

Accident Insurance

Unum Insurance Company



How does it work?

Accident Insurance pays 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.

What's included?

Be Well Benefit

Inc.

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.

How much does it cost?

Your bi-weekly premium	Option 1
You	\$4.82
You and your spouse	\$8.44
You and your children	\$10.13
Family	\$13.75

Unum | Accident Insurance EN-2073 FOR EMPLOYEES (6-23)

SCHEDULE OF BENEFITS

ADABD	\$500 \$1,000	Bones of the Face or Nose
Children \$12,500 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 \$50,000 Concussion Concussion Concussion Connective Tissue Damage One Connective Tissue Damage One Connective Tissue (tendon, ligament, rotator cutif, muscle) Dismemberment Both Feet \$50,000 Cone Foot \$25,000 Cone Foot \$25,000 Cone Hand \$25,000 Cone Hand \$25,000 Dislocations Thumb and Index Finger of \$12,500 Modifications Home & Vehicle Modifications Home & Vehicle Modifications Home & Vehicle Modifications Hearing (one ear) \$12,500 Sight of both Eyes \$50,000 Paralysis Hemil/Paraplegia \$12,500 Collarbone (acromicolavicular and separation) Finger or Toe (Digit) Hemil/Paraplegia \$12,500 Admission \$1,000 Admission Hospital ICU (added to Daily Stay) Elioy In Thigh (femur) Skull (except bones of Face or Nose),	\$1,000	(other than Lower Jaw, Mandible or Upper Jaw,
Common Carrier Benefit can pay if the insured inclinidual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes) Employee \$50,000 Concussion Spouse \$25,000 Concussion Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Dislocations Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Tw	41,000	Maxilla)
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injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes) Employee \$50,000 Concussion Spouse \$25,000 Concussion Children \$12,500 Connective Tissue Damage Dismemberment Both Feet \$50,000 Two or more Connective Tissue (tendon, ligament, rotator cutf, muscle) Both Hands \$50,000 Two or more Connective Tissue (tendon, ligament, rotator cutf, muscle) Both Hands \$50,000 Two or more Connective Tissue (tendon, ligament, rotator cutf, muscle) Both Hand \$25,000 Dislocations Thumb and Index Finger of the same Hand Coma \$10,000 Home & Vehicle Modifications Home & Vehicle Modifications Loss of Use Haring \$25,000 Elbow joint Hearing \$25,000 Shoulder Sight of one Eye \$25,000 Shoulder Sight of one Eye \$25,000 Collarbone (acromicolavicular) and separation) Finger or Toe (Digit) Uniplegia \$37,500 Quadriplegia \$37,500 Quadriplegia \$37,500 Quadriplegia \$37,500 Quadriplegia \$37,500 Quadriplegia \$37,500 Paily Stay Should (except bones of Face or Nose), Depressed Hip or Tispligh (femur) Skull (except bones of Face or Nose), Pepressed Hip or Tispligh (femur) Skull (except bones of Face or Nose),	\$2,000	Upper Jaw, Maxilla (other than alveolar process)
mass transit trains, buses and planes) Employee \$50,000 Concussion Spouse \$25,000 Connective Tissue Damage One Connective Tissue Damage One Connective Tissue Damage One Connective Tissue (tendon, ligament, rotator curf, muscle) Both Hands \$50,000 Two or more Connective Tissues (tendon, ligament, rotator curf, muscle) One Foot \$25,000 Dislocations Thumb and Index Finger of the same Hand Coma \$10,000 The Mand Patellal Coma \$10,000 The Mand Subhicle Modifications Home & Vehicle Modifications Loss of Use Haaring (one ear) \$12,500 Lower Jaw Hearing \$25,000 Shoulder Sight of one Eye \$25,000 Shoulder Sight of one Eye \$25,000 Finger or Toe (Digit) Memiplegia \$12,500 Kneecap (patella) Hemi/Paraplegia \$25,000 Finger or Toe (Digit) Kneecap (patella) Kneecap (patella) Kneecap (patella) Incomplete Dislocation benefit benefit benefit benefit benefit benefit benefit for the applicable Dislocation benefit benefit benefit for the applicable Dislocation benefit benefit for the applicable Dislocation benefit benefit for the papplicable Dislocation benefit benefit for the papplicable Dislocation benefit benefit for the papplicable Dislocation benefit benefit benefit for the papplicable Dislocation for Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of face or Nose), Depressed Hip or Thigh (femur)	\$5,000	Ankle (lower tibia or fibula)
