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 or 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.

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 25% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

Building Benefit

Your plan includes the building benefit, which continues to increase the value to your Accident plan each year you are insured. Your plan has the following building benefit: coverage inforce 13 - 36 months = 5%; coverage inforce 37 – 60 months = 10%; coverage inforce 61+ months = 15%.

How much does it cost?

Your bi-weekly premium	Option 1	Option 2
You	$5.22	$3.83
You and your spouse	$9.25	$6.81
You and your children	$12.15	$8.67
Family	$16.18	$11.65

*Amounts billed may vary due to rounding.

SCHEDULE OF BENEFITS

Hospitalization

	Option 1	Option 2
Admission	$1,500	$1,200
Admission – Hospital ICU (added to Admission)	$1,500	$1,200
Daily Stay (365 days)	$400	$350
Daily Stay – Hospital ICU (added to Daily Stay)	$400	$350
Short Stay	$200	$200

Injury

Burns		
2nd Degree Burns - At least 5%, but less than 20% of skin surface	$1,000	$750
2nd Degree Burns - 20% or greater of skin surface	$2,000	$1,500
3rd Degree Burns - Less than 5% of skin surface	$4,000	$3,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	$10,000	$7,500
3rd Degree Burns - 20% or greater of skin surface	$20,000	$15,000
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		
Ankle bone or bones of the foot (other than toes)	$3,000	$2,000
Collarbone (acromioclavicular and separation)	$600	$400
Collarbone (sternoclavicular)	$1,200	$1,000
Finger or Toe (Digit)	$300	$200
Hand (other than Fingers)	$900	$600
Elbow joint	$900	$600
Wrist joint	$900	$600
Shoulder	$900	$600
Hip joint	$6,000	$4,125
Knee joint (other than patella)	$3,000	$2,000
Kneecap (patella)	$900	$600
Lower Jaw	$900	$600
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%
Eye Injury		
Eye Injury	$200	$200
Fractures		
Ankle (lower tibia or fibula)	$800	$550
Foot or Heel (other than Toes)	$800	$550
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	$1,200	$825
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	$800	$550

Injury

	Option 1	Option 2
Finger or Toe (Digit)	$400	$275
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	$800	$550
Hip or Thigh (femur)	$6,000	$4,125
Kneecap (patella)	$800	$550
Leg (mid to upper tibia or fibula)	$2,400	$1,650
Lower Jaw, Mandible (other than alveolar process)	$800	$550
Pelvis	$2,400	$1,650
Rib	$800	$550
Tailbone (coccyx), Sacrum	$800	$550
Vertebral Processes	$800	$550
Skull (except bones of Face or Nose), Depressed	$8,000	$5,500
Skull (except bones of Face or Nose), Non-depressed	$4,000	$2,750
Upper Arm between Elbow and Shoulder (humerus)	$1,200	$825
Upper Jaw, Maxilla (other than alveolar process)	$1,200	$825
Vertebrae, body of (other than Vertebral Processes)	$2,400	$1,650
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	$85	$65
Repair Less than 2 inches	$250	$200
Repair At least 2 inches but less than 6 inches	$500	$400
Repair 6 inches or greater	$1,000	$800
Loss of a Digit		
One Digit (other than a Thumb or Big Toe)	$1,250	$1,000
One Digit (a Thumb or Big Toe)	$1,875	$1,500
Two or more Digits	$2,500	$2,000
Knee Cartilage		
Knee Cartilage (Meniscus) Injury	$250	$200
Ruptured or Herniated Disc		
One Disc	$210	$180
Two or more Discs	$350	$300
Other		
Injury due to felony & sexual assault	$250	$200
Organized Sports	25%	25%

Recovery

At-Home Care	$150	$125

Recovery

	Option 1	Option 2
Physician Follow-Up Visits	$150	$100
Physician Follow-Up Maximum Visits	4 visits	4 visits
Prescription Drug	$25	$25
Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	$200	$150
Behavior Health Therapy	$30	$25
Behavior Health Therapy visits	15 Days	15 Days
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	$30	$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	$140	$120
General Anesthesia	$350	$300
Connective Tissue		
Exploratory without Repair	$150	$125
Repair for One Connective Tissue	$1,200	$1,000
Repair for Two or more Connective Tissues	$1,800	$1,500
Eye Surgery		
Eye Surgery, Requiring Anesthesia	$500	$400
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	$2,500	$2,000
Exploratory	$250	$200
Incidence per covered accident	1 Per Insured	1 Per Insured
Hernia Surgery		
Hernia Surgery	$250	$200
Knee Cartilage		
Knee Cartilage (Meniscus) Exploratory without Repair	$300	$200
Knee Cartilage (Meniscus) with Repair	$1,500	$1,000
Outpatient Surgical Facility		
Outpatient Surgical Facility	$500	$400
Ruptured or Herniated Disc Surgery		
Exploratory without Repair	$175	$150
One Disc	$1,000	$800
Two or more Discs	$1,500	$1,200

SCHEDULE OF BENEFITS

Treatment

	Option 1	Option 2
Organized Sports	25%	25%
Ambulance		
Air	$1,500	$1,200
Ground	$500	$400
Durable Medical Equipment		
Tier 1 (arm sling, cane, medical ring cushion)	$75	$65
Tier 2 (bedside commode, cold therapy system, crutches)	$150	$125
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	$300	$250
Emergency Dental Repair		
Dental Crown	$600	$450
Dental Extraction	$200	$150
Filling or Chip Repair	$150	$115
Imaging		
Tier 1 - X-rays or Ultrasound	$100	$75
Tier 2 - Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	$400	$300
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier
Lodging		
Lodging (per night)	$250	$200
Prosthetic Device		
One Device or Limb	$1,250	$1,000
Two or more Devices or Limbs	$2,500	$2,000
Skin Grafts		
For Burns - Payable as a % of the applicable Burn benefit	50%	50%
Not Burns - Less than 20% of skin surface	$500	$375
Not Burns - 20% or greater of skin surface	$1,000	$750
Treatment		
Emergency Room Treatment	$250	$125
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	$50	$50
Pain Management Injections (epidural, cortisone, steroid)	$200	$150
Transfusions	$600	$500
Transportation (per trip)	$200	$150
Treatment in a Physician's Office or Urgent Care Facility (initial)	$125	$100
Personal Safety	N/A	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 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;
- 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.

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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