.

**Paralysis** – A benefit will be paid if an insured becomes paralyzed due to an accident. Paralysis must last a minimum of 30 consecutive days before this benefit is payable.

**Major Surgery** – A benefit will be paid if an insured undergoes an open abdominal, cranial, or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.

**Exploratory Surgery** – A benefit will be paid if an insured undergoes minimally invasive surgery performed by a physician within 1 year of the accident using manual and instrumental means of investigating an area of the body suspected of disease when a specific diagnosis is not possible through noninvasive or simple biopsy techniques. Laparoscopic procedures are included.

**Surgery on Tendons, Ligaments, Rotator Cuffs** – A benefit will be paid if, as a result of an accident, an insured undergoes surgery for tendons, ligaments, or rotator cuffs that are detached, torn, ruptured, or severed. Surgery must be performed by a physician within 1 year of the accident.

**Surgery on Ruptured Discs or Torn Knee Cartilage** – A benefit will be paid if an insured undergoes surgery for a disc in the spine that is ruptured or knee cartilage that is torn. Surgery must be performed by a physician within 1 year of the accident.

### ACCIDENTAL DEATH BENEFITS

Benefits for the loss of life resulting from bodily injuries resulting from an accident. Accidental death must be independent of disease or bodily infirmity or any other cause, other than an accident.

**Accidental Death** – A benefit will be paid for the insured's accidental death. The accident must occur while insurance is in force. Such accidental death must occur within 12 months of the accident. The benefit will be paid to the beneficiary.

Only one Accidental Death benefit will be paid per insured, the highest applicable benefit, as described below:

## Definitions

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- **Automobile Accident** – Accidental death resulting from an accident that occurs while the insured is driving or riding as a passenger in an automobile. Automobile is defined as a four-wheeled private passenger motor vehicle licensed for use on public highways and is not being used to transport passengers for hire. The Automobile Accident benefit will not be payable if the insured is the driver of the automobile and does not hold a current and valid driver's license.
- **Common Carrier Accident** – Accidental death resulting from an accident that occurs while the insured was riding as a fare-paying passenger on public transportation. Public Transportation is defined as a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. Common carrier vehicles are limited to commercial airplanes, trains, buses, trolleys, subways, ferries, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis, limousines, and privately chartered vehicles are not common carriers.
- **Other Accidental Death** – Accidental death resulting from any other bodily injury other than Automobile Accident or Common Carrier Accident.

**Transportation of Remains** – A benefit will be paid if, as a result of an accident, the insured dies more than 200 miles from their primary residence and expenses are incurred to transport the insured's body to a mortuary near their primary place of residence. This benefit is payable once per insured and only if the Accidental Death Benefit is payable. This benefit will be paid to the person incurring the expense.

### **DISMEMBERMENT BENEFITS**

A benefit will be paid if an insured suffers a dismemberment due to an accident. Dismemberment must occur within 12 months of the accident. A dismemberment is defined as a bodily injury that is independent of disease or bodily infirmity and results in the complete severance of a body extremity or the complete loss of sight, speech, or hearing.

### **SURVIVOR BENEFITS**

The following benefits are paid to the survivor upon the accidental death of an insured. For purposes of these benefits, Survivor is defined as any of the following:

- **Surviving insured** – if the spouse is deceased from the accidental death
- **Surviving spouse** – if the insured is deceased from the accidental death
- **Legally appointed guardian of each surviving child** – if both the insured and spouse are deceased from the accidental death

The survivor does not need to be insured under this certificate to receive survivor benefits.

**Career Enrichment Benefit** – A benefit will be paid if the survivor enrolls in a professional or trade training program on a full-time basis within 24 months of the accidental death. The training program must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. The training program must be at an accredited college, university, a 2-year college, vocational, or trade school. This benefit will be paid each year for up to 4 years while the survivor remains enrolled in a training program. Satisfactory proof of enrollment must be provided annually. If there is no survivor, a one-time benefit of \$200 will be paid to the beneficiary.

**Child Care Center Benefit** – A benefit will be paid when the following conditions are met:

- The surviving child must be within the ages of newborn through 12 years
- The survivor pays a child care center for day care, within 90 calendar days after the date of the accidental death

## Definitions

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- The day care is necessary in order for the survivor to work or to obtain training for work

This benefit will be paid each year for up to 4 years while the surviving child is enrolled in a child care center, provided the child remains enrolled in a child care center during that time. This benefit will be paid in equal installments over the 4-year period. Separate benefits will be paid for each surviving child who meets the requirements for this benefit. Satisfactory proof of enrollment must be provided annually. If there is no surviving child between the ages of newborn through 12 years, a one-time benefit of \$200 will be paid to the beneficiary.

