Accident Insurance – Schedule of Benefits

Emergency and

Covered injuries	Benefit amount
Fractures	·
Open Reduction (dependent on location of injury)	\$150 to \$7,500
Closed Reduction (dependent on location of injury)	\$75 to \$3,750
Chips	25% of closed amount
Dislocations	
Open Reduction (dependent on location of injury)	\$300 to \$6,000
Closed Reduction (dependent on location of injury)	\$150 to \$3,000
Burns	
At least 10 square inches, but less than 20 square inches	2nd degree – \$0 3rd degree – \$2,500
At least 20 square inches, but less than 35 square inches	2nd degree – \$0 3rd degree – \$5,000
35 or more square inches of the body surface	2nd degree – \$1,000 3rd degree – \$10,000
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit
Skin graft for any other accidental tra	numatic loss of skin
At least 10 square inches, but less than 20 square inches	\$150
At least 20 square inches, but less than 35 square inches	\$250
35 or more square inches of the body surface	\$500
Concussion	\$150
Coma	\$10,000
Ruptured disc	\$800
Knee cartilage	
Torn with surgical repair	\$750
Exploratory surgery or cartilage shaved, only	\$150
Laceration	\$25-\$600
Tendon/ligament and rotator cuff	
Surgical repair of one	\$800
Surgical repair of two or more	\$1,200
Exploratory surgery without repair	\$150
Dental work, emergency	
Extraction	\$100
Crown	\$300
Eye injury	\$300

hospitalization benefits	Benefit amount	
Ambulance		
(ground, once per accident)	\$400	
Air ambulance	\$1500	
Emergency room treatment	\$150	
Emergency treatment in physician office/urgent		
care facility	\$75	
Hospital admission (admission or intensive care admission once per covered accident)	\$1,000	
Intensive care admission (same as above)	\$1,500	
Hospital confinement (per day up to 365 days)	\$200	
Intensive care confinement (per day up to 15 days)	\$400	
Medical imaging test (once per accident)	\$200	
Outpatient surgery facility service (once per accident)	\$300	
Pain management (epidural, once per accident)	\$100	
Treatment and other services	Benefit amount	
Surgery benefit		
Open abdominal, thoracic	\$1,500	
Exploratory (without repair)	\$150	
Hernia repair	\$150	
Physician follow-up visit (2 visits per accident)	\$75	
Chiropractic visit (up to 3 visits per calendar year)	\$25	
Therapy services (up to 10 per acciden	it)	
Occupational therapy	\$25	
Speech therapy	\$25	
Physical therapy	\$25	
Prosthetic device or artificial limb		
One	\$750	
More than one	\$1,500	
Appliance (once per accident)	\$100	
Blood, plasma and platelets	\$400	
Travel due to accident Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip	Not available in NJ	
Lodging (per night up to 30 days per accident)	Not available in NJ	
Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year)	\$100	

Accidental death and other	Benefit amount
covered losses	o chent anio ani
Accidental death*	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000
[°] The accidental death benefit triples if is injured as a fare-paying passenger or Employee-\$150,000; spouse-\$60,000; d	n a common carrier:
Initial accidental dismemberment — o accident, not payable with initial accid	•
Loss of both hands or both feet; or	\$15,000
Loss of one hand and one foot; or	\$15,000
Loss of one hand or one foot;	\$7,50
Loss of two or more fingers, toes or any combination; or	\$1,50
Loss of one finger or toe	\$75(
Loss of both hands or both feet; or loss foot	1
Employee (prior to age 65)	\$100,000
Spouse and child	\$50,000
Employee (ages 65–69)	\$50,000
Spouse and child	\$25,000
Employee (70+ years old)	\$25,000
Spouse and child	\$12,500
Accidental loss — paralysis, sight, hea Initial accidental loss — one benefit per with initial dismemberment	
Permanent paralysis; or	\$15,000
Loss of sight of both eyes; or	\$15,000
Loss of sight of one eye; or	\$7,500
Loss of the hearing of one ear	\$7,50
Catastrophic accidental loss [†] — once p payable with catastrophic dismembern Permanent paralysis; or loss of hearing the ability to speak; or loss of sight of b	ment in both ears; or loss o
Employee (prior to age 65)	\$100,000
Spouse and child	\$50,000
Employee (ages 65–69)	\$50,000
Spouse and child	\$25,000
Employee (70+ years old)	\$25,000
Spouse and child	\$12,500
[†] Catastrophic accidental loss benefit — p	bayable after fulfilling

Accident coverage is a limited policy.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

The 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 GA-1 or contact your Unum representative.

Level 2 with AD&D

See Schedule of Benefits for a complete listing of what is covered.

THIS IS A LIMITED BENEFITS POLICY.

Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- $\boldsymbol{\cdot}$ participating in war or act of war, whether declared or undeclared;
- committing acts of terrorism;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting;
- participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution;
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury. In addition to the exclusions listed above, Unum will also not pay the catastrophic accidental dismemberment or catastrophic accidental loss benefit for the following injuries that are caused by or are the result of:
- an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- injuries to a dependent child received during the birth.

Termination of employee coverage

If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage under the policy ends on the earliest of the:

- · date this policy is cancelled;
- · date you are no longer in an eligible group;
- · date your eligible group is no longer covered;
- \cdot date of your death;
- last day of the period for which you made any required contributions; or last day you are in active employment. However, as long as premium is paid as required, coverage will continue in accordance with the layoff and leave of absence provisions of this policy. Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

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Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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