



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 quaranteed 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.



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.

> Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.

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

| Accidental Death and Dismember | enc | Injury | | Injury | |
|---|----------|---|---------|--|---------------|
| AD&D | | Concussion | | Forearm (olecranon, radius, or ulna), Hand, or | \$450 |
| Employee | \$50,000 | Concussion | \$200 | Wrist (other than Fingers) | |
| Spouse | \$25,000 | Connective Tissue Damage | | Kneecap (patella) | \$450 |
| Common Carrier | \$12,500 | One Connective Tissue (tendon, ligament, rotator cuff, muscle) | \$90 | Lower Jaw, Mandible (other than alveolar process) | \$450 |
| Benefit can pay if the insured individual is | | Two or more Connective | | Vertebral Processes | \$450 |
| injured as a fare-paying | | Tissues (tendon, ligament, rotator cuff, muscle) | \$150 | Rib | \$450 |
| passenger on a common carrier (examples include | | Dislocations | | Tailbone (coccyx), Sacrum | \$450 |
| mass transit trains, buses and planes) | | Knee joint (other than | | Finger or Toe (Digit) | \$225 |
| Employee | \$50,000 | patella) Ankle bone or bones of the | \$1,650 | Chip Fracture - Payable as a % of the applicable Fractures benefit | 25% |
| Spouse | \$25,000 | foot (other than toes) | \$1,650 | | |
| Children | \$12,500 | Hip joint | \$3,375 | Same bone maximum incurred per accident | 1 Fracture |
| Dismemberment | | Collarbone | \$825 | Maximum payable multiplier | 2 Times |
| Both Feet | \$50,000 | (sternoclavicular) | | for multiple bones | 2es |
| Both Hands | \$50,000 | Elbow joint | \$500 | Internal Injuries | |
| One Foot | \$25,000 | Hand (other than Fingers) | \$500 | Internal Injuries | \$200 |
| One Hand | \$25,000 | Lower Jaw | \$500 | Lacerations | |
| Thumb and Index Finger of the same Hand | \$12,500 | Shoulder | \$500 | No Repair | \$50 |
| Coma | | Wrist joint | \$500 | Repair Less than 2 inches | \$150 |
| Coma | \$10,000 | Collarbone (acromioclavicular and | \$325 | Repair At least 2 inches but less than 6 inches | \$300 |
| Loss of Use | | separation) | | Repair 6 inches or greater | \$600 |
| Hearing | \$25,000 | Finger or Toe (Digit) | \$150 | Loss of a Digit | |
| Sight of one Eye | \$25,000 | Kneecap (patella) | \$500 | One Digit (other than a | \$750 |
| Sight of both Eyes | \$50,000 | Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit | 25% | Thumb or Big Toe) | |
| Speech | \$25,000 | | | One Digit (a Thumb or Big Toe) | \$1,125 |
| Paralysis | | Eye Injury | | Two or more Digits | \$1,500 |
| Uniplegia | \$12,500 | Eye Injury | \$200 | Knee Cartilage | |
| Hemi/Paraplegia | \$25,000 | Fractures | | Knee Cartilage (Meniscus) Injury | \$150 |
| Triplegia | \$37,500 | Skull (except bones of | \$4,500 | Ruptured or Herniated Disc | |
| Quadriplegia | \$50,000 | Face or Nose), Depressed | | One Disc | \$150 |
| Hospitalization | | Hip or Thigh (femur) | \$3,375 | Two or more Discs | \$250 |
| Admission | \$1,000 | Skull (except bones of Face or Nose), | \$2,250 | | 7250 |
| Admission – Hospital ICU | \$1,000 | Non-depressed | | Recovery | ć 7.F |
| Daily Stay (amount) | \$300 | Vertebrae, body of (other than Vertebral Processes) | \$1,350 | Physician Follow-Up Visits | \$75 |
| Daily Stay – Hospital ICU (amount) | \$300 | Leg (mid to upper tibia or fibula) | \$1,350 | Physician Follow-Up Maximum Visits | 2 Visits |
| Short Stay | \$200 | Pelvis | \$1,350 | Prescription Drug | \$25 |
| Injury | · | Bones of the Face or Nose (other than Lower Jaw, | | Prescription Benefit Incidence per covered accident | 1 Per Insured |
| Burns | | Mandible or Upper Jaw, | \$675 | Rehabilitation or Subacute | |
| 2nd Degree Burns - At least 5%, but less than | \$500 | Maxilla) Upper Arm between Elbow | \$675 | Rehabilitation Unit Therapy Services (chiro, | \$100 |
| 20% of skin surface 2nd Degree Burns - 20% or | \$1,000 | and Shoulder (humerus) Upper Jaw, Maxilla (other | \$675 | speech, PT, occ) | \$20 |
| greater of skin surface 3rd Degree Burns - Less | | than alveolar process) Ankle (lower tibia or | | Therapy Services Maximum Days | 15 Days |
| than 5% of skin surface | \$2,000 | fibula) | \$450 | Surgery | |
| 3rd Degree Burns - At least 5%, but less than 20% of skin surface | \$5,000 | Collarbone (clavicle, sternum) or Shoulder Blade (scapula) | \$450 | Dislocations Dislocation, Surgical | |
| 3rd Degree Burns - 20% or | \$10,000 | Foot or Heel (other than | \$450 | Repair - Payable as a % of the applicable Injury | 100% |

Accident Insurance – Schedule of Benefits cont.

| Surgery | |
|---|---------------|
| 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 |
| Ruptured or Herniated Disc Surgery | |
| Exploratory without Repair | \$125 |
| One Disc | \$675 |
| Two or more Discs | \$1,000 |
| Treatment | |
| 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 |

Treatment

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|---|---------------------------|
| 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 in a Physician's Office or Urgent Care Facility (initial) | \$75 |
| | |

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 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;
- · 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 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;
- \cdot 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.

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:

- \cdot 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;
- \cdot the date of your death;
- $\boldsymbol{\cdot}$ 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
- \cdot 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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