

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	Up to \$7,500
Closed	Up to \$3,750
Chips	25% of closed amount
Dislocations	
Open	Up to \$6,000
Closed	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	
Repair of one	\$800
Repair of two or more	\$1,200
Exploratory 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



Treatment and other services	Benefit amount
Doctor's office initial visit	\$50
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	
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
Catastrophic accidental dismemberment† — once per lifetime, not payable with catastrophic loss⁵	
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
Accidental loss — paralysis, sight, hearing and speech	
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
Catastrophic accidental loss† — once per lifetime, not payable with catastrophic dismemberment	
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

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.

THIS IS A LIMITED POLICY.

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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