

GROUP 24-HOUR ACCIDENT INSURANCE

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.



CARE

24-Hour Coverage

Plan I

Plan II

Module 1 Accident Emergency Treatment

Accident Emergency Treatment Benefit

For physician treatment and X-rays in a hospital or doctor's office within 96 hours of the accident.

\$300

\$300

Major Diagnostic Examination Benefit

For one CT Scan, MRI, or EEG completed within 90 days of the accident.

\$480

\$480

Dislocation Benefit

Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid 25% of the joint's benefit amount. Multiple reduced dislocations are paid 1½ times the highest benefit amount. No other amount will be paid under this benefit.

Dislocated Joint	Reduction		Reduction	
	Open	Closed	Open	Closed
Hip	\$9600	\$3240	\$9600	\$3240
Knee or Shoulder	\$3240	\$1320	\$3240	\$1320
Collar Bone	\$5160	\$960	\$5160	\$960
Ankle or Foot (except toes)	\$3240	\$960	\$3240	\$960
Lower Jaw	\$3240	\$1680	\$3240	\$1680
Wrist or Elbow	\$2640	\$1320	\$2640	\$1320
Toe or Finger	\$720	\$360	\$720	\$360

Fractures Benefit

For repair of a fracture sustained in an accident. A chip fracture is paid 10% of the fracture's benefit amount. Multiple repaired fractures are paid 1½ times the highest benefit amount. No other amount will be paid under this benefit.

Fractured Bone	Reduction		Reduction	
	Open	Closed	Open	Closed
Coccyx	\$1680	\$840	\$1680	\$840
Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$4080	\$2040	\$4080	\$2040
Hip	\$12,000	\$4080	\$12,000	\$4080
Leg	\$5040	\$4080	\$5040	\$4080
Nose, Heel or Fingers	\$4080	\$840	\$4080	\$840
Ribs	\$8040	\$840	\$8040	\$840
Skull	\$6480	\$2400	\$6480	\$2400
Toes	\$1680	\$840	\$1680	\$840
Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$4800	\$2040	\$4800	\$2040
Vertebrae, Pelvis	\$2040	\$2040	\$2040	\$2040
Vertebral Process	\$8040	\$1200	\$8040	\$1200

For both dislocations and fractures, 1½ times the highest dislocation or fracture benefit amount is paid.
No other dislocation or fracture benefit is paid.

Module 2 Follow-Up Visits and Physical Therapy

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 outpatient basis; begin within 30 days of, and be completed within the 6 month following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.	\$70	\$120
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.	\$70	\$120

Module 3 Initial Accident Hospitalization

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.	\$2100	\$3000
Ambulance Benefit For transportation to the nearest hospital for treatment with 96 hours of the accident by a licensed ambulance service.	Ground Ambulance \$420	\$600
	Air Ambulance \$2100	\$3000

Additional Riders**Accidental Death and Dismemberment Rider (Form No. CRADD300)****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 covered 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.

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.

\$30,000

\$165,000

Automobile Accidental Death

If the covered 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.

\$22,000

\$121,000

wearing and properly utilizing a seat belt, as evidenced by police report, but an air bag was not present or was not deployed.

\$20,000

\$110,000

not wearing a seat belt.

\$15,000

\$82,500

Benefits are not payable if a covered person was driving without a valid drivers' license.

Other Accidental Death

Other than those described above.

\$10,000

\$55,000

Transportation of Remains

For transporting remains to a mortuary near the covered person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.

\$400

\$2200

Additional Benefits 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 covered under this rider.

Surviving Child Educational Benefit Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, 2-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.		\$800	\$4400
Licensed Day Care Center Benefit Child must be between newborn and 12 years old, 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.		\$300	\$1650
Career Enhancement Benefit Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-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.		\$800	\$4400
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.	One or more fingers or toes	\$500	\$2750
	One eye, hand, foot, arm or leg	\$2000	\$11,000
	Two eyes, hands or feet	\$5000	\$27,500
	Speech or hearing in both ears	\$5000	\$27,500
	Two arms or two legs	\$5000	\$27,500
	Speech and hearing in both ears	\$10,000	\$55,000
Total dismemberment benefits per covered person per accident will not exceed:		\$10,000	\$55,000

Accident Hospital and ICU Income Rider (Form No. CRHICU00)

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	\$250
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	\$750

Expanded Benefits Rider (Form No. CREXPB00)

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%	\$120	\$240
	More than 35%	\$300	\$600
	Third-degree burns of body surface:	\$300	\$600
	6 through 10 square centimeters	\$800	\$1600
	10 through 25 square centimeters	\$1800	\$3600
	25 through 35 square centimeters	\$2400	\$4800
Lacerations Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures	\$8	\$16
	Single laceration less than 7.5 centimeters	\$16	\$32
	Lacerations 7.6 to 20 centimeters	\$60	\$120
	Lacerations over 20 centimeters	\$120	\$240
Eye Injury	With surgical repair	\$80	\$160
	Non-surgical removal of foreign body by physician	\$14	\$28
Emergency Dental Work	One or more broken teeth repaired with crowns	\$60	\$120

One or more broken teeth resulting in extractions		\$16	\$32
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.		\$40	\$80
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.		\$3000	\$6000
Paralysis Lasting a minimum of 30 days.	Quadriplegia (paralysis of four limbs)	\$3000	\$6000
	Paraplegia (paralysis of lower limbs)	\$1500	\$3000
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	\$40	\$80
	One repair	\$100	\$200
	Two or more repairs	\$200	\$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	\$40	\$80
	One repair	\$100	\$200
	Two or more repairs	\$200	\$400
Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		\$300	\$600
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.		\$40	\$80
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	\$150	\$300
	Two or more prosthetic devices	\$300	\$600
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		\$80	\$160
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.		\$120	\$240
Family Lodging 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.		\$30	\$60

Monthly Rates				
	Individual	Single-Parent Family	Two-Adult Family	Family
Plan 1	\$19.44	\$25.76	\$30.00	\$37.32
Plan 2	\$29.51	\$38.44	\$45.94	\$56.62

Exclusions and Limitations Summary

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 Coverage

Subject to the Portability Option, insurance coverage on the employee/member 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/membership;
- 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/member's death;
- The date the employee/member'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/member 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/membership, 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

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.