



# Be sure to review this schedule of benefits.

It shows the many ways this coverage can pay a benefit if you are injured.

Covered injuries	Benefit amount
<b>Fractures</b>	
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
<b>Dislocations</b>	
Open reduction (dependent on location of injury)	\$300 to \$6,000
Closed reduction (dependent on location of injury)	\$150 to \$3,000
<b>Burns</b>	
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
<b>Skin graft for any other accidental traumatic loss of skin</b>	
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
<b>Concussion</b>	\$150
<b>Coma</b>	\$10,000
<b>Ruptured disc</b>	\$800
<b>Knee cartilage</b>	
Torn	\$750
Exploratory	\$150
<b>Laceration</b>	\$25 – \$600
<b>Tendon/ligament and rotator cuff</b>	
Surgical repair of one	\$800
Surgical repair of two or more	\$1,200
Exploratory surgery only	\$150
<b>Dental work, emergency</b>	
Extraction	\$100
Crown	\$300
<b>Eye injury</b>	\$300

Emergency and hospitalization benefits	Benefit amount
<b>Ambulance</b> (ground, once per accident) <sup>1</sup>	\$400
Air ambulance	\$1,500
<b>Emergency room treatment</b>	\$150
<b>Emergency treatment</b> in physician office/urgent care facility	\$75
<b>Hospital admission</b> (admission or intensive care admission once per covered accident)	\$1,000
<b>Intensive care admission</b> (same as above)	\$1,500
<b>Hospital confinement</b> (per day up to 365 days)	\$200
<b>Intensive care confinement</b> (per day up to 15 days)	\$400
<b>Medical imaging test</b> (once per accident)	\$200
<b>Outpatient surgery facility service</b> (once per accident)	\$300
<b>Pain management</b> (epidural, once per accident)	\$100



Treatment and other services	Benefit amount
<b>Surgery benefit</b>	
Open abdominal, thoracic	\$1,500
Exploratory (without repair)	\$150
<b>Hernia repair</b>	\$150
<b>Physician follow-up visit</b> (2 visits per accident)	\$75
<b>Chiropractic visit</b> (up to 3 visits per calendar year) <sup>2</sup>	\$25
<b>Therapy services (up to 10 per accident)</b>	
Occupational therapy	\$25
Speech therapy	\$25
Physical therapy	\$25
<b>Prosthetic device or artificial limb</b>	
One	\$750
More than one	\$1,500
<b>Appliance (once per accident)</b>	\$100
<b>Blood, plasma and platelets</b>	\$400
<b>Travel due to accident</b> Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip <sup>3</sup>	
	\$0.40 per mile
<b>Lodging</b> (per night up to 30 days per accident) <sup>4</sup>	\$150
<b>Rehabilitation unit confinement</b> (per day up to 15 days; max 30 days per calendar year)	\$100

Accidental death and other covered losses	Benefit amount
<b>Accidental death*</b>	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000
*The accidental death benefit triples if the insured individual is injured as a fare-paying passenger on a common carrier: Employee – \$150,000; spouse – \$60,000; child – \$30,000	
<b>Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss</b>	
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;	\$7,500
Loss of two or more fingers, toes or any combination; or	\$1,500
Loss of one finger or toe	\$750
<b>Catastrophic accidental dismemberment† — once per lifetime, not payable with catastrophic loss<sup>5</sup></b>	
Loss of both hands or both feet; or loss of one hand and one foot	
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
<b>Accidental loss — paralysis, sight, hearing and speech<sup>6</sup></b>	
Initial accidental loss — one benefit per accident, not payable 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	\$7,500
<b>Catastrophic accidental loss† — once per lifetime, not payable with catastrophic dismemberment</b>	
Permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight of both eyes	
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

**THIS IS A LIMITED POLICY.**

For NH, NM & NY, please refer to the state specific form.

In CT, there is a \$500 benefit payable for outpatient emergency room medical care for accidental ingestion of a controlled substance.

In TX, additional benefits are available for acquired brain injury, telehealth service and telemedicine medical service.

† Catastrophic accidental benefit — payable after fulfilling a 365-day elimination period.

1 In CT, no ground or air ambulance benefit is payable.

2 In KS, no chiropractic benefit is payable.

3 In NJ, no transportation benefit is payable.

4 In NJ, no lodging benefit is payable.

5 In ME, catastrophic benefits amounts vary.

6 In PA, no catastrophic accidental dismemberment benefit is payable, no paralysis benefit is payable, no catastrophic accidental loss of sight/speech/hearing benefit is available.

However, the catastrophic accidental loss benefit also covers loss of use of both hands or feet, both arms or legs, one hand and foot, and/or one arm and leg.

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.

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