

# 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                                |
|---|---|
| <b>Fractures</b>  |   |
| Open  | Up to \$7,500                                 |
| Closed  | Up to \$3,750                                 |
| Chips   | 25% of closed amount                          |
| <b>Dislocations</b>   |   |
| Open  | Up to \$6,000                                 |
| Closed  | Up to \$3,000                                 |
| <b>Burns</b>  |   |
| At least 10 square inches, but less than 20 square inches         | 2nd degree – \$0<br>3rd degree – \$2,500      |
| At least 20 square inches, but less than 35 square inches         | 2nd degree – \$0<br>3rd degree – \$5,000      |
| 35 or more square inches of the body surface                      | 2nd degree – \$1,000<br>3rd degree – \$10,000 |
| Skin grafts for 2nd and 3rd degree burns                          | 50% of burn benefit                           |
| <b>Skin graft for any other accidental traumatic loss of skin</b> |   |
| 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   |
| <b>Concussion</b>   | \$150   |
| <b>Coma</b>   | \$10,000                                      |
| <b>Ruptured disc</b>  | \$800   |
| <b>Knee cartilage</b>   |   |
| Torn  | \$750   |
| Exploratory   | \$150   |
| <b>Laceration</b>   | \$25 – \$600                                  |
| <b>Tendon/ligament and rotator cuff</b>                           |   |
| Repair of one   | \$800   |
| Repair of two or more   | \$1,200                                       |
| Exploratory only  | \$150   |
| <b>Dental work, emergency</b>                                     |   |
| Extraction  | \$100   |
| Crown   | \$300   |
| <b>Eye injury</b>   | \$300   |

| Emergency and hospitalization benefits  | Benefit amount |
|---|----------------|
| <b>Ambulance</b> (ground, once per accident) <sup>1</sup>                                   | \$400          |
| Air ambulance   | \$1,500        |
| <b>Emergency room treatment</b>   | \$150          |
| <b>Emergency treatment</b> in physician office/urgent care facility                         | \$75           |
| <b>Hospital admission</b> (admission or intensive care admission once per covered accident) | \$1,000        |
| <b>Intensive care admission</b> (same as above)   | \$1,500        |
| <b>Hospital confinement</b> (per day up to 365 days)  | \$200          |
| <b>Intensive care confinement</b> (per day up to 15 days)                                   | \$400          |
| <b>Medical imaging test</b> (once per accident)   | \$200          |
| <b>Outpatient surgery facility service</b> (once per accident)                              | \$300          |
| <b>Pain management</b> (epidural, once per accident)  | \$100          |



| Treatment and other services   | Benefit amount  |
|--|-----------------|
| <b>Surgery benefit</b>   |                 |
| Open abdominal, thoracic   | \$1,500         |
| Exploratory (without repair)   | \$150           |
| <b>Hernia repair</b>   | \$150           |
| <b>Physician follow-up visit</b><br>(2 visits per accident)  | \$75            |
| <b>Chiropractic visit</b><br>(up to 3 visits per calendar year) <sup>2</sup>   | \$25            |
| <b>Therapy services (up to 10 per accident)</b>  |                 |
| Occupational therapy   | \$25            |
| Speech therapy   | \$25            |
| Physical therapy   | \$25            |
| <b>Prosthetic device or artificial limb</b>  |                 |
| One  | \$750           |
| More than one  | \$1,500         |
| <b>Appliance (once per accident)</b>   | \$100           |
| <b>Blood, plasma and platelets</b>   | \$400           |
| <b>Travel due to accident</b><br>Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip <sup>3</sup> |                 |
|  | \$0.40 per mile |
| <b>Lodging</b><br>(per night up to 30 days per accident) <sup>4</sup>  | \$150           |
| <b>Rehabilitation unit confinement</b><br>(per day up to 15 days; max 30 days per calendar year)   | \$100           |

| Accidental death and other covered losses   | Benefit amount |
|---|----------------|
| <b>Accidental death*</b>  |                |
| 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:<br>Employee – \$150,000; spouse – \$60,000; child – \$30,000 |                |
| <b>Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss</b>  |                |
| 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          |
| <b>Catastrophic accidental dismemberment† — once per lifetime, not payable with catastrophic loss<sup>5</sup></b>   |                |
| 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       |
| <b>Accidental loss — paralysis, sight, hearing and speech<sup>6</sup></b>   |                |
| 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        |
| <b>Catastrophic accidental loss† — once per lifetime, not payable with catastrophic dismemberment</b>   |                |
| 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       |

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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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