



# **Group Accident Insurance**



# How does it work?

Accident Insurance provides 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'll have base coverage without medical underwriting. 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	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.

<sup>\*</sup>Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

# 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

## **Organized Sports Benefit**

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

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# **SCHEDULE OF BENEFITS**

AD&D		2nd Degree Burns - At	
Employee	\$50,000	least 5%, but less than 20% of skin surface	
Spouse	\$25,000	2nd Degree Burns - 20% or	
 Children	\$12,500	greater of skin surface	
Common Carrier Benefit can pay if the		3rd Degree Burns - Less than 5% of skin surface	
insured individual is injured as a fare-paying passenger on a common carrier (examples include		3rd Degree Burns - At least 5%, but less than 20% of skin surface	
mass transit trains, buses and planes)		3rd Degree Burns - 20% or greater of skin surface	
Employee	\$50,000	Concussion	
Spouse	\$25,000	Concussion	
Children	\$12,500	Connective Tissue Damage	
Dismemberment		One Connective Tissue (tendon, ligament, rotato	
Both Feet	\$50,000	cuff, muscle)	
Both Hands	\$50,000	Two or more Connective Tissues (tendon, ligamen	
One Foot	\$25,000	rotator cuff, muscle)	
One Hand	\$25,000	Dislocations	
Thumb and Index Finger of the same Hand	\$12,500	Knee joint (other than patella)	
Coma		Ankle bone or bones of the foot (other than toes)	
Coma	\$10,000	Hip joint	
Home & Vehicle Modifications		Collarbone (sternoclavicular)	
Home & Vehicle Modifications	\$1,500	Elbow joint	
Loss of Use		Hand (other than Fingers)	
Hearing (one ear)	\$12,500	Lower Jaw	
Hearing	\$12,500	Shoulder	
Sight of one Eye	\$25,000	Wrist joint	
Sight of both Eyes	\$50,000	Collarbone	
Speech	\$25,000	(acromioclavicular and separation)	
Paralysis		Finger or Toe (Digit)	
Uniplegia	\$12,500	Kneecap (patella)	
Hemi/Paraplegia	\$25,000	Incomplete Dislocation -	
Triplegia	\$37,500	Payable as a % of the applicable Dislocations benefit	
Quadriplegia	\$50,000		
Hospitalization		Eye Injury	
Admission	\$1,000	Eye Injury	
Admission – Hospital ICU (added to Admission)	\$1,000	Skull (except bones of	
Daily Stay (365 days)	\$300	Face or Nose), Depressed	
Daily Stay – Hospital ICU (added to Daily Stay)	\$300	Hip or Thigh (femur)  Skull (except bones of	
Short Stay	\$200	Face or Nose), Non-depressed	
Injury		Vertebrae, body of (other	
Injury due to felony & sexual assault	\$150	than Vertebral Processes  Leg (mid to upper tibia or	
Organized Sports	10%	fibula)	
Burns		Pelvis	

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Injury	
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
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	
Physician Follow-Up Visits	\$75
Physician Follow-Up Maximum Visits	2 Visits
Prescription Drug	\$25

# **SCHEDULE OF BENEFITS**

Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100
Behavior Health Therapy	\$20
Behavior Health Therapy visits	15 Days
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$20
Therapy Services Maximum Days	15 Days
Surgery	
Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	\$100
General Anesthesia	\$250
Connective Tissue	
Exploratory without Repair	\$100
Repair for One Connective Tissue	\$800
Repair for Two or more Connective Tissues	\$1,200
Eye Surgery	
Eye Surgery, Requiring Anesthesia	\$300
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	\$1,500
Exploratory	\$150
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	\$150
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	\$150
Knee Cartilage (Meniscus) with Repair	\$750
Outpatient Surgical Facility	
Outpatient Surgical Facility	\$300

Surgery	
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	\$125
One Disc	\$675
Two or more Discs	\$1,000
Treatment	
Organized Sports	10%
Ambulance	
Air	\$1,000
Ground	\$300
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	\$50
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	\$100
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

Family Care	\$50
Pet Boarding (per day)	\$30
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$75

#### **Organized Sports Benefit**

This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

**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

https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

# **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 or resulting from any of the following:

- contributed to by, committing or attempting to commit a felony;
- contributed to by or being engaged in an illegal occupation;
- 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;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- $\bullet \ a \ Covered \ Loss \ that \ occurs \ while \ an \ Insured \ is \ legally \ incarcerated \ in \ a \ penal \ or \ correctional \ institution;$
- 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 Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- infection. This exclusion does not apply when the infection is due 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 motordriven:
- 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. 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 being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### **End of 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

EN-2073

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

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 certificate form GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states 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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FOR EMPLOYEES (8-23)

Unum | Group Accident Insurance