



MORE ABOUT

CRITICALEVENTS®

SPECIFIED DISEASE INDEMNITY INSURANCE

Your Critical Illness Benefits

CriticalEvents specified disease indemnity insurance pays you a benefit to cover expenses associated with a covered critical illness. The type of illness determines payout amounts. Critical illness insurance is a voluntary policy intended to supplement your major medical insurance. It is not considered minimum essential coverage to meet the requirement of the Affordable Care Act. Benefits are as follows:

BASE POLICY BENEFITS	PERCENTAGE OF BENEFIT	PLAN OPTION 1
Heart Attack	100%	Included
Stroke	100%	Included
Major Organ Failure Requiring Transplant	100%	Included
End-Stage Renal Failure	100%	Included
Other Specified Organ Failure (Loss of sight, speech, or hearing)	100%	Included
Miscellaneous Diseases -Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease), and Tuberculosis	100%	Included
Coronary Artery Disease Requiring Bypass Grafts	25%	Included
Coronary Artery Disease Requiring Angioplasty/Stent	5%	Included

	PLAN OPTION 1
Dependent Insurance	50%
First Occurrence	First occurrence after effective date
Benefit Reduction	No Reduction
Rate Structure	ER Paid - Issue Age

CANCER BENEFIT RIDER	PERCENTAGE OF BENEFIT	PLAN OPTION 1
Invasive Cancer	100%	Included
Bone Marrow Failure	100%	Included
Cancer Confined to its Site of Origin (In Situ)	25%	Included
Prostate Cancer with TNM Classification of T1	25%	Included
Skin Cancer	5%	Included
Cancer Benefit Waiting Period		None

ADDITIONAL BENEFITS	PLAN OPTION 1
Wellness Indemnity Benefit Rider (Rider Form Series CRWEL500)	\$50

Your Critical Illness Benefits

Critical Illness Benefits: Heart Attack, Stroke, Major Organ Failure Requiring Transplant, End-Stage Renal Failure, Other Specified Organ Failure (Loss of sight, speech, or hearing), Miscellaneous Diseases, Coronary Artery Disease Requiring Bypass Grafts, Coronary Artery Disease Requiring Angioplasty/Stent

Optional Riders: Cancer Benefit Rider, and Wellness Benefit Rider (\$50)

EMPLOYEE ONLY PLAN OPTION 1: UNI-TOBACCO MONTHLY ISSUE AGE RATES		CRITICALEVENTS SELF ADMIN 2020.09.CA.0.00.OVR.D1
AGE	\$10,000	
18-29	\$8.00	
30-39	\$8.70	
40-49	\$14.10	
50-59	\$24.30	
60-64	\$46.80	
1 PARENT FAMILY PLAN OPTION 1: UNI-TOBACCO MONTHLY ISSUE AGE RATES		
18-29	\$8.73	
30-39	\$9.43	
40-49	\$14.83	
50-59	\$25.03	
60-64	\$47.53	
2 PARENT FAMILY PLAN OPTION 1: UNI-TOBACCO MONTHLY ISSUE AGE RATES		
18-29	\$11.13	
30-39	\$12.43	
40-49	\$20.83	
50-59	\$35.43	
60-64	\$69.13	

The above rates reflect the addition of first occurrence after effective date.

Issue State: California

Rate generation date: May 14, 2024

SIC code: 5511

** HSA Compatible – Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

Summary of Benefits

CRITICAL ILLNESS BENEFIT

Specified Disease Indemnity Insurance provides a lump-sum cash benefit which the employee can use however they wish. After the first occurrence critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate. Percentages for each covered critical illness are shown in the Product Details section.

For example, if an employee purchased a benefit amount of \$30,000 and is diagnosed with a heart attack after the effective date, the employee will receive 100 percent of their benefit - a lump sum of \$30,000.

