



# Quick View

# Voluntary Critical Illness Insurance

Many times when a major illness is diagnosed, there can be several expenses that are not covered by medical insurance. Critical Illness insurance pays a lump sum benefit when a covered critical illness is diagnosed. This benefit is paid direct to the policyholder to help cover any expenses that typically are paid out of pocket.

Prepared for

## Berkley School District

Choose a Benefit Amount	Covered Illnesses	Provisions
<b>\$10,000</b> or <b>\$30,000</b>	<b>Invasive Cancer</b>  <b>Heart Attack</b>  <b>Stroke</b>  Major Organ Failure  End-Stage Kidney Failure  + 25 Additional Illnesses!	<b>GUARANTEE ISSUE!</b> <b>NO PRE-EXISTING WAITING PERIOD!</b>
		<b>Different Illness Diagnosis:</b> <b>0</b> month separation
Spouse up to <b>50%</b>  Child(ren) at <b>50%</b> <i>(no additional premium, up to age 26)</i>		<b>*Same Illness Diagnosis:</b> <b>6</b> month separation
		Portable if you leave employment *See brochure for complete listing of illnesses that qualify

Non-Tobacco	Monthly (12) Rates			
	\$10,000 <i>(spouse @ \$5,000)</i>		\$30,000 <i>(spouse @ \$15,000)</i>	
Attained Age	Employee	Employee + Spouse	Employee	Employee + Spouse
<25	\$2.50	\$3.75	\$7.50	\$11.25
25-29	\$2.90	\$4.35	\$8.70	\$13.05
30-34	\$3.40	\$5.10	\$10.20	\$15.30
35-39	\$4.70	\$7.05	\$14.10	\$21.15
40-44	\$6.40	\$9.60	\$19.20	\$28.80
45-49	\$9.40	\$14.10	\$28.20	\$42.30
50-54	\$13.40	\$20.10	\$40.20	\$60.30
55-59	\$18.20	\$27.30	\$54.60	\$81.90
60-64	\$29.40	\$44.10	\$88.20	\$132.30
65-69	\$40.40	\$60.60	\$121.20	\$181.80
70-74	\$52.20	\$78.30	\$156.60	\$234.90
75+	\$53.40	\$80.10	\$160.20	\$240.30

Tobacco	Monthly (12) Rates			
	\$10,000 <i>(spouse @ \$5,000)</i>		\$30,000 <i>(spouse @ \$15,000)</i>	
Attained Age	Employee	Employee + Spouse	Employee	Employee + Spouse
<25	\$2.50	\$3.75	\$7.50	\$11.25
25-29	\$4.10	\$6.15	\$12.30	\$18.45
30-34	\$4.40	\$6.60	\$13.20	\$19.80
35-39	\$6.60	\$9.90	\$19.80	\$29.70
40-44	\$7.80	\$11.70	\$23.40	\$35.10
45-49	\$11.20	\$16.80	\$33.60	\$50.40
50-54	\$16.80	\$25.20	\$50.40	\$75.60
55-59	\$23.60	\$35.40	\$70.80	\$106.20
60-64	\$37.80	\$56.70	\$113.40	\$170.10
65-69	\$48.40	\$72.60	\$145.20	\$217.80
70-74	\$68.90	\$103.35	\$206.70	\$310.05
75+	\$89.20	\$133.80	\$267.60	\$401.40

*Child(ren) covered at 50% for no additional premium up to age 26!*

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# Quick View

# Voluntary Accident Insurance

Accident insurance is an excellent benefit for those who have active lifestyles or children involved in sports or other extracurricular activities. The accident plan is designed to pay benefits direct to the policyholder based on treatment received and injuries sustained as a result of a covered accident.

