



digital advantage

Enrollment Materials

Trifecta Plan

Accident Insurance

Critical Illness Insurance

Cancer Insurance

Semi-Monthly Rates

Policyholder Customer Service: 1-888-763-7474

www.transamericabenefits.com



EBD HOBC-1213

1. Off-The-Job Accident Plan 1 Premium
($\$12.50 \text{ Month} \times 12 \text{ Months} = \$150.00 \text{ Annual Premium}$)
 $\$150 \text{ Annual Premium} - \$150 \text{ Wellness Benefit} = \0.00 a week
2. Cancer Premium
($\$13.91 \text{ Month} \times 12 \text{ Months} = \$166.92 \text{ Annual Premium}$)
 $\$166.92 \text{ Annual Premium} - \$150 \text{ Wellness Benefit} = \0.33 a week
3. Critical Illness Premium (49 yr old, Non-Tobacco, \$10,000 Face amount)
($\$21.28 \text{ Month} \times 12 \text{ Months} = \$255.32 \text{ Annual Premium}$)
 $\$255.32 \text{ Annual Premium} - \$150 \text{ Wellness Benefit} = \2.03 a week

The net Weekly employee only premium for the Accident, Cancer and Critical Illness is only \$2.36!!

If the Employee and their Spouse both get their annual physical the net Weekly cost for Family coverage for all three plans is only \$2.01!!!!!!

TRANSAMERICA EMPLOYEE BENEFITS CLAIMS-EXPRESS



File Claims Quick and Easy

File TransConnect, Short-Term Disability and Cancer, Critical Illness and Accident Wellness Claims online.

Transamerica's claim filing process is a snap! Customers can submit claims online, phone or fax for **TransConnect** and **Short-Term Disability** benefits along with **wellness claims for cancer, critical illness and accident benefits**.

How to File Claims Online

Customers **register at www.tebcs.com** then complete the online form and upload documentation to support their requests. Following submission, customers may view the status, review the submitted claim form and documentation. Once the claim is processed, the Explanation of Benefits (EOB) statement will be available online as well.

How to File a Claim by Phone or Fax

Contact the Transamerica Claims Customer Service Department at (800) 251-7254 and press 2 or fax directly to the Claims Department at (866) 586-6528. The following information must be provided:

- + Insured's name/ policy number
- + Covered person's name, date of birth and relationship to insured
- + Doctor and facility name, address and phone number
- + Name of test/procedure
- + Date of test/procedure
- + (Fax only) Provider's billing statement, which includes the test/procedure and the date it was performed

File Claims for Other Products

Claims for other products may be completed by downloading the respective claim form at **www.tebcs.com**. Once the proper documentation is received, the claim will be processed.

The screenshot shows the Transamerica website's claims submission interface. It includes a navigation bar with 'my contracts', 'my preferences', and 'customer service'. The main content area is titled 'Claims: Wellness Claims Submission' and contains several sections: 'Employee Information' with fields for First Name, Last Name, Date of Birth, Policy Number, and Address; 'Claim Information' with fields for Covered Person, First Name of Patient, Middle Name of Patient, Last Name of Patient, Gender, Date of Birth, Name of procedure performed, Date of Procedure, Doctor's Name, Facility Name, Doctor/Facility Address 1, Address 2, City, State, and Zip; and a 'SUBMIT REQUEST' button. There are also links for 'Back to Contract Details' and 'Log Out'.

QUESTIONS ABOUT CLAIMS

Call the Claims Customer Service Department at (800) 251-7254 and press 2.



WHAT HAPPENS IF YOU GET HURT?

AccidentAdvanceSM Off-the-Job accident insurance

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

Are we covered for that?

Accidents and injuries can happen at any place at any time. As one of your employer's most important assets, it is important to protect yourself and make sure you can bounce back from whatever life may throw at you. Transamerica Life Insurance Company's AccidentAdvance offers benefits for accidents. It also offers features to promote healthier behavior in general. It is an advancement in accident coverage. It is AccidentAdvance.

Pays in addition to any other coverage and is Guaranteed Issue.

Understanding AccidentAdvanceSM

AccidentAdvance is an accident only insurance policy. Individual and family coverage is available. Issue ages for employees and spouses are 18 through 64. Eligible children can have coverage through age 25. Base coverage includes Accident Emergency Treatment, Follow-Up Visit and Physical Therapy, Initial Accident Hospitalization.

Help offset your major
medical deductible

Dependent coverage available

Auto accident benefit

Convenient Payroll Deduction

Guarantee issue Coverage

Riders Included in Coverage

- Accidental Death and Dismemberment Rider
- Accident Hospital and ICU Indemnity Income Rider
- Accident-Only Expanded Benefits Rider
- Wellness Benefit Rider

Coverage	Semi-Monthly Premium	
	Plan I	Plan II
Employee	\$ 6.25	\$ 9.37
Employee and Child(ren)	\$ 7.26	\$ 11.86
Employee and Spouse	\$ 9.66	\$ 14.52
Employee, Spouse and Child(ren)	\$ 10.68	\$ 17.14

This brochure applies to AK, AL, AR, AZ, CA, DE, GA, GU, HI, IA, IL, IN, KY, LA, ME, MI, MO, MS, MT, NC, ND, NE, NJ, NM, OH, OK, OR, RI, SC, TX, UT, VA, WI, WV, WY



This is a brief summary of AccidentAdvance, Off-the-Job Accident Insurance.
Policy form series CPACC100 and CCACC100.