For a different and subsequent critical illness, the insured person will receive an additional lump-sum benefit as long as the diagnosis is made 90 days or more after the last critical illness for which a benefit was paid. If the last critical illness benefit payment under this certificate was less than 100 percent of the applicable benefit amount, we will waive the requirements that the newly diagnosed illness must be medically unrelated and separated by 90 days.

Benefit Reduction – the benefit amount will reduce by the amount reflected in the product details as the insured reaches specified age.

WELLNESS INDEMNITY BENEFIT (RIDER FORM SERIES CRWEL500)

Transamerica is committed to providing support for out of pocket expenses associated with health screening tests. This benefit can help pay the costs for a screening test for early disease signs and lead to earlier intervention, better outcomes and healthier employees. The benefit is payable once per calendar year per insured person for one of the following health screening tests:

- Biopsy
- Chest x-ray
- Pap test
- Blood test for triglycerides
- Colonoscopy
- PSA (prostate-specific antigen tests)
- Bone marrow testing
- Fasting blood glucose test
- Serum cholesterol test to determine HDL/LDL level
- Breast ultrasound
- Flexible sigmoidoscopy
- Serum protein electrophoresis (blood test for myeloma)
- CA 125 (blood test for ovarian cancer)
- Hemocult stool specimen
- Stress test on a bicycle or treadmill
- CA 15-3 (blood test for breast cancer)
- Mammogram
- Thermography
- CEA (blood test for colon cancer)

CRITICAL ILLNESS DEFINITIONS

Critical illness - One of the illnesses or conditions listed below positively diagnosed by a physician. It must be based on diagnostic criteria generally accepted by the medical profession, as defined below.

Coronary artery disease requiring bypass grafts - Coronary artery disease requiring a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts, as confirmed in writing by a qualified medical professional. Angiographic evidence to support the necessity for this surgery will be required. For purposes of this benefit, a surgical operation to correct narrowing or blockage does not include the following procedures: balloon angioplasty, laser embolectomy, atherectomy, stent placement or other non-surgical procedures.

Coronary artery disease requiring angioplasty/stent - Coronary artery disease requiring a balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries, as confirmed in writing by a qualified medical professional. This benefit is confined to the heart; therefore, a narrowing or blockage of renal arteries or other peripheral arteries is not coronary artery disease and does not qualify for this benefit.

Summary of Benefits

End stage renal failure - The end stage failure which presents a chronic irreversible failure of both kidneys, and requires treatment by renal dialysis.

Heart attack - The ischemic death of a portion of heart muscle resulting from one or more obstructions of coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of three or more of the following indicators:
 - typical chest pain suggestive of heart attack;
 - new EKG changes indicative of myocardial infarction.
 - diagnostic increase of specific cardiac markers (elevated levels of cardiac enzymes in the blood) typical for heart attack.
 - confirmed image studies such as chest X-ray, echocardiogram, angiogram, cardiac CT scan or cardiac MRI scan
2. In the event of death, an autopsy confirmation identifying heart attack as the cause of death.

Heart Attack does not apply to other heart conditions, such as arrhythmia or cardiomyopathy.

Major organ failure requiring transplant - The irreversible failure of a heart, lung, pancreas, kidney (entire renal function) or any combination that a physician determined there is medical evidence to support the complete replacement of such organ with an entire organ from a human donor. It can also be the irreversible failure of an insured person's liver for which a physician has determined that there is medical evidence to support the complete or partial replacement of the liver or liver tissue from a human donor. The transplant need must be due to heart, lung, pancreas, kidney or liver disease. To be eligible for payment, the insured person must either: (1) be placed on the Transplant List, or (2) have the transplant procedure performed.

Miscellaneous diseases - The following diseases will be considered critical illnesses when diagnosed by a physician: amyotrophic lateral sclerosis (Lou Gehrig's Disease), encephalitis/meningitis, rocky mountain spotted fever, typhoid fever, anthrax, cholera, primary sclerosing cholangitis (Walter Payton's disease) or tuberculosis.

