

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	Emergency and hospitalization benefits	Benefit amount
Fractures		Ambulance (ground, once per accident) ¹	\$400
Open	Up to \$7,500	Air ambulance	\$1,500
Closed	Up to \$3,750	Emergency room treatment	\$150
Chips	25% of closed amount	Emergency treatment in physician office/urgent care facility	
Dislocations		Either ER room or Primary Care/Specialist/Urgent Care benefit is payable once per covered accident	
Open	Up to \$6,000	Primary Care Physician	\$75
Closed	Up to \$3,000	Specialist	\$75
Burns		Urgent Care Facility	\$75
At least 10 square inches, but less than 20 square inches	2nd degree – \$0 3rd degree – \$2,500	Hospital admission (admission or intensive care admission once	C 1 ¢
At least 20 square inches, but less than 35 square inches	2nd degree – \$0 3rd degree – \$5,000	per covered accident)	\$750
35 or more square inches of the body surface	2nd degree – \$1,000 3rd degree – \$10,000	Intensive care admission (same as above)	\$1,125
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit	Hospital confinement (per day up to 365 days)	\$200
Skin graft for any other accidental traumatic loss of skin		Intensive care confinement	
At least 10 square inches, but less than 20 square inches	\$150	(per day up to 15 days) Medical imaging test	\$400
At least 20 square inches, but less than 35 square inches	\$250	(once per accident) Outpatient surgery facility service	\$100
35 or more square inches of the body surface	\$500	(once per accident)	\$100
Concussion	\$150	Pain management	¢100
Coma	\$10,000	(epidural, once per accident)	\$100
Ruptured disc	\$800		
Knee cartilage			
Torn	\$750		
Exploratory	\$150		
Laceration	\$25 - \$600	Check it	outl
Tendon/ligament and rotator cuff		Check it See how muc	
Repair of one	\$800	I I I I I I I I I I I I I I I I I I I	h this
Repair of two or more	\$1,200	plan pays for in and treatme	njuries
Exploratory only	\$150	and treatme	ent.
Dental work, emergency			
Extraction	\$100		
Crown	\$300		
Eye injury	\$300		

Treatment and other services

Surgery benefit			
Open abdominal, thoracic	\$1,500		
Exploratory (without repair)	\$150		
Hernia repair	\$150		
Physician follow-up visit (up to 2 visit(s) per accident)			
Primary care physician	\$50		
Specialist	\$50		
Urgent care facility	\$50		
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 covered accident)			
Lodging (per day up to 30 days per covered accident) ³	\$150		
Transportation more than 50+ miles from residence (up to three trips per covered accident; benefit for injured insured individual only; max 1200 miles per round trip) ⁴	\$0.40		
Transportation maximum	\$1,440		
Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year)	\$100		

Benefit amount

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 th injured as a fare-paying passenger on a Employee – \$150,000; spouse – \$60,000 Initial accidental dismemberment — one	common carrier: ; child – \$30,000
not payable with initial accidental loss	e benefit 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
Employee (prior to age 65) - Spouse and child Employee (ages 65-69) - Spouse and child	\$100,000 \$50,000 \$50,000 \$25,000
Employee (70+ years old)	\$25,000
– Spouse and child	\$12,500
Accidental loss — paralysis, sight, hearin Initial accidental loss — one benefit per ac with initial dismemberment Permanent paralysis; or	ccident, not payable \$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
Catastrophic accidental loss ^{**} — once pe catastrophic dismemberment Permanent paralysis, or loss of hearing in ability to speak, or loss of sight of both ey	both ears, or loss of the
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.

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 lodging benefit is payable.

4 In NJ, no transportation 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.

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.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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