



Alera Group Incorporated

# Group Accident Insurance



## How does it work?

Accident Insurance provides 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. Child coverage is available until the child's 30th birthday if the dependent child is actively enrolled in the military.

\*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
You	\$8.00
You and your spouse	\$13.61
You and your children	\$14.36
Family	\$19.97

## What's included?

### Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% 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

### Hospitalization

Admission	\$800
Admission – Hospital ICU (added to Admission)	\$800
Daily Stay (365 days)	\$200
Daily Stay – Hospital ICU (added to Daily Stay)	\$400
Short Stay	N/A

### Injury

Injury due to felony & sexual assault	\$200
Organized Sports	20%
Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$750
2nd Degree Burns - 20% or greater of skin surface	\$1,500
3rd Degree Burns - Less than 5% of skin surface	\$3,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$7,500
3rd Degree Burns - 20% or greater of skin surface	\$15,000
Concussion	
Concussion	\$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150
Dislocations	
Knee joint (other than patella)	\$2,000
Ankle bone or bones of the foot (other than toes)	\$2,000
Hip joint	\$4,125
Collarbone (sternoclavicular)	\$1,000
Elbow joint	\$600
Hand (other than Fingers)	\$600
Lower Jaw	\$600
Shoulder	\$600
Wrist joint	\$600
Collarbone (acromioclavicular and separation)	\$400
Finger or Toe (Digit)	\$200
Kneecap (patella)	\$600
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	\$200

### Injury

Fractures	
Skull (except bones of Face or Nose), Depressed	\$5,500
Hip or Thigh (femur)	\$4,125
Skull (except bones of Face or Nose), Non-depressed	\$2,750
Vertebrae, body of (other than Vertebral Processes)	\$1,650
Leg (mid to upper tibia or fibula)	\$1,650
Pelvis	\$1,650
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$825
Upper Arm between Elbow and Shoulder (humerus)	\$825
Upper Jaw, Maxilla (other than alveolar process)	\$825
Ankle (lower tibia or fibula)	\$550
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$550
Foot or Heel (other than Toes)	\$550
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$550
Kneecap (patella)	\$550
Lower Jaw, Mandible (other than alveolar process)	\$550
Vertebral Processes	\$550
Rib	\$550
Tailbone (coccyx), Sacrum	\$550
Finger or Toe (Digit)	\$275
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	\$200
Lacerations	
No Repair	\$65
Repair Less than 2 inches	\$200
Repair At least 2 inches but less than 6 inches	\$400
Repair 6 inches or greater	\$800
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	\$1,000
One Digit (a Thumb or Big Toe)	\$1,500
Two or more Digits	\$2,000

### Injury

Knee Cartilage	
Knee Cartilage (Meniscus) Injury	\$200
Ruptured or Herniated Disc	
One Disc	\$180
Two or more Discs	\$300

### Recovery

At-Home Care	\$100
Physician Follow-Up Visits	\$50
Physician Follow-Up Maximum Visits	6 Visits
Prescription Drug	\$20
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100
Behavior Health Therapy	\$20
Behavior Health Therapy visits	15 Days
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$50
Therapy Services Maximum Days	15 Days

### Surgery

Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	\$100
General Anesthesia	\$250
Connective Tissue	
Exploratory without Repair	\$100
Repair for One Connective Tissue	\$800
Repair for Two or more Connective Tissues	\$1,200
Eye Surgery	
Eye Surgery, Requiring Anesthesia	\$300
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	\$1,500

## SCHEDULE OF BENEFITS

### Surgery

Exploratory	\$150
Incidence per covered accident	1 Per Insured
<b>Hernia Surgery</b>	
Hernia Surgery	\$150
<b>Knee Cartilage</b>	
Knee Cartilage (Meniscus) Exploratory without Repair	\$150
Knee Cartilage (Meniscus) with Repair	\$750
<b>Outpatient Surgical Facility</b>	
Outpatient Surgical Facility	\$100
<b>Ruptured or Herniated Disc Surgery</b>	
Exploratory without Repair	\$125
One Disc	\$675
Two or more Discs	\$1,000

### Treatment

Organized Sports	20%
<b>Ambulance</b>	
Air	\$1,200
Ground	\$300
<b>Durable Medical Equipment</b>	
Tier 1 (arm sling, cane, medical ring cushion)	\$50
Tier 2 (bedside commode, cold therapy system, crutches)	\$100
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200
<b>Emergency Dental Repair</b>	
Dental Crown	\$350
Dental Extraction	\$115
Filling or Chip Repair	\$90
<b>Imaging</b>	
Tier 1: X-rays or Ultrasound	\$100
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
<b>Lodging</b>	
Lodging (per night)	\$150
<b>Prosthetic Device</b>	
One Device or Limb	\$750
Two or more Devices or Limbs	\$1,500
<b>Skin Grafts</b>	
For Burns - Payable as a % of the applicable Burn benefit	50%

### Treatment

Not Burns - Less than 20% of skin surface	\$250
Not Burns - 20% or greater of skin surface	\$500
<b>Treatment</b>	
Emergency Room Treatment	\$200
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$100
Transfusions	\$400
Transportation (per one-way trip)	\$100
Family Care (per day)	\$50
Pet Boarding (per day)	\$30
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$100

### 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 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 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

<https://www.medicare.gov/publications/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 or resulting from any of the following:

- committing or attempting to commit a felony;
  - being engaged in an illegal occupation;
  - injuring oneself intentionally or attempting or committing suicide, whether sane or not;
  - active participation in a riot, insurrection, or terrorist activity. 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.
- Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### End of 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.

However, as long as premium is paid as required, coverage will continue

- in accordance with the Continuation of your Coverage during Absences provision; or
- if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.

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

### THIS IS A LIMITED BENEFITS POLICY

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

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 GAC16-2-IL and Policy Form GAP16-1 et al. 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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