Forms and form numbers may vary, coverage available where approved.
Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

CAV01C(G)-0912

CUSTOM PLAN DESIGN

Off-the-Job Accident Insurance

Excludes accidents that occur in the workplace or during the course of any employment for pay, benefit, or profit.

Accident Emergency Treatment (Module One)		Plan I		Plan II	
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital or doctor's office within 96 hours of the accident.		\$ 50		\$ 50	
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$ 80		\$ 80	
Dislocation Benefit For dislocations reduced under general anesthesia. A dislocation reduced without general anesthesia is limited to 25% of the benefit amount for the dislocation involved. Benefits are payable only for the first dislocation of a joint. If multiple dislocations are reduced, we will pay 1½ times the highest benefit amount and no other amount will be paid under this benefit.	Reduction	Open	Closed	Open	Closed
	Hip	\$ 1,600	\$ 540	\$ 1,600	\$ 540
	Knee or Shoulder	\$ 540	\$ 220	\$ 540	\$ 220
	Collar Bone	\$ 860	\$ 160	\$ 860	\$ 160
	Ankle or Foot (except toes)	\$ 540	\$ 160	\$ 540	\$ 160
	Lower Jaw	\$ 540	\$ 280	\$ 540	\$ 280
	Wrist or Elbow	\$ 440	\$ 220	\$ 440	\$ 220
	Toe or Finger	\$ 120	\$ 60	\$ 120	\$ 60
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.	Reduction	Open	Closed	Open	Closed
	Coccyx	\$ 280	\$ 140	\$ 280	\$ 140
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$ 680	\$ 340	\$ 680	\$ 340
	Hip	\$ 2,000	\$ 680	\$ 2,000	\$ 680
	Leg	\$ 840	\$ 680	\$ 840	\$ 680
	Nose, Heel or Fingers	\$ 680	\$ 140	\$ 680	\$ 140
	Ribs	\$ 1,340	\$ 140	\$ 1,340	\$ 140
	Skull	\$ 1,080	\$ 400	\$ 1,080	\$ 400
	Toes	\$ 280	\$ 140	\$ 280	\$ 140
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$ 800	\$ 340	\$ 800	\$ 340
	Vertebrae, Pelvis	\$ 340	\$ 340	\$ 340	\$ 340
	Vertebral Process	\$ 1,340	\$ 200	\$ 1,340	\$ 200

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

Follow-Up Visits and Physical Therapy (Module Two)

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.	\$ 40	\$ 40
Physical Therapy Benefit - Maximum of 10 treatments per accident For physical therapy treatments performed by a licensed Physical Therapist under the advice of a physician. Treatment must begin within 120 days of the accident and be completed within 1 year of the accident.	\$ 40	\$ 40

Initial Accident Hospitalization (Module Three)			
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.		\$ 1,500	\$ 1,500
Ambulance Benefit For transportation to the nearest hospital for treatment with 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$ 300	\$ 300
	Air Ambulance	\$ 1,500	\$ 1,500

Additional Riders

The following riders are optional. The policyholder selects which riders to include as well as the benefit level for each rider. The selected riders will be included for all applicants.

Accidental Death and Dismemberment Rider (Form No. CRADD300)			
Accidental Death Benefit Death must result from and occur within 90 days of the accident. Only 1 of the following benefits will be paid per covered person per accident. This benefit 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.		\$ 0	\$ 45,000
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.		\$ 0	\$ 33,000
wearing and properly utilizing a seat belt, as evidenced by police report, but an air bag was not present or was not deployed.		\$ 0	\$ 30,000
not wearing a seat belt.		\$ 0	\$ 22,500
Benefits are not payable if a covered person was driving without a valid drivers' license.			
Other Accidental Death Other than those described above.		\$ 0	\$ 15,000
Transportation of Remains Benefits 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.		\$ 0	\$ 600
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 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.		\$ 0	\$ 1,200
Licensed Day Care Center Benefit child must be between newborn and 12 and attending a licensed day care, who is not an immediate family member, within 90 days from the date of the accidental death. The day care must be necessary for the survivor to work or obtain training for work.		\$ 0	\$ 450
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.		\$ 0	\$ 1,200

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	\$ 0	\$ 750
	One eye, hand, foot, arm or leg	\$ 0	\$ 3,000
	Two eyes, hands or feet	\$ 0	\$ 7,500
	Speech or hearing in both ears	\$ 0	\$ 7,500
	Two arms or two legs	\$ 0	\$ 7,500
	Speech and hearing in both ears	\$ 0	\$ 15,000
	Both arms and both legs	\$ 0	\$ 15,000
Total dismemberment benefits per covered person per accident will not exceed:		\$ 0	\$ 15,000

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.	\$ 0	\$ 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.	\$ 0	\$ 600

