



Accident Insurance

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

How does it work?

Accident Insurance pays 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.

Who can get coverage?

You	If you're actively at work*
Your spouse	Ages 17 to 64
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

How much does it cost?

Monthly Premium				
You	\$9.21			
You and your spouse	\$13.74			
You and your child(ren)	\$16.05			
You, your spouse and child(ren)	\$20.58			

*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.



Accident Insurance

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

THIS IS A LIMITED BENEFITS POLICY.

Effective date of coverage

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

Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- · participating in war or act of war, whether declared or undeclared;
- · committing acts of terrorism;
- · riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting;
- participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution;
- \cdot committing or trying to commit suicide or injuring oneself intentionally, while sane,
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
 In addition to the exclusions listed above, Unum will also not pay the catastrophic accidental dismemberment or catastrophic accidental loss benefit for the following injuries that are caused by or are the result of:
- an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- · injuries to a dependent child received during the birth.

Termination of employee coverage

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

- · date this policy is cancelled;
- · date you are no longer in an eligible group;
- · date your eligible group is no longer covered;
- · date of your death;
- last day of the period for which you made any required contributions; or last day you are in active employment. However, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the Portability provision or in accordance with the layoff and leave of absence provisions of this policy. Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

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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 GA-1 et al. or contact your Unum representative.

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

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Accident Insurance – Schedule of Benefits

Covered injuries	Benefit amount	
Fractures		
Open Reduction	Up to \$7,500	
Closed Reduction	Up to \$3,750	
Chips	25% of closed amount	
Dislocations		
Open Reduction	Up to \$6,000	
Closed Reduction	Up to \$3,000	
Burns		
At least 10 square inches, but less than 20 square inches	2nd degree – \$0 3rd degree – \$2,500	
At least 20 square inches, but less than 35 square inches	2nd degree – \$0 3rd degree – \$5,000	
35 or more square inches of the body surface	2nd degree – \$1,000 3rd degree – \$10,000	
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit	
Skin graft for any other accidental tra	umatic loss of skin	
At least 10 square inches, but less than 20 square inches	\$150	
At least 20 square inches, but less than 35 square inches	\$250	
35 or more square inches of the body surface	\$500	
Concussion	\$150	
Coma	\$10,000	
Ruptured disc	\$800	
Knee cartilage		
Torn with surgical repair	\$750	
Exploratory surgery or cartilage shaved, only	\$150	
Laceration	\$25-\$600	
Tendon/ligament and rotator cuff		
Surgical repair of one	\$800	
Surgical repair of two or more	\$1,200	
Exploratory surgery without repair	\$150	
Dental work, emergency		
Extraction	\$100	
Crown	\$300	
Eye injury	\$300	

Accident	coverage	is a	limited	policy.
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In CT, there is a \$500 benefit payable for outpatient emergency room medical care for accidental ingestion of a controlled

- *The accidental death benefit triples if the insured individual is injured as a fare-paying passenger on a common carrier: Employee-\$150,000; spouse-\$60,000; child-\$30,000
- $^{**}\mbox{Catastrophic}$ accidental benefit payable after fulfilling a 365 day elimination period.

- In CA and CT, no ground or air ambulance benefit is payable.

 In KS, no chiropractic benefit is payable.

 In NJ, no transportation benefit is payable.

 In NJ, no lodging benefit is payable.

 In NJ, no lodging benefit is payable.

 In NJ, no lodging benefit amounts vary. In PA, catastrophic benefit provisions vary.
 6 In PA, no paralysis benefit is payable.