Spouse \$25,000 Concussion Children \$12,500 Connective Tissue Damage Dismemberment Both Feet \$50,000 Cuff, muscle) Both Hands \$50,000 Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle) Done Foot \$25,000 Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle) One Foot \$25,000 Dislocations Thumb and Index Finger of the same Hand \$25,000 The same Hand (other than toes) Home & Vehicle Modifications The same Hand (other than Fingers) Loss of Use The same Hand (other than Fingers) Hearing \$25,000 Shoulder The same Hand (other than Fingers) Hearing \$25,000 Shoulder The same Hand (other than Fingers) Sight of one Eye \$25,000 The same Hand (other than Fingers) Hearing \$25,000 Shoulder The same Hand (other than Fingers) Hearing \$25,000 The same Hand (other than Fingers) Lower Jaw The shoulder The same Hand (other than Fingers) Lower Jaw The shoulder The same Hand (other than Fingers) Lower Jaw The shoulder The same Hand (other than Fingers) Lower Jaw The shoulder The same Hand (other than Fingers) Lower Jaw The shoulder The same Hand (other than Fingers) Lower Jaw The shoulder The same Hand (other than Fingers) Lower Jaw The shoulder The same Hand (other than Fingers) Lower Jaw The shoulder The same Hand (other than Fingers) Lower Jaw The same Hand The same	\$10,000	Collarbone (clavicle, sternum) or Shoulder Blade (scapula)
Children \$12,500 Connective Tissue Damage Dismemberment Both Feet \$50,000 Cuff, muscle) Both Hands \$50,000 Tussue (tendon, ligament, rotator cuff, muscle) Both Hands \$50,000 Tussue (tendon, ligament, rotator cuff, muscle) One Foot \$25,000 Tussue (tendon, ligament, rotator cuff, muscle) One Hand \$25,000 Dislocations Thumb and Index Finger of the same Hand \$25,000 Tussue (tendon, ligament, rotator cuff, muscle) One Hand \$25,000 Dislocations Thumb and Index Finger of the same Hand Tussue (tendon, ligament, rotator cuff, muscle) One Hand \$25,000 Dislocations Thumb and Index Finger of the same Hand (tother than patella) Ankle bone or bones of the foot (other than toes) Hip joint Collarbone (sternoclavicular) Elbow joint Hand (other than Fingers) Lower Jaw Hearing \$25,000 Shoulder Sight of one Eye \$25,000 Wrist joint Sight of one Eye \$25,000 Virist joint Sight of both Eyes \$50,000 Collarbone (acromicolavicular and separation) Paralysis Finger or Toe (Digit) Minumplegia \$12,500 Kneecap (patella) Hemi/Paraplegia \$37,500 Payable as a % of the applicable Dislocation Payable as a % of the applicable Dislocation benefit Eye Injury Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hilp or Thigh (femur) Skull (except bones of Face or Nose),		Foot or Heel (other than
Dismemberment Both Feet \$50,000 Both Hands \$50,000 The Foot \$25,000 One Hand \$25,000 Thumb and Index Finger of the same Hand Coma \$10,000 Home & Vehicle Modifications Home & Vehicle Modifications Loss of Use Haring \$25,000 Hearing \$25,000 Hearing \$25,000 Wrist joint Hearing \$25,000 Speech \$25,000 Speech \$25,000 Paralysis Uniplegia \$12,500 Hemi/Paraplegia \$25,000 Finger or Toe (Digit) Hospitalization Admission - Hospital ICU (added to Admission) Dislocations One Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two arotator cuff, muscle) Two or more Connective Tissue (tendon, ligament, rotator cuff, muscle) Two arotator cuff, muscle) Two arotator cuff, muscle) Two arotator cuff, muscle) Two carotacon fissue (tendon, ligament, rotator cuff, muscle) Two arotacon cuff, muscle) Two closed on foot connective Tissue (tendon, ligament, rotator cuff, muscle) Two arotacon cuffer of totacon cuffer of totacon	\$200	Toes)
