



Accident Insurance

can pay you money for covered accidental injuries and their treatment.

How does it work?

Accident Insurance can pay 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.



*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

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're guaranteed base coverage, without answering health questions.
- 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	Ages 17 and up	
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.	

How much does it cost?

Monthly Premium			
You	\$10.31		
You and your spouse	\$16.07		
You and your child(ren)	\$18.72		
You, your spouse and child(ren)	\$24.48		

For illustrative purposes only. Actual cost may vary.

Accident Insurance – Schedule of Benefits

Covered injuries	Benefit amount	
Fractures		
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	
Dislocations		
Open Reduction (dependent on location of injury)	\$300 to \$6,000	
Closed Reduction (dependent on location of injury)	\$150 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 with surgical repair	\$750	
Exploratory surgery or cartilage shaved, only	\$150	
Laceration	\$25-\$600	
Tendon/ligament and rotator cuff		
Surgical repair of one	\$800	
Surgical repair of two or more	\$1,200	
Exploratory surgery without repair	\$150	
Dental work, emergency		
Extraction	\$100	
Crown	\$300	
Eye injury	\$300	

Accident coverage is a limited policy.

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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Tailored with AD&D
EN-1974 (1-20)

Emergency and hospitalization benefits	Benefit amount		
Ambulance (ground, once per accident)	\$400		
Air ambulance	\$1500		
Emergency room treatment	\$100		
Emergency treatment in physician of Either ER room or Primary Care/Specia payable once per covered accident			
Primary care physician	\$50		
Specialist	\$50		
Urgent care facility	\$50		
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)	\$100		
Intensive care confinement (per day up to 15 days)	\$200		
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		
Surgery benefit			
Open abdominal, thoracic	\$1,500		
Exploratory (without repair)	\$150		
	\$150		
Hernia repair Physician follow-up visit (2 visits per accident)	\$150		
Hernia repair Physician follow-up visit	\$150		
Hernia repair Physician follow-up visit (2 visits per accident)			
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist	\$50		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician	\$50 \$50		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit	\$50 \$50 \$50		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit (up to 0 visits per calendar year) Therapy services	\$50 \$50 \$50		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit (up to 0 visits per calendar year) Therapy services (up to 6 per accident)	\$50 \$50 \$50 NA		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit (up to 0 visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy	\$50 \$50 \$50 NA \$35		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit (up to 0 visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy	\$50 \$50 \$50 NA \$35 \$35		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit (up to 0 visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy Physical therapy	\$50 \$50 \$50 NA \$35 \$35		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit (up to 0 visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy Physical therapy Prosthetic device or artificial limb	\$50 \$50 \$50 NA \$35 \$35 \$35		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit (up to 0 visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy Physical therapy Prosthetic device or artificial limb One	\$50 \$50 \$50 NA \$35 \$35 \$35		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit (up to 0 visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy Physical therapy Physical therapy One More than one Appliance (once per accident)	\$50 \$50 \$50 NA \$35 \$35 \$35 \$35		
Hernia repair Physician follow-up visit (2 visits per accident) Primary care physician Specialist Urgent care facility Chiropractic visit (up to 0 visits per calendar year) Therapy services (up to 6 per accident) Occupational therapy Speech therapy Physical therapy Prosthetic device or artificial limb One More than one	\$50 \$50 \$50 NA \$35 \$35 \$35 \$35 \$35 \$35		

Lodging (per night up to 30 days per accident)	\$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 — or accident, not payable with initial 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		
Catastrophic accidental dismemberment [†] — once per lifetime, not payable with catastrophic loss 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 pr payable with catastrophic dismemberr Permanent paralysis; or loss of hearing the ability to speak; or loss of sight of b	ment in both ears; or loss of		
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		
[†] Catastrophic accidental benefit — payable after fulfilling a 365 day elimination period.			

See Schedule of Benefits for a complete listing of what is covered.

THIS IS A LIMITED BENEFITS POLICY.

Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- \cdot participating in war or act of war, whether declared or undeclared;
- committing acts of terrorism;
- \cdot riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting;
- participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution;
- committing or trying to commit suicide or injuring oneself intentionally, while sane;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury. In addition to the exclusions listed above, Unum will also not pay the catastrophic accidental dismemberment or catastrophic accidental loss benefit for the following injuries that are caused by or are the result of:
- \cdot an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- \cdot injuries to a dependent child received during the birth.

Termination of employee coverage

If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage under the policy ends on the earliest of the:

- \cdot date this policy is cancelled,
- \cdot date you are no longer in an eligible group;
- · date your eligible group is no longer covered;
- \cdot date of your death;
- last day of the period for which you made any required contributions; or last day you are in active employment. However, as long as premium is paid as required, coverage will continue in accordance with the layoff and leave of absence provisions of this policy. Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

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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 Policy Form GA-1 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Critical Illness Insurance

can pay money directly to you when you're diagnosed with certain serious illnesses.

How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a benefit payment in one lump sum. You can use the money however you want.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions. If you have a different condition later, you can receive another benefit.
- This insurance pays you once for each eligible illness. However, the diagnoses must be at least 90 days apart, and the conditions can't be related to each other.

What's covered?

- Heart attack
- Blindness
- Major organ failure
- End-stage kidney failure
- Benign brain tumor
- Coronary artery bypass surgery (pays at 25% of lump sum benefit)
- Coma that lasts at least 14 consecutive days
- Stroke whose effects are confirmed at least 30 days after the event
- Occupational HIV
- Permanent paralysis of at least two limbs due to a covered accident

Coverage is also included for:

- Cancer
- Carcinoma in situ pays 25% of your coverage amount. (Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.)

