



YOUR FAMILY DESERVES A BETTER TOMORROW

CriticalAssistance® Plus

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® Plus

CriticalAssistance Plus 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, eligible children from birth through age 25.

Additional Benefit Riders

Cancer Screening Benefit Rider
Cancer Screening 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 American Heart Association, Heart Disease and Stroke Statistics-2011 Update, <http://circ.ahajournals.org/content/123/4/e18.full.pdf>, accessed on Nov. 6, 2012. Use of statistic does not imply endorsement.

This is a brief summary of CriticalAssistance Plus, Critical Illness Insurance. Policy form series CPCIO200 and CCCI200.

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.

CAP01C(UCP)-0213

PLAN DESIGN

Plan Benefits		Percentage of Benefit
Category 1	Heart Attack	100%
	Stroke	100%
	Heart Transplant Surgery	100%
	Coronary Bypass Surgery	25%
	Angioplasty/Stent	5%
Category 2	Major Organ Transplant Surgery (excluding heart)	100%
	End-Stage Renal Failure	100%
	Paralysis not due to Stroke – all 4 limbs (50% if less than four limbs)	100%
	Burns (3rd degree of 50% coverage)	100%
Category 3	Invasive Cancer	100%
	Carcinoma in situ	25%
	Prostate Cancer with TNM Classification T1	25%
	Skin Cancer	5%
	Cancer Screening Benefit	\$50
Plan Benefit Riders	Cancer Screening Wellness Benefit Rider	\$50

SUMMARY OF BENEFITS

Critical Illness Lump Sum Benefit

CriticalAssistance Plus pays you a lump sum benefit equal to the Benefit Election multiplied by the applicable percentage shown in the Schedule of Benefits upon the initial positive diagnosis* for the first ever occurrence of a covered critical illness within each category (as selected by your employer). 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.

The cumulative Critical Illness Lump Sum Benefit paid within each category will not exceed 100% of the benefit amount. The maximum lifetime benefit is three times the selected lump sum benefit amount.

** The positive diagnosis must be the first diagnosis ever for any critical illness within the same category as the critical illness just diagnosed and be made after the effective date of coverage and while coverage is in force.*

Recurrent Critical Illness Benefit

This benefit pays a lump sum benefit equal to 50% of the Critical Illness Lump Sum Benefit amount for critical illnesses not eligible for the Critical Illness Benefit. The total recurrent benefit paid within each category will not exceed 50% of the benefit amount.

For example: If you are diagnosed for the first time with a heart attack and then diagnosed with a subsequent heart attack more than 12 months later, the full benefit will be paid for the initial heart attack and 50% of the benefit will be paid for the subsequent heart attack.

Cancer Screening Benefit (Category 3)

For plans with the Cancer Benefit Rider, this benefit pays \$50 per covered person per calendar year for one of the following covered cancer screening tests: mammogram, Pap smears, flexible sigmoidoscopy, PSA (prostate-specific antigen

tests), chest x-rays, hemocult stool specimen, ultrasounds, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings. These tests must be performed to determine whether cancer exists in a covered person. This is a preventive benefit; diagnosis of cancer is not required for this benefit to be payable. This benefit is limited to one payment per calendar year per covered person.

This wellness benefit will be paid in addition to any other benefit.

Additional Benefit

Cancer Screening Wellness Benefit Rider

This benefit pays the amount shown on the plan design per calendar year for each covered person when a charge is incurred for one of the following covered cancer screening tests: mammogram, Pap smears, flexible sigmoidoscopy, PSA (prostate-specific antigen tests), chest x-rays, hemocult stool specimen, ultrasounds, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings.

These tests must be performed to determine whether cancer exists in a covered person. This is a preventive benefit; diagnosis of cancer is not required for this benefit to be payable. This benefit is limited to one payment per calendar year per covered person. This wellness benefit will be paid in addition to any other benefit.

CriticalAssistance Plus Limitations and Exclusions

CriticalAssistance Plus contains certain restrictions and exclusions, which are detailed below. It's important that you fully understand these restrictions and limitations.

We may reduce or deny a claim or void coverage for loss incurred by a covered person a) 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 b) at any time for fraudulent misstatements in the application.

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

Pre-Existing Condition Provision

No benefits are provided during the first 12 months for any critical illness that has been diagnosed, treated, or for which the covered person has incurred expense or has taken medication within 12 months prior to the effective date of such person's coverage.

A pre-existing condition is a sickness or physical condition for which the insured:

1. had treatment,
2. incurred expense,
3. took medication or
4. received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of the insured's coverage. A pre-existing condition also includes a condition that manifests itself in a way that would cause a person to seek medical advice, diagnosis, care or treatment.

Other Exclusions

Additionally, the CriticalAssistance Plus policy does 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. In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage.
- surgeries performed outside the United States or its territories.
- the covered person's involvement in any period of armed conflict.

Cancer Screening Wellness Benefit Rider

We will only pay this benefit once per calendar year for each covered person. Proof of the charges incurred for the cancer screening tests must be submitted with each new claim. We will only pay the cancer screening benefit once per

calendar year for each covered person.

Termination of Coverage

Subject to the Portability Option, your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which you cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to us;
3. The last day of the payroll deduction period during which you terminate employment;
4. The date the group master policy terminates; or (except in Florida)
5. 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:

1. The date your coverage terminates; or
2. The end of the last period for which premium payment has been made to us;
3. The date the dependent no longer meets the definition of dependent;
4. The date the policy is modified to exclude dependent coverage; or
5. 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.

