





# **Accident Insurance**

can pay you money for covered accidental injuries and their treatment.

# How does it work?

Accident Insurance pays 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

\*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.



- 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 to 64
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.



## DID YOU KNOW

Unum has been the leader in **group disability benefits** for **40** years.<sup>1</sup>

#1

Group Disability<sup>2</sup> Individual Disability<sup>3</sup> Whole/Universal Life<sup>4</sup> Voluntary Benefits<sup>5</sup> Critical Illness<sup>6</sup>

#3

1 Employee Benefit Plan Review, "Group Accident & Health Surveys 1976-1990" (1977-1991); Gen Re, "U.S. Group Disability Market Surveys 1991 2013" (1992-2014); LIMRA, "U.S. Group Disability Insurance 2014-2015 Annual Sales and In Force" (2015-2016).

2 LIMRA, "U.S. Group Disability Insurance 2015 Annual Sales and In Force" (2016), based on inforce premium.

3 LIMRÅ, "Individual Disability Income Sales and In-Force Survey Annual Review 2015" (2016), based on multilife.

4 Eastbridge, "U.S. Worksite Sales Report, Carrier Results for Years 2002–2015" (2003–2016). 5,6 Eastbridge, "U.S. Worksite/Voluntary Sales Report: Carrier Results for 2015" (2016).

## **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

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

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# Accident Insurance – Schedule of Benefits

Covered injuries	Benefit amount	
Fractures		
Open Reduction	Up to \$7,500	
Closed Reduction	Up to \$3,750	
Chips	25% of closed amount	
Dislocations		
Open Reduction	Up to \$6,000	
Closed Reduction	Up 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	aumatic 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	

Accident	coverage	is a	limited	pol	icy	•
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In CT, there is a \$500 benefit payable for outpatient emergency room medical care for accidental ingestion of a controlled

- \*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
- $^{**}$ Catastrophic accidental benefit payable after fulfilling a 365 day elimination period.

- In CA and CT, no ground or air ambulance benefit is payable.

  In KS, no chiropractic benefit is payable.

  In NJ, no transportation benefit is payable.

  In NJ, no lodging benefit is payable.

  In NJ, no lodging benefit is payable.

  In NJ, no lodging benefit amounts vary. In PA, catastrophic benefit provisions vary.
  6 In PA, no paralysis benefit is payable.

Emergency and hospitalization benefits	Benefit amount
Ambulance <sup>1</sup>	¢ 400
(ground, once per accident)	\$400
Air ambulance	\$1,500
Emergency room treatment	\$100
<b>Emergency treatment in physician offi</b> Either ER room or Primary Care/Speciali is payable once per covered accident	
Primary care physician	\$15
Specialist	\$15
Urgent care facility	\$50
Hospital admission (admission or intensive care admission once per covered accident)	\$750
Intensive care admission (same as above)	\$1,125
Hospital confinement (per day up to 365 days)	\$100
Intensive care confinement (per day up to 15 days)	\$200
Medical imaging test (once per accident)	\$100
Outpatient surgery facility service (once per accident)	\$150
Pain management (epidural, once per accident)	\$100
Treatment and other services	Benefit amount
other services	
Surgery benefit	
	\$1,500
Surgery benefit	\$1,500 \$150
Surgery benefit  Open abdominal, thoracic	
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)	\$150
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit	\$150 \$150
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit <sup>2</sup>	\$150 \$150 \$15 NA
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per acident)  Chiropractic visit² (up to 0 visits per calendar year)	\$150 \$150 \$15 NA
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit² (up to 0 visits per calendar year)  Therapy services (up to 10 per accident)	\$150 \$150 \$15 NA
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit² (up to 0 visits per calendar year)  Therapy services (up to 10 per accident)  Occupational therapy	\$150 \$150 \$15 NA
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit <sup>2</sup> (up to 0 visits per calendar year)  Therapy services (up to 10 per accident)  Occupational therapy  Speech therapy	\$150 \$150 \$15 NA nt) \$15
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit² (up to 0 visits per calendar year)  Therapy services (up to 10 per accider Occupational therapy  Speech therapy  Physical therapy	\$150 \$150 \$15 NA nt) \$15
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit² (up to 0 visits per calendar year)  Therapy services (up to 10 per accider Occupational therapy  Speech therapy  Physical therapy  Prosthetic device or artificial limb	\$150 \$150 \$150 \$15 NA nt) \$15 \$15 \$15
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit² (up to 0 visits per calendar year)  Therapy services (up to 10 per accider Occupational therapy  Speech therapy  Physical therapy  Prosthetic device or artificial limb One	\$150 \$150 \$15 NA nt) \$15 \$15
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit² (up to 0 visits per calendar year)  Therapy services (up to 10 per accider Occupational therapy  Speech therapy  Physical therapy  Prosthetic device or artificial limb One More than one	\$150 \$150 \$150 \$15 NA att) \$15 \$15 \$15 \$15
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit <sup>2</sup> (up to 0 visits per calendar year)  Therapy services (up to 10 per accider Occupational therapy  Speech therapy  Physical therapy  Prosthetic device or artificial limb One  More than one  Appliance (once per accident)	\$150 \$150 \$150 \$15 NA ht) \$15 \$15 \$15 \$15 \$1,500 \$1,00
Surgery benefit  Open abdominal, thoracic  Exploratory (without repair)  Hernia repair  Physician follow-up visit (2 visits per accident)  Chiropractic visit² (up to 0 visits per calendar year)  Therapy services (up to 10 per accider  Occupational therapy  Speech therapy  Physical therapy  Prosthetic device or artificial limb  One  More than one  Appliance (once per accident)  Blood, plasma and platelets  Travel due to accident³  Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per	\$150 \$150 \$150 NA nt) \$15 \$15 \$15 \$750 \$1,500 \$100 \$400

Accidental death and other covered losses	Benefit amount				
Accidental death*					
Employee	\$50,000				
Spouse	\$20,000				
Child	\$10,000				
Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss					
Loss of both hands or both feet; or	\$15,000				
Loss of one hand and one foot; or	\$15,000				
Loss of one hand or one foot;	\$7,500				
Loss of two or more fingers, toes or any combination; or	\$1,500				
Loss of one finger or toe	\$750				
Catastrophic accidental dismemberment**  — once per lifetime, not payable with catastrophic losss Loss of both hands or both feet; or loss of one hand and one foot					
Employee (prior to age 65)	\$100,000				
Spouse and child (prior to age 65)	\$50,000				
Employee (ages 65–69)	\$50,000				
Spouse and child (prior to age 65)	\$25,000				
Employee (70+ years old)	\$25,000				
Spouse and child (70+ years old)	\$12,500				
Accidental loss — paralysis, sight, hearing and speech <sup>6</sup> Initial accidental loss — one benefit per accident, not payable with initial dismemberment					
Permanent paralysis; or	\$15,000				
Loss of sight of both eyes; or	\$15,000				
Loss of sight of one eye; or	\$7,500				
Loss of the hearing of one ear	\$7,500				
Catastrophic accidental loss** — once per lifetime, not payable with catastrophic dismemberment Permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight of both eyes					
Employee (prior to age 65)	\$100,000				
Spouse and child (prior to age 65)	\$50,000				
Employee (ages 65–69)	\$50,000				
Spouse and child (prior to age 65)	\$25,000				
Employee (70+ years old)	\$25,000				
Spouse and child (70+ years old)	\$12,500				