

UNUM Accident Plan

Group Accident Insurance

Some features listed below may be applicable only to certain quotes and/or classes. Please see the "Plan Description" section of your Benefits and Cost Summary for specific plan details.

Enrollment Frequency

Any Time/Scheduled

Newly eligible employees may apply for coverage at any time within 31 days of becoming eligible. Those applying after the first 31 days may do so only at a scheduled enrollment period. If the plan includes employee choices, employees may increase only during a scheduled enrollment period and within plan design limits. Employees applying for or increasing coverage may be required to submit Evidence of Insurability (EOI). Decreases can be made at any time and do not require EOI.

Portability

Allows an employee who has been insured under the policy to continue Group Accident coverage at group rates when; employment ends or when the policy is terminated by the policyholder and is not being replaced. An employee must apply for coverage and pay the first premium within 31 days of the continuation event.

Wellness Benefit

Coverage Amount \$100

Unum will pay the Wellness Benefit once per insured per calendar year while coverage is inforce.

Wellness tests are:

- Blood test for triglycerides;
- Bone marrow aspiration or biopsy;
- CA 15-3 (blood test for breast cancer);
- CA-125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Carotid Doppler;
- Chest x-ray;
- Colonoscopy;
- Echocardiogram;
- Electrocardiogram;
- Fasting blood glucose test;
- Fasting plasma glucose (FPG);
- Hemoglobin A1C(HbA1c);
- Flexible sigmoidoscopy;
- Hemocult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum cholesterol test to determine HDL and LDL levels;
- Serum protein electrophoresis (blood test for myeloma);
- Skin cancer biopsy;
- Stress test on a bicycle or treadmill;
- Thermography;
- Thin prep pap test;
- Two hour post-load plasma glucose; or
- Virtual colonoscopy

New Employee Waiting Period

This represents the period that a new employee, hired after the effective date of the plan, will have to wait to be eligible for coverage. Please see the plan description section of the Benefits and Cost Summary for the waiting period duration.

Present Employee Waiting Period

This represents the period that a current employee will have to wait to be eligible for coverage. This applies only at the initial enrollment event. Please see the plan description section of the Benefits and Cost Summary for the waiting period duration.

Credit Prior Service

Credit prior service allows Unum to apply a prior period of work with the Employer toward the eligibility waiting period.

Exclusions

Unum will not pay any benefits for a claim that is caused by, contributed to by or occurs as a result of:

- participating in war or act of war, whether declared or undeclared;
- committing acts of terrorism;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting;
- participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution;
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- having a work related injury (unless On-Job Accident is included in the plan);
- having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.

In addition to the Exclusions listed above, Unum will also not pay the Catastrophic Accidental Dismemberment or Catastrophic Accidental Loss benefit for the following injuries that are caused by or are the result of:

- an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- injuries to a dependent child received during the birth.

Insured Coverage Termination

An insured's (employee or dependent) coverage under the policy will end on the earliest of:

- date the policy is cancelled;
- date the insured is no longer in an eligible group;
- date the eligible group is no longer covered;
- date of insured's death;
- last day of the period for which contributions were made;
- last day the insured is in active employment;
- date spouse no longer meets the definition of spouse;
- date of divorce or annulment;
- date dependent child(ren) no longer meets the definition of dependent child(ren); or
- however, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the Portability provision or in accordance with the layoff and leave of absence provisions of the policy.

If dependent coverage is present and the employee chooses to cancel spouse and/or child coverage under the policy, coverage for the spouse and/or child ends on the first of the month following the date notification is provided to the Plan Administrator.

Unum will provide coverage for a payable claim which occurs while the insured is covered under the policy.