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%	\$ 0	\$ 720
		More than 35%	\$ 0	\$ 1,800
	Third-degree burns of body surface:	6 through 10 square centimeters	\$ 0	\$ 1,800
		10 through 25 square centimeters	\$ 0	\$ 4,800
		25 through 35 square centimeters	\$ 0	\$ 10,800
		more than 35 square centimeters	\$ 0	\$ 14,400
Lacerations Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures		\$ 0	\$ 48
	Single laceration less than 7.5 centimeters		\$ 0	\$ 96
	Lacerations 7.6 to 20 centimeters		\$ 0	\$ 360
	Lacerations over 20 centimeters		\$ 0	\$ 720
Eye Injury	With surgical repair		\$ 0	\$ 480
	Non-surgical removal of foreign body by physician		\$ 0	\$ 84
Emergency Dental Work	One or more broken teeth repaired with crowns		\$ 0	\$ 360
	One or more broken teeth resulting in extractions		\$ 0	\$ 96
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.			\$ 0	\$ 240
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.			\$ 0	\$ 18,000
Paralysis Lasting a minimum of 30 days.	Quadriplegia (paralysis of four limbs)		\$ 0	\$ 18,000
	Paraplegia (paralysis of lower limbs)		\$ 0	\$ 9,000
Tendons, Ligaments and/or Rotator Cuffs Must be detached, torn, ruptured or severed and surgically repaired by a physician within one year of the accident. Only one benefits is payable.	Arthroscopic surgery	without repair	\$ 0	\$ 240
		with one repair	\$ 0	\$ 600
		with two or more repairs	\$ 0	\$ 1,200
Ruptured Discs and/or Torn Knee Cartilage Must be surgically repaired by a physician within one year of the accident. Only one of these benefits is payable.	Shaved cartilage or arthroscopic surgery	without repair	\$ 0	\$ 240
		with one repair	\$ 0	\$ 600
		with two or more repairs	\$ 0	\$ 1,200
Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within one year of the accident. Laparoscopic procedures are excluded.			\$ 0	\$ 1,800

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.		\$ 0	\$ 240
Prosthetic Devices For one or more prosthetic devices received within one 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	\$ 0	\$ 900
	Two or more prosthetic devices	\$ 0	\$ 1,800
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulins are not covered.		\$ 0	\$ 480
Transportation Benefit is payable for up to two 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.		\$ 0	\$ 720
Family Lodging Benefits are 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.		\$ 0	\$ 180

Wellness Benefit (Form No. CRWELB00)			Not available in Connecticut, DC, Kansas, or Massachusetts		
After a 30-day waiting period, benefit is payable per calendar year for one annual health screening test for the covered employee/ member and one test for a covered spouse.					
Blood test for triglycerides	CEA (colon cancer blood test)	Hemocult stool analysis	Serum Protein Electrophoresis (myeloma blood test)	\$ 150	\$ 150
Bone marrow testing	Chest X-ray	Mammography			
Breast ultrasound	Colonoscopy	Pap test			
CA 125 (ovarian cancer blood test)	Fasting blood glucose test	PSA (prostate cancer blood test)	Stress test on a bicycle or treadmill		
CA 15-3 (breast cancer blood test)	Flexible sigmoidoscopy	Serum cholesterol test to determine HDL/LDL level	Thermography		

Exclusions and Limitations

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; (In Idaho and Oregon, this exclusion does not apply)
- Mountaineering, parachuting or hang gliding; (In Idaho and Oregon, this exclusion does not apply)
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes; (In Connecticut, voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by the covered person's physician), (In Idaho, this exclusion does not apply), (In Oregon, unless the exposure occurs in the course of employment), (In Tennessee, must be done intentionally);
- Alcoholism or drug addiction; (In California, this exclusion does not apply if administered on the advice of a Physician) (In Iowa, only applies to the Sickness-Only Disability Income Rider) (In Maryland and Nevada, this exclusion does not apply)
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event; (In Idaho, this exclusion only applies if participating as a professional)
- 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 (In Oklahoma, when serving in the military or an auxiliary unit);
- 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; (In Connecticut, involvement in a covered accident that occurs while the covered person is driving a motor vehicle while intoxicated or under the influence. "Intoxicated", according to Webster's New World Dictionary, 3rd College Edition, means "to affect the nervous system of, so as to cause a loss of control; make drunk; stupefy; inebriate as the result of alcoholic liquor. Being

“under the influence” means according to the laws of the jurisdiction in which the accident occurs.), (In Idaho, this exclusion does not apply), (In Indiana, “under the influence” means under the influence of a controlled substance, unless administered by a physician or taken according to a physician’s instructions), (In Maryland, this exclusion only applies to the Accidental Death and Dismemberment Rider and Disability Riders), (In Nevada, this exclusion does not apply), (In Oregon, Instigating or actively participating in a riot.) (In Pennsylvania, any loss sustained or contracted in the consequence of a covered person being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.) (In California, this exclusion does not apply if administered on the advice of a Physician)

- Participating in a riot, civil commotion, civil disobedience or unlawful assembly; (In Connecticut, “participating”, according to Miriam-Webster Online Dictionary, 2009, means “to take part; to have a part or share in something.” Also according to Miriam-Webster Online Dictionary 2009, “riot” means “public violence, tumult or disorder; a violent public disorder; specifically: a tumultuous disturbance of the public peace by three or more persons assembled together and acting with a common intent.”), (In Florida, participating in a riot or insurrection), (In Idaho, participating in a felony, riot or insurrection), (In Maryland, this exclusion does not apply), (In Utah, voluntarily participating in a felony, riot or insurrection)
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation; (In Idaho, this exclusion does not apply), (In Maryland, this exclusion only applies to the Accidental Death and Dismemberment Rider and Disability Riders), (In Utah, voluntarily participating in illegal activities, limited to losses related directly to such participation)
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane; (In Missouri, while sane);
- 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.
- In Pennsylvania, Any loss for which benefits are provided under any Workers’ Compensation, Occupational Disease Law, or by the United States Longshoreman’s Harbor Workers’ Compensation Act.