Why should I buy coverage now?

- It's more affordable when you buy it through your employer.
- The cost is conveniently deducted from your paycheck.
- You can keep coverage if you leave the company or retire. You'll be billed at home.

What else is included?

A Wellness Benefit

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a health screening test, such as:

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms
- And other tests listed in your policy

A Recurrence Benefit

You can receive an additional payment if you have a second occurrence of benign brain tumor, heart attack, coma or stroke — as long as 12 months have passed between the two diagnoses. The Recurrence Benefit pays 100% of your coverage amount.

Please refer to the policy for complete details about these covered conditions. Coverage may vary by state. See exclusions and limitations.

Effective date of coverage: Coverage becomes effective on the first day of the month in which payroll deductions begin. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

Critical Illness Insurance

Who can get coverage?

Coverage is guaranteed up to the stated amount.

You:	 Choose \$10,000 or \$20,000 of coverage. Coverage is guaranteed up to \$20,000 if you apply during this enrollment. Spouses from age 17 and up can get \$5,000 or \$10,000 of coverage during this enrollment. Coverage is guaranteed up to \$10,000 with no medical questions as long as you have purchased coverage for yourself. 	
Your spouse:		
Your children:	Dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses, plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.	

	Monthly Wellness Benefit Premium of \$50		
Employee and children		\$1.66	
	Spouse	\$1.66	

Monthly premium for \$1,000 of coverage		
Age	Uni-Tobacco Rates	
0-24	\$0.74	
25-29	\$0.86	
30-34	\$1.26	
35-39	\$1.75	
40-44	\$2.51	
45-49	\$3.53	
50-54	\$4.79	
55-59	\$6.47	
60-64	\$8.70	
65-69	\$11.10	
70-99	\$13.55	

Cost of coverage example

Example: The cost of \$10,000 of coverage for a 30 year old would be \$12.60 + \$1.66 = \$14.26

Wellness benefit premium of \$1.66 is in addition to the base premium Actual billed amounts may vary. For illustrative purposes only.

Exclusions and limitations

Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- · Committing or attempting a felony or being engaged in an illegal occupation; or
- Committing or trying to commit suicide or injuring oneself intentionally, whether sane or not; or
- · Participating in war or any act of war, whether declared or undeclared; or
- Committing acts of terrorism; or
- Being under the influence of or addicted to intoxicants or narcotics. This would not include physician-prescribed medication, taken in the prescribed dosage

Termination of employee coverage

If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage under the policy ends on the earliest of the:

- Date this policy is canceled;
- · Date you are no longer in an eligible group;
- Date your eligible group is no longer covered;
- \cdot Date of your death;
- \cdot Last day of the period for which you made any required contributions; or
- Last day you are in active employment. However, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the portability provision or in accordance with the Layoff and Leave of Absence provisions of this policy.

Coverage on your dependent children ends on the earliest of the date your coverage under this policy ends or the date a dependent child no longer meets the definition of dependent children.

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

THIS INSURANCE PROVIDES LIMITED BENEFITS

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Hospital Insurance

can pay benefits that help you with the costs of a covered hospital visit.

How does it work?

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, co-pays and deductibles.

What's included?

- \$1,000 for each covered hospital admission once per year
- \$100 for each day of your covered hospital stay, up to 15 days once per year
- \$200 for each day you spend in intensive care, up to 15 days once per year

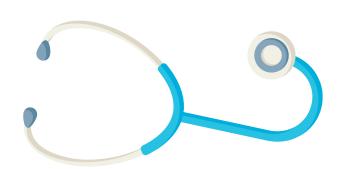
Why is this coverage so valuable?

- You get affordable rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).

Who can get coverage?

You:	If you're actively at work	
Your spouse: ages 17 and up		
Your children:	Dependent children until their 26th birthday, regardless of marital or student status.	

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.



This plan has a pre-existing condition limitation. See the disclosures for more information.

How much does it cost?

Hospital Insurance monthly rates			
Employee	Employee and spouse	Employee and child	Employee spouse and child
\$20.95	\$39.96	\$28.52	\$47.53

For illustrative purposes only. Actual cost may vary. Coverage becomes effective on the first day of the month in which payroll deductions begin.

Hospital Insurance

Hospital insurance filed policy name is Hospital Confinement Indemnity Group Insurance Policy

Exclusions and Limitations

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- Participating in war or act of war, whether declared or undeclared;
- · Committing acts of terrorism;
- · Treatment for alcoholism or drug addiction unless the insured individual is addicted to a narcotic taken on the advice of a physician;
- · Treatment for dental care or dental procedures, unless treatment is the result of a covered accident;
- · Elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is as a result of trauma, infection or other diseases;
- · Participating or attempting to participate in a felony or being engaged in an illegal occupation;
- · Committing or trying to commit suicide or injuring oneself intentionally while sane; · Hospital confinement caused by, contributed to by, or resulting from mental illness. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or
- other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this policy;
- · Any hospital confinement of a newborn following the birth unless the newborn is sick or injured.
- Any pregnancy of a dependent child, including services rendered to her child after birth. The definition of hospital does not include certain facilities. See your contract for details.

Termination of employee coverage

If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage under the policy ends on the earliest of the:

- Date this policy is cancelled; • Date you are no longer in an eligible group;
- · Date your eligible group is no longer covered;
- · Date of your death;
- · Last day of the period for which you made any required contributions; or
- · Last day you are in active employment.

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage. 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 that may affect any benefits payable. For complete details of coverage and availability, please refer to policy form GHI-1 or contact your Unum representative.

Unum complies with all state civil union and domestic partner laws when applicable.

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