

Group Accident Insurance



How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur 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'll have base coverage without medical underwriting. 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	Can get coverage as long as you have purchased coverage for yourself.
Your children	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. See Schedule of benefits for a complete listing of what is covered.

How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$16.77	\$11.40
You and your spouse	\$28.95	\$19.72
You and your children	\$42.90	\$30.03
Family	\$55.08	\$38.35

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

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 25% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

Personal Safety Benefit

Every year, each family member who has Accident coverage can also receive a payout for completing a covered safety program. This benefit is available in the Treatment category. See disclosures and schedule of benefits for more information.

SCHEDULE OF BENEFITS

Option 1 Option 2

Accidental Death and Dismemberment

AD&D		
Employee	\$75,000	\$50,000
Spouse	\$37,500	\$25,000
Children	\$18,750	\$12,500
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	\$75,000	\$50,000
Spouse	\$37,500	\$25,000
Children	\$18,750	\$12,500
Dismemberment		
Both Feet	\$75,000	\$50,000
Both Hands	\$75,000	\$50,000
One Foot	\$37,500	\$25,000
One Hand	\$37,500	\$25,000
Thumb and Index Finger of the same Hand	\$18,750	\$12,500
Coma		
Coma	\$15,000	\$10,000
Home & Vehicle Modifications		
Home & Vehicle Modifications	\$1,750	\$1,500
Loss of Use		
Hearing (one ear)	\$18,000	\$12,500
Hearing	\$37,500	\$25,000
Sight of one Eye	\$37,500	\$25,000
Sight of both Eyes	\$75,000	\$50,000
Speech	\$37,500	\$25,000
Paralysis		
Uniplegia	\$18,750	\$12,500
Hemi/Paraplegia	\$37,500	\$25,000
Triplesia	\$56,250	\$37,500
Quadriplegia	\$75,000	\$50,000

Hospitalization

Admission	\$2,000	\$1,500
Daily Stay (365 days)	\$400	\$300
Daily Stay - Hospital ICU (added to Daily Stay)	\$800	\$600

Injury

Injury due to felony & sexual assault	\$250	\$200
Organized Sports	25%	25%
Burns		
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$1,000	\$750
2nd Degree Burns - 20% or greater of skin surface	\$2,000	\$1,500

Option 1 Option 2

Injury

3rd Degree Burns - Less than 5% of skin surface	\$4,000	\$3,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$10,000	\$7,500
3rd Degree Burns - 20% or greater of skin surface	\$20,000	\$15,000
Concussion		
Concussion	\$200	\$200
Connective Tissue Damage		
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150
Dislocations		
Knee joint (other than patella)	\$3,000	\$2,000
Ankle bone or bones of the foot (other than toes)	\$400	\$2,000
Hip joint	\$6,000	\$4,125
Collarbone (sternoclavicular)	\$1,500	\$1,000
Elbow joint	\$900	\$600
Hand (other than Fingers)	\$900	\$600
Lower Jaw	\$900	\$600
Shoulder	\$1,200	\$1,000
Wrist joint	\$1,200	\$1,000
Collarbone (acromioclavicular and separation)	\$600	\$400
Finger or Toe (Digit)	\$300	\$200
Kneecap (patella)	\$900	\$600
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%
Eye Injury		
Eye Injury	\$200	\$200
Fractures		
Skull (except bones of Face or Nose), Depressed	\$8,000	\$5,500
Hip or Thigh (femur)	\$6,000	\$4,125
Skull (except bones of Face or Nose), Non-depressed	\$4,000	\$2,750
Vertebrae, body of (other than Vertebral Processes)	\$2,400	\$1,650
Leg (mid to upper tibia or fibula)	\$3,300	\$2,850
Pelvis	\$2,400	\$1,650
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$1,200	\$825
Upper Arm between Elbow and Shoulder (humerus)	\$1,200	\$825

