



Accident Insurance

When life takes an unexpected turn, Unum Accident Insurance can help you pay for the expenses your medical insurance may not cover. Even with good insurance, injuries can set your finances back in a big way. And when you're hurt, the last thing you want to worry about is out-of-pocket expenses you're not prepared to pay.

Accident Insurance can help by paying benefits directly to you if you get treatment for a covered accident. That way, your injury doesn't have to derail your financial security.

HOW DOES IT WORK?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the 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.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee.

Your spouse and child(ren) are also eligible for coverage. Dependent children can be covered from live birth until their 26th birthday, regardless of marital or student status.

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.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.



BE WELL BENEFIT

Every year, each family member who is covered by the Accident plan can receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician including sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including a pap smear or colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including a chest X-ray or mammogram
- Immunizations including HPV, MMR, tetanus, influenza and Covid-19

HOW MUCH DOES COVERAGE COST?

Your monthly premium	
You	\$7.85
You and your spouse	\$13.88
You and your children	\$17.43
Family	\$23.46

EXCLUSIONS AND LIMITATIONS

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 resulting from 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, while sane;
- 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 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 motordriven, 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, alcohol, 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

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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Better benefits
at work.™

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MK-3240 (5-21) FOR EMPLOYEES

Accident Insurance – Schedule of Benefits

Accidental Death and Dismemberment

AD&D	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
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)	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Dismemberment	
Both Feet	\$50,000
Both Hands	\$50,000
One Foot	\$25,000
One Hand	\$25,000
Thumb and Index Finger of the same Hand	\$12,500
Coma	
Coma	\$10,000
Loss of Use	
Hearing	\$25,000
Sight of one Eye	\$25,000
Sight of both Eyes	\$50,000
Speech	\$25,000
Paralysis	
Uniplegia	\$12,500
Hemi/Paraplegia	\$25,000
Triplegia	\$37,500
Quadriplegia	\$50,000
Hospitalization	
Admission	\$1,000
Admission – Hospital ICU	\$300
Daily Stay (amount)	\$200
Daily Stay – Hospital ICU (amount)	\$400
Short Stay	None
Injury	
Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500
2nd Degree Burns - 20% or greater of skin surface	\$1,000
3rd Degree Burns - Less than 5% of skin surface	\$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000
3rd Degree Burns - 20% or greater of skin surface	\$10,000

Injury

Concussion	
Concussion	\$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150
Dislocations	
Knee joint (other than patella)	\$1,650
Ankle bone or bones of the foot (other than toes)	\$1,650
Hip joint	\$3,375
Collarbone (sternoclavicular)	\$825
Elbow joint	\$500
Hand (other than Fingers)	\$500
Lower Jaw	\$500
Shoulder	\$500
Wrist joint	\$500
Collarbone (acromioclavicular and separation)	\$325
Finger or Toe (Digit)	\$150
Kneecap (patella)	\$500
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	\$200
Fractures	
Skull (except bones of Face or Nose), Depressed	\$4,500
Hip or Thigh (femur)	\$3,375
Skull (except bones of Face or Nose), Non-depressed	\$2,250
Vertebrae, body of (other than Vertebral Processes)	\$1,350
Leg (mid to upper tibia or fibula)	\$1,350
Pelvis	\$1,350
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675
Upper Arm between Elbow and Shoulder (humerus)	\$675
Upper Jaw, Maxilla (other than alveolar process)	\$675
Ankle (lower tibia or fibula)	\$450
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450
Foot or Heel (other than Toes)	\$450

Injury

Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450
Kneecap (patella)	\$450
Lower Jaw, Mandible (other than alveolar process)	\$450
Vertebral Processes	\$450
Rib	\$450
Tailbone (coccyx), Sacrum	\$450
Finger or Toe (Digit)	\$225
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	\$200
Lacerations	
No Repair	\$50
Repair Less than 2 inches	\$150
Repair At least 2 inches but less than 6 inches	\$300
Repair 6 inches or greater	\$600
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	\$750
One Digit (a Thumb or Big Toe)	\$1,125
Two or more Digits	\$1,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	\$150
Ruptured or Herniated Disc	
One Disc	\$150
Two or more Discs	\$250
Recovery	
At-Home Care	\$100
Physician Follow-Up Visits	\$50
Physician Follow-Up Maximum Visits	2 Visits
Prescription Drug	None
Prescription Benefit Incidence per covered accident	NA
Rehabilitation or Subacute Rehabilitation Unit	\$100
Therapy Services (chiro, speech, PT, occ)	\$25
Therapy Services Maximum Days	15 Days
Surgery	
Dislocations	

Accident Insurance – Schedule of Benefits cont.

Surgery

Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	\$40
General Anesthesia	\$100
Connective Tissue	
Exploratory without Repair	\$50
Repair for One Connective Tissue	\$400
Repair for Two or more Connective Tissues	\$600
Eye Surgery	
Eye Surgery, Requiring Anesthesia	\$100
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	\$500
Exploratory	\$50
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	\$50
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	\$50
Knee Cartilage (Meniscus) with Repair	\$250
Outpatient Surgical Facility	
Outpatient Surgical Facility	\$100
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	\$75
One Disc	\$400
Two or more Discs	\$600

Treatment

Ambulance	
Air	\$1,500
Ground	\$200
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	\$50

Treatment

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