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 coverage¹;
- The last date for which premium payment has been made to us, subject to the grace period;
- The date he or she terminates employment/membership¹;
- The date the group master policy terminates¹;
- The date he or she sends us a written notice to cancel coverage. (In California, the date we send you a 31-day written notice that we will cancel coverage.)

The insurance coverage on a dependent will cease on the earliest of:

- The date of the employee/member’s death (In Illinois, 90 days after 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 coverage¹;
- The date the employee/member sends us a written notice to cancel coverage on a dependent. (In California, the date we send you a 31-day written notice that we will cancel coverage on your Dependent.)

¹ Not applicable in Florida and Montana

Extension of Benefits (Not available in Florida and Montana)

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 (In Maryland, Extension is available when coverage terminates for any reason except for termination due to failure to pay premium, fraud or material misrepresentation by the covered person, or if a succeeding health plan is provided at a cost that is less or equal to the cost of this coverage and does not result in an interruption of benefits)

Such Extension of Benefits will continue for up to the earlier of:

- 30 days (In Maryland, 12 months)(Not applicable in New Jersey); or
- The date on which the covered person is no longer hospitalized or receiving treatment.

Termination of the Group Master Policy (Not applicable in Florida and Montana)

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.

[Information on producer compensation is available at www.tebcs.com](http://www.tebcs.com)



YOUR FAMILY DESERVES A BETTER TOMORROW

CriticalAssistance® Advance critical illness insurance

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

A critical illness can impact your family at any time. It pays to be ready.

A recent study in Washington state found that compared to the general population, bankruptcy rates were nearly twice as high among cancer patients one year after diagnosis, and the median time to bankruptcy was two and a half years after diagnosis.¹ Critical Illness insurance can help you and your family prepare for the financial stress a critical illness can cause.

Understanding CriticalAssistance® Advance

CriticalAssistance Advance is designed to come to the rescue of those budget-conscious families by helping pay the costs associated with the initial occurrence of a heart attack, stroke, cancer or other serious illness as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children. Their benefit amount will be 50% of the benefit you elect.

Critical Illness Lump Sum Benefit

Pays you a lump sum benefit equal to the amount you choose multiplied by the applicable percentage shown in the Schedule of Benefits upon the first ever occurrence of a covered critical illness within each category. If the benefit payment is less than 100% of the selected benefit amount, the policy pays another lump sum benefit amount upon the diagnosis of a different type of critical illness within the same category up to the limit per category. There is a lifetime maximum of three times the benefit amount you choose.

Issue Ages

Employee and spouse from age 18 and up (through age 64 in CA), eligible children from birth through age 25.

Additional Benefit Riders

Cancer Benefit Rider
Recurrent Critical Illness Benefit Rider
Wellness Benefit Rider

Payments can be used to cover related expenses, medical or otherwise, including:

Deductibles, co-pays, hospital bills and other medical expenses

Child care or house-sitting for the family pet

Credit card payments and other household bills

Travel to out-of-town hospital or treatment facility

Non-medical expenses like missed work and house-keeping

¹ Fred Hutchinson Cancer Research Center. "Bankruptcy rates among cancer patients increase along with survival time, study finds." ScienceDaily, 6 Jun. 2011. Web. 5 Jul. 2011. Use of statistic does not imply endorsement.

This is a brief summary of CriticalAssistance Advance, Critical Illness Insurance. Policy form series CPCIO400 and CCCIO400.

Forms and form numbers may vary and this coverage may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

CCA01C(DI)(CI)-0612

CUSTOM PLAN DESIGN

Critical Illness Insurance

Plan Categories	Category Benefits	% of Benefit
Category 1	Heart Attack	100%
	Stroke	100%
	Heart Transplant	100%
	Coronary Bypass Surgery	25%
	Angioplasty/Stent	5%
Category 2	Major Organ Transplant (excluding heart)	100%
	End-Stage Renal Failure	100%
	Paralysis not due to Stroke – all 4 limbs	100%
	Burns (not available in NH)	100%
	Coma	100%
	Loss of Sight, Speech or Hearing (not available in NH)	100%
	Miscellaneous Diseases	100%
	Paralysis not due to Stroke – less than 4 limbs	50%
	Alzheimer's Disease (not available in NH)	30%
Category 3 Cancer Benefit Rider	Invasive Cancer	100%
	Bone Marrow Transplant	100%
	Carcinoma In Situ	25%
	Prostate Cancer with TNM Classification of T1	25%
	Skin Cancer	5%
Plan Benefit Riders	Recurrent Critical Illness Benefit Rider	50%
	Wellness Benefit Rider	\$150

CriticalAssistance[®] Advance

critical illness insurance policy

Summary of Benefits

Critical Illness Lump Sum Benefit (Policy not available in CA, CO, FL, GA, MN, NJ, NY, WA & PR)

CriticalAssistance[®] Advance pays you a lump sum benefit equal to the Elected Benefit multiplied by the applicable percentage shown in the Schedule of Benefits upon the first ever occurrence of a covered critical illness in each category. If the benefit payment is less than 100% of the selected benefit amount, we will pay a lump sum benefit amount upon the diagnosis of a different type of critical illness within the same category up to the limit per category or lifetime maximum. The maximum lifetime benefit is three times the selected lump sum benefit amount.

Additional Benefit Riders

Cancer Benefit Rider (Category 3)

This rider adds Invasive Cancer, Bone Marrow Transplant, Carcinoma in Situ, Prostate Cancer with TNM Classification of T1 and Skin Cancer to the list of covered Critical Illnesses.

