



## 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.

### What's included?

#### Wellness Benefit

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

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms

### 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?

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

### How much does it cost?

| Monthly Premium                        |         |
|----------------------------------------|---------|
| <b>You</b>                             | \$22.46 |
| <b>You and your spouse</b>             | \$38.28 |
| <b>You and your child(ren)</b>         | \$40.72 |
| <b>You, your spouse and child(ren)</b> | \$56.54 |

For illustrative purposes only. Actual cost may vary.

\*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;
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- 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.

**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 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

© 2017 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

## Accident Insurance – Schedule of Benefits

| Covered injuries                                                  | Benefit amount                                |
|-------------------------------------------------------------------|-----------------------------------------------|
| <b>Fractures</b>                                                  |                                               |
| Open Reduction                                                    | Up to \$10,000                                |
| Closed Reduction                                                  | Up to \$5,000                                 |
| Chips                                                             | 25% of closed amount                          |
| <b>Dislocations</b>                                               |                                               |
| Open Reduction                                                    | Up to \$8,000                                 |
| Closed Reduction                                                  | Up to \$4,000                                 |
| <b>Burns</b>                                                      |                                               |
| At least 10 square inches, but less than 20 square inches         | 2nd degree – \$0<br>3rd degree – \$3,750      |
| At least 20 square inches, but less than 35 square inches         | 2nd degree – \$0<br>3rd degree – \$7,500      |
| 35 or more square inches of the body surface                      | 2nd degree – \$1,500<br>3rd degree – \$15,000 |
| Skin grafts for 2nd and 3rd degree burns                          | 50% of burn benefit                           |
| <b>Skin graft for any other accidental traumatic loss of skin</b> |                                               |
| At least 10 square inches, but less than 20 square inches         | \$225                                         |
| At least 20 square inches, but less than 35 square inches         | \$375                                         |
| 35 or more square inches of the body surface                      | \$750                                         |
| <b>Concussion</b>                                                 | \$200                                         |
| <b>Coma</b>                                                       | \$15,000                                      |
| <b>Ruptured disc</b>                                              | \$1,000                                       |
| <b>Knee cartilage</b>                                             |                                               |
| Torn with surgical repair                                         | \$1,000                                       |
| Exploratory surgery or cartilage shaved, only                     | \$200                                         |
| <b>Laceration</b>                                                 | \$50-\$800                                    |
| <b>Tendon/ligament and rotator cuff</b>                           |                                               |
| Surgical repair of one                                            | \$1,000                                       |
| Surgical repair of two or more                                    | \$1,500                                       |
| Exploratory surgery without repair                                | \$200                                         |
| <b>Dental work, emergency</b>                                     |                                               |
| Extraction                                                        | \$150                                         |
| Crown                                                             | \$450                                         |
| <b>Eye injury</b>                                                 | \$400                                         |

| Emergency and hospitalization benefits                                                      | Benefit amount |
|---------------------------------------------------------------------------------------------|----------------|
| <b>Ambulance (ground, once per accident)</b>                                                | \$600          |
| Air ambulance                                                                               | \$2,500        |
| <b>Emergency room treatment</b>                                                             | \$150          |
| <b>Emergency treatment in physician office/urgent care facility</b>                         | \$100          |
| <b>Hospital admission (admission or intensive care admission once per covered accident)</b> | \$1,500        |
| <b>Intensive care admission (same as above)</b>                                             | \$2,250        |
| <b>Hospital confinement (per day up to 365 days)</b>                                        | \$400          |
| <b>Intensive care confinement (per day up to 15 days)</b>                                   | \$600          |
| <b>Medical imaging test (once per accident)</b>                                             | \$400          |
| <b>Outpatient surgery facility service (once per accident)</b>                              | \$500          |
| <b>Pain management (epidural, once per accident)</b>                                        | \$150          |

| Treatment and other services                                                                                                                | Benefit amount  |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Surgery benefit</b>                                                                                                                      |                 |
| Open abdominal, thoracic                                                                                                                    | \$2,000         |
| Exploratory (without repair)                                                                                                                | \$200           |
| <b>Hernia repair</b>                                                                                                                        | \$200           |
| <b>Physician follow-up visit (2 visits per accident)</b>                                                                                    | \$100           |
| <b>Chiropractic visit (up to 3 visits per calendar year)</b>                                                                                | \$35            |
| <b>Therapy services (up to 10 per accident)</b>                                                                                             |                 |
| Occupational therapy                                                                                                                        | \$35            |
| Speech therapy                                                                                                                              | \$35            |
| Physical therapy                                                                                                                            | \$35            |
| <b>Prosthetic device or artificial limb</b>                                                                                                 |                 |
| One                                                                                                                                         | \$1,000         |
| More than one                                                                                                                               | \$2,000         |
| <b>Appliance (once per accident)</b>                                                                                                        | \$200           |
| <b>Blood, plasma and platelets</b>                                                                                                          | \$500           |
| <b>Travel due to accident</b><br>Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip | \$0.50 per mile |
| <b>Lodging (per night up to 30 days per accident)</b>                                                                                       | \$200           |
| <b>Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year)</b>                                               | \$150           |

### Accident coverage is a limited policy.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

The 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 or contact your Unum representative.

© 2017 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.