



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.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

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 monthly premium	Plan 1	Plan 2
You	\$11.83	\$9.51
You and your spouse	\$21.21	\$17.14
You and your children	\$27.80	\$21.92
Family	\$37.18	\$29.55

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 20 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 0 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
Hospitalization			Injury			Recovery		
Admission	\$2,000	\$1,000	Vertebrae, body of (other than Vertebral Processes)	\$1,350	\$1,050	Physician Follow-Up Maximum Visits	2 Visits	2 Visits
Admission – Hospital ICU	\$2,000	\$1,000	Leg (mid to upper tibia or fibula)	\$1,350	\$1,050	Prescription Drug	\$25	\$25
Daily Stay (amount)	\$400	\$300	Pelvis	\$1,350	\$1,050	Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured
Daily Stay – Hospital ICU (amount)	\$400	\$300	Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675	\$525	Rehabilitation or Subacute Rehabilitation Unit	\$100	\$100
Short Stay	\$200	\$200	Upper Arm between Elbow and Shoulder (humerus)	\$675	\$525	Therapy Services (chiro, speech, PT, occ)	\$20	\$20
Injury			Upper Jaw, Maxilla (other than alveolar process)	\$675	\$525	Therapy Services Maximum Days	15 Days	15 Days
Burns			Ankle (lower tibia or fibula)	\$450	\$350	Surgery		
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500	\$375	Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450	\$350	Dislocations		
2nd Degree Burns - 20% or greater of skin surface	\$1,000	\$750	Foot or Heel (other than Toes)	\$450	\$350	Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
3rd Degree Burns - Less than 5% of skin surface	\$2,000	\$1,500	Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450	\$350	Anesthesia		
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000	\$3,750	Kneecap (patella)	\$450	\$350	Epidural or Regional Anesthesia	\$60	\$60
3rd Degree Burns - 20% or greater of skin surface	\$10,000	\$7,500	Lower Jaw, Mandible (other than alveolar process)	\$450	\$350	General Anesthesia	\$150	\$150
Concussion			Vertebral Processes	\$450	\$350	Connective Tissue		
Concussion	\$200	\$200	Rib	\$450	\$350	Exploratory without Repair	\$75	\$75
Connective Tissue Damage			Tailbone (coccyx) , Sacrum	\$450	\$350	Repair for One Connective Tissue	\$600	\$600
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90	Finger or Toe (Digit)	\$225	\$175	Repair for Two or more Connective Tissues	\$900	\$900
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150	Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	25%	Eye Surgery		
Dislocations			Same bone maximum incurred per accident	1 Fracture	1 Fracture	Eye Surgery, Requiring Anesthesia	\$200	\$200
Knee joint (other than patella)	\$1,650	\$1,300	Maximum payable multiplier for multiple bones	2 Times	2 Times	Fractures		
Ankle bone or bones of the foot (other than toes)	\$1,650	\$1,300	Internal Injuries			Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Hip joint	\$3,375	\$2,625	Internal Injuries	\$200	\$200	Surgical Repair same bone maximum incurred per accident	1 Fracture	1 Fracture
Collarbone (sternoclavicular)	\$825	\$650	Lacerations			Surgical Repair maximum payable multiplier for multiple bones	2 Times	2 Times
Elbow joint	\$500	\$400	No Repair	\$50	\$35	General Surgery		
Hand (other than Fingers)	\$500	\$400	Repair Less than 2 inches	\$150	\$100	Abdominal, Thoracic, or Cranial	\$1,000	\$1,000
Lower Jaw	\$500	\$400	Repair At least 2 inches but less than 6 inches	\$300	\$200	Incidence per covered accident	1 Per Insured	1 Per Insured
Shoulder	\$500	\$400	Repair 6 inches or greater	\$600	\$400	Exploratory	\$100	\$100
Wrist joint	\$500	\$400	Loss of a Digit			Hernia Surgery		
Collarbone (acromioclavicular and separation)	\$325	\$250	One Digit (other than a Thumb or Big Toe)	\$750	\$500	Hernia Surgery	\$100	\$100
Finger or Toe (Digit)	\$150	\$125	One Digit (a Thumb or Big Toe)	\$1,125	\$750	Knee Cartilage		
Kneecap (patella)	\$500	\$400	Two or more Digits	\$1,500	\$1,000	Knee Cartilage (Meniscus) Exploratory without Repair	\$100	\$100
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%	Knee Cartilage			Knee Cartilage (Meniscus) with Repair	\$500	\$500
Eye Injury			Knee Cartilage (Meniscus) Injury	\$150	\$100	Outpatient Surgical Facility		
Eye Injury	\$200	\$200	Ruptured or Herniated Disc			Outpatient Surgical Facility	\$200	\$200
Fractures			One Disc	\$150	\$120	Ruptured or Herniated Disc Surgery		
Skull (except bones of Face or Nose), Depressed	\$4,500	\$3,500	Two or more Discs	\$250	\$200	Exploratory without Repair	\$100	\$100
Hip or Thigh (femur)	\$3,375	\$2,625	Recovery			One Disc	\$525	\$525
Skull (except bones of Face or Nose), Non-depressed	\$2,250	\$1,750	At-Home Care	\$100	\$100	Two or more Discs	\$800	\$800
			Physician Follow-Up Visits	\$75	\$75	Treatment		
						Ambulance		

Accident Insurance – Schedule of Benefits cont.

Option 1 Option 2

Treatment

Air	\$1,000	\$1,000
Ground	\$300	\$300
Durable Medical Equipment		
Tier 1 (arm sling, cane, medical ring cushion)	\$50	\$50
Tier 2 (bedside commode, cold therapy system, crutches)	\$100	\$100
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200	\$200
Emergency Dental Repair		
Dental Crown	\$350	\$350
Dental Extraction	\$115	\$115
Filling or Chip Repair	\$90	\$90
Imaging		
Tier 1: X-rays or Ultrasound	\$50	\$50
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200	\$200
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier
Lodging		
Lodging (per night)	\$150	\$150
Prosthetic Device		
One Device or Limb	\$750	\$750
Two or more Devices or Limbs	\$1,500	\$1,500
Skin Grafts		
For Burns - Payable as a % of the applicable Burn benefit	50%	50%
Not Burns - Less than 20% of skin surface	\$250	\$250
Not Burns - 20% or greater of skin surface	\$500	\$500
Treatment		
Emergency Room Treatment	\$100	\$100
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$100	\$100
Transfusions	\$400	\$400
Transportation (per trip)	\$100	\$100
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$75	\$75

Accident Insurance

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

brand of Unum Group and its insuring subsidiaries.

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 of 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, or insurrection. 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 while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- 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 organ donation, 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. Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

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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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