Recurrent Critical Illness Benefit Rider (Not Available in MA)

Pays a lump sum Recurrent Benefit equal to the Elected Benefit times the Recurrent Benefit percentage times the applicable percentage if a covered critical illness is not eligible for payment under the Critical Illness benefit. If an insured has a recurrence of the same illness, they will be eligible for the recurrence benefit only if it has been at least 12 months since their prior diagnosis and they have been treatment free for at least 12 months.

Wellness Benefit Rider (Health Screening Benefit Rider in NH)

Pays the selected amount per calendar year for each covered person when a charge is incurred for one of the following **health screening tests**: biopsy, 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 specimen, mammography, Pap test, PSA (prostate-specific antigen tests), serum cholesterol test to determine HDL/LDL level, serum protein electrophoresis (blood test for myeloma), stress test on a bicycle or treadmill, or thermography. **Benefit is limited to one payment per calendar year per covered person (not subject to the Lifetime Maximum Benefit).**

CriticalAssistance Advance Limitations and Exclusions

We do not cover losses caused by, or as a result of, the following:

- Conditions other than those due to a covered Critical Illness.
- The covered person participating or attempting to participate in an illegal activity.
- The covered person intentionally causing self-inflicted injury.
- The covered person committing or attempting to commit suicide, whether sane or insane.
- The covered person's involvement in any period of armed conflict.
- Surgeries performed outside the United States or its Territories.

Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

We may reduce or deny a claim or void coverage for loss incurred by a covered person during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk or at any time for fraudulent misstatements in the application.

Termination of Coverage

Employee coverage will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for coverage;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel coverage.

Dependent coverage will terminate on the earliest of:

- The date the employee's coverage terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent coverage; or
- The date the employee sends us a written notice to cancel dependent coverage.

We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage 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 coverage.

Waiting Period

There is no waiting period.

CriticalAssistance Advance Rider Limitations and Exclusions

Cancer Benefit Rider (Category 3)

Pays only for loss as a direct result of cancer or bone marrow transplant. We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of cancer or its treatment.

Invasive Cancer - Evidenced by a malignant tumor and the invasion of tissue. Invasive cancer does not include pre-malignant conditions or conditions with malignant potential, prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification), and any malignancy associated with the diagnosis of HIV.

Carcinoma In Situ - Cancer that is in the normal place, confined to the site without having invaded neighboring tissue.

Prostate Cancer with TNM Classification of T1- Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography.

Skin Cancer - Basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides, which are not considered skin cancers.

Recurrent Critical Illness Benefit Rider

A recurrence of the same type of critical illness is not considered a Recurrent Critical Illness unless the diagnosis for the prior occurrence was at least 12 months from the most recent diagnosis and the person has been Treatment Free for at least 12 months. Treatment Free means the person is no longer receiving care from a physician, nor regular office visits, or being prescribed medication for a critical illness, other than routine checkups or maintenance medication for that critical illness.

Producer compensation information is available at www.tebcs.com

Category 1: Heart Attack, Stroke, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent

Category 2: Major Organ Transplant, End-Stage Renal Failure, Loss of Sight/Speech/Hearing, Paralysis, Burns, Coma, Alzheimer's Disease

Optional Riders: Recurrent Critical Illness Benefit Rider (50%)

Cancer Benefit Rider

Wellness Benefit Rider (\$150)

Semi-Monthly Premiums

		Age	\$10,000	\$15,000	\$20,000
Non-Tobacco User	Employee	18-29	\$ 6.75	\$ 8.12	\$ 9.50
		30-39	7.35	9.02	10.70
		40-49	10.65	13.97	17.30
		50-59	16.60	22.90	29.20
		60-64	31.20	44.80	58.40
		65+	36.20	52.30	68.40
	1 Parent Family	18-29	\$ 7.97	\$ 9.40	\$ 10.82
		30-39	8.57	10.30	12.02
		40-49	11.87	15.25	18.62
		50-59	17.82	24.17	30.52
		60-64	32.42	46.07	59.72
		65+	37.42	53.57	69.72
	2 Parent Family	18-29	\$ 11.57	\$ 13.30	\$ 15.02
		30-39	12.82	15.17	17.52
		40-49	17.82	22.67	27.52
		50-59	25.97	34.90	43.82
		60-64	47.82	67.67	87.52
		65+	52.17	74.20	96.22

		Age	\$10,000	\$15,000	\$20,000
Tobacco User	Employee	18-29	\$ 9.35	\$ 12.02	\$ 14.70
		30-39	10.40	13.60	16.80
		40-49	17.35	24.02	30.70
		50-59	31.50	45.25	59.00
		60-64	56.75	83.12	109.50
		65+	62.55	91.82	121.10
	1 Parent Family	18-29	\$ 10.57	\$ 13.30	\$ 16.02
		30-39	11.62	14.87	18.12
		40-49	18.57	25.30	32.02
		50-59	32.72	46.52	60.32
		60-64	57.97	84.40	110.82
		65+	63.77	93.10	122.42
	2 Parent Family	18-29	\$ 14.82	\$ 18.17	\$ 21.52
		30-39	15.97	19.90	23.82
		40-49	27.32	36.92	46.52
		50-59	48.87	69.25	89.62
		60-64	86.37	125.50	164.62
		65+	94.72	138.02	181.32

This custom plan is incomplete without a state-specific proposal or brochure, which describes the benefits, exclusions, and limitations of policy form CPC10400 or state variation thereof.