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Both Hands \$50,000 One Foot \$25,000 Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle) One Hand \$25,000 Dislocations Knee joint (other than patella) Ankle bone or bones of the foot (other than toes) Hip joint Coma \$10,000 Home & Vehicle Modifications Home & Vehicle Modifications Loss of Use Hard (other than Fingers) Hearing (one ear) \$12,500 Hearing \$25,000 Sight of one Eye \$25,000 Sight of both Eyes \$50,000 Speech \$25,000 Paralysis Uniplegia \$12,500 Hemi/Paraplegia \$25,000 Friplegia \$37,500 Quadriplegia \$50,000 Home & Vehicle Modifications Speech \$25,000 Paralysis Uniplegia \$12,500 Hemi/Paraplegia \$25,000 Friplegia \$37,500 Quadriplegia \$50,000 Hospitalization Admission \$1,000 Admission Hospital ICU (added to Admission) Spit Stay - Hospital ICU (added to Daily Stay) Fige or Nose), Speech Salo Skull (except bones of Face or Nose), Face or Nose), Speres Sull (except bones of Face or Nose), Face or Nose), Sull (except bones of Face or Nose),	\$90	Wrist (other than Fingers)
Tissues (tendon, ligament, rotator cuff, muscle) One Hand September 1		Kneecap (patella)
One Foot \$25,000 rotator cuff, muscle) One Hand \$25,000 Dislocations Knee joint (other than patella) Ankle bone or bones of the foot (other than toes) Hip joint Coma St10,000 Hip joint Collarbone (sternoclavicular) Home & Vehicle Modifications Loss of Use Hand (other than Fingers) Hearing (one ear) \$12,500 Lower Jaw Hearing \$25,000 Shoulder Sight of one Eye \$25,000 Sight of both Eyes \$50,000 Speech \$25,000 Finger or Toe (Digit) Uniplegia \$12,500 Lower Jaw Hemi/Paraplegia \$25,000 Finger or Toe (Digit) Hemi/Paraplegia \$25,000 Finger or Toe (Digit) Hospitalization Admission \$1,000 Admission St200 Daily Stay - Hospital ICU (added to Admission) Paraly Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose),	\$150	Lower Jaw, Mandible (other than alveolar process)
Thumb and Index Finger of the same Hand Coma Ankle bone or bones of the foot (other than patella) Home & Vehicle Modifications Home & Vehicle Modifications Loss of Use Hearing (one ear) Hearing \$12,500 Hearing \$25,000 Sight of one Eye \$25,000 Speech \$25,000 Speech \$25,000 Speech \$25,000 Finger or Toe (Digit) Kneecap (patella) Knee joint (other than patella) Hip joint Collarbone (sternoclavicular) Elbow joint Lower Jaw Wrist joint Collarbone (acromicolavicular and separation) Finger or Toe (Digit) Kneecap (patella) Hemi/Paraplegia \$12,500 Hemi/Paraplegia \$25,000 Hospitalization Admission Admissio		Vertebral Processes
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Coma \$10,000 Home & Vehicle Modifications Home & Vehicle Modifications Loss of Use Hearing (one ear) Hearing \$25,000 Sight of one Eye Sight of both Eyes Speech Paralysis Uniplegia Hemi/Paraplegia Triplegia Quadriplegia Shoulde Hospitalization Ankle bone or bones of the foot (other than toes) Hip joint Collarbone (sternoclavicular) Elbow joint Lower Jaw Hand (other than Fingers) Lower Jaw Wrist joint Collarbone (acromicolavicular and separation) Finger or Toe (Digit) Kneecap (patella) Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Face or Nose), Skull (except bones of Face or Nose), Face or Nose),	\$1,650	Tailbone (coccyx), Sacrum
Home & Vehicle Modifications Home & Vehicle Modifications Home & Vehicle Modifications Loss of Use Hearing (one ear) Hearing \$25,000 Sight of one Eye \$25,000 Speech Paralysis Uniplegia Hemi/Paraplegia Triplegia \$37,500 Quadriplegia \$37,500 Quadriplegia \$50,000 Hospitalization Admission Admission Admission Admission Admission Bily stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) Finger or Wosel, Depressed Hip joint Collarbone (sternoclavicular) Elbow joint Lower Jaw Hand (other than Fingers) Lower Jaw Wrist joint Collarbone (acromioclavicular and separation) Foundation Finger or Toe (Digit) Kneecap (patella) Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose),	\$1,650	Finger or Toe (Digit)