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## Berkley School District

Benefit Name	Amount	Benefit Name	Amount	Provisions
Urgent Care	<b>\$100</b>	Physical Therapy	<b>\$50 (15)</b>	<b>24 Hour Coverage</b> Over <b>20</b> named Benefits No limit on the number of accidents Family coverage available Portable at the same rate
Appliances (ex. crutches)	<b>up to \$150 (\$75)</b>	Laceration	<b>Up to \$600</b>	
X-Ray	<b>\$50</b>	Concussion	<b>\$200</b>	
Follow Up Treatment	<b>\$50 (2)</b>	Hospital Admission	<b>\$1,000 (24HR)</b>	
Fractures / Dislocations	<b>Up to \$9,000</b>	Hospital Confinement	<b>\$200 (365)</b>	
<b>Organized Sports Benefit: 25%</b> <i>(Applicable to injury and treatment categories)</i>				

*Fracture Schedule		*Dislocation Schedule	
Finger or Toe (Digit)	<b>\$150</b>	Finger or Toe (Digit)	<b>\$225</b>
Collarbone (acromioclavicular and separation)	<b>\$325</b>	Ankle (lower tibia or fibula); Foot or Heel (other than Toes); Collarbone (clavicle, sternum) or Shoulder Blade (scapula); Forearm (olecranon, radius, or ulna), Hand, Wrist (other than Fingers); Kneecap (patella); Lower Jaw, Mandible (other than alveolar process); Rib; Tailbone (coccyx); Sacrum; Vertebral Processes	<b>\$450</b>
Hand (other than Fingers) or Elbow joint; Wrist joint or Shoulder; Kneecap (patella); Lower Jaw	<b>\$500</b>	Bones of the Face or Nose (other than Lower Jaw, Mandible, or Upper Jaw, Maxilla); Upper Arm between Elbow and Shoulder (humerus); Upper Jaw, Maxilla (other than alveolar process)	<b>\$675</b>
Collarbone (sternoclavicular)	<b>\$825</b>	Leg (mid to upper tibia or fibula); Pelvis; Vertebrae, body of (other than Vertebral Processes)	<b>\$1,350</b>
Ankle bone or bones of the foot (other than toes); Knee joint (other than patella)	<b>\$1,650</b>	Skull (except bones of Face or Noes), Non-depressed	<b>\$2,250</b>
Hip Joint	<b>\$3,375</b>	Hip or Thigh (femur)	<b>\$3,375</b>
		Skull (except bones of Face or Nose), Depressed	<b>\$4,500</b>

*\*open reduction fractures/dislocations will pay at 200% of the listed amount, not to exceed double the highest amount*

Monthly (12) RATES	
Employee	<b>\$7.79</b>
Employee + Spouse	<b>\$14.04</b>
Employee + Child(ren)	<b>\$13.00</b>
Family	<b>\$19.25</b>

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## Quick View

# Voluntary Hospital Indemnity Insurance

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in the right place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most.

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## Berkley School District

Benefit Name	Amount
Initial Hospital Confinement (24HR)	<b>\$1,000</b> <i>(two per calendar year)</i>
Daily Hospital Confinement (daily)	<b>\$100</b> <i>(up to 30 days)</i>
ICU Supplemental Confinement (daily) <i>(pays in addition to daily confinement)</i>	<b>\$100</b> <i>(up to 30 days)</i>

Provisions	
Guarantee Issue?	<b>Yes!</b>
Pre-Existing Condition Waiting Period?	<b>No!</b>
Pre-Existing Pregnancy Covered?	<b>Yes!</b>
Mental & Nervous Disorders Covered?	<b>No</b>
Drug & Alcohol Addiction Covered?	<b>No</b>
Portable?	<b>Yes!</b>

Monthly (12) RATES	
Employee	<b>\$21.25</b>
Employee + Spouse	<b>\$36.40</b>
Employee + Child(ren)	<b>\$28.91</b>
Family	<b>\$44.06</b>

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Insurance | Risk Management | Consulting

# Contact Information

**Quick View** **Voluntary Accident Insurance**

Accident insurance is an accident benefit for those who have active (they/le) or children involved in sports or other recreational activities. The accident plan is designed to pay benefits direct to the policyholder based on treatment received and injuries sustained as a result of a covered accident.