Injury

Upper Jaw, Maxilla (other than alveolar process)	\$1,200	\$825
Ankle (lower tibia or fibula)	\$1,500	\$1,500
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$1,500	\$1,500
Foot or Heel (other than Toes)	\$800	\$550
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$1,500	\$1,500
Kneecap (patella)	\$800	\$550
Lower Jaw, Mandible (other than alveolar process)	\$800	\$550
Vertebral Processes	\$800	\$550
Rib	\$800	\$550
Tailbone (coccyx), Sacrum	\$800	\$550
Finger or Toe (Digit)	\$400	\$275
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
Internal Injuries		
Internal Injuries	\$200	\$200
Lacerations		
No Repair	\$85	\$65
Repair Less than 2 inches	\$250	\$200
Repair At least 2 inches but less than 6 inches	\$500	\$400
Repair 6 inches or greater	\$1,000	\$800
Loss of a Digit		
One Digit (other than a Thumb or Big Toe)	\$1,250	\$1,000
One Digit (a Thumb or Big Toe)	\$1,875	\$1,500
Two or more Digits	\$2,500	\$2,000
Knee Cartilage		
Knee Cartilage (Meniscus) Injury	\$250	\$200
Ruptured or Herniated Disc		
One Disc	\$210	\$180
Two or more Discs	\$350	\$300
Recovery		
Acquired Brain Injury	\$25	\$25
At-Home Care	\$150	\$125
Physician Follow-Up Visits	\$150	\$100
Physician Follow-Up Maximum Visits	6	6
Prescription Drug	\$25	\$25
Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured

SCHEDULE OF BENEFITS

	Option 1	Option 2		Option 1	Option 2		Option 1	Option 2
Recovery			Surgery			Treatment		
Rehabilitation or Subacute Rehabilitation Unit	\$200	\$150	Exploratory without Repair	\$175	\$150	Pet Boarding (per day)	\$30	\$30
Behavior Health Therapy	\$100	\$75	One Disc	\$1,000	\$800	Personal Safety	\$50	\$50
Behavior Health Therapy visits	15	15	Two or more Discs	\$1,500	\$1,200	Treatment in a Physician's Office or Urgent Care Facility (initial)	\$150	\$100
Telehealth Service	\$25	\$25	Treatment					
Telemedicine Medical Service	\$25	\$25	Organized Sports	25%	25%			
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$100	\$75	Ambulance					
Therapy Services Maximum Days	15	15	Air	\$1,000	\$700			
Surgery			Ground	\$400	\$300			
Dislocations			Durable Medical Equipment					
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%	Tier 1 (arm sling, cane, medical ring cushion)	\$75	\$65			
Anesthesia			Tier 2 (bedside commode, cold therapy system, crutches)	\$150	\$125			
Epidural or Regional Anesthesia	\$140	\$120	Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$300	\$250			
General Anesthesia	\$350	\$300	Emergency Dental Repair					
Connective Tissue			Dental Crown	\$600	\$450			
Exploratory without Repair	\$150	\$125	Dental Extraction	\$200	\$150			
Repair for One Connective Tissue	\$1,200	\$1,000	Filling or Chip Repair	\$150	\$115			
Repair for Two or more Connective Tissues	\$1,800	\$1,500	Imaging					
Eye Surgery			Tier 1: X-rays or Ultrasound	\$300	\$200			
Eye Surgery, Requiring Anesthesia	\$500	\$400	Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$400	\$300			
Fractures			Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier			
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%	Lodging					
Surgical Repair same bone maximum incurred per accident	1 Fracture	1 Fracture	Lodging (per night)	\$250	\$200			
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times	2 Times	Prosthetic Device					
General Surgery			One Device or Limb	\$1,250	\$1,000			
Abdominal, Thoracic, or Cranial	\$2,500	\$2,000	Two or more Devices or Limbs	\$2,500	\$2,000			
Exploratory	\$250	\$200	Skin Grafts					
Incidence per covered accident	1 Per Insured	1 Per Insured	For Burns - Payable as a % of the applicable Burn benefit	50%	50%			
Hernia Surgery			Not Burns - Less than 20% of skin surface	\$500	\$375			
Hernia Surgery	\$250	\$200	Not Burns - 20% or greater of skin surface	\$1,000	\$750			
Knee Cartilage			Treatment					
Knee Cartilage (Meniscus) Exploratory without Repair	\$300	\$200	Emergency Room Treatment	\$300	\$300			
Knee Cartilage (Meniscus) with Repair	\$1,500	\$1,000	Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50			
Outpatient Surgical Facility			Pain Management Injections (epidural, cortisone, steroid)	\$200	\$150			
Outpatient Surgical Facility	\$300	\$200	Transfusions	\$600	\$500			
Ruptured or Herniated Disc Surgery			Transportation (per trip)	\$500	\$400			
			Family Care	\$50	\$50			

Organized Sports Benefit

This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

Personal Safety Benefit

Covered safety programs may include defensive driving course, CPR certification, first aid certification, swim lessons, self-defense course and/or a state or federally approved Recreational Safety Course.

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 20 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 30 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 <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

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 occurs as the result any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or 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 trauma, infection, or other diseases;
- an occupational injury;
- 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, intoxicant, 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.

End of 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 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

THIS IS A LIMITED BENEFITS POLICY

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

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 certificate form GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states 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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