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.

*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.

How much does it cost?

Your semi-monthly premium	
You	$4.65
You and your spouse	$7.07
You and your children	$9.06
Family	$11.49

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 15% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

SCHEDULE OF BENEFITS

Accidental Death and Dismemberment

AD&D	
Employee	$100,000
Spouse	$50,000
Children	$25,000
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	$100,000
Spouse	$50,000
Children	$25,000
Dismemberment	
Both Feet	$100,000
Both Hands	$100,000
One Foot	$50,000
One Hand	$50,000
Thumb and Index Finger of the same Hand	$25,000
Coma	
Coma	$20,000
Home & Vehicle Modifications	
Home & Vehicle Modifications	$2,000
Loss of Use	
Hearing (one ear)	$25,000
Hearing	$50,000
Sight of one Eye	$50,000
Sight of both Eyes	$100,000
Speech	$50,000
Paralysis	
Uniplegia	$25,000
Hemi/Paraplegia	$50,000
Triplegia	$75,000
Quadriplegia	$100,000

Hospitalization

Admission	$2,000
Admission – Hospital ICU (added to Admission)	$2,000
Daily Stay (365 days)	$400
Daily Stay – Hospital ICU (added to Daily Stay)	$400
Short Stay	N/A

Injury

Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	$1,000
2nd Degree Burns - 20% or greater of skin surface	$2,000
3rd Degree Burns - Less than 5% of skin surface	$4,000

Injury

3rd Degree Burns - At least 5%, but less than 20% of skin surface	$10,000
3rd Degree Burns - 20% or greater of skin surface	$20,000
Concussion	
Concussion	$400
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	$150
Dislocations	
Ankle bone or bones of the foot (other than toes)	$3,000
Collarbone (acromioclavicular and separation)	$600
Collarbone (sternoclavicular)	$1,500
Finger or Toe (Digit)	$300
Hand (other than Fingers)	$900
Elbow joint	$900
Wrist joint	$2,000
Shoulder	$2,000
Hip joint	$6,000
Knee joint (other than patella)	$3,000
Kneecap (patella)	$900
Lower Jaw	$1,000
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	$200
Fractures	
Ankle (lower tibia or fibula)	$4,000
Foot or Heel (other than Toes)	$800
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	$1,200
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	$1,500
Finger or Toe (Digit)	$400
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	$1,500
Hip or Thigh (femur)	$6,000
Kneecap (patella)	$800
Leg (mid to upper tibia or fibula)	$4,500
Lower Jaw, Mandible (other than alveolar process)	$1,000
Pelvis	$2,400
Rib	$1,000
Tailbone (coccyx), Sacrum	$1,000
Vertebral Processes	$1,000

Injury

Skull (except bones of Face or Nose), Depressed	$8,000
Skull (except bones of Face or Nose), Non-depressed	$4,000
Upper Arm between Elbow and Shoulder (humerus)	$1,200
Upper Jaw, Maxilla (other than alveolar process)	$1,200
Vertebrae, body of (other than Vertebral Processes)	$2,400
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	$85
Repair Less than 2 inches	$250
Repair At least 2 inches but less than 6 inches	$500
Repair 6 inches or greater	$1,000
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	$1,250
One Digit (a Thumb or Big Toe)	$1,875
Two or more Digits	$2,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	$250
Ruptured or Herniated Disc	
One Disc	$210
Two or more Discs	$350
Other	
Injury due to felony & sexual assault	$250
Organized Sports	15%

Recovery

At-Home Care	$125
Physician Follow-Up Visits	$200
Physician Follow-Up Maximum Visits	2 Visits
Prescription Drug	$25
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	$150
Behavior Health Therapy	$25
Behavior Health Therapy visits	15 Days
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	$75
Therapy Services Maximum Days	15 Days

SCHEDULE OF BENEFITS

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

Treatment

Organized Sports	15%
Ambulance	
Air	$1,500
Ground	$500
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	$75
Tier 2 (bedside commode, cold therapy system, crutches)	$150
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	$300

Treatment

Emergency Dental Repair	
Dental Crown	$600
Dental Extraction	$200
Filling or Chip Repair	$150
Imaging	
Tier 1 - X-rays or Ultrasound	$200
Tier 2 - Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	$400
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Lodging	
Lodging (per night)	$250
Prosthetic Device	
One Device or Limb	$1,250
Two or more Devices or Limbs	$2,500
Skin Grafts	
For Burns - Payable as a % of the applicable Burn benefit	50%
Not Burns - Less than 20% of skin surface	$500
Not Burns - 20% or greater of skin surface	$1,000
Treatment	
Emergency Room Treatment	$300
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	$50
Pain Management Injections (epidural, cortisone, steroid)	$200
Transfusions	$600
Transportation (per trip)	$200
Family Care	$50
Pet Boarding (per day)	$30
Treatment in a Physician's Office or Urgent Care Facility (initial)	$200
Personal Safety	N/A

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 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 may have a 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-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.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, 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, 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; This does not include any acts of terrorism.
- 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.

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. For purposes of this exclusion, poison does not inlcude food poisoning.

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
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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