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**Berkley School District**

Benefit Name	Amount	Benefit Name	Amount	Provision
Urgent Care	\$100	Physical Therapy	\$50 (15)	Off the Job
Appliances (w/ crutches)	up to \$10 (\$75)	Laceration	Up to \$500	Over 90 (90) Days Benefits
W/Day	\$50	Concussion	\$200	No limit on the number of accidents
Follow Up Treatment	\$50 (2)	Hospital Admission	\$1,000 (\$400)	Family coverage available
Fractures / Dislocations	Up to \$9,000	Hospital Confinement	\$200 (\$65)	Portable at the same rate

Organized Sports Benefit: 25%  
(Applicable to injury and treatment categories)

Provision	Amount	Provision	Amount
Finger or Toe (Digi)	\$150	Arise (lower ribs or flou), Foot or Heel (other than Toe), Collarbone (fracture, dislocation or broken bone), Pelvis (fracture, dislocation, or aris), Hand, Wrist (other than Finger), Knee(s) (joint), Lower Jaw, Mandible (lower jaw or under process), Hip (fracture, dislocation, or aris)	\$225
Collarbone (interacticular and separation)	\$125	Arise (Upper Arm Between Elbow and Shoulder), Forearm, Upper Jaw, Mandible (upper jaw or under process), Hip (fracture, dislocation, or aris)	\$400
Hand (other than Finger) or Elbow joint, Wrist joint or Shoulder (fracture, dislocation, or aris)	\$300	Bones of the Face or Nose (other than Lower Jaw, Mandible, or Upper Jaw, Maxilla, Upper Arm Between Elbow and Shoulder, Forearm), Upper Jaw, Mandible (other than upper process)	\$675
Collarbone (interacticular)	\$125	Leg (not to upper fibula or fibula), Pelvis, Vertebrae, body of (other than Cervical Vertebrae)	\$1,350
Ankle bone or bones of the foot (other than toes), Knee joint (other than patella)	\$1,600	Skull (except bones of Face or Nose), Non-displaced	\$2,250
Hip bone	\$3,750	Hip or Thigh (Hemur)	\$3,375
		Skull (except bones of Face or Nose), Displaced	\$4,500

**Monthly (12) RATES**

Employee	Rate
Employee	\$7.79
Employee + Spouse	\$14.08
Employee + Child(ren)	\$13.00
Family	\$19.25

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Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in the right place before you experience a sickness or injury can help alleviate your financial concerns and provide support at a time when it is needed most.

Prepared for  
**Berkley School District**

Benefit Name	Amount
Initial Hospital Confinement (24HR)	\$1,000 (two per calendar year)
Daily Hospital Confinement (daily)	\$100 (up to 30 days)
ICU Supplemental Confinement (daily)	\$100 (up to 30 days)

Provision	Yes/No
Guarantee Issue?	Yes
Pre-Existing Condition Waiting Period?	Yes
Pre-Existing Pregnancy Covered?	Yes
Mental & Nervous Disorders Covered?	No
Drug & Alcohol Addiction Covered?	No
Portable?	Yes

Monthly (12) RATES	Employee	Rate
Employee	Employee	\$21.25
Employee + Spouse	Employee + Spouse	\$36.40
Employee + Child(ren)	Employee + Child(ren)	\$28.91
Family	Family	\$48.06

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**Quick View** **Voluntary Critical Illness Insurance**

Many times when a major illness is diagnosed, there can be several expenses that are not covered by medical insurance. Critical Illness Insurance pays a lump sum benefit when a covered critical illness is diagnosed. This benefit is paid direct to the policyholder to help cover any expenses that typically are part of a major illness.