YOUR FAMILY DESERVES A BETTER TOMORROW

CancerSelect® Plus cancer only indemnity insurance

CancerSelect® Plus Cancer only Indemnity Insurance is underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

In the US, men have slightly less than a 1 in 2 lifetime risk of developing cancer, while the risk for women is a little more than 1 in 3.¹ Anyone can develop cancer, but can you help protect yourself and your family from the out-of-pocket costs associated with cancer treatment?

Good medical coverage helps, but is it enough?

While some individuals diagnosed with cancer have meaningful and adequate health insurance to cover most of the cost of treatment, an increasing number of privately insured workers face the prospect of crippling out-of-pocket costs, according to updated information from the National Cancer Institute. Those rising health care costs often leave both uninsured and individuals with insurance without the coverage they need – especially the 11 million Americans with cancer.²

If you or one of your family members were to be diagnosed with cancer, would you want to face those chances? Now there's a way you can add more benefits for you and your family.

If cancer is the disease you worry about most, you're not alone.

The financial costs of cancer care can be a burden to people diagnosed with cancer, their families, and society as a whole. National cancer care expenditures have been steadily increasing in the United States. Costs also are likely to increase as new, more advanced treatments are adopted as standards of care.³ With this supplemental benefit your employer is making available, you'll not only have more resources to cope with any future diagnosis of cancer, but you'll also have wellness benefits to help you detect cancer early when it's most treatable.

Wellness Benefits

Hospital Benefits

Surgery Benefits

Radiation and
Chemotherapy Benefits

Cancer Maintenance
Therapy Benefits

Coverage	Semi-Monthly Premium
Employee	\$ 6.97
Employee and Child(ren)	\$ 8.46
Employee, Spouse and Child(ren)	\$ 13.40

This brochure applies to: AK, AL, AR, AZ, CO, DC, DE, GU, IA, IL, IN, KY, LA, ME, MI, MO, MS, NC, NE, NM, NV, OH, OK, OR, PA, PR, RI, SC, TX, VA, WA, WI, WV

¹ American Cancer Society. *Cancer Facts & Figures 2012*. Atlanta: American Cancer Society; 2012.

² National Cancer Institute. *Cancer Query System: Cancer Prevalence Database*. <http://srab.cancer.gov/prevalence/canques.html>. 2012.

³ National Cancer Institute. "Cancer Costs Projected to Reach at Least \$158 Billion in 2020." Jan. 12, 2011. <http://www.nih.gov/news/health/jan2011/nci-12.htm>.

Insurance is available to groups with a minimum of 5 enrolled employees.

This insurance pays you directly and is not reduced by other insurance.

While typical health insurance pays your doctor or hospital, this supplemental insurance pays you directly unless you assign benefits. Some benefits pay by the day or treatment, while others reimburse you for expenses you incur. Either way, it can be a source of financial support just when you and your family need it most!

You can cover only yourself or add your eligible spouse and children.

If you are 18 years old or more, you can purchase this valuable supplemental benefit. You can also choose to cover your eligible family members, including your spouse age 18 or older and your children from birth through age 25.

Valuable benefits for your life.

Review the attached benefits and costs for the insurance policy your employer has designed for your consideration. It's a long list of benefits, but they're all important. As you read through the list of all the ways this supplemental coverage pays, think about how you could possibly cover all these costs on your own. Fighting cancer can be challenging both financially and emotionally, and the more resources you have, the better prepared you and your family will be.

Custom Plan Design

Wellness & Non-Medical Benefits		Policy pays
Wellness	\$ 150.00	per calendar year for cancer screening tests
Magnetic Resonance Imaging (MRI) Scans	\$ 150.00	per calendar year for MRI scan used as diagnostic tool for breast cancer, in addition to Wellness Benefit
Non-Local Transportation	✓	actual round-trip charges or private vehicle allowance, up to 750 miles at \$.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for covered person and an adult, immediate family member during confinement; payable once per hospital confinement period
Family Member Lodging	\$ 150.00	per day for lodging expenses for adult, immediate family when non-local hospital confinement is required; 50-day maximum per 12 month benefit period
Physical Therapy and Speech Therapy	\$ 75.00	per treatment; limit one per day
At-Home Nursing	\$ 150.00	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	✓	waives premiums for remainder of total disability due to cancer for insured employee after totally disabled for 60 days
Outpatient Lodging	\$ 150.00	per day for lodging expenses; 50-day maximum per 12 month benefit period
Hospital Benefits		Policy pays
Hospital Confinement	\$ 100.00	per day; up to 90 days of covered confinement
Extended Benefits	\$ 200.00	per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia); begins on day 91 of continuous confinement
Attending Physician	\$ 20.00	per day during hospital confinement
Inpatient Drugs and Medicines	\$ 15.00	per day during hospital confinement
Private-Duty Nurse	\$ 100.00	per day during hospital confinement. Excludes hospital staff or family members
Ambulance	\$ 100.00	for service by a licensed professional ambulance service for transportation to a hospital to which the covered person is admitted
Extended Care Facility	\$ 100.00	per day; up to the number of days for the prior hospital stay when admitted within 14 days of hospital discharge
Government or Charity Hospital	\$ 100.00	per day of covered hospital confinement in lieu of all other benefits
Hospice Care	\$ 100.00	per day when confined in a hospice center or hospice home care by a hospice team; 100-day lifetime maximum

