



# **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 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 \$100 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 Prem	ium
You	\$4.82
You and your spouse	\$7.94
You and your child(ren)	\$9.06
You, your spouse and child(ren)	\$12.18

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.

EN-1974 FOR EMPLOYEES R0782136

# **Accident Insurance – Schedule of Benefits**

Covered injuries	Benefit amount
Fractures	
Open Reduction (dependent on location of injury)	\$150 to \$7,500
Closed Reduction (dependent on location of injury)	\$75 to \$3,750
Chips	25% of closed amount
Dislocations	
Open Reduction (dependent on location of injury)	\$300 to \$6,000
Closed Reduction (dependent on location of injury)	\$150 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

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Emergency and hospitalization benefits	Benefit amount	Accidental death and other covered losses
Ambulance		Accidental death*
(ground, once per accident)	\$400	Employee
Air ambulance	\$1500	Spouse
Emergency room treatment	\$150	Child
Emergency treatment in physician office/urgent care facility	\$75	*The accidental death benefit triples if the is injured as a fare-paying passenger on a Employee-\$150,000; spouse-\$60,000; ch
Hospital admission (admission or intensive care admission once per covered accident)	\$1,000	Initial accidental dismemberment — one accident, not payable with initial accide
Intensive care admission	۱,000	Loss of both hands or both feet; or
(same as above)	\$1,500	Loss of one hand and one foot; or
Hospital confinement		Loss of one hand or one foot;
(per day up to 365 days)	\$200	Loss of two or more fingers, toes or
Intensive care confinement	Ć 400	any combination; or
(per day up to 15 days)	\$400	Loss of one finger or toe
Medical imaging test (once per accident)	\$200	Catastrophic accidental dismemberment — once per lifetime, not payable with o
Outpatient surgery facility service (once per accident)	\$300	Loss of both hands or both feet; or loss o foot
Pain management		Employee (prior to age 65)
(epidural, once per accident)	\$100	Spouse and child
Treatment and	Benefit amount	Employee (ages 65–69)
other services	Deficit difficult	Spouse and child
Surgery benefit		Employee (70+ years old)
Open abdominal, thoracic	\$1,500	Spouse and child
Exploratory (without repair)	\$150	Accidental loss — paralysis, sight, heari
Hernia repair	\$150	Initial accidental loss — one benefit per a with initial dismemberment
Physician follow-up visit (2 visits per accident)	\$75	Permanent paralysis; or
Chiropractic visit		Loss of sight of both eyes; or
(up to 3 visits per calendar year)	\$25	Loss of sight of one eye; or
Therapy services (up to 10 per acciden		Loss of the hearing of one ear
Occupational therapy	\$25	Catastrophic accidental loss† — once per
Speech therapy	\$25	payable with catastrophic dismemberm Permanent paralysis; or loss of hearing in
Physical therapy	\$25	the ability to speak; or loss of sight of bo
Prosthetic device or artificial limb		Employee (prior to age 65)
One	\$750	Spouse and child
More than one	\$1,500	Employee (ages 65–69)
Appliance (once per accident)	\$100	Spouse and child
Blood, plasma and platelets	\$400	Employee (70+ years old)
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  †Catastrophic accidental loss benefit — pa a 365 day elimination period.
Lodging (per night up to 30 days per accident)	\$150	
Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year)	\$100	

Accidental death*	
Employee	\$50,00
Spouse	\$20,00
Child	\$10,00
*The accidental death benefit triples if is injured as a fare-paying passenger or Employee-\$150,000; spouse-\$60,000; or	a common carrier:
Initial accidental dismemberment — ${\sf o}$ accident, not payable with initial accid	
Loss of both hands or both feet; or	\$15,00
Loss of one hand and one foot; or	\$15,00
Loss of one hand or one foot;	\$7,50
Loss of two or more fingers, toes or any combination; or	\$1,50
Loss of one finger or toe	\$75
Loss of both hands or both feet; or loss foot  Employee (prior to age 65)	of one hand and one \$100,00
Spouse and child	\$50,00
Employee (ages 65–69)	\$50,00
Spouse and child	\$25,00
Employee (70+ years old)	\$25,00
Spouse and child	\$12,50
Accidental loss — paralysis, sight, hea Initial accidental loss — one benefit per with initial dismemberment	
Permanent paralysis; or	\$15,00
	\$15,00
Loss of sight of both eyes; or	715,00
Loss of sight of both eyes; or Loss of sight of one eye; or	
	\$7,50
Loss of sight of one eye; or Loss of the hearing of one ear  Catastrophic accidental loss† — once p payable with catastrophic dismembers Permanent paralysis; or loss of hearing	\$7,50 \$7,50 er lifetime, not ment in both ears; or loss o
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Loss of sight of one eye; or Loss of the hearing of one ear  Catastrophic accidental loss† — once ppayable with catastrophic dismembers  Permanent paralysis; or loss of hearing the ability to speak; or loss of sight of b	\$7,50 \$7,50 er lifetime, not ment in both ears; or loss o oth eyes \$100,00
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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. © 2020 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

R0782136 EN-1974 FOR EMPLOYEES

# **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;
- · 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;
- · committing or trying to commit suicide or injuring oneself, 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 a work related injury
- 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 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

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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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EN-1974 FOR EMPLOYEES 2024 plan summary R0782136