Underwritten by the following subsidiary of Unum Group:

Unum Life Insurance Company of America
2211 Congress St, Portland ME 04122

Group Accident Insurance

Group Accident insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

Proposed coverage effective date: October 1, 2014
Cost of coverage paid by: Employee
Number of eligible employees: 606
Policy situs state: Virginia
Eligibility class descriptions: Class 1: All Employees

<u>Plan Description</u>	Class 1
Type of Plan	Off job
Benefit Option	Medium Benefit Plan Design (does not include Sickness Hospital Confinement)
Covered Conditions	See Schedule of Benefits
Employer Elected Options	
Wellness Benefit	\$100 per insured per calendar year
Family Coverage Options	Employee, Spouse, Child
Rates	Composite
Participation Basis for Base Accident	Guaranteed Issue
Portability	Included
Enrollment Frequency	Anytime/Scheduled
New Employee Waiting Period	0 days* *For new employees who complete their waiting period on or after the plan effective date, coverage will begin on the first of the month following the date they are approved by Unum which is the first of the month payroll deductions begin.
Present Employee Waiting Period	0 days* *This is the period of time that current employees must be actively employed before they are eligible for coverage.
Credit Prior Service	Included
Minimum Hours for Eligibility	30 hours per week
Pre-Tax Capability	Unum does not support the sale of its Voluntary benefits on a pre-tax basis.

Schedule of Benefits

Class 1

Benefits listed below are payable once per covered accident unless otherwise noted.	
Covered Treatments/Services	
<u>Ambulance</u>	
ground	\$400
air	\$1,500
Appliance	\$100
Blood/Plasma/Platelets	\$400
<u>Chiropractic Care Services</u>	
Chiropractic Treatment	3 visits per covered accident, per calendar year
Chiropractic Care Services Dollar Amount	\$25
Emergency Room Treatment	\$150
Emergency Treatment in Physician Office/Urgent Care Facility <i>Either ER room or Physician/Urgent Care benefit is payable once per covered accident</i>	
Physician	\$75
Urgent Care Facility	\$75
<u>Hospitalization Benefits</u>	
Admission; or	\$1,000
Intensive Care Unit Admission <i>Either Admission or Intensive Care Admission benefit is payable once per covered accident</i>	\$1,500
Confinement (per day up to 365 days per covered accident)	\$200
Intensive Care Unit Confinement (per day up to 15 days per covered accident)	\$400
Medical Imaging Test (MRI, MR, CT, CAT, EEG)	\$200
Outpatient Surgery Facility Service	
Knee cartilage, ruptured disc, tendon/ligament/rotator cuff, eye injury, hernia	\$300
Pain Management (epidural)	\$100
Physician Follow-up Visit	2 visits
Physician	\$75
Urgent Care Facility or Hospital	\$75
Rehabilitation Unit Confinement (per day up to 15 days per covered accident, max of 30 days per calendar year)	\$100
<u>Therapy Services</u>	
Occupational, Physical, or Speech Therapy	10 visits
Therapy Services Dollar Amount	\$25

Travel (due to covered accident)

Lodging (per day up to 30 days per covered accident)	\$150
Transportation more than 50+ miles from residence (up to three trips per covered accident; benefit for injured insured only; max 1200 miles per round trip)	\$0.40
Transportation Maximum	\$1,440

Covered Injuries and Surgical Procedures**Burns****2nd Degree**

35 or more square inches of the body surface	\$1,000
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3rd Degree

At least 10 square inches, but less than 20 square inches; or	\$2,500
At least 20 square inches, but less than 35 square inches; or	\$5,000
35 or more square inches of the body surface	\$10,000

Burns - Skin Graft

Skin Graft for 2 nd or 3 rd degree burns	50%
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Skin Graft for any other accidental traumatic loss of skin:

At least 10 square inches, but less than 20 square inches; or	\$150
At least 20 square inches, but less than 35 square inches; or	\$250
35 or more square inches of the body surface	\$500

Coma	\$10,000
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Concussion	\$150
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Dental (emergency)

crown	\$300
extraction	\$100

Dislocation (separated joint)

	Closed Reduction	Open Reduction
Hip joint	\$3,000	\$6,000
Knee joint (except patella)	\$1,500	\$3,000
Ankle Bone or Bones of the Foot (other than toes)	\$1,200	\$2,400
Collar Bone (sternoclavicular)	\$750	\$1,500
Lower jaw	\$450	\$900
Shoulder	\$450	\$900
Elbow joint	\$450	\$900
Wrist joint	\$450	\$900
Hand (other than fingers)	\$450	\$900
Collar Bone (acromioclavicular and separation)	\$150	\$300
Finger or Toe joint	\$150	\$300

Incomplete dislocation or dislocation reduction without anesthesia - 25% of the applicable amount for closed reduction of joint involved.

