



GROUP ACCIDENT INSURANCE

Coverage Effective Date: January 1, 2023 Rate Guarantee: 3 Years

Full-time Employees - Monthly Premiums			
Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$7.61	\$13.29	\$17.54	\$23.22

Actual billed amounts may vary due to rounding.

Employees Eligible for Coverage	Minimum Participation	Minimum Hours for Eligibility
7933	Waived	20 hours per week

FULL-TIME EMPLOYEES Accident Insurance	PROVISIONS QUOTED
Contributions	Employee pays 100%
Type of Plan	On/off job (24 hour coverage)
Be Well Benefit (once per covered person per calendar year)	Not included
Enrollment Frequency	Perpetual/scheduled
Continuity of Coverage	Included
New Employee Waiting Period	30 days
Present Employee Waiting Period	0 days
Portability	Included
Evidence of Insurability	Health questions are not required



UNUM ACCIDENT OFFERING: 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.



SCHEDULE OF BENEFITS

Full-Time Employees - Injuries		
Burns	2 nd Degree - At least 5% but less than 20% of skin surface	\$500
	2 nd Degree - 20% or greater of skin surface	\$1,000
	3 rd Degree - Less than 5% of skin surface	\$2,000
	3 rd Degree - At least 5%, but less than 20% of skin surface	\$5,000
	3 rd Degree - 20% or greater of skin surface	\$10,000
Concussion	Concussion	\$200
Connective Tissue	One Connective Tissue	\$90
	Two or more Connective Tissues	\$150
Dislocations	Ankle bone or bones of the foot (other than toes)	\$2,400
	Collarbone (acromioclavicular and separation)	\$325
	Collarbone (sternoclavicular)	\$825
	Finger or Toe (Digit)	\$150
	Hand (other than Fingers) or Elbow joint	\$500
	Wrist joint or Shoulder	\$900
	Hip joint	\$3,375
	Knee joint (other than patella)	\$1,650
	Kneecap (patella)	\$500
	Lower Jaw	\$500
Incomplete Dislocation (payable as a % of the applicable Dislocations benefit)	25%	
Eye	Eye Injury	\$200
Fractures	Ankle (lower tibia or fibula)	\$900
	Foot or Heel (other than Toes)	\$450
	Bones of the Face or Nose (other than Lower Jaw, Mandible, or Upper Jaw, Maxilla)	\$675
	Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$900
	Finger or Toe (Digit)	\$225
	Forearm (olecranon, radius, or ulna), Hand, Wrist (other than Fingers)	\$900
	Hip or Thigh (femur)	\$3,375
	Kneecap (patella)	\$450
	Leg (mid to upper tibia or fibula)	\$2,400
	Lower Jaw, Mandible (other than alveolar process)	\$450
	Pelvis	\$1,350
	Rib; Tailbone (coccyx), Sacrum; Vertebral Processes	\$450
	Skull (except bones of Face or Nose), Depressed	\$4,500
	Skull (except bones of Face or Nose), Non-depressed	\$2,250
	Upper Arm between Elbow and Shoulder (humerus)	\$675
	Upper Jaw, Maxilla (other than alveolar process)	\$675
	Vertebrae, body of (other than Vertebral Processes)	\$1,350
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	
Fractures - Same bone maximum incurred per accident	1 Fracture	
Fractures - maximum payable multiplier for multiple bones	2 Times	
Internal Injuries	Internal Injuries	\$200
Knee Cartilage	Knee Cartilage (Meniscus Injury)	\$150
Lacerations	No Repair	\$50
	Repair - Less than 2 inches	\$150
	Repair - At least 2 inches but less than 6 inches	\$300
	Repair - 6 inches or greater	\$600
Loss of a Digit	One Digit (other than a Thumb or Big Toe)	\$750
	One Digit (a Thumb or Big Toe)	\$1,125
	Two or more Digits	\$1,500



SCHEDULE OF BENEFITS

Full-Time Employees - Injuries

Ruptured or Herniated Disc	One Disc	\$150
	Two or more Discs	\$250

Full-Time Employees - Treatment

Ambulance	Air	\$1,500
	Ground	\$400
Durable Medical Equipment	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
Emergency Dental Repair	Dental Crowns	\$350
	Dental Extraction	\$115
	Filling or Chip Repair	\$90
Medical Imaging	Tier 1 (X-rays or Ultrasound)	\$50
	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
Lodging	Lodging (per night)	\$150
Prosthetic Device	One Device or Limb	\$750
	Two Devices or Limbs	\$1,500
Skin Grafts	For Burns - Payable as a % of the applicable Burn benefit	50%
	Not Burns - Less than 20% of skin surface	\$250
	Not Burns - 20% or greater of skin surface	\$500
Treatment	Emergency Room	\$150
	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
	Treatment in a Physician's office or Urgent Care Facility	\$75