Home & Vehicle Modifications Home & Vehicle Modifications Loss of Use Hearing (one ear) Hearing \$25,000 Sight of one Eye \$25,000 Speech \$25,000 Paralysis Uniplegia \$12,500 Hemi/Paraplegia \$25,000 Triplegia \$37,500 Quadriplegia \$37,500 Quadriplegia \$50,000 Hospitalization Admission Billy Stay (365 days) All (except bones of Face or Nose), Depressed Hip or Thigh (femur) Scollarbone (sternoclavicular) Elbow joint Hand (other than Fingers) Lower Jaw Ham (other than Fingers) Lower Jaw Shoulder Shoulder Collarbone (sternoclavicular) Elbow joint Hand (other than Fingers) Lower Jaw Ham (other than Fingers) Lower Jaw Fractormicalvicular (acromicalvicular and separation) Kneecap (patella) Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Face or Nose),		Chip Fracture - Payable as
Home & Vehicle Modifications Loss of Use Hearing (one ear) Hearing \$12,500 Lower Jaw Hearing \$25,000 Sight of one Eye \$25,000 Sight of both Eyes \$50,000 Speech \$25,000 Paralysis Uniplegia \$12,500 Hemi/Paraplegia \$12,500 Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Skull (except bones of Face or Nose),	\$3,375 \$825	a % of the applicable Fractures benefit
Loss of Use Hearing (one ear) Hearing (one ear) Hearing \$25,000 Shoulder Sight of one Eye \$25,000 Sight of both Eyes \$50,000 Speech \$25,000 Paralysis Uniplegia \$12,500 Hemi/Paraplegia \$12,500 Triplegia \$37,500 Quadriplegia \$50,000 Quadriplegia \$50,000 Hospitalization Admission Admission Admission Admission Admission Daily Stay (365 days) Daily Stay (365 days) Admission Admission Added to Daily Stay) Admission Admission Added to Daily Stay) Hand (other than Fingers) Lower Jaw Wrist joint Collarbone (acromioclavicular and separation) Kneecap (patella) Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Face or Nose),	⊅0 ∠3	Same bone maximum incurred per accident
Hearing (one ear) Hearing \$25,000 Shoulder Wrist joint Collarbone (acromioclavicular and separation) Paralysis Uniplegia Hemi/Paraplegia Triplegia \$25,000 Hospitalization Admission - Hospital ICU (added to Admission) Daily Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) Daily Stay - Hospital ICU (added to Daily Stay) Lower Jaw Wrist joint Collarbone (acromioclavicular and separation) Finger or Toe (Digit) Kneecap (patella) Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Skull (except bones of Face or Nose), Skull (except bones of Face or Nose),	\$500	Maximum payable multiplier
Hearing \$25,000 Shoulder Sight of one Eye \$25,000 Wrist joint Collarbone (acromioclavicular and separation) Paralysis Finger or Toe (Digit) Uniplegia \$12,500 Kneecap (patella) Hemi/Paraplegia \$25,000 Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Quadriplegia \$50,000 Hospitalization Admission + Hospital ICU (added to Admission) Daily Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) Sight of one Eye \$25,000 Wrist joint Collarbone (acromioclavicular and separation) Finger or Toe (Digit) Kneecap (patella) Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose),	\$500	for multiple bones
Sight of one Eye \$25,000 Sight of both Eyes \$50,000 Speech \$25,000 Paralysis Finger or Toe (Digit) Uniplegia \$12,500 Hemi/Paraplegia \$25,000 Triplegia \$37,500 Quadriplegia \$50,000 Hospitalization Admission - Hospital ICU (added to Admission) Daily Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) Daily Stay - Hospital ICU (added to Daily Stay) Syoon Syoon Collarbone (acromioclavicular and separation) Kneecap (patella) Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Skull (except bones of Face or Nose),	\$500	Internal Injuries