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Emergency and hospitalization benefits	Benefit amount	
Ambulance ¹ (ground, once per accident)	\$400	
Air ambulance	\$1,500	
Emergency room treatment	\$50	
Emergency treatment in physician office/urgent care facility Either ER room or Primary Care/Specialist/Urgent Care benefit is payable once per covered accident		
Primary care physician	\$25	
Specialist	\$15	
Urgent care facility	\$25	
Hospital admission (admission or intensive care admission once per covered accident)	\$1,000	
Intensive care admission (same as above)	\$1,500	
Hospital confinement (per day up to 365 days)	\$200	
Intensive care confinement (per day up to 15 days)	\$400	
Medical imaging test (once per accident)	\$0	
Outpatient surgery facility service (once per accident)	\$50	
Pain management (epidural, once per accident)	\$100	
Treatment and other services	Benefit amount	
Surgery benefit		
Open abdominal, thoracic	\$1,500	
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Exploratory (without repair)	\$150	
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Exploratory (without repair)		
Exploratory (without repair) Hernia repair Physician follow-up visit	\$150	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit ²	\$150 \$0 \$0	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit² (up to visits per calendar year)	\$150 \$0 \$0	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit ² (up to visits per calendar year) Therapy services (up to 6 per accident	\$150 \$0 \$0	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit ² (up to visits per calendar year) Therapy services (up to 6 per accident Occupational therapy	\$150 \$0 \$0)	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit² (up to visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy	\$150 \$0 \$0) \$15 \$15	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit ² (up to visits per calendar year) Therapy services (up to 6 per accident Occupational therapy Speech therapy Physical therapy	\$150 \$0 \$0) \$15 \$15	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit² (up to visits per calendar year) Therapy services (up to 6 per accident Occupational therapy Speech therapy Physical therapy Prosthetic device or artificial limb	\$150 \$0 \$0 \$0 \$15 \$15 \$15	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit² (up to visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy Physical therapy Prosthetic device or artificial limb One	\$150 \$0 \$0 \$15 \$15 \$15 \$15	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit² (up to visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy Physical therapy Prosthetic device or artificial limb One More than one	\$150 \$0 \$0 \$0 \$15 \$15 \$15 \$750 \$1,500	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit² (up to visits per calendar year) Therapy services (up to 6 per accident Occupational therapy Speech therapy Physical therapy Prosthetic device or artificial limb One More than one Appliance (once per accident)	\$150 \$0 \$0 \$15 \$15 \$15 \$15 \$15 \$15 \$15	
Exploratory (without repair) Hernia repair Physician follow-up visit (visits per accident) Chiropractic visit² (up to visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy Physical therapy Prosthetic device or artificial limb One More than one Appliance (once per accident) Blood, plasma and platelets Travel due to accident³ Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per	\$150 \$0 \$0 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15	

Accidental death and other covered losses	Benefit amount			
Accidental death*				
Employee	\$50,000			
Spouse	\$20,000			
Child	\$10,000			
Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss				
Loss of both hands or both feet; or	\$15,000			
Loss of one hand and one foot; or	\$15,000			
Loss of one hand or one foot;	\$7,500			
Loss of two or more fingers, toes or any combination; or	\$1,500			
Loss of one finger or toe	\$750			
Catastrophic accidental dismemberment** — once per lifetime, not payable with catastrophic loss ⁵ Loss of both hands or both feet; or loss of one hand and one foot				
Employee (prior to age 65)	\$100,000			
Spouse and child (prior to age 65)	\$50,000			
Employee (ages 65–69)	\$50,000			
Spouse and child (prior to age 65)	\$25,000			
Employee (70+ years old)	\$25,000			
Spouse and child (70+ years old)	\$12,500			
Accidental loss — paralysis, sight, hear Initial accidental loss — one benefit per with initial dismemberment				
Permanent paralysis; or	\$15,000			
Loss of sight of both eyes; or	\$15,000			
Loss of sight of one eye; or	\$7,500			
Loss of the hearing of one ear	\$7,500			
Catastrophic accidental loss** — once per lifetime, not payable with catastrophic dismemberment Permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight of both eyes				
Employee (prior to age 65)	\$100,000			
Spouse and child (prior to age 65)	\$50,000			
Employee (ages 65–69)	\$50,000			
Spouse and child (prior to age 65)	\$25,000			
Employee (70+ years old)	\$25,000			
Spouse and child (70+ years old)	\$12,500			