Surgery Benefits			Policy pays
Surgery	Inpatient	\$ 1,000.00	With the exception of skin cancer, pays up to selected amount for surgeries as scheduled in the certificate
	Outpatient	\$ 1,500.00	
Anesthesia		25%	of covered surgery benefit as scheduled in the certificate
Prosthesis		\$ 500.00	actual charges,* up to selected amount, per device requiring implantation
Hair Prosthesis		\$ 50.00	actual charges,* up to selected amount, for wig or hair piece for hair loss from cancer treatment
Reconstructive Surgery		\$ 250.00	up to selected amount for reconstructive surgery within two years of the initial cancer removal (no time limit in Indiana)
Second Surgical Opinion		\$ 100.00	when surgery is prescribed treatment
Ambulatory Surgical Center		\$ 150.00	up to selected amount per day for outpatient surgery at an ambulatory surgical center
Skin Cancer	One removal	\$ 75.00	up to selected amount per diagnosis
	Per additional removal	\$ 35.00	
Radiation & Chemotherapy Benefits			Policy pays per 12 month
Radiation and Chemotherapy		\$5,000.00	actual charges,* up to selected amount, for radiation and chemotherapy treatments
Associated Radiation and Chemotherapy Expenses		\$250.00	up to selected amount for treatment consultation and planning, adjunctive therapy radiation management, chemotherapy administration, physical exams, checkups, laboratory or diagnostic tests when authorized by a radiologist, chemotherapist or oncologist
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant		\$5,000.00	up to selected amount, for bone marrow and stem cell transplants, blood, plasma, and blood components, (except when replaced by donated blood when there is no charge to the covered person)
Associated Blood, Plasma and Blood Components Expenses		\$250.00	actual charges*, up to selected amount for treatment consultation and planning, administration of blood plasma and blood components; transfusions, processing and procurement, cross-matching, physical exams, checkups, and laboratory or diagnostic tests and authorized by the covered person's physician
New or Experimental Treatment		\$5,000.00	actual charges,* up to selected amount, for experimental or investigational treatment defined as drugs or chemicals approved by the FDA or surgery or therapy approved by either the NCI or ACS for experimental studies
Cancer Maintenance Therapy Benefit			Policy pays
Cancer Suppressive Therapy, Hematological Drugs, Anti-Nausea Drugs and Motility Agents		\$1,000.00	actual charges,* up to selected amount for any combination of listed cancer maintenance therapy expenses; per 12 months

* As the amount actually paid by or on behalf of the covered person and accepted by the provider as payment for the particular goods or services provided.

CancerSelect® Plus

Base Coverage

Wellness and Non-Medical Benefits

Pays amount selected per calendar year for covered cancer screening tests: mammograms, pap smears, flexible sigmoidoscopy, prostate-specific antigen tests, chest x-rays, hemocult stool specimen, ultrasounds, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings. Services must be under the supervision of or recommended by a physician, and charge must be incurred.

Magnetic Resonance Imaging (MRI) Scans

In addition to Wellness Benefit, amount selected per calendar year for an MRI Scan when used as a diagnostic tool for breast cancer.

Non-Local Transportation

When prescribed treatment is not available locally and non-local hospital confinement (more than 50 miles from the covered person's residence) is required, we will pay either the actual roundtrip charges by a common carrier or a private vehicle allowance of \$.40 per mile (up to 750 miles), round-trip for covered person and an adult, immediate family member during confinement; payable once per hospital confinement period.

Physical Therapy and Speech Therapy

Amount selected per treatment (limit one session per day).

Family Member Lodging

When non-local hospital confinement is required, this benefit pays amount selected per day for lodging expenses for an adult member of your immediate family for a maximum of 50 days per 12 month period.

At Home Nursing

Amount selected per day, up to the number of days of the prior hospital confinement when admitted within 14 days of hospital discharge.

Waiver of Premium

After you (the insured employee) have been totally disabled due to cancer for 60 days, all premiums due will be waived for the remainder of the total disability. This benefit applies only to the Insured, not to the spouse or children on family coverage.

Outpatient Lodging

Amount selected per day for a maximum of 50 days per 12 month period for lodging expenses provided treatment is authorized by attending physician and can not be obtained locally.

Surgery Benefits

Surgery

With the exception of skin cancer pays up to amount selected for in-hospital surgery as scheduled in the certificate. Up to amount selected for outpatient surgery as scheduled in the certificate.

Anesthesia

Percentage selected of covered Surgery Benefit as scheduled in the certificate.

Prosthesis

Actual charges* of up to amount selected per prosthetic device that requires implantation.

Hair Prosthesis

Actual charges* of up to amount selected for a wig or hair piece for hair loss from cancer treatment.

Reconstructive Surgery

Up to amount selected as scheduled in the certificate for reconstructive surgery within two years of the initial cancer removal. No time limit in Indiana.

Second Surgical Opinion

Amount selected when the prescribed treatment is surgery as determined by the first opinion.

Ambulatory Surgical Center

Up to amount selected per day for surgery performed at an ambulatory surgical center or hospital as an outpatient.

Skin Cancer

Amount selected per diagnosis for one removal of skin cancer; amount selected for each additional removal.

Hospital Benefits

Hospital Confinement

Amount selected per day for up to 90 days of covered confinement.

Extended Benefits

Beginning with the 91st day of continuous confinement, CancerSelect Plus will pay amount selected per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia, which remain the same).

Attending Physician

Amount selected per day during hospital confinement.

Inpatient Drugs and Medicines

Amount selected per day per hospital confinement.

Private-Duty Nurse

Amount selected per day during hospital confinement (excludes hospital staff and family members).

