



## Accident Insurance

can pay you money for covered accidental injuries and their treatment.

### How does it work?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

### Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.

### What's included?

#### Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Who can get coverage?

<b>You</b>	If you're actively at work*
<b>Your spouse</b>	Can get coverage as long as you have purchased coverage for yourself.
<b>Your children</b>	Dependent children from birth until their 26th birthday, regardless of marital or student status.

\*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

### How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$14.04	\$18.26
You and your spouse	\$24.76	\$31.81
You and your children	\$31.81	\$41.88
Family	\$42.53	\$55.43

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 30 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at [www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap-guide.pdf](http://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap-guide.pdf)



## Accident Insurance – Schedule of Benefits

	Option 1	Option 2
<b>Accidental Death and Dismemberment</b>		
AD&D		
Employee	\$50,000	\$100,000
Spouse	\$25,000	\$50,000
Children	\$12,500	\$25,000
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)		
Employee	\$50,000	\$100,000
Spouse	\$25,000	\$50,000
Children	\$12,500	\$25,000
<b>Dismemberment</b>		
Both Feet	\$50,000	\$100,000
Both Hands	\$50,000	\$100,000
One Foot	\$25,000	\$50,000
One Hand	\$25,000	\$50,000
Thumb and Index Finger of the same Hand	\$12,500	\$25,000
Coma		
Coma	\$10,000	\$20,000
<b>Loss of Use</b>		
Hearing	\$25,000	\$50,000
Sight of one Eye	\$25,000	\$50,000
Sight of both Eyes	\$50,000	\$100,000
Speech	\$25,000	\$50,000
<b>Paralysis</b>		
Uniplegia	\$12,500	\$25,000
Hemi/Paraplegia	\$25,000	\$50,000
Triplegia	\$37,500	\$75,000
Quadriplegia	\$50,000	\$100,000
<b>Hospitalization</b>		
Admission	\$1,000	\$1,500
Admission – Hospital ICU	\$1,000	\$1,500
Daily Stay (amount)	\$300	\$400
Daily Stay – Hospital ICU (amount)	\$300	\$400
Short Stay	None	None
<b>Injury</b>		
<b>Burns</b>		
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500	\$500
2nd Degree Burns - 20% or greater of skin surface	\$1,000	\$1,000
3rd Degree Burns - Less than 5% of skin surface	\$2,000	\$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000	\$5,000

	Option 1	Option 2
<b>Injury</b>		
3rd Degree Burns - 20% or greater of skin surface	\$10,000	\$10,000
<b>Concussion</b>		
Concussion	\$200	\$200
<b>Connective Tissue Damage</b>		
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150
<b>Dislocations</b>		
Knee joint (other than patella)	\$1,650	\$1,650
Ankle bone or bones of the foot (other than toes)	\$1,650	\$1,650
Hip joint	\$3,375	\$3,375
Collarbone (sternoclavicular)	\$825	\$825
Elbow joint	\$500	\$500
Hand (other than Fingers)	\$500	\$500
Lower Jaw	\$500	\$500
Shoulder	\$500	\$500
Wrist joint	\$500	\$500
Collarbone (acromioclavicular and separation)	\$325	\$325
Finger or Toe (Digit)	\$150	\$150
Kneecap (patella)	\$500	\$500
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%
<b>Eye Injury</b>		
Eye Injury	\$200	\$200
<b>Fractures</b>		
Skull (except bones of Face or Nose), Depressed	\$4,500	\$4,500
Hip or Thigh (femur)	\$3,375	\$3,375
Skull (except bones of Face or Nose), Non-depressed	\$2,250	\$2,250
Vertebrae, body of (other than Vertebral Processes)	\$1,350	\$1,350
Leg (mid to upper tibia or fibula)	\$1,350	\$1,350
Pelvis	\$1,350	\$1,350
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675	\$675
Upper Arm between Elbow and Shoulder (humerus)	\$675	\$675
Upper Jaw, Maxilla (other than alveolar process)	\$675	\$675
Ankle (lower tibia or fibula)	\$450	\$450

