



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.

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 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 semi-monthly premium	Option 1	Option 2
You	\$3.685	\$5.10
You and your spouse	\$6.855	\$9.42
You and your children	\$10.545	\$15.375
Family	\$13.715	\$19.695

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 30 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 30 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/media/9486.



Accident Insurance – Schedule of Benefits

	Option 1	Option 2
Hospitalization		
Admission	\$1,000	\$1,200
Admission – Hospital ICU	\$1,000	\$1,200
Daily Stay (amount)	\$300	\$350
Daily Stay – Hospital ICU (amount)	\$300	\$350
Short Stay	\$200	\$200
Injury		
Burns		
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$750	\$1,000
2nd Degree Burns - 20% or greater of skin surface	\$1,500	\$2,000
3rd Degree Burns - Less than 5% of skin surface	\$3,000	\$4,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$7,500	\$10,000
3rd Degree Burns - 20% or greater of skin surface	\$15,000	\$20,000
Concussion		
Concussion	\$200	\$200
Connective Tissue Damage		
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150
Dislocations		
Knee joint (other than patella)	\$2,000	\$3,000
Ankle bone or bones of the foot (other than toes)	\$2,000	\$3,000
Hip joint	\$4,125	\$6,000
Collarbone (sternoclavicular)	\$1,000	\$1,500
Elbow joint	\$600	\$900
Hand (other than Fingers)	\$600	\$900
Lower Jaw	\$600	\$900
Shoulder	\$600	\$900
Wrist joint	\$600	\$900
Collarbone (acromioclavicular and separation)	\$400	\$600
Finger or Toe (Digit)	\$200	\$300
Kneecap (patella)	\$600	\$900
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%
Eye Injury		
Eye Injury	\$200	\$200
Fractures		
Skull (except bones of Face or Nose), Depressed	\$5,500	\$8,000

	Option 1	Option 2
Injury		
Hip or Thigh (femur)	\$4,125	\$6,000
Skull (except bones of Face or Nose), Non-depressed	\$2,750	\$4,000
Vertebrae, body of (other than Vertebral Processes)	\$1,650	\$2,400
Leg (mid to upper tibia or fibula)	\$1,650	\$2,400
Pelvis	\$1,650	\$2,400
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$825	\$1,200
Upper Arm between Elbow and Shoulder (humerus)	\$825	\$1,200
Upper Jaw, Maxilla (other than alveolar process)	\$825	\$1,200
Ankle (lower tibia or fibula)	\$550	\$800
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$550	\$800
Foot or Heel (other than Toes)	\$550	\$800
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$550	\$800
Kneecap (patella)	\$550	\$800
Lower Jaw, Mandible (other than alveolar process)	\$550	\$800
Vertebral Processes	\$550	\$800
Rib	\$550	\$800
Tailbone (coccyx), Sacrum	\$550	\$800
Finger or Toe (Digit)	\$275	\$400
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	25%
Same bone maximum incurred per accident	1 Fracture	1 Fracture
Maximum payable multiplier for multiple bones	2 Times	2 Times
Internal Injuries		
Internal Injuries	\$200	\$200
Lacerations		
No Repair	\$65	\$85
Repair Less than 2 inches	\$200	\$250
Repair At least 2 inches but less than 6 inches	\$400	\$500
Repair 6 inches or greater	\$800	\$1,000
Loss of a Digit		
One Digit (other than a Thumb or Big Toe)	\$1,000	\$1,250
One Digit (a Thumb or Big Toe)	\$1,500	\$1,875
Two or more Digits	\$2,000	\$2,500
Knee Cartilage		
Knee Cartilage (Meniscus) Injury	\$200	\$250

	Option 1	Option 2
Injury		
Ruptured or Herniated Disc		
One Disc	\$180	\$210
Two or more Discs	\$300	\$350
Recovery		
Acquired Brain Injury	\$25	\$25
At-Home Care	\$100	\$125
Physician Follow-Up Visits	\$75	\$100
Physician Follow-Up Maximum Visits	2 Visits	2 Visits
Prescription Drug	\$25	\$25
Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100	\$150
Telehealth Service	\$25	\$25
Telemedicine Medical Service	\$25	\$25
Therapy Services (chiro, speech, PT, occ)	\$20	\$25
Therapy Services Maximum Days	15 Days	15 Days
Surgery		
Dislocations		
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Anesthesia		
Epidural or Regional Anesthesia	\$60	\$100
General Anesthesia	\$150	\$250
Connective Tissue		
Exploratory without Repair	\$75	\$100
Repair for One Connective Tissue	\$600	\$800
Repair for Two or more Connective Tissues	\$900	\$1,200
Eye Surgery		
Eye Surgery, Requiring Anesthesia	\$200	\$300
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	\$1,500
Exploratory	\$100	\$150
Incidence per covered accident	1 Per Insured	1 Per Insured
Hernia Surgery		

Accident Insurance – Schedule of Benefits cont.

Option 1 Option 2

Surgery

Hernia Surgery	\$100	\$150
Knee Cartilage		
Knee Cartilage (Meniscus) Exploratory without Repair	\$100	\$150
Knee Cartilage (Meniscus) with Repair	\$500	\$750
Outpatient Surgical Facility		
Outpatient Surgical Facility	\$200	\$300
Ruptured or Herniated Disc Surgery		
Exploratory without Repair	\$100	\$125
One Disc	\$525	\$675
Two or more Discs	\$800	\$1,000

Treatment

Ambulance		
Air	\$1,000	\$1,200
Ground	\$300	\$400
Durable Medical Equipment		
Tier 1 (arm sling, cane, medical ring cushion)	\$50	\$65
Tier 2 (bedside commode, cold therapy system, crutches)	\$100	\$125
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200	\$250
Emergency Dental Repair		
Dental Crown	\$350	\$450
Dental Extraction	\$115	\$150
Filling or Chip Repair	\$90	\$115
Imaging		
Tier 1: X-rays or Ultrasound	\$50	\$75
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200	\$300
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier
Lodging		
Lodging (per night)	\$150	\$200
Prosthetic Device		
One Device or Limb	\$750	\$1,000
Two or more Devices or Limbs	\$1,500	\$2,000
Skin Grafts		
For Burns - Payable as a % of the applicable Burn benefit	50%	50%
Not Burns - Less than 20% of skin surface	\$250	\$375
Not Burns - 20% or greater of skin surface	\$500	\$750
Treatment		
Emergency Room Treatment	\$100	\$125

Treatment

Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$100	\$150
Transfusions	\$400	\$500
Transportation (per trip)	\$100	\$150
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$75	\$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;
 - an occupational Injury.
- 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.

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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