Waiting Period

There is no waiting period.

Additional Riders

Cancer Benefit Rider (Category 3)

We will only pay for loss as a direct result of cancer, except for cancer screening. Proof of positive diagnosis must be submitted with each new claim. 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.

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

Critical Illness Insurance
CriticalAssistanceSM Plus

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

Category 2: Major Organ Transplant, End-Stage Renal Failure, Paralysis, Burns

Category 3: Invasive Cancer, Carcinoma in Situ, Prostate Cancer(TNM Classification of T1), Skin Cancer, \$50 Cancer Wellness

Optional Riders: Cancer Screening Wellness Benefit Rider (Additional \$50)

Bi-Weekly Premiums

		Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Non-Tobacco User	Employee	18-35	\$ 4.73	\$ 6.18	\$ 7.63	\$ 9.09	\$ 10.54	\$ 12.00	\$ 13.45	\$ 14.90	\$ 16.36
		36-45	7.73	10.68	13.63	16.59	19.54	22.50	25.45	28.40	31.36
		46-55	12.66	18.09	23.51	28.93	34.36	39.78	45.20	50.63	56.05
		56-60	18.16	26.33	34.50	42.66	50.83	59.00	67.17	75.34	83.51
		61-65	26.83	39.34	51.85	64.36	76.86	89.37	101.88	114.39	126.90
		66+	29.93	43.98	58.03	72.09	86.14	100.20	114.25	128.30	142.36
	1 Parent Family	18-35	\$ 5.24	\$ 6.79	\$ 8.34	\$ 9.88	\$ 11.43	\$ 12.97	\$ 14.52	\$ 16.07	\$ 17.61
		36-45	8.24	11.29	14.34	17.38	20.43	23.47	26.52	29.57	32.61
		46-55	13.18	18.70	24.21	29.73	35.24	40.76	46.27	51.79	57.30
		56-60	18.67	26.94	35.20	43.46	51.72	59.98	68.24	76.50	84.77
		61-65	27.35	39.95	52.55	65.15	77.75	90.35	102.95	115.55	128.15
		66+	30.44	44.59	58.74	72.88	87.03	101.17	115.32	129.47	143.61
	2 Parent Family	18-35	\$ 7.20	\$ 9.28	\$ 11.35	\$ 13.43	\$ 15.51	\$ 17.58	\$ 19.66	\$ 21.74	\$ 23.82
		36-45	11.68	15.99	20.31	24.62	28.94	33.25	37.57	41.88	46.20
		46-55	18.97	26.93	34.89	42.85	50.82	58.78	66.74	74.70	82.66
		56-60	26.86	38.77	50.68	62.58	74.49	86.40	98.31	110.22	122.12
		61-65	39.60	57.88	76.15	94.43	112.71	130.98	149.26	167.54	185.82
		66+	44.68	65.49	86.31	107.12	127.94	148.75	169.57	190.38	211.20

		Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Tobacco User	Employee	18-35	\$ 7.36	\$ 10.13	\$ 12.90	\$ 15.66	\$ 18.43	\$ 21.20	\$ 23.97	\$ 26.74	\$ 29.51
		36-45	14.70	21.13	27.57	34.01	40.45	46.89	53.33	59.76	66.20
		46-55	28.22	41.42	54.62	67.82	81.02	94.22	107.42	120.62	133.82
		56-60	44.65	66.06	87.48	108.90	130.31	151.73	173.14	194.56	215.97
		61-65	48.57	71.95	95.33	118.70	142.08	165.46	188.83	212.21	235.59
		66+	54.06	80.19	106.31	132.43	158.56	184.68	210.80	236.93	263.05
	1 Parent Family	18-35	\$ 7.87	\$ 10.74	\$ 13.60	\$ 16.46	\$ 19.32	\$ 22.18	\$ 25.04	\$ 27.90	\$ 30.77
		36-45	15.21	21.74	28.27	34.80	41.34	47.87	54.40	60.93	67.46
		46-55	28.74	42.03	55.32	68.61	81.90	95.20	108.49	121.78	135.07
		56-60	45.17	66.67	88.18	109.69	131.20	152.70	174.21	195.72	217.23
		61-65	49.09	72.56	96.03	119.50	142.97	166.44	189.90	213.37	236.84
		66+	54.58	80.80	107.01	133.23	159.44	185.66	211.87	238.09	264.30
	2 Parent Family	18-35	\$ 10.85	\$ 14.75	\$ 18.65	\$ 22.55	\$ 26.45	\$ 30.35	\$ 34.25	\$ 38.15	\$ 42.05
		36-45	21.37	30.53	39.69	48.85	58.02	67.18	76.34	85.50	94.66
		46-55	40.43	59.12	77.82	96.51	115.20	133.89	152.58	171.28	189.97
		56-60	63.05	93.05	123.05	153.05	183.05	213.05	243.05	273.05	303.05
		61-65	68.22	100.80	133.38	165.97	198.55	231.14	263.72	296.31	328.89
		66+	76.66	113.47	150.28	187.08	223.89	260.70	297.51	334.32	371.12

This custom plan is incomplete without a state-specific proposal or brochure, which describes the benefits, exclusions, and limitations of policy form CPCI0200 or state variation thereof.

Issue State: Maryland
Ver 10.17.2011a - 5/8/2013