



Community Brands

Accident Insurance



How does it work?

Accident Insurance pays 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.

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'll have base coverage without medical underwriting. 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	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$8.94	\$6.17
You and your spouse	\$17.57	\$12.18
You and your children	\$21.09	\$14.68
Family	\$29.72	\$20.69

What's included?

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 25% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

SCHEDULE OF BENEFITS

Option 1 Option 2

Accidental Death and Dismemberment

	Option 1	Option 2
AD&D		
Employee	\$50,000	\$25,000
Spouse	\$25,000	\$12,500
Children	\$12,500	\$6,250
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)		
Employee	\$50,000	\$25,000
Spouse	\$25,000	\$12,500
Children	\$12,500	\$6,250
Dismemberment		
Both Feet	\$50,000	\$25,000
Both Hands	\$50,000	\$25,000
One Foot	\$25,000	\$12,500
One Hand	\$25,000	\$12,500
Thumb and Index Finger of the same Hand	\$12,500	\$6,250
Coma		
Coma	\$10,000	\$5,000
Loss of Use		
Hearing	\$25,000	\$12,500
Sight of one Eye	\$25,000	\$12,500
Sight of both Eyes	\$50,000	\$25,000
Speech	\$25,000	\$12,500
Paralysis		
Uniplegia	\$12,500	\$6,250
Hemi/Paraplegia	\$25,000	\$12,500
Triplegia	\$37,500	\$18,750
Quadriplegia	\$50,000	\$25,000

Hospitalization

	Option 1	Option 2
Admission	\$1,500	\$1,000
Admission – Hospital ICU	\$1,500	\$1,000
Daily Stay (amount)	\$300	\$200
Daily Stay – Hospital ICU (amount)	\$300	\$200
Short Stay	N/A	N/A
Domestic Steerage	N/A	N/A

Injury

	Option 1	Option 2
Organized Sports	25%	25%
Burns		
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500	\$375
2nd Degree Burns - 20% or greater of skin surface	\$1,000	\$750
3rd Degree Burns - Less than 5% of skin surface	\$2,000	\$1,500

Option 1 Option 2

Injury

	Option 1	Option 2
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000	\$3,750
3rd Degree Burns - 20% or greater of skin surface	\$10,000	\$7,500
Concussion		
Concussion	\$500	\$300
Connective Tissue Damage		
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150
Dislocations		
Knee joint (other than patella)	\$1,650	\$1,300
Ankle bone or bones of the foot (other than toes)	\$2,000	\$1,650
Hip joint	\$3,375	\$2,625
Collarbone (sternoclavicular)	\$825	\$650
Elbow joint	\$500	\$400
Hand (other than Fingers)	\$500	\$400
Lower Jaw	\$500	\$400
Shoulder	\$600	\$500
Wrist joint	\$600	\$500
Collarbone (acromioclavicular and separation)	\$325	\$250
Finger or Toe (Digit)	\$150	\$125
Kneecap (patella)	\$500	\$400
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%
Eye Injury		
Eye Injury	\$200	\$200
Fractures		
Skull (except bones of Face or Nose), Depressed	\$4,500	\$3,500
Hip or Thigh (femur)	\$3,375	\$2,625
Skull (except bones of Face or Nose), Non-depressed	\$2,250	\$1,750
Vertebrae, body of (other than Vertebral Processes)	\$1,350	\$1,050
Leg (mid to upper tibia or fibula)	\$1,650	\$1,350
Pelvis	\$1,350	\$1,050
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675	\$525
Upper Arm between Elbow and Shoulder (humerus)	\$675	\$525
Upper Jaw, Maxilla (other than alveolar process)	\$675	\$525

Injury

	Option 1	Option 2
Ankle (lower tibia or fibula)	\$550	\$450
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$550	\$450
Foot or Heel (other than Toes)	\$450	\$350
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$550	\$450
Kneecap (patella)	\$450	\$350
Lower Jaw, Mandible (other than alveolar process)	\$450	\$350
Vertebral Processes	\$450	\$350
Rib	\$450	\$350
Tailbone (coccyx), Sacrum	\$450	\$350
Finger or Toe (Digit)	\$225	\$175
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	25%
Same bone maximum incurred per accident	1 Fracture	1 Fracture
Maximum payable multiplier for multiple bones	2 Times	2 Times
Internal Injuries		
Internal Injuries	\$200	\$200
Lacerations		
No Repair	\$50	\$35
Repair Less than 2 inches	\$150	\$100
Repair At least 2 inches but less than 6 inches	\$300	\$200
Repair 6 inches or greater	\$600	\$400
Loss of a Digit		
One Digit (other than a Thumb or Big Toe)	\$750	\$500
One Digit (a Thumb or Big Toe)	\$1,125	\$750
Two or more Digits	\$1,500	\$1,000
Knee Cartilage		
Knee Cartilage (Meniscus) Injury	\$150	\$100
Ruptured or Herniated Disc		
One Disc	\$180	\$150
Two or more Discs	\$300	\$250
Recovery		
At-Home Care	\$100	\$75
Physician Follow-Up Visits	\$100	\$75
Physician Follow-Up Maximum Visits	2	2
Prescription Drug	\$25	\$25
Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100	\$50
Behavior Health Therapy	\$15	\$15

