



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	
Major (all except fingers and toes)	
Closed	\$1,000
Open	\$2,000
Chips	25% of closed amount
Minor (fingers and toes)	
Closed	\$75
Open	\$150
Dislocations	
Major (all except fingers, toes and patella)	
Closed	\$1,000
Open	\$2,000
Minor (fingers, toes and patella)	
Closed	\$150
Open	\$300
Incomplete dislocation	25% of the closed amount
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)	\$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)	\$165
Intensive care confinement (per day up to 15 days)	\$165
Medical imaging test (once per accident)	\$200
Pain management (epidural, once per accident)	\$100

Check it out!

See how much this plan
pays for actual injuries
and treatment.

Treatment and other services	Benefit amount
Major surgery (open abdominal and thoracic, excluding hernia)	\$1,500
Minor surgery (hernia and other outpatient)	\$250
Physician follow-up visit (2 visits per accident)	\$75
Chiropractic visit (up to 3 visits per calendar year)	\$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	\$0.40 per mile
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 amoun
Accidental death*	
Employee	\$50,00
Spouse	\$20,00
Child	\$10,00
*The accidental death benefit triples if the ir injured as a fare-paying passenger on a com Employee – \$150,000; spouse – \$60,000; ch	nmon carrier:
Initial accidental dismemberment — one be not payable with initial accidental loss	nefit 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 Loss of both hands or both feet; or loss of one	e 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 a Initial accidental loss — one benefit per accidwith 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 lif catastrophic dismemberment Permanent paralysis; or loss of hearing in bot 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



^{**} Catastrophic accidental benefit — payable after fulfilling a 365-day elimination period. THIS IS A LIMITED POLICY.

The base policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

 ${\tt IMPORTANT\ NOTICE-THE\ BASE\ POLICY\ DOES\ NOT\ PROVIDE\ COVERAGE\ FOR\ SICKNESS.}$ Underwritten by: First Unum Life Insurance Company, New York, New York

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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