Sight of both Eyes \$50,000 Speech \$25,000 Paralysis Finger or Toe (Digit) Uniplegia \$12,500 Hemi/Paraplegia \$25,000 Triplegia \$37,500 Quadriplegia \$50,000 Hospitalization Admission - Hospital ICU (added to Admission) Daily Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) Daily Stay - Hospital ICU (added to Daily Stay) Syeon Synon Collarbone (acromioclavicular and separation) Kneecap (patella) Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Face or Nose),	\$500	Internal Injuries
Speech \$25,000 (acromioclavicular and separation) Paralysis Finger or Toe (Digit) Uniplegia \$12,500 Kneecap (patella) Hemi/Paraplegia \$25,000 Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Face or Nose),	\$500	Lacerations
Paralysis Uniplegia \$12,500 Kneecap (patella) Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Face or Nose), Skull (except bones of Face or Nose), Face or Nose),	\$325	No Repair
Uniplegia \$12,500 Kneecap (patella) Hemi/Paraplegia \$25,000 Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Eye Injury Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Skull (except bones of Face or Nose),		Repair Less than 2 inches
Hemi/Paraplegia \$25,000 Triplegia \$37,500 Quadriplegia \$50,000 Hospitalization Admission Admission - Hospital ICU (added to Admission) Daily Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) Daily Stay - Hospital ICU (added to Daily Stay) Standard Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) Stay Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit Eye Injury Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose),	\$150	Repair At least 2 inches but less than 6 inches
Triplegia \$37,500 Quadriplegia \$50,000 Hospitalization Admission \$1,000 Admission - Hospital ICU (added to Admission) Daily Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) Payable as a % of the applicable Dislocations benefit Eye Injury Fractures Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Face or Nose),	\$500	Repair 6 inches or greater
Quadriplegia \$50,000 Hospitalization Admission \$1,000 Admission - Hospital ICU (added to Admission) Daily Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) \$400 Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Face or Nose),	25%	Loss of a Digit
Hospitalization Admission \$1,000 Admission - Hospital ICU (added to Admission) Daily Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay) \$400 Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose), Face or Nose),	2370	One Digit (other than a
Admission \$1,000 Admission - Hospital ICU (added to Admission) \$500 Daily Stay (365 days) \$200 Daily Stay - Hospital ICU (added to Daily Stay) \$400 (added to Daily Stay) \$500 (added to Daily Stay) \$500 (added to Daily Stay) \$400 (added to Daily Stay) \$500 (adde		Thumb or Big Toe)
Admission – Hospital ICU (added to Admission) \$500 Daily Stay (365 days) \$200 Daily Stay – Hospital ICU (added to Daily Stay) \$400 (added to Daily Stay) \$500 Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) \$500 (except bones of Face or Nose),	\$200	One Digit (a Thumb or Big Toe)
(added to Admission) Daily Stay (365 days) Daily Stay – Hospital ICU (added to Daily Stay) \$400 Skull (except bones of Face or Nose), Depressed Hip or Thigh (femur) Skull (except bones of Face or Nose),		Two or more Digits
Daily Stay (365 days) \$200 Daily Stay – Hospital ICU (added to Daily Stay) \$400 Skull (except bones of Face or Nose),	\$4,500	Knee Cartilage
Daily Stay – Hospital ICU \$400 Skull (except bones of Face or Nose),		Knee Cartilage (Meniscus)
(added to Daily Stay) Skull (except bories of Face or Nose),	\$3,375	Injury Ruptured or Herniated Disc
200 Non-depressed	\$2,250	One Disc
		Two or more Discs
Injury Vertebrae, body of (other than Vertebral Processes)	\$1,350	Recovery
Injury due to felony & \$150 Sexual assault Leg (mid to upper tibia or	\$1,350	At-Home Care
Organized Sports 10% fibula)		Physician Follow-Up Visits
Burns Pelvis	\$1,350	Physician Follow-Up

