

Benefit Amount Per Covered Person

Accident Emergency Treatment	\$ 100.00
Accident Hospital Income Benefit	200.00
Ambulance	90.00
Family Lodging	60.00
Transportation	180.00

Accident Specific Sum Injuries Benefit

Dislocations	Reduction	
	Open	Closed
Hip	\$ 2,800.00	\$ 930.00
Knee or Shoulder	930.00	370.00
Collar Bone	1,490.00	280.00
Ankle or Foot (excl. toes)	930.00	280.00
Lower Jaw	930.00	465.00
Wrist or Elbow	745.00	370.00
Toe or Finger	185.00	90.00

Tendons / Ligaments

Benefit

One	\$ 465.00
Two or More	930.00

Burns

Benefit

2nd Degree, 25%-35% of body	\$ 370.00
2nd Degree, > 35% of body	930.00
3rd Degree, 6-10 square inches of body	745.00
3rd Degree, 10-25 square inches of body	1,865.00
3rd Degree, > 25 square inches	3,730.00

Ruptured Disc / Torn Knee Cartilage

Benefit

During 1st year of coverage	\$ 185.00
After 1st year of coverage	560.00

Accidental Death Benefit

	Insured	Spouse	Child
Common Carrier	\$ 70,000.00	\$ 35,000.00	\$ 7,000.00
Motor Vehicle	50,000.00	25,000.00	5,000.00
Other Accidents	30,000.00	15,000.00	3,000.00

Accidental Dismemberment Benefit (% of "Other Accidents") Benefit Amount

	Insured	Spouse	Child
One or more fingers and/or one or more toes* (5%)	\$ 1,500.00	\$ 750.00	\$ 150.00
One eye, hand, foot, arm or leg* (20%)	6,000.00	3,000.00	600.00
Two eyes, hands or feet (50%)	15,000.00	7,500.00	1,500.00
Two arms or two legs (50%)	15,000.00	7,500.00	1,500.00
Both arms and both legs (100%)	30,000.00	15,000.00	3,000.00

Benefit Amount Per Covered Person

Appliances	\$ 80.00
Physical Therapy	40.00
Prosthesis	400.00
Accident Follow-Up Treatment	50.00
Initial Hospitalization for Injury	2000.00

Accident Specific Sum Injuries Benefit (continued)

Fractures	Reduction	
	Open	Closed
Hip	\$ 2,800.00	\$ 930.00
Leg	1,165.00	930.00
Hand/Foot/Wrist, etc.	930.00	465.00
Upper Jaw & Arm/Face	1,120.00	465.00
Rib(s)	1,865.00	185.00
Nose/Heel/Fingers	930.00	185.00
Coccyx	370.00	185.00
Toe(s)	370.00	185.00
Vertebral Processes	1,865.00	280.00
Vertebrae (body of)/Pelvis	465.00	N/A
Skull (depressed)	1,490.00	N/A
Skull (simple)	560.00	N/A

Lacerations

Benefit

Less than 2 inches	\$ 45.00
2-6 inches	185.00
> 6 inches total	370.00

Eye, Internal, and Blood/Plasma

Benefit

Eye Injury w/ Surgery	\$ 185.00
Internal Injuries	1,865.00
Blood/Plasma	90.00

* Definitions of loss, as follows: a finger or toe is considered lost when completely severed at the hand or foot; loss of a foot means complete severance at or above the ankle joint; loss of a hand is the entire loss of at least four fingers; loss of sight is defined as entire and irrevocable loss of vision.

TransAccident[®] Total Plan Rates

Off-the-Job Accident Insurance

Industry Classification A

Plan Participants	Weekly	Monthly
Individual	\$ 2.47	\$ 10.71
Single Parent	5.35	23.17
Two Adults	4.38	18.99
Family Coverage	7.26	31.45

Industry Classification B

Plan Participants	Weekly	Monthly
Individual	\$ 3.42	\$ 14.80
Single Parent	6.29	27.26
Two Adults	5.33	23.08
Family Coverage	8.20	35.54

Industry Classification C

Plan Participants	Weekly	Monthly
Individual	\$ 4.24	\$ 18.37
Single Parent	7.11	30.83
Two Adults	6.15	26.65
Family Coverage	9.03	39.11

Industry Classification D

Plan Participants	Weekly	Monthly
Individual	\$ 5.11	\$ 22.13
Single Parent	7.98	34.59
Two Adults	7.02	30.41
Family Coverage	9.89	42.87

Optional Riders	Coverage Amount	Weekly	Monthly
Wellness Benefit	\$ 100.00 Per Year	\$ 1.02	\$ 4.40

		Industry Class. A		Industry Class. B		Industry Class. C	
Off-the-Job Accident Disability Benefit*	Amount	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
6 Month Coverage	\$ 500	\$ 0.74	\$ 3.20	\$ 1.04	\$ 4.50	\$ 1.34	\$ 5.80
12 Month Coverage	\$ 500	0.92	4.00	1.29	5.60	1.55	6.70
6 Month Coverage	\$1,000	1.48	6.40	2.08	9.00	2.68	11.60
12 Month Coverage	\$ 1,000	1.85	8.00	2.58	11.20	3.09	13.40

		Industry Class. A		Industry Class. B		Industry Class. C	
Sickness Disability Benefit*	\$500	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
6 Month Coverage	Ages 18-49	\$ 2.54	\$ 11.00	\$ 2.54	\$ 11.00	\$ 2.68	\$ 11.60
6 Month Coverage	Ages 50-64	3.21	13.90	3.51	15.20	3.69	16.00
12 Month Coverage	Ages 18-49	2.84	12.30	3.02	13.10	3.18	13.80
12 Month Coverage	Ages 50-64	3.72	16.10	4.62	20.00	4.85	21.00

		Industry Class. A		Industry Class. B		Industry Class. C	
Sickness Disability Benefit*	\$1000	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
6 Month Coverage	Ages 18-49	\$ 5.08	\$ 22.00	\$ 5.08	\$ 22.00	\$ 5.35	\$ 23.20
6 Month Coverage	Ages 50-64	6.42	27.80	7.02	30.40	7.38	32.00
12 Month Coverage	Ages 18-49	5.68	24.60	6.05	26.20	6.37	27.60
12 Month Coverage	Ages 50-64	7.43	32.20	9.23	40.00	9.69	42.00

*Industry Classification D is unacceptable for these benefits.



Underwritten by Transamerica Life Insurance Company, Home Office: Cedar Rapids, Iowa.

Policy Form Series TPGA0100 or CP200500

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