	Option 1	Option 2
<b>Injury</b>		
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450	\$450
Foot or Heel (other than Toes)	\$450	\$450
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450	\$450
Kneecap (patella)	\$450	\$450
Lower Jaw, Mandible (other than alveolar process)	\$450	\$450
Vertebral Processes	\$450	\$450
Rib	\$450	\$450
Tailbone (coccyx), Sacrum	\$450	\$450
Finger or Toe (Digit)	\$225	\$225
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	25%
Same bone maximum incurred per accident	1 Fracture	1 Fracture
Maximum payable multiplier for multiple bones	2 Times	2 Times
<b>Internal Injuries</b>		
Internal Injuries	\$200	\$200
<b>Lacerations</b>		
No Repair	\$50	\$50
Repair Less than 2 inches	\$150	\$150
Repair At least 2 inches but less than 6 inches	\$300	\$300
Repair 6 inches or greater	\$600	\$600
<b>Loss of a Digit</b>		
One Digit (other than a Thumb or Big Toe)	\$750	\$750
One Digit (a Thumb or Big Toe)	\$1,125	\$1,125
Two or more Digits	\$1,500	\$1,500
<b>Knee Cartilage</b>		
Knee Cartilage (Meniscus) Injury	\$150	\$150
<b>Ruptured or Herniated Disc</b>		
One Disc	\$150	\$150
Two or more Discs	\$250	\$250
<b>Recovery</b>		
At-Home Care	\$100	\$100
Physician Follow-Up Visits	\$50	\$50
Physician Follow-Up Maximum Visits	2 Visits	2 Visits
Prescription Drug	None	None
<b>Rehabilitation or Subacute Rehabilitation Unit</b>		
Rehabilitation or Subacute Rehabilitation Unit	\$100	\$100
<b>Therapy Services (chiro, speech, PT, occ)</b>		
Therapy Services (chiro, speech, PT, occ)	\$25	\$25

## Accident Insurance – Schedule of Benefits cont.

	Option 1	Option 2		Option 1	Option 2
<b>Recovery</b>			<b>Treatment</b>		
Therapy Services Maximum Days	15 Days	15 Days	Tier 1 (arm sling, cane, medical ring cushion)	\$50	\$50
<b>Surgery</b>			Tier 2 (bedside commode, cold therapy system, crutches)	\$100	\$100
Dislocations			Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200	\$200
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%	Emergency Dental Repair		
Anesthesia			Dental Crown	\$350	\$350
Epidural or Regional Anesthesia	\$100	\$100	Dental Extraction	\$115	\$115
General Anesthesia	\$250	\$250	Filling or Chip Repair	\$90	\$90
Connective Tissue			Imaging		
Exploratory without Repair	\$100	\$100	Tier 1: X-rays or Ultrasound	\$50	\$150
Repair for One Connective Tissue	\$800	\$800	Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200	\$200
Repair for Two or more Connective Tissues	\$1,200	\$1,200	Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier
Eye Surgery			Lodging		
Eye Surgery, Requiring Anesthesia	\$300	\$300	Lodging (per night)	\$150	\$150
Fractures			Prosthetic Device		
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%	One Device or Limb	\$750	\$750
Surgical Repair same bone maximum incurred per accident	1 Fracture	1 Fracture	Two or more Devices or Limbs	\$1,500	\$1,500
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times	2 Times	Skin Grafts		
General Surgery			For Burns - Payable as a % of the applicable Burn benefit	50%	50%
Abdominal, Thoracic, or Cranial	\$1,500	\$1,500	Not Burns - Less than 20% of skin surface	\$250	\$250
Exploratory	\$150	\$150	Not Burns - 20% or greater of skin surface	\$500	\$500
Incidence per covered accident	1 Per Insured	1 Per Insured	Treatment		
Hernia Surgery			Emergency Room Treatment	\$150	\$250
Hernia Surgery	\$150	\$150	Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50
Knee Cartilage			Pain Management Injections (epidural, cortisone, steroid)	\$100	\$100
Knee Cartilage (Meniscus) Exploratory without Repair	\$150	\$150	Transfusions	\$400	\$400
Knee Cartilage (Meniscus) with Repair	\$750	\$750	Transportation (per trip)	\$100	\$100
Outpatient Surgical Facility			Treatment in a Physician's Office or Urgent Care Facility (initial)	\$75	\$125
Outpatient Surgical Facility	\$200	\$200			
Ruptured or Herniated Disc Surgery					
Exploratory without Repair	\$125	\$125			
One Disc	\$675	\$675			
Two or more Discs	\$1,000	\$1,000			
<b>Treatment</b>					
Ambulance					
Air	\$1,500	\$1,500			
Ground	\$300	\$300			
Durable Medical Equipment					

# Accident Insurance

See Schedule of Benefits for a complete listing of what is covered.

## Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

## Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting;
- attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

## Termination of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:

- the date this policy is canceled by Unum or your employer;
  - the date you are no longer in an eligible group;
  - the date your eligible group is no longer covered;
  - the date of your death;
  - the last day of the period any required premium contributions are made;
  - the last day you are in active employment.
- However, as long as premium is paid as required, coverage will continue
- in accordance with the Continuation of your Coverage during Extended Absences provision; or
  - if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

## Accident Insurance

THIS IS A LIMITED BENEFITS POLICY

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GAP16-1 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Insurance Company, Portland, Maine

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