

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	
Fractures		
Open reduction	Up to \$7,500	
Closed reduction	Up to \$3,750	
Chips	25% of closed amount	
Dislocations		
Open reduction	Up to \$6,000	
Closed reduction	Up 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 traumatic 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	\$750	
Exploratory	\$150	
Laceration	\$25 - \$600	
Tendon/ligament and rotator cuff		
Surgical repair of one	\$800	
Surgical repair of two or more	\$1,200	
Exploratory surgery only	\$150	
Dental work, emergency		
Extraction	\$100	
Crown	\$300	
Eye injury	\$300	

Emergency and hospitalization benefits	Benefit amount
Ambulance (ground, once per accident) ¹	\$400
Air ambulance	\$1,500
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

Check it out! See how much this plan pays for actual injuries and treatment.

Treatment and other services

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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) ²	\$25	
Therapy services (up to 10 per accident)		
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 ³	\$0.40 per mile	
Lodging (per night up to 30 days per accident) ⁴	\$150	
Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year)	\$100	

Accidental death and other covered losses	Benefit amount	
Accidental death*		
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 Initial accidental dismemberment — one benefit per accident,		
not payable with initial accidental loss	in per accident,	
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	
not payable with catastrophic loss ⁵ Loss of both hands or both feet; or loss of one h Employee (prior to age 65) – Spouse and child Employee (ages 65–69)	and and one foot \$100,000 \$50,000 \$50,000	
– Spouse and child	\$25,000	
Employee (70+ years old)	\$25,000	
– Spouse and child	\$12,500	
Accidental loss — paralysis, sight, hearing and Initial accidental loss — one benefit per accident with initial dismemberment Permanent paralysis; or Loss of sight of both eyes; or		
Loss of sight of one eye; or	\$7,500	
Loss of the hearing of one ear\$7,500Catastrophic accidental loss† — once per lifetime, not payable with catastrophic dismembermentPermanent 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 and NY, please refer to the state specific form for benefit variations. In CT, there is a \$500 benefit payable for outpatient emergency room medical care for accidental ingestion of a controlled substance.

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

1 In CA and 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. In PA, no catastrophic accidental dismemberment benefit is payable.

6 In PA, no paralysis benefit is payable.

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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