Ambulance

Amount selected per continuous confinement for service by a licensed professional ambulance service for transportation to a hospital to which the covered person is admitted.

Extended Care Facility

Amount selected per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge.

Government or Charity Hospital

For hospital treatment where you are not required to pay for most services—in lieu of all other benefits—CancerSelect Plus will pay amount selected per day of covered hospital confinement.

Hospice Care

Amount selected per day when confined in a hospice center or for hospice care at home by a hospice team. Benefit is limited to a lifetime maximum of 100 days per covered person.

Cancer Maintenance Therapy Benefits

Actual charges* not to exceed amount selected per 12 month period for any combination of the following listed Cancer Maintenance Therapy expenses:

Cancer Suppressive Therapy

Treatment to keep cancer in check or after acute chemotherapy treatment

Hematological Drugs

Benefits for drugs aimed to boost cell lines such as white blood cell counts, red blood cell counts and platelets

Anti-Nausea Drugs

Benefits for drugs used to reduce the symptoms brought about as a result of chemotherapy or radiation

Motility Agents

Benefits for drugs used to improve motility or treat side effects caused by chemotherapy or radiation

Radiation and Chemotherapy Benefits

Radiation and Chemotherapy

Actual charges* not to exceed amount selected for radiation and chemotherapy treatments per 12 month period.

Associated Radiation and Chemotherapy Expenses

Pays up to amount selected per 12 month period for treatment consultation and planning, adjunctive therapy radiation management, chemotherapy administration, physical exams, checkups, laboratory or diagnostic tests when authorized by a radiologist, chemotherapist, or oncologist.

Blood, Plasma, and Blood Components (e.g., Platelets), Bone Marrow Transplant and Stem Cell Transplant

Actual charges* not to exceed amount selected per 12 month period for bone marrow and stem cell transplants, blood, plasma, and blood components, (except when replaced by donated blood when there is no charge to the covered person).

Associated Blood, Plasma and Blood Components (e.g., Platelets) Expenses

Pays up to amount selected per 12 month period for treatment consultation and planning, administration of blood plasma and blood components; transfusions, processing and procurement, cross-matching, physical exams, checkups, and laboratory or diagnostic tests and authorized by the covered person's physician.

New or Experimental Treatment

Actual charges* not to exceed amount selected per 12 month period for experimental or investigational treatment. This is defined as drugs or chemicals approved by the FDA or surgery or therapy approved by either the NCI or ACS for experimental studies. Treatment must be received in a U.S. hospital and authorized by the attending physician.

** As the amount actually paid by or on behalf of the covered person, and accepted by a provider as payment for the particular goods or services provided.*

Limitations and Exclusions

The certificate provides benefits only for cancer as defined herein, which is positively diagnosed while this certificate is in force. It does not provide benefits for any other illness or disease.

- We may reduce or deny a claim or void the certificate for loss incurred by a covered person during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or at any time for fraudulent misstatements in the application.
- We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of, cancer (In West Virginia, We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of cancer, except as specifically covered under the contract.)
- If a covered hospital confinement is due to more than one covered disease or condition, benefits will be payable as though the confinement or expense were due to one disease or condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition.
- Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Conditions

No benefits are provided during the first 12 months (6 months in Maine) for pre-existing conditions for which the covered person has been diagnosed, treated, or for which the covered person has incurred expense or has taken medication within 12 months (6 months in Maine and New Mexico) prior to the effective date of such person's coverage. Pre-existing condition also includes a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

Total Disability

Total Disability means the inability to perform all of the material and substantial duties of the employee's regular occupation. Total Disability will be considered to exist when under the regular care and attendance of a physician for the necessary treatment of cancer. After the first two years of Total Disability, the employee will continue to be considered Totally Disabled if unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience. On or after age 65, Total Disability will mean that a physician has certified that the employee is unable to perform two or more Activities of Daily Living (continence, transferring, dressing, toileting, eating and bathing) without direct personal assistance as a result of cancer (Does not apply in New Hampshire or Virginia).

Important Information

Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of your employment or 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 the date on which the covered person is no longer hospitalized or receiving treatment

Family Coverage

Family coverage includes the insured, his or her spouse, and all dependent, unmarried children through age 25. Newborn children are automatically covered under the terms of the policy from the moment of birth. Single-Parent Coverage includes the insured and all dependent, unmarried children through age 25. (Definition of children varies by state.)

Termination of Coverage

Employee coverage will terminate on the earliest of:

- The last day of the payroll deduction period during which you cease to be eligible for coverage;
- The end of the last period for which premium payment has been made to us;
- The last day of the payroll deduction period during which you terminate employment;
- The date the group master policy terminates; or
- The date you send us a written notice that you want to cancel coverage.

The insurance on a dependent will cease on the earliest of:

- The date your coverage terminates; or
- The end of the last period for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the policy is modified so as to exclude dependent coverage; or
- The date you send us a written notice that you want to cancel your dependent's coverage.

We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

Portability Option

If you lose eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue the coverage (including any riders, if applicable) by paying the premiums directly to the company or at our administrative office within 31 days after this insurance terminates. We will bill you directly for these premiums after you notify us to continue coverage. If you stop paying the premiums under this option, this coverage will continue, subject to the terms of the grace period.

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.

Other Insurance In Company

If you have more than one Cancer policy or policy with Us, only the one chosen by You will remain in effect. We will refund all premiums paid for any other such coverage for the period of time that premiums were paid for duplicate coverage.

Information on producer compensation is available at www.tebcs.com