SCHEDULE OF BENEFITS

	Option 1	Option 2
Recovery		
Behavior Health Therapy visits	15	15
Therapy Services (chiro, speech, PT, occ)	\$50	\$35
Therapy Services Maximum Days	15	15
Surgery		
Dislocations		
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Anesthesia		
Epidural or Regional Anesthesia	\$100	\$60
General Anesthesia	\$250	\$150
Connective Tissue		
Exploratory without Repair	\$100	\$75
Repair for One Connective Tissue	\$800	\$600
Repair for Two or more Connective Tissues	\$1,200	\$900
Eye Surgery		
Eye Surgery, Requiring Anesthesia	\$300	\$200
Fractures		
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times	2 Times
General Surgery		
Abdominal, Thoracic, or Cranial	\$1,500	\$1,000
Exploratory	\$150	\$100
Incidence per covered accident	1 Per Insured	1 Per Insured
Hernia Surgery		
Hernia Surgery	\$150	\$100
Knee Cartilage		
Knee Cartilage (Meniscus) Exploratory without Repair	\$150	\$100
Knee Cartilage (Meniscus) with Repair	\$750	\$500
Outpatient Surgical Facility		
Outpatient Surgical Facility	\$400	\$400
Ruptured or Herniated Disc Surgery		
Exploratory without Repair	\$125	\$100
One Disc	\$675	\$525
Two or more Discs	\$1,000	\$800
Treatment		
Organized Sports	25%	25%

	Option 1	Option 2
Treatment		
Ambulance		
Air	\$1,200	\$1,000
Ground	\$400	\$300
Durable Medical Equipment		
Tier 1 (arm sling, cane, medical ring cushion)	\$50	\$35
Tier 2 (bedside commode, cold therapy system, crutches)	\$100	\$75
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200	\$150
Emergency Dental Repair		
Dental Crown	\$350	\$300
Dental Extraction	\$115	\$100
Filling or Chip Repair	\$90	\$75
Imaging		
Tier 1: X-rays or Ultrasound	\$200	\$150
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200	\$150
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier
Lodging		
Lodging (per night)	\$150	\$100
Prosthetic Device		
One Device or Limb	\$750	\$500
Two or more Devices or Limbs	\$1,500	\$1,000
Skin Grafts		
For Burns - Payable as a % of the applicable Burn benefit	50%	50%
Not Burns - Less than 20% of skin surface	\$250	\$125
Not Burns - 20% or greater of skin surface	\$500	\$250
Treatment		
Emergency Room Treatment	\$200	\$150
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$100	\$50
Transfusions	\$400	\$300
Transportation (per trip)	\$100	\$75
Family Care	\$30	\$30
Pet Boarding (per day)	\$20	\$20
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$100	\$75

Organized Sports Benefit

This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at www.medicare.gov/sites/default/files/2022-03/02110-medigap-guide-health-insurance.pdf.

Effective date of coverage

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

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

Termination of employee coverage

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

- the date this policy is canceled by Unum or your employer;
- the date you are no longer in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made;
- the last day you are in active employment.

If we receive premium for coverage extending beyond the dates specified for coverage ending, such premium will be refunded, with the exclusion of any premium required to continue coverage in accordance with the Continuation of your Coverage during Absences provision;

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your coverage During Absences provision.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

Accident Insurance

THIS IS A LIMITED BENEFITS POLICY

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 certificate form GAC16-1 et al. and GAC16-2, GAC16-2-IL, GAC16-3-NH, GAC16-2-OH, and GAC16-2-UT. Policy Form GAP16-1 et al. in all states, GAP16-3-NH in New Hampshire or contact your Unum representative.

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

Underwritten by: Unum Insurance Company, Portland, Maine

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