Eye Injury	\$300
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Fracture (broken bone)	Closed Reduction	Open Reduction
Skull (except bones of face or nose), Depressed	\$3,750	\$7,500
Skull (except bones of face or nose), Non-depressed	\$1,500	\$3,000
Hip, Thigh (femur)	\$2,250	\$4,500
Vertebrae, Body of (excluding vertebral processes)	\$1,200	\$2,400
Pelvis	\$1,200	\$2,400
Leg (tibia and/or fibula)	\$1,200	\$2,400
Bones of the Face or Nose (except mandible or maxilla)	\$525	\$1,050
Upper Jaw, Maxilla (except alveolar process)	\$525	\$1,050
Upper Arm between Elbow and Shoulder (humerus)	\$525	\$1,050
Lower Jaw, Mandible (except alveolar process)	\$450	\$900
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$450	\$900
Vertebral Processes	\$450	\$900
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$450	\$900
Kneecap (patella)	\$450	\$900
Foot (except toes)	\$450	\$900
Ankle	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$75	\$150
Chip fracture - 25% of the applicable amount for closed reduction of the bone listed above.		
<u>Knee cartilage</u>		
torn with surgical repair		\$750
exploratory		\$150
<u>Laceration</u>		
Laceration(s) not requiring stitches		\$25
Repaired by stitches:		
total of all lacerations is less than two inches (5.08 centimeters) long		\$75
total of all lacerations is two to six inches (5.08 to 15.24 centimeters) long		\$300
total of all lacerations is greater than six inches (15.24 centimeters) long		\$600
<u>Prosthetic device</u>		
one		\$750
two or more		\$1,500
<u>Ruptured Disc with Surgical Repair</u>		\$800
<u>Surgery</u>		
open abdominal or thoracic		\$1,500
exploratory without repair		\$150
hernia repair		\$150
<u>Tendon, Ligament and Rotator Cuff</u>		
one with surgical repair		\$800
two or more with surgical repair		\$1,200
exploratory		\$150
<u>Accidental Death/Dismemberment/Loss</u>		
<u>Accidental Death</u>		
Once per lifetime; if payable, Accidental Death - Common Carrier is not payable		
Employee		\$50,000
Spouse		\$20,000
Child		\$10,000
<u>Accidental Death - Common Carrier</u>		
Once per lifetime; if payable, Accidental Death is not payable		
Employee		\$150,000
Spouse		\$60,000
Child		\$30,000

Accidental Dismemberment**Initial Accidental Dismemberment**

One benefit per covered accident; if payable, Initial Accidental Loss is not payable

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 foot; or	\$7,500
loss of two or more fingers, toes or any combination: or	\$1,500
loss of one finger or toe	\$750

Catastrophic Accidental Dismemberment

Once per lifetime; if payable, Catastrophic Accidental Loss is not payable

loss of both hands or both feet; or	
loss of one hand and one foot	
<i>Prior to age 65</i>	
employee	\$100,000
spouse	\$50,000
child	\$50,000
<i>Age 65 - 69</i>	
employee	\$50,000
spouse	\$25,000
child	\$25,000
<i>Age 70 and over</i>	
employee	\$25,000
spouse	\$12,500
child	\$12,500

Accidental Loss - Paralysis, Sight, Hearing and Speech**Initial Accidental Loss**

One benefit per accident; if payable, Initial Accidental Dismemberment is not payable

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

Catastrophic Accidental Loss

Once per lifetime; if payable, Catastrophic Accidental Dismemberment is not payable

Permanent Paralysis, or	
loss of hearing of both ears; or	
loss of the ability to speak; or	
loss of sight of both eyes	
<i>Prior to age 65</i>	
employee	\$100,000
spouse	\$50,000
child	\$50,000
<i>Age 65 - 69</i>	
employee	\$50,000
spouse	\$25,000
child	\$25,000
<i>Age 70 and over</i>	
employee	\$25,000
spouse	\$12,500
child	\$12,500

UNUM Accident Monthly Rates	
Employee Only	\$15.26
Employee + Spouse	\$25.62
Employee + Child	\$27.70
Employee + Spouse + Child	\$38.04