

# AccidentSelect®

Policy Description Highlights	Benefits
Initial Hospitalization for Injury Benefit	\$500 per person, per calendar year
Accident Emergency Treatment Benefit	\$100 for member or spouse paid once per covered accident \$70 for children paid once per covered accident
Accident Hospital Income Benefit	Hospital - \$100 per day up to 365 days per year with 30 days of accident ICU - \$300 per day up to 15 days per covered person per covered accident
Appliances Benefit	\$100 per accident, per person
Physical Therapy Benefit	\$50 per treatment, one treatment per day - up to six treatments per covered accident
Prosthesis Benefit	\$500 per person, per covered accident
Accident Follow-up Treatment Benefit	\$25 per visit up to a maximum of 3 treatments within 6 months per covered person, per covered accident
Wellness Benefit	\$60 annual benefit for the insured or any one covered family member after the first 12 months of paid premium
Ambulance Benefit	\$150 Ground Ambulance \$600 Air Ambulance
Accidental Death Motorized Vehicle or Pedestrian Accidents	Member - \$25,000 Spouse - \$12,500 Child - \$2,500
Common Carrier Accident	Member - \$35,000 Spouse - \$17,500 Child - \$3,500
Accidental Dismemberment	Pays the percentage of the accidental death benefit: Both arms and legs - 100% Two arm or two legs - 50% Two eyes, hands, or feet - 50% One eye, hand, foot, arm, or leg - 20% One or more fingers and/or one or more toes - 5%
Specific Sum Injuries	Pays benefits for dislocations, burns, ruptured discs, torn knee cartilage, eye injuries, lacerations, internal injuries, fractures, and for blood plasma. Benefits range from \$30-\$2,000. Ask for copy of rider for specific amounts payable and definitions and limitations for each specific accident. (Benefits will not be paid for services rendered by a member of the immediate family of a covered person)
Benefits Covered	On or off the job accidents

Rates	Member	Member+Spouse	Member+Child(ren)	Family
Weekly Rates	\$5.86	\$7.22	\$7.37	\$8.73

Underwritten by Transamerica Life Insurance Company (Home Office: Cedar Rapids, IA) Policy form TPA0100 or CP500100 & Rider Services TRA0100 or CR500100, TRA0200 or CR500200, TRA0300 or CR500300, TRA0400 or CP500400, TRA0500 or CR500500, TRA0700 or CR500700, TRA0800 or CR500800, TRS0100 or CR500900, TRW0100 or CR501000 and TRIH0200 or CR501100.

This is a brief summary of AccidentSelect benefits. Limitations and exclusions may apply. Refer to the contract and riders for complete information. Not available in all jurisdictions.

# cancerselectplus<sup>®</sup>

## Program Description

Guaranteed Renewable	Yes...for life
Hospital Confinement & Extended Benefits	\$200 per day/1-75 days (usual and customary/76+ days)
Government Hospitals	\$200 per day/1-10 days; \$125 per day/11+ days
Radiation & Chemotherapy (In/Outpatient)	Actual charges up to \$15,000 maximum per calendar year
Related Radiation & Chemotherapy Expenses	\$250 per year for exams, check-ups, and drugs for side effects; \$75 for wig or hairpiece for hair loss from treatment
Experimental Treatment	Usual and customary charges up to \$4,000 per year
Diagnostic Tests	In-hospital and out-of-hospital benefits up to \$300
Private Duty Nurse	Incurred charges up to \$100 per day as inpatient; no lifetime maximum
Surgery	Up to \$3,000 for in-hospital surgery and up to \$4,500 for outpatient surgery (including biopsies); no lifetime maximum
Reconstructive Surgery	Up to \$750 for reconstructive surgery within 2 years of cancer removal; lifetime maximum is \$500 for skin cancer; no lifetime maximum on other cancers
Anesthesia	Benefit is equal to 25% of surgery benefit; no lifetime maximum
Skin Cancer Surgery	\$200 per removal; \$400 per calendar for clinical diagnosis
Prosthesis	Usual and customary charges up to \$1,000 per prosthetic device that requires implantation; no lifetime maximum
Attending Physician	\$45 for first day; \$30 each day thereafter; no lifetime maximum
Outpatient Physician	\$60 for one visit by your physician (other than the surgeon) on the day of the outpatient surgery
Inpatient Drugs & Medicines	\$25 per day or \$250 per confinement, whichever is greater
Outpatient Drugs, Medicines, & Lab	\$250 for drugs and tests related to outpatient surgery that is received within 30 days of outpatient surgery; no lifetime maximum
Blood, Plasma, & Platelets	Actual charges incurred up to \$15,000 each calendar year for blood, plasma, and blood components (e.g. platelets)
Second & Third Surgical Options	\$150 each; no lifetime maximum
Hospice Care	\$75 per day for hospice care subject to a \$7,500 lifetime maximum
Ambulance	Pays actual charges up to \$2,000 per trip for admission to a hospital; no maximum number of trips
Transportation Benefit	Private vehicle: 35¢/mile up to 700 miles for hospital confinement located more than 50 miles from your residence Commercial travel: Actual round-trip charges
Family Lodging Benefit	Hospital located more than 100 miles from residence \$40 per day with maximum benefit of \$2,400 per period of hospital confinement
Transplants	Bone Marrow or Cancerous Vital Organ Lump sum benefit of \$30,000 paid in lieu of all other benefits for confinement and outpatient treatments due to the transplant
Bone Marrow Donor Expenses	Donor: Up to \$1,000 for medical expenses; food, and lodging not to exceed \$75 per day for maximum of 21 days
Extended Care Facility	\$40 per day up to the number of days of the hospital stay when admitted within 14 days of discharge
Physical Therapy & Speech Therapy	\$25 per treatment (limit one per day); \$1,000 lifetime maximum
Laboratory Tests	\$150 per hospital confinement or \$300 for outpatient tests done within 30 days of hospital confinement
Waiver of Premium	Premiums are waived after insured is totally disabled for 60 days due to cancer
Continuation of Coverage	Yes...on dependent children if both parents die under the family policy

Rates	Member	Member-Child	Family
Weekly Rates \$15,000 Radiation, Chemotherapy & Blood	\$5.66	\$6.47	\$10.33