\$675

\$675

\$675

\$450

\$450

\$450

\$450

\$450 \$450 \$450 \$450 \$450 \$225

25%

1 Fracture

2 Times

\$200

\$50 \$150 \$300 \$600

\$750

\$1,125 \$1,500

\$150

\$150 \$250

\$100 \$75 2 Visits

SCHEDULE OF BENEFITS

Prescription Drug	\$25
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\$300Ruptured or Herniated Disc Surgery\$125Exploratory without Repair\$125One Disc\$675Two or more Discs\$1,000TreatmentOrganized Sports10%Ambulance\$1,500Air\$1,500Ground\$400Durable Medical Equipment\$50Tier 1 (arm sling, cane, medical ring cushion)\$50Tier 2 (bedside commode, cold therapy system, crutches)\$100Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)\$200Emergency Dental Repair\$90Dental Crown\$350Dental Extraction\$115Filling or Chip Repair\$90Imaging\$50Tier 1: X-rays or Ultrasound\$50Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI\$200Medical Imaging Incidence allowance covered accident per Tier\$1 Per Insured Per TierLodging\$150Lodging (per night)\$150Prosthetic Device\$1,500One Device or Limb\$750Skin Grafts\$0%For Burns - Payable as a % of the applicable Burn benefit\$0%Not Burns - Less than 20% of skin surface\$250Not Burns - 20% or greater of skin surface\$250Treatment\$10Emergency Room Treatment\$150Injections to Prevent or Limit lier, activion (netta, num, mail lier, activion (netta, num, mail lier, activion (netta	Surgery	
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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 Lodging Lodging (per night) \$150 Prosthetic Device One Device or Limb \$750 Two or more Devices or Limbs Skin Grafts For Burns - Payable as a % of the applicable Burn benefit Not Burns - Less than 20% of skin surface \$500 Not Burns - 20% or greater of skin surface \$500 Treatment Emergency Room Treatment \$150 Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin) Pain Management Injections (epidural, cortisone, \$100	Emergency Dental Repair	
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Two or more Devices or Limbs \$1,500 Skin Grafts For Burns - Payable as a % of the applicable Burn benefit Not Burns - Less than 20% of skin surface \$250 Not Burns - 20% or greater of skin surface \$500 Treatment Emergency Room Treatment \$150 Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin) Pain Management Injections (epidural, cortisone, \$100	Prosthetic Device	
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Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin) Pain Management Injections (epidural, cortisone, \$100	Treatment	
Limit Infection (tetanus, rabies, antivenom, immune globulin) \$50 Pain Management Injections (epidural, cortisone, \$100	Emergency Room Treatment	\$150
(epidural, cortisone, \$100	Limit Infection (tetanus, rabies, antivenom, immune	\$50
	(epidural, cortisone,	\$100

Treatment

Transfusions	\$400
Transportation (per trip)	\$100
Family Care	\$50
Pet Boarding (per day)	\$30
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$75

EN-2073 FOR EMPLOYEES (6-23) Unum | Accident Insurance

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 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 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, 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 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 any of the following:
- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicant, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's 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:

- 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

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 certificate form GAC16-1 et al. and GAC16-2, GAC16-2-IL, GAC16-3-NH, GAC16-2-OH, and GAC16-2-UT. Policy Form GAP16-1 et al. in all states, GAP16-3-NH in New Hampshire 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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