For purposes of this benefit, the child care center must be an appropriately licensed facility or home that meets all of the following conditions:

- Provides supervision for more than 6 persons (other than persons who reside there) under the age of 13 years for less than 24 hours per day
- Receives a payment for providing dependent care services
- Has a Taxpayer Identification Number

**Child Education Benefit** – A benefit will be paid when the following conditions are met:

- The surviving child must be within the ages of 17 years through 21 years
- The surviving child must be enrolled or must enroll within 2 years of the accidental death, as a regular, full time student at an accredited college, university, 2-year college, vocational, or trade school

This benefit will be paid each year for up to 4 years while the surviving child is enrolled in school. This benefit will continue to be paid only while the surviving child remains a full-time student. This benefit will be paid in equal installments over the 4-year period. Separate benefits will be paid for each surviving child who meets the requirements for this benefit. Satisfactory proof of student status must be provided annually. If there is no surviving child between the ages of 17 years through 21 years, a one-time benefit of \$200 will be paid to the beneficiary.

# TRANSAMERICA ACCIDENT INSURANCE<sup>SM</sup>



## Transamerica Accident Insurance<sup>SM</sup> Limitations and Exclusions: What Doesn't Qualify

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Limitations and exclusions may vary by state or plan option.

### **WORKER'S COMPENSATION EXCLUSION FOR OFF-THE-JOB COVERAGE**

No benefits are provided for injuries that occur in the workplace or during the course of any employment for pay, benefit or profit.

We will not pay benefits for any accident that is caused by or occurs as a result of any of the following:

- Driving any taxi (including ride share programs such as Uber and Lyft) 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, unless as a fare paying passenger on a scheduled or a charter flight operated by a scheduled airline
- War or act of war, declared or undeclared, while serving in the military service or any auxiliary unit attached thereto
- 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
- Actively participating in a riot, civil commotion, civil disobedience, or unlawful assembly
- Committing, attempting to commit, or voluntarily taking part in a felony or assault, or engaging in an illegal occupation
- Intentionally self-inflicting a 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

# Transamerica Accident Insurance<sup>SM</sup>

## Limitations and Exclusions: What Doesn't Qualify

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### **CONVERSION OPTION**

If an employee loses eligibility for this insurance for any reason other than nonpayment of premium, they will have the option to convert this group insurance to a policy we are issuing for the purpose of conversions. The premium for the converted policy will be based on resident state, age, and class of risk at the time of conversion and the type and amount of insurance provided. Conversion option is not available for the insured's dependents without the insured.

If a spouse's insurance ends due to the employee's termination of membership in or employment with the group, death or divorce and the spouse was insured under the policy, the spouse will have the option to convert this insurance to a policy we are issuing for the purpose of conversions. The conversion option will be available to the spouse even if the employee chooses not to convert this group insurance.

### **WELLNESS BENEFIT RIDER**

This rider will terminate on the earliest of:

- The date we receive the employer's request to terminate the rider
- The date the certificate terminates

### **TERMINATION OF INSURANCE**

Employee insurance will terminate on the earliest of:

- The date the group master policy terminates
- The date the employee ceases to be eligible for insurance
- The date of the employee's death
- The premium due date on which we fail to receive the employee's premium, subject to the grace period provision
- The date we receive the employee's request to terminate the insurance, or the effective date of termination requested, if later

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates
- The premium due date on which we fail to receive the employee's premium from the employer, subject to the grace period provision
- The date the dependent no longer meets the definition of dependent
- The date of the dependent's death
- The date the group master policy is modified to exclude dependent insurance
- The date we receive the employee's request to terminate their dependent insurance, or the effective date of termination requested, if later

We may terminate the insurance of any insured person who submits a fraudulent claim.

### **OTHER INSURANCE WITH US**

If an insured has more than one accident policy, certificate, or similar insurance with us, only one, chosen by the insured or insured's estate, will be effective. We will refund all premiums paid for all other such insurance from the date of the duplication, less any benefits paid from such date.