



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.

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	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. Spouses and dependent children must reside in the United States to receive coverage.

How much does it cost?

Your bi-weekly premium	Option 1	Option 2
You	\$3.42	\$7.43
You and your spouse	\$5.92	\$12.80
You and your children	\$8.40	\$18.18
Family	\$10.90	\$23.55



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 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 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 www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap-guide.pdf



Accident Insurance – Schedule of Benefits

	Option 1	Option 2		Option 1	Option 2		Option 1	Option 2
Accidental Death and Dismemberment			Injury			Injury		
AD&D			Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150	Lower Jaw, Mandible (other than alveolar process)	\$350	\$550
Employee	\$25,000	\$75,000	Dislocations			Vertebral Processes	\$350	\$550
Spouse	\$12,500	\$37,500	Knee joint (other than patella)	\$1,300	\$2,000	Rib	\$350	\$550
Children	\$6,250	\$18,750	Ankle bone or bones of the foot (other than toes)	\$1,300	\$2,000	Tailbone (coccyx), Sacrum	\$350	\$550
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)			Hip joint	\$2,625	\$4,125	Finger or Toe (Digit)	\$175	\$275
Employee	\$25,000	\$75,000	Collarbone (sternoclavicular)	\$650	\$1,000	Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	25%
Spouse	\$12,500	\$37,500	Elbow joint	\$400	\$600	Same bone maximum incurred per accident	1 Fracture	1 Fracture
Children	\$6,250	\$18,750	Hand (other than Fingers)	\$400	\$600	Maximum payable multiplier for multiple bones	2 Times	2 Times
Dismemberment			Lower Jaw	\$400	\$600	Internal Injuries		
Both Feet	\$25,000	\$75,000	Shoulder	\$400	\$600	Internal Injuries	\$200	\$200
Both Hands	\$25,000	\$75,000	Wrist joint	\$400	\$600	Lacerations		
One Foot	\$12,500	\$37,500	Collarbone (acromioclavicular and separation)	\$250	\$400	No Repair	\$35	\$65
One Hand	\$12,500	\$37,500	Finger or Toe (Digit)	\$125	\$200	Repair Less than 2 inches	\$100	\$200
Thumb and Index Finger of the same Hand	\$6,250	\$18,750	Kneecap (patella)	\$400	\$600	Repair At least 2 inches but less than 6 inches	\$200	\$400
Coma			Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%	Repair 6 inches or greater	\$400	\$800
Coma	\$5,000	\$15,000	Eye Injury			Loss of a Digit		
Loss of Use			Eye Injury	\$200	\$200	One Digit (other than a Thumb or Big Toe)	\$500	\$1,000
Hearing	\$12,500	\$37,500	Fractures			One Digit (a Thumb or Big Toe)	\$750	\$1,500
Sight of one Eye	\$12,500	\$37,500	Skull (except bones of Face or Nose), Depressed	\$3,500	\$5,500	Two or more Digits	\$1,000	\$2,000
Sight of both Eyes	\$25,000	\$75,000	Hip or Thigh (femur)	\$2,625	\$4,125	Knee Cartilage		
Speech	\$12,500	\$37,500	Skull (except bones of Face or Nose), Non-depressed	\$1,750	\$2,750	Knee Cartilage (Meniscus) Injury	\$100	\$200
Paralysis			Vertebrae, body of (other than Vertebral Processes)	\$1,050	\$1,650	Ruptured or Herniated Disc		
Uniplegia	\$6,250	\$18,750	Leg (mid to upper tibia or fibula)	\$1,050	\$1,650	One Disc	\$120	\$180
Hemi/Paraplegia	\$12,500	\$37,500	Pelvis	\$1,050	\$1,650	Two or more Discs	\$200	\$300
Triplegia	\$18,750	\$56,250	Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$525	\$825	Recovery		
Quadriplegia	\$25,000	\$75,000	Upper Arm between Elbow and Shoulder (humerus)	\$525	\$825	At-Home Care	\$75	\$125
Injury			Upper Jaw, Maxilla (other than alveolar process)	\$525	\$825	Physician Follow-Up Visits	\$50	\$100
Burns			Ankle (lower tibia or fibula)	\$350	\$550	Physician Follow-Up Maximum Visits	2 Visits	2 Visits
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$375	\$750	Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$350	\$550	Prescription Drug	\$25	\$25
2nd Degree Burns - 20% or greater of skin surface	\$750	\$1,500	Foot or Heel (other than Toes)	\$350	\$550	Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured
3rd Degree Burns - Less than 5% of skin surface	\$1,500	\$3,000	Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$350	\$550	Rehabilitation or Subacute Rehabilitation Unit	\$50	\$150
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$3,750	\$7,500	Kneecap (patella)	\$350	\$550	Therapy Services (chiro, speech, PT, occ)	\$15	\$25
3rd Degree Burns - 20% or greater of skin surface	\$7,500	\$15,000				Therapy Services Maximum Days	15 Days	15 Days
Concussion						Surgery		
Concussion	\$200	\$200				Dislocations		
Connective Tissue Damage						Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90				Anesthesia		

Accident Insurance – Schedule of Benefits cont.

	Option 1	Option 2
Surgery		
Epidural or Regional Anesthesia	\$60	\$120
General Anesthesia	\$150	\$300
Connective Tissue		
Exploratory without Repair	\$75	\$125
Repair for One Connective Tissue	\$600	\$1,000
Repair for Two or more Connective Tissues	\$900	\$1,500
Eye Surgery		
Eye Surgery, Requiring Anesthesia	\$200	\$400
Fractures		
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times	2 Times
General Surgery		
Abdominal, Thoracic, or Cranial	\$1,000	\$2,000
Exploratory	\$100	\$200
Incidence per covered accident	1 Per Insured	1 Per Insured
Hernia Surgery		
Hernia Surgery	\$100	\$200
Knee Cartilage		
Knee Cartilage (Meniscus) Exploratory without Repair	\$100	\$200
Knee Cartilage (Meniscus) with Repair	\$500	\$1,000
Outpatient Surgical Facility		
Outpatient Surgical Facility	\$200	\$400
Ruptured or Herniated Disc Surgery		
Exploratory without Repair	\$100	\$150
One Disc	\$525	\$800
Two or more Discs	\$800	\$1,200

Treatment		
Ambulance		
Air	\$800	\$1,200
Ground	\$200	\$400
Durable Medical Equipment		
Tier 1 (arm sling, cane, medical ring cushion)	\$35	\$65
Tier 2 (bedside commode, cold therapy system, crutches)	\$75	\$125
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$150	\$250
Emergency Dental Repair		

	Option 1	Option 2
Treatment		
Dental Crown	\$300	\$450
Dental Extraction	\$100	\$150
Filling or Chip Repair	\$75	\$115
Imaging		
Tier 1: X-rays or Ultrasound	\$50	\$75
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$100	\$300
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier
Lodging		
Lodging (per night)	\$100	\$200
Prosthetic Device		
One Device or Limb	\$500	\$1,000
Two or more Devices or Limbs	\$1,000	\$2,000
Skin Grafts		
For Burns - Payable as a % of the applicable Burn benefit	50%	50%
Not Burns - Less than 20% of skin surface	\$125	\$375
Not Burns - 20% or greater of skin surface	\$250	\$750
Treatment		
Emergency Room Treatment	\$75	\$125
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$50	\$150
Transfusions	\$300	\$500
Transportation (per trip)	\$75	\$150
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$25	\$100

Accident Insurance

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

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;
- 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.

Termination of employee 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

Accident Insurance

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 GAP16-1 et al. 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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