Full-Time Employees - 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	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 maximum payable multiplier for multiple bones	2 times
General Surgery	Abdominal, Thoracic, or Cranial	\$1,500
	Exploratory	\$150
	Incidence per covered accident	1 Per Insured
Hernia Surgery	Hernia Surgery	\$150



SCHEDULE OF BENEFITS

Full-Time Employees - Surgery

Knee Cartilage	Knee Cartilage (Meniscus) Exploratory without Repair	\$150
	Knee Cartilage (Meniscus) with Repair	\$750
Outpatient Surgical Facility	Outpatient Surgical Facility	\$300
Ruptured or Herniated Disc Surgery	Exploratory without Repair	\$125
	One Disc	\$675
	Two or more Discs	\$1,000

Full-Time Employees - Recovery

Recovery	At-Home Care	\$100
	Physician Follow-Up Visits	\$75
	Physician Follow-Up Maximum Visits	2 Visits
	Prescription Drug	\$25
	Prescription Benefit Incidence per covered Accident	1 Per Insured
	Rehabilitation or Subacute Rehabilitation Unit	\$100
	Therapy Services (chiropractic, speech, physical therapy, occupational)	\$25
	Therapy Services Maximum Days	15 Days

Full-Time Employees - Hospital

Hospital	Admission	\$1,000
	Admission - Hospital ICU (additive to Admission)	\$500
	Daily Stay (per day up to 365 days for a covered Accident)	\$200
	Daily Stay - Hospital ICU (per day up to 15 days for a covered Accident) (additive to Daily Stay)	\$200
	Short Stay	\$200

PLAN INFORMATION

Family Coverage Options:

Employee and Family

Note: The employee must be covered in order to insure any of their dependents for Accident.

Enrollment Frequency:

Perpetual/Scheduled - After the initial scheduled enrollment, new hires and newly eligible employees may enroll for coverage when they are first eligible. Late entrants may enroll, and existing insureds may increase coverage at a scheduled enrollment event.

General Information Regarding Benefit Taxability:

Employees pay premiums with **post-tax** dollars. In general, the benefit payment will not be taxable.

Note: Unum does not give tax advice and the potential insured should seek the advice of a tax attorney or advisor.



PLAN INFORMATION

Coverage Exclusions & Limitations:

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of 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, while sane;
- 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.

Broker Commissions:

Base Commissions: Rates paid as follows for the appropriate period: First Year, 35%; Years 2-5, 5%; Years 6+, 2.5%.

Additional Commissions: 10% commissions paid for 1 year.

PREMIUM COST CALCULATIONS - *For Unum internal use only*

Full-time Employees - Monthly Premiums				
	Employee Only Cost	Employee & Spouse Cost	Employee & Child(ren) Cost	Employee & Family Cost
Employee	\$7.61	\$7.61	\$7.61	\$7.61
Spouse	-	\$5.68	-	\$5.68
Child(ren)	-	-	\$9.93	\$9.93
Total	\$7.61	\$13.29	\$17.54	\$23.22

Actual billed amounts may vary due to rounding.

PROPOSAL CONDITIONS AND DISCLOSURES

Termination Provision for Group Accident:

The Policyholder may cancel this Policy by providing us Written notice at least 31 days prior to the cancellation date.

A cancellation will take effect on the later of:

- the date requested by the Policyholder; or
- the date we received the Written notice of cancellation.

This Policy will automatically be cancelled on the last day of the Grace Period if premium has not been paid. The Policyholder is liable for all premium due while this Policy remains in force, including premium that becomes due during the Grace Period.

We may cancel or modify this Policy if:

- our participation requirements are not met, as applicable;
- the Policyholder does not promptly provide us with information that is reasonably required;
- the Policyholder fails to perform any of its obligations that relate to this Policy;
- the premium is not paid in accordance with the provisions of this Policy that specify whether the Policyholder, the Insured, or both, pay(s) the premiums;
- the Policyholder does not promptly report to us the required information about any Employees who are added or removed from an Eligible Group;
- we determine that there is a significant change in the Policyholder or its Employees as a result of a corporate transaction such as a merger, divestiture, acquisition, sale, or reorganization that impacts the size, occupation, or age of any Eligible Groups;
- we provide the Policyholder with 45 days Written notice at any time after any rate guarantee period for any reason; or
- any change occurs in federal or state law, regulation, or regulatory process that substantially impacts this Policy, the benefits payable, or the risk insured.

In any event, we will provide Written notice to the Policyholder at least 45 days prior to any cancellation or modification date. The Policyholder may cancel this Policy if they choose not to accept the Policy modifications made by us.

