



Accident Insurance

can pay you money for covered accidental injuries and their treatment.

How does it work?

Accident Insurance can pay 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're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.

What's included?

Wellness Benefit

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

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms

Sickness Hospital Confinement Benefit

This optional benefit pays a daily amount if you're in the hospital for a covered illness. It's available to each family member who has Accident coverage. You can receive \$300 per day. Coverage for children is 75% of that amount.

Who can get coverage?

You	If you're actively at work*
Your spouse	Ages 17 to 64
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

How much does it cost?

Monthly Premium		Premium with optional Sickness Hospital Confinement Benefit
You	\$27.26	\$34.82
You and your spouse	\$44.34	\$59.46
You and your child(ren)	\$46.33	\$62.08
You, your spouse and child(ren)	\$63.41	\$86.72

For illustrative purposes only. Actual cost may vary.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.



Accident Insurance

See Schedule of Benefits for a complete listing of what is covered.

THIS IS A LIMITED BENEFITS POLICY.

Effective date of coverage

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

Exclusions and limitations

Unum will not pay 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 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.

Sickness Hospital Confinement Benefit exclusions

Unum will not pay 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;
- treatment for alcoholism or drug addiction, unless the insured is addicted to a narcotic taken on the advice of a physician;
- treatment for dental care or dental care procedures;
- elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is a result of trauma, infection or other diseases;
- hospital confinement caused by, contributed to by, or resulting from your mental illness. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this policy;
- any hospital confinement of a newborn following the birth unless the newborn is sick or injured.

Termination of employee coverage

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

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions; or last day you are in active employment. 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 this policy. Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

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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 Policy Form GA-1 et al. or contact your Unum representative.

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

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine
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Accident Insurance – Schedule of Benefits

Covered injuries	Benefit amount	Emergency and hospitalization benefits	Benefit amount	Accidental death and other covered losses	Benefit amount
Fractures		Ambulance (ground, once per accident)		Accidental death*	
Open Reduction (dependent on location of injury)	\$200 to \$10,000	Air ambulance	\$2500	Employee	\$100,000
Closed Reduction (dependent on location of injury)	\$100 to \$5,000	Emergency room treatment	\$150	Spouse	\$40,000
Chips	25% of closed amount	Emergency treatment in physician office/urgent care facility	\$100	Child	\$20,000
Dislocations		Hospital admission (admission or intensive care admission once per covered accident)	\$1,500	*The accidental death benefit doubles if the insured individual is injured as a fare-paying passenger on a common carrier: Employee-\$200,000; spouse-\$80,000; child-\$40,000	
Open Reduction (dependent on location of injury)	\$400 to \$8,000	Intensive care admission (same as above)	\$2,250	Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss	
Closed Reduction (dependent on location of injury)	\$200 to \$4,000	Hospital confinement (per day up to 365 days)	\$400	Loss of both hands or both feet; or	\$30,000
Burns		Intensive care confinement (per day up to 15 days)	\$600	Loss of one hand and one foot; or	\$30,000
At least 10 square inches, but less than 20 square inches	2nd degree - \$0 3rd degree - \$3,750	Medical imaging test (once per accident)	\$400	Loss of one hand or one foot;	\$15,000
At least 20 square inches, but less than 35 square inches	2nd degree - \$0 3rd degree - \$7,500	Outpatient surgery facility service (once per accident)	\$500	Loss of two or more fingers, toes or any combination; or	\$2,500
35 or more square inches of the body surface	2nd degree - \$1,500 3rd degree - \$15,000	Pain management (epidural, once per accident)	\$150	Loss of one finger or toe	\$1,500
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit	Treatment and other services		Benefit amount	
Skin graft for any other accidental traumatic loss of skin		Surgery benefit			
At least 10 square inches, but less than 20 square inches	\$225	Open abdominal, thoracic	\$2,000	Catastrophic accidental dismemberment¹ — once per lifetime, not payable with catastrophic loss	
At least 20 square inches, but less than 35 square inches	\$375	Exploratory (without repair)	\$200	Loss of both hands or both feet; or loss of one hand and one foot	
35 or more square inches of the body surface	\$750	Hernia repair	\$200	Employee (prior to age 65)	\$100,000
Concussion	\$200	Physician follow-up visit (2 visits per accident)	\$100	Spouse and child	\$50,000
Coma	\$15,000	Chiropractic visit (up to 3 visits per calendar year)	\$35	Employee (ages 65-69)	\$50,000
Ruptured disc	\$1,000	Therapy services (up to 10 per accident)		Spouse and child	\$25,000
Knee cartilage		Occupational therapy	\$35	Employee (70+ years old)	\$25,000
Torn with surgical repair	\$1,000	Speech therapy	\$35	Spouse and child	\$12,500
Exploratory surgery or cartilage shaved, only	\$200	Physical therapy	\$35	Accidental loss — paralysis, sight, hearing and speech	
Laceration	\$50-\$800	Prosthetic device or artificial limb		Initial accidental loss — one benefit per accident, not payable with initial dismemberment	
Tendon/ligament and rotator cuff		One	\$1,000	Permanent paralysis; or	\$30,000
Surgical repair of one	\$1,000	More than one	\$2,000	Loss of sight of both eyes; or	\$30,000
Surgical repair of two or more	\$1,500	Appliance (once per accident)	\$200	Loss of sight of one eye; or	\$15,000
Exploratory surgery without repair	\$200	Blood, plasma and platelets	\$500	Loss of the hearing of one ear	\$15,000
Dental work, emergency		Travel due to accident (Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip)	\$0.50 per mile	Catastrophic accidental loss¹ — once per lifetime, not payable with catastrophic dismemberment	
Extraction	\$150	Lodging (per night up to 30 days per accident)	\$200	Permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight of both eyes	
Crown	\$450	Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year)	\$150	Employee (prior to age 65)	\$100,000
Eye injury	\$400			Spouse and child	\$50,000

