



## 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 \$5,000
Closed	Up to \$2,500
Chips	25% of closed amount
Dislocations	
Open	Up to \$4,000
Closed	Up to \$2,000
Burns	
At least 10 square inches, but less than 20 square inches	2nd degree – \$0 3rd degree – \$1,250
At least 20 square inches, but less than 35 square inches	2nd degree – \$0 3rd degree – \$2,500
35 or more square inches of the body surface	2nd degree – \$500 3rd degree – \$7,500
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit
Skin graft for any other accidental traumatic lo	ss of skin
At least 10 square inches, but less than 20 square inches	\$75
At least 20 square inches, but less than 35 square inches	\$125
35 or more square inches of the body surface	\$250
Concussion	\$100
Coma	\$5,000
Ruptured disc	\$600
Knee cartilage	
Torn	\$500
Exploratory	\$100
Laceration	\$25 - \$400
Tendon/ligament and rotator cuff	
Repair of one	\$600
Repair of two or more	\$900
Exploratory only	\$100
Dental work, emergency	
Extraction	\$50
Crown	\$150
Eye injury	\$200

Emergency and	Benefit amount
hospitalizátion benefits	bellellt allloullt
Ambulance (ground, once per accident) <sup>1</sup>	\$200
Air ambulance	\$750
Emergency room treatment	\$100
Emergency treatment in physician office/urgent care facility	\$50
Hospital admission (admission or intensive care admission once per covered accident)	\$750
Intensive care admission (same as above)	\$1,125
Hospital confinement (per day up to 365 days)	\$100
Intensive care confinement (per day up to 15 days)	\$300
Medical imaging test (once per accident)	\$100
Outpatient surgery facility service (once per accident)	\$150
Pain management (epidural, once per accident)	\$50

Check it out!

See how much this plan

Pays for actual injuries

and treatment.

Treatment and other services	Benefit amount
Surgery benefit	
Open abdominal, thoracic	\$1,000
Exploratory (without repair)	\$100
Hernia repair	\$100
Physician follow-up visit (2 visits per accident)	\$50
Chiropractic visit (up to 3 visits per calendar year) <sup>2</sup>	\$15
Therapy services (up to 10 per accident)	
Occupational therapy	\$15
Speech therapy	\$15
Physical therapy	\$15
Prosthetic device or artificial limb	
One	\$500
More than one	\$1,000
Appliance (once per accident)	\$50
Blood, plasma and platelets	\$300
Travel due to accident Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip <sup>3</sup>	\$0.30 per mile
<b>Lodging</b> (per night up to 30 days per accident) <sup>4</sup>	\$100
Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year)	\$50

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## 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.

Accidental death and other covered losses	Benefit amount	
Accidental death*		
Employee	\$25,000	
Spouse	\$10,000	
Child	\$5,000	
*The accidental death benefit doubles if the ins	sured individual is	
injured as a fare-paying passenger on a common carrier:		
Employee – \$50,000; spouse – \$20,000; child – \$10,000		
Initial accidental dismemberment — one bene not payable with initial accidental loss	fit per accident,	
Loss of both hands or both feet; or	\$5,000	
Loss of one hand and one foot; or	\$5,000	
Loss of one hand or one foot;	\$2,500	
Loss of two or more fingers, toes or any	6750	
combination; or	\$750	
Loss of one finger or toe	\$250	
Catastrophic accidental dismemberment <sup>†</sup> — once per lifetime, not payable with catastrophic loss <sup>5</sup> Loss of both hands or both feet; or loss of one hand and one foot		
Employee (prior to age 65)	\$10,000	
– Spouse and child	\$5,000	
Employee (ages 65–69)	\$5,000	
– Spouse and child	\$2,500	
Employee (70+ years old)	\$2,500	
– Spouse and child	\$1,250	
Accidental loss — paralysis, sight, hearing and speech <sup>6</sup> Initial accidental loss — one benefit per accident, not payable with initial dismemberment		
Permanent paralysis; or	\$5,000	
Loss of sight of both eyes; or	\$5,000	
Loss of sight of one eye; or	\$2,500	
Loss of the hearing of one ear	\$2,500	
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)	\$10,000	
- Spouse and child	\$5,000	
Employee (ages 65–69)	\$5,000	
- Spouse and child	\$2,500	
Employee (70+ years old)	\$2,500	
- Spouse and child	\$1,250	
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 $\bf 5$  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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