Prepared for  
**Berkley School District**

Choose a Benefit Amount	Covered Illnesses	Provisions
\$10,000 or \$30,000	Invasive Cancer Heart Attack	GUARANTEE ISSUE! NO PRE-EXISTING WAITING PERIOD! Different Illness Diagnosis: 6 month separation Same Illness Diagnosis: 6 month separation
Spouse up to 50%	Major Organ Failure	Portable if you leave employment *See brochure for complete listing of illnesses that qualify
Child(ren) at 50% (No additional premium, up to age 21)	End-Stage Kidney Failure + 23 Additional Illnesses!	

Non-Tobacco	Monthly (12) Rates				Tobacco	Monthly (12) Rates			
	\$10,000 (Spouse @ \$5,000)	\$10,000 (Spouse @ \$5,000)	\$30,000 (Spouse @ \$15,000)	\$30,000 (Spouse @ \$15,000)		\$10,000 (Spouse @ \$5,000)	\$10,000 (Spouse @ \$5,000)	\$30,000 (Spouse @ \$15,000)	\$30,000 (Spouse @ \$15,000)
Attained Age	Employee	Employee + Spouse	Employee	Employee + Spouse	Employee	Employee + Spouse	Employee	Employee + Spouse	
<25	\$1.90	\$3.75	\$7.50	\$11.25	<25	\$1.90	\$3.75	\$7.50	\$11.25
25-29	\$2.90	\$4.35	\$8.70	\$13.05	25-29	\$4.30	\$8.15	\$12.30	\$18.45
30-34	\$3.90	\$5.85	\$11.70	\$17.55	30-34	\$5.40	\$10.80	\$16.20	\$24.30
35-39	\$4.90	\$7.35	\$14.70	\$22.05	35-39	\$6.90	\$13.80	\$20.70	\$30.15
40-44	\$5.90	\$8.85	\$17.70	\$26.55	40-44	\$7.90	\$15.80	\$23.70	\$35.55
45-49	\$6.90	\$10.35	\$20.70	\$31.05	45-49	\$8.90	\$17.80	\$26.70	\$40.95
50-54	\$7.90	\$11.85	\$23.70	\$35.55	50-54	\$9.90	\$19.80	\$29.70	\$45.45
55-59	\$8.90	\$13.35	\$26.70	\$40.05	55-59	\$10.90	\$21.80	\$32.70	\$50.85
60-64	\$9.90	\$14.85	\$29.70	\$44.55	60-64	\$11.90	\$23.80	\$35.70	\$55.35
65-69	\$10.90	\$16.35	\$32.70	\$49.05	65-69	\$12.90	\$25.80	\$38.70	\$60.75
70-74	\$11.90	\$17.85	\$35.70	\$53.55	70-74	\$13.90	\$27.80	\$41.70	\$66.15
75+	\$12.90	\$19.35	\$38.70	\$58.05	75+	\$14.90	\$29.80	\$44.70	\$71.55

Child(ren) covered at 50% for no additional premium up to age 21!

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To File a Claim

Micha Castro

210.757.4273

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Account Manager

Laura Mellado

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Policy limitations and exclusions exist. This is not an application for coverage or guarantee of claim payment. Please see policy brochure for all benefits, limitations and exclusions. Where discrepancies exist, policy language will overrule

**MEDICAID recipients are NOT recommended to participate in coverage**

# Group Critical Illness Insurance



## How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

## Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

## Who can get coverage?

<b>You:</b>	Choose \$10,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
<b>Your spouse:</b>	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
<b>Your children:</b>	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

## Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

## What's covered?

Critical Illnesses	
<ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Major organ failure</li> <li>• End-stage kidney failure</li> <li>• Sudden cardiac arrest</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement</li> <li>Minor (10%): Balloon angioplasty or stent placement</li> </ul>
Cancer conditions	
<ul style="list-style-type: none"> <li>• Invasive cancer — all breast cancer is considered invasive</li> <li>• Non-invasive cancer (25%)</li> </ul>	<ul style="list-style-type: none"> <li>• Skin cancer — \$1000</li> </ul>
Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> <li>• