



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?

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

How much does it cost?

| Monthly Premium | |
|---------------------------------|---------|
| You | \$15.33 |
| You and your spouse | \$25.33 |
| You and your child(ren) | \$27.57 |
| You, your spouse and child(ren) | \$37.57 |

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

© 2018 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 | Emergency and hospitalization benefits | | Benefit amount | Accidental death and other covered losses | | Benefit amount |
|---|--|---|---|--|-----------------|--|--|----------------|
| Fractures | | | Ambulance (ground, once per accident) | | \$400 | Accidental death* | | |
| Open Reduction (dependent on location of injury) | | \$150 to \$7,500 | Air ambulance | | \$1500 | Employee | | \$50,000 |
| Closed Reduction (dependent on location of injury) | | \$75 to \$3,750 | Emergency room treatment | | \$150 | Spouse | | \$20,000 |
| Chips | | 25% of closed amount | Emergency treatment in physician office/urgent care facility | | \$75 | Child | | \$10,000 |
| Dislocations | | | Hospital admission (admission or intensive care admission once per covered accident) | | \$1,000 | 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 | | |
| Open Reduction (dependent on location of injury) | | \$300 to \$6,000 | Intensive care admission (same as above) | | \$1,500 | Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss | | |
| Closed Reduction (dependent on location of injury) | | \$150 to \$3,000 | Hospital confinement (per day up to 365 days) | | \$200 | Loss of both hands or both feet; or | | \$15,000 |
| Burns | | | Intensive care confinement (per day up to 15 days) | | \$400 | Loss of one hand and one foot; or | | \$15,000 |
| At least 10 square inches, but less than 20 square inches | | 2nd degree – \$0 3rd degree – \$2,500 | Medical imaging test (once per accident) | | \$200 | Loss of one hand or one foot; | | \$7,500 |
| At least 20 square inches, but less than 35 square inches | | 2nd degree – \$0 3rd degree – \$5,000 | Outpatient surgery facility service (once per accident) | | \$300 | Loss of two or more fingers, toes or any combination; or | | \$1,500 |
| 35 or more square inches of the body surface | | 2nd degree – \$1,000 3rd degree – \$10,000 | Pain management (epidural, once per accident) | | \$100 | Loss of one finger or toe | | \$750 |
| Skin grafts for 2nd and 3rd degree burns | | 50% of burn benefit | Treatment and other services | | | Catastrophic accidental dismemberment† — once per lifetime, not payable with catastrophic loss | | |
| Skin graft for any other accidental traumatic loss of skin | | | Surgery benefit | | | Loss of both hands or both feet; or loss of one hand and one foot | | |
| At least 10 square inches, but less than 20 square inches | | \$150 | Open abdominal, thoracic | | \$1,500 | Employee (prior to age 65) | | |
| At least 20 square inches, but less than 35 square inches | | \$250 | Exploratory (without repair) | | \$150 | Spouse and child | | |
| 35 or more square inches of the body surface | | \$500 | Hernia repair | | \$150 | Employee (ages 65–69) | | |
| Concussion | | | Physician follow-up visit (2 visits per accident) | | \$75 | Spouse and child | | |
| Coma | | | Chiropractic visit (up to 3 visits per calendar year) | | \$25 | Employee (70+ years old) | | |
| Ruptured disc | | | Therapy services (up to 10 per accident) | | | Spouse and child | | |
| Knee cartilage | | | Occupational therapy | | \$25 | Accidental loss — paralysis, sight, hearing and speech Initial accidental loss — one benefit per accident, not payable with initial dismemberment | | |
| Torn with surgical repair | | \$750 | Speech therapy | | \$25 | Permanent paralysis; or | | |
| Exploratory surgery or cartilage shaved, only | | \$150 | Physical therapy | | \$25 | Loss of sight of both eyes; or | | |
| Laceration | | | Prosthetic device or artificial limb | | | Loss of sight of one eye; or | | |
| \$25–\$600 | | | One | | \$750 | Loss of the hearing of one ear | | |
| Tendon/ligament and rotator cuff | | | More than one | | \$1,500 | Catastrophic accidental loss† — once per lifetime, not payable with catastrophic dismemberment | | |
| Surgical repair of one | | \$800 | Appliance (once per accident) | | \$100 | Permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight of both eyes | | |
| Surgical repair of two or more | | \$1,200 | Blood, plasma and platelets | | \$400 | Employee (prior to age 65) | | |
| Exploratory surgery without repair | | \$150 | Travel due to accident Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip | | \$0.40 per mile | Spouse and child | | |
| Dental work, emergency | | | Lodging (per night up to 30 days per accident) | | \$150 | Employee (ages 65–69) | | |
| Extraction | | \$100 | Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year) | | \$100 | Spouse and child | | |
| Crown | | \$300 | | | | Employee (70+ years old) | | |
| Eye injury | | \$300 | | | | Spouse and child | | |

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.

© 2018 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Level 2 with AD&D