Accident coverage is a limited policy.

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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Level 3 with AD&D

EN-1974 (7-18)

FOR EMPLOYEES

Professional Helicopter Pilots Association

Supplemental Benefits – Accident Insurance

On & Off-Job Plan

On & Off-Job Plan

Two Accident Plan Claim Examples

Below are examples of benefit payments that could be payable resulting from a hypothetical accident. This accident could occur while at home, work, vacation, playing sports, driving, etc. The plan provides up to 39 items that could be payable from an accident. There is no limit to the number of accidents that occur!

Visit to Emergency Room (In & Out Same Day)

1. You receive treatment in the Emergency Room	\$ 150
2. You have some cuts (Laceration).....	\$ 400
3. You leave the ER with an Appliance (crutch/knee brace, etc.)	\$ 200
4. You visit a physician for a Follow-up treatment	\$ 100
TOTAL BENEFITS PAYABLE =	\$ 850

3 Day Hospital Stay

1. Ambulance takes you to the hospital.....	\$ 600
2. You receive treatment in the Emergency Room	\$ 150
3. You have suffered a Concussion	\$ 200
4. You have some cuts (Laceration).....	\$ 400
5. You have Fractured or Dislocated something.....	\$2,000
6. Hospital Admission is required due to your injuries.....	\$1,500
7. You are in a Hospital Intensive Care Unit for 1 day.....	\$ 600
8. You spend 2 more days in Hospital Confinement in a Regular Room...	\$ 800
9. You leave the hospital with an Appliance (crutch/walker/wheelchair)....	\$ 200
10. You visit a physician for a Follow-up treatment	\$ 100
11. You recover after 10 Physical Therapy sessions.....	\$ 350
TOTAL BENEFITS PAYABLE =	\$6,900

Monthly Premium:

(includes extra \$300 Adult/\$225 Child Daily Sickness Hospital Confinement Benefit)

<u>Employee</u>	<u>Employee + Spouse</u>	<u>Employee + Child*</u>	<u>Family*</u>
\$34.82	\$59.46	\$62.08	\$86.72

Note: Includes Annual \$50 Wellness Benefit Reimbursement per Insured.

Monthly Premium:

(excludes Daily Sickness Hospital Confinement Benefit)

\$27.26	\$44.34	\$46.33	\$63.41
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Note: Includes Annual \$50 Wellness Benefit Reimbursement per Insured.

* Children insured until 26th birthday, regardless of marital or student status



Learn more about your annual Wellness Benefit

Your Unum plan pays a Wellness Benefit for one wellness test each year.

With Unum's Wellness Benefit, you and other covered family members can receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

Your Critical Illness wellness benefit is \$75.

Your Accident wellness benefit is \$50.

Most common tests and screenings	
<ul style="list-style-type: none"> • Blood test for triglycerides • Fasting blood glucose test • Mammography 	<ul style="list-style-type: none"> • Pap smear • Serum cholesterol test to determine HDL and LDL levels

Other tests and screenings include	
<ul style="list-style-type: none"> • 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 • Echocardiogram • Electrocardiogram • Fasting plasma glucose (FPG) • Flexible sigmoidoscopy 	<ul style="list-style-type: none"> • Hemoglobin A 1C (HbA1c) • Hemocult stool analysis • PSA (blood test for prostate cancer) • Serum protein electrophoresis (blood test for myeloma) • Skin cancer biopsy • Stress test on bicycle or treadmill • Thermography • Thin prep pap test • Two-hour post-load plasma glucose • Virtual colonoscopy

Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.



It's easy to file a claim.

You can receive a benefit for tests that are performed after your initial coverage date. Follow these simple steps:



File your claim online with a one-time registration on **unum.com**, by mail or over the phone.

Simply call 1-800-635-5597 to learn more.



You will need to provide the following:

- First and last names of the **employee and claimant** (the employee might not be the claimant)
- Employee's **Social Security number or policy number**
 - Name and date of the test
 - Name of **physician and the facility** where the test was performed.

For more information, please contact your HR representative.

Unum will pay Wellness benefits for all eligible policies according to policy terms.

THESE POLICIES OFFER LIMITED BENEFITS

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

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