



# Be sure to review this schedule of benefits

It shows the many ways this coverage can pay a benefit if you are injured

Covered injuries	Benefit amount
<b>Fractures</b>	
Open	Up to \$7,500
Closed	Up to \$3,750
Chips	25% of closed amount
<b>Dislocations</b>	
Open	Up to \$6,000
Closed	Up to \$3,000
<b>Burns</b>	
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
<b>Skin graft for any other accidental traumatic loss of skin</b>	
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
<b>Concussion</b>	\$150
<b>Coma</b>	\$10,000
<b>Ruptured disc</b>	\$800
<b>Knee cartilage</b>	
Torn	\$750
Exploratory	\$150
<b>Laceration</b>	\$25 – \$600
<b>Tendon/ligament and rotator cuff</b>	
Repair of one	\$800
Repair of two or more	\$1,200
Exploratory only	\$150
<b>Dental work, emergency</b>	
Extraction	\$100
Crown	\$300
<b>Eye injury</b>	\$300

Emergency and hospitalization benefits	Benefit amount
<b>Ambulance</b> (ground, once per accident)	\$400
Air ambulance	\$1,500
<b>Emergency room treatment</b>	\$150
<b>Emergency treatment in physician office/urgent care facility</b> Either ER or primary care/specialist/urgent care benefit is payable once per covered accident	
Primary care physician	\$25
Specialist	\$25
Urgent care facility	\$150
<b>Hospital admission</b> (admission or intensive care admission once per covered accident)	\$1,000
<b>Intensive care admission</b> (same as above)	\$1,500
<b>Hospital confinement</b> (per day up to 365 days)	\$200
<b>Intensive care confinement</b> (per day up to 15 days)	\$400
<b>Medical imaging test</b> (once per accident)	\$100
<b>Outpatient surgery facility service</b> (once per accident)	\$300
<b>Pain management</b> (epidural, once per accident)	\$100



Treatment and other services	Benefit amount
<b>Surgery benefit</b>	
Open abdominal, thoracic	\$1,500
Exploratory (without repair)	\$150
<b>Hernia repair</b>	\$150
<b>Physician follow-up visit</b> (up to 2 visit(s) per accident)	
Primary care physician	\$75
Specialist	\$75
Urgent care facility	\$150
<b>Chiropractic visit</b> (up to 0 visits per calendar year)	N/A
<b>Therapy services</b> (up to 6 per accident)	
Occupational therapy	\$25
Speech therapy	\$25
Physical therapy	\$25
<b>Prosthetic device or artificial limb</b>	
One	\$750
More than one	\$1,500
<b>Appliance</b> (once per accident)	\$100
<b>Blood, plasma and platelets</b>	\$400
<b>Travel (due to covered accident)</b>	
Lodging (per day up to 30 days per covered accident)	\$150
Transportation more than 50+ miles from residence (up to three trips per covered accident; benefit for injured insured individual only; max 1,200 miles per round trip)	\$0.40
Transportation maximum	\$1,440
<b>Rehabilitation unit confinement</b> (per day up to 15 days; max 30 days per calendar year)	\$100

Accidental death and other covered losses	Benefit amount
<b>Accidental death*</b>	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000
*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	
<b>Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss</b>	
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
<b>Accidental loss — sight, hearing and speech</b>	
Initial accidental loss — one benefit per accident, not payable with initial dismemberment	
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
<b>Catastrophic accidental loss* — once per lifetime</b>	
Loss of both hands or both feet; or loss of both arms or both legs; or loss of one hand and one foot; or loss of use of both arms or both legs; or loss of use of one arm and one leg	
Employee (prior to age 65)	\$100,000
– Spouse and child	\$50,000
Employee (ages 65-69)	\$50,000
– Spouse and child	\$25,000
Employee (70+ years old)	\$25,000
– Spouse and child	\$12,500

\*\*Catastrophic accidental benefit — payable after fulfilling a 365 day elimination period.

**THIS IS A LIMITED POLICY.**

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.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine  
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