Other specified organ failure - One of the following occurring independently of any other covered critical illness:

- Loss of sight - the total and irreversible loss of all sight in both eyes. Loss of Sight that can be corrected by the use of any visual aid or device will not be considered an irreversible loss.
- Loss of speech - the total and permanent loss of the ability to speak.
- Loss of hearing - the total and irreversible loss of hearing in both ears. Hearing loss that can be corrected by using any hearing aid or device will not be considered an irreversible loss.

Stroke - A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

- Documented neurological deficits; and
- Confirmatory neuroimaging studies.

Stroke does not include neurological symptoms due to:

- Non-permanent, brief episodes of neurological dysfunction, such as Transient Ischemic Attack, caused by focal brain or retinal ischemia, with clinical symptoms typically lasting less than one hour, and without evidence of acute infarction; it is not associated with permanent cerebral infarction.

Summary of Benefits

- Reversible neurological deficit.
- Migraine.
- Cerebral injury resulting from trauma or hypoxia.
- Vascular disease affecting the eye, optic nerve or vestibular functions.

Invasive Cancer - A Cancer which is evidenced by the presence of a malignant tumor characterized by uncontrolled and abnormal growth and spread of malignant cells, and the invasion of tissue. Leukemia, Hodgkin's Disease (except Stage 1 Hodgkin's Disease), and malignant melanoma and mycosis fungoides that are located in the liver, spleen, GI track, lungs, bone marrow, lymph nodes and blood are considered an Invasive Cancer. Prostate Cancer with TNM Classification of T2 – T4 would be included in this definition as an Invasive Cancer. This benefit is payable at 100% of the benefit amount

Cancer Confined in its Site of Origin - Cancer that stays in its original location, confined to the site without having invaded neighboring tissue.

Prostate cancer with TNM classification of T1 - Microscopic prostate tumors 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.

Cancer waiting period - No benefits will be paid for a cancer condition that is diagnosed during the waiting period.

CRITICALEVENTS[®] **SPECIFIED DISEASE INDEMNITY INSURANCE**



***CriticalEvents[®]* Specified Disease Indemnity Insurance** **Limitations and Exclusions: What Doesn't Qualify**

We do not pay benefits for losses caused by, or as a result of, the insured person's:

- Conditions other than those due to a covered Critical Illness
- Committing or attempting to commit a felony or to which a contributing cause was the insured person's being engaged in an illegal occupation
- Intentionally causing self-inflicted injury
- Committing suicide, whether sane or insane

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

CONVERSION OPTION

If an employee loses eligibility for this insurance for any reason other than fraud or nonpayment of premiums or termination of the group master policy, they will have the option to convert this group insurance to an individual policy we are issuing for the purpose of conversions by submitting an application and the first month's premium to us within 31 days after loss of eligibility. We will bill the employee directly once we receive notification to continue insurance.

TERMINATION OF INSURANCE

Employee insurance will terminate on the earliest of:

- The date the group master policy terminates
- The date an employee ceases to be eligible for insurance
- The date of the employee's death
- The premium due date on which we fail to receive the employee's premium, subject to the Grace Period provision
- The date a written notice that the employee wants to cancel insurance is received

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates
- The date of the dependent's death

CriticalEvents® Specified Disease Indemnity Insurance

Limitations and Exclusions: What Doesn't Qualify

- The premium due date on which we fail to receive the employee's premium, subject to the Grace Period provision
- The date the dependent no longer meets the definition of dependent
- The date the group master policy or certificate is modified to exclude dependent insurance
- The date a written notice that the employee wants to cancel insurance on their dependent is received

We may end the insurance of any insured person who submits a fraudulent claim under the policy.

Termination of the employee's insurance will not affect any claim which begins before the date of termination.

OTHER INSURANCE WITH US

An employee can only have one critical illness policy or certificate with us. If a person already has critical illness insurance with us, such person is not eligible to apply for this insurance.