





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 lo	ss 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/urger Either ER room or Primary Care/Specialist/Urgen 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)	\$750
Intensive care admission (same as above)	\$1,125
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)	\$100
Outpatient surgery facility service (once per accident)	\$50
Pain management (epidural, once per accident)	\$100

Check it out!

See how much this plan pays for injuries and treatment.

Treatment and other services	Benefit amount
Surgery benefit	
Open abdominal, thoracic	\$1,500
Exploratory (without repair)	\$150
Hernia repair	\$150
Physician follow-up visit (up to 2 visit(s) per ac	cident)
Primary care physician	\$50
Specialist	\$50
Urgent care facility	\$50
Chiropractic visit (up to 0 visits per calendar year) ²	N/A
Therapy services (up to 6 per accident)	
Occupational therapy	\$50
Speech therapy	\$50
Physical therapy	\$50
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

Accidental death and other covered losses	Benefit amount
Accidental death*	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,00
*The accidental death benefit triples if the instinjured as a fare-paying passenger on a commemployee – \$150,000; spouse – \$60,000; chil	mon carrier:
Initial accidental dismemberment — one ben not payable with initial accidental loss	efit per accident,
Loss of both hands or both feet; or	\$15,00
Loss of one hand and one foot; or	\$15,00
Loss of one hand or one foot;	\$7,50
Loss of two or more fingers, toes or any combination; or	\$1,50
Loss of one finger or toe	\$75
Catastrophic accidental dismemberment** — not payable with catastrophic loss ⁵ Loss of both hands or both feet, or loss of one	hand and one foot
Employee (prior to age 65)	\$100,00
– Spouse and child	\$50,00
Employee (ages 65–69)	\$50,00
– Spouse and child	\$25,00
Employee (70+ years old)	\$25,00
– Spouse and child	\$12,50
Accidental loss — paralysis, sight, hearing an Initial accidental loss — one benefit per accide with initial dismemberment	
Permanent paralysis; or	\$15,00
Loss of sight of both eyes; or	\$15,00
Loss of sight of one eye; or	\$7,50
Loss of the hearing of one ear	\$7,50
Catastrophic accidental loss** — once per life catastrophic dismemberment Permanent paralysis, or loss of hearing in both ability to speak, or loss of sight of both eyes	
Employee (prior to age 65)	\$100,00
– Spouse and child	\$50,00
Employee (ages 65–69)	\$50,00
– Spouse and child	\$25,00
Employee (70+ years old)	\$25,00
– Spouse and child	\$12,50

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.

6 In PA, no paralysis benefit is payable.

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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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 $[\]ensuremath{^{**}}$ 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.

 $^{{\}bf 5}$ In ME, catastrophic benefits amounts vary. In PA, no catastrophic accidental dismemberment benefit is payable.