The Policyholder is responsible for giving Insured Employees Written notice of the cancellation of this Policy as soon as reasonably possible.

Cancellation of this Policy will not affect a Payable Claim for an Insured.

Premium accepted after the date this Policy is cancelled will not act to reinstate this Policy. We will refund any premium paid that was in excess of what was owed

PROPOSAL CONDITIONS AND DISCLOSURES

Broker Compensation Disclosure Notice for Group Products:

- Your insurance or benefits advisor can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At Unum we recognize the important role these professionals play in the sale of our products and services and offer them a variety of compensation programs. Your advisor can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation so that customers can make an informed buying decision.
- Brokers may be eligible to receive Base Commissions as well as Supplemental Commissions from Unum.
- Unless you have agreed in writing to compensate the broker differently, Unum provides Base Commissions to all brokers in connection with the sale of an insurance policy. Base Commissions are a fixed percentage of the policy premium, and may include a one time, first year flat amount for each policy sold. Base Commissions are paid by Unum to the broker(s) on your policy. In some circumstances, broker(s) may be eligible to receive commissions on your policy even after a broker of record change has occurred.
- A broker may also qualify for Supplemental Commissions paid by Unum. For group insurance products, Supplemental Commissions may be paid as a fixed percentage of total eligible group insurance premiums. The Supplemental Commission rate depends on the total dollar amount of all eligible premiums or number of group policies that the broker had in force with Unum in the prior calendar year. The Supplemental Commission rate may range from 0% to 13.80% of total premium paid.
- Your broker may also be eligible to receive Supplemental Commissions on other insurance products, which may be calculated differently. The premium you pay is not impacted whether or not your broker receives Supplemental Commissions.
- If you would like additional information about the range of compensation programs our company offers for your group insurance policy or any other Unum insurance product, or if you want to speak to us directly about broker compensation, please call 1-800-ASK-UNUM (1-800-275-8686).

Proposal Conditions:

This proposal is under no circumstances a contract for the insurance coverage described within. If this proposal is accepted, a contract outlining the coverage will be issued. This proposal is based on census data received by Unum. Actual costs will be based on the final enrollment data of employees insured under the plan on its effective date. Quote assumes coverage of employees who are in active employment in the United States with the employer working the minimum hours for eligibility. Please contact your Unum representative to request a quote for coverage of any employees who do not fit this category. This quote will expire on the date listed on the first page and includes standard services only, unless otherwise expressly described herein. **Important Information Concerning the Sale of these Benefits:** State laws require that insurance brokers be licensed and appointed with the applicable Unum insurance subsidiary before engaging in the solicitation or sale of these benefits. Note that Unum cannot accept this business if the broker is not properly licensed and appointed before soliciting this proposal. Unum is prepared to help ensure compliance with these state regulations. Brokers who need to check their Unum appointment status should call 1-800-ASK-UNUM (1-800-275-8686). **Critical Illness Policy Form Number: GCIP16-1 Accident Plan Form Number: GAP16-1 Hospital Plan Form Number: GHIP16-1**

Recently, there has been heightened attention on companies that promote “tax advantaged” wellness programs to help sell voluntary benefits. These offerings promise employers that they can use their payroll tax savings to pay for the wellness program, and that employees can use income and payroll tax savings to purchase voluntary benefits.

Unum’s position is that this practice is not in compliance with applicable laws and regulations. This means Unum will not offer any products in conjunction with such a wellness plan offering.

For additional guidance please consult your tax attorney and see the IRS Chief Counsel Memorandum 201703013, addressing the taxability of fixed indemnity payments from wellness programs at <https://www.irs.gov/pub/irs-wd/201703013.pdf>

1. Employee Benefit Plan Review, “Group Accident & Health Surveys 1976-1990” (1977-1991); Gen Re, “U.S. Group Disability Market Surveys 1991-2013” (1992-2014); LIMRA, “U.S. Group Disability Insurance 2014-2018 Annual Sales and In Force” (2015-2018); LIMRA, 4Q 2017 U.S. Workplace Disability Insurance Inforce (2019).
2. Fortune, “Fortune 500 2019,” (2019); Unum customer database, 2020.
3. Unum internal data, 2020.
4. Versta Research, 2019 Unum Benefits Broker Study (2019). Results represent % 6-9 on 9-point scale where 1=Poor and 9=Excellent.

The Critical Illness product is underwritten by:
Unum Insurance Company, Portland, ME.

The Accident product is underwritten by:
Unum Insurance Company, Portland, ME.

PROPOSAL CONDITIONS AND DISCLOSURES

The Hospital product is underwritten by:
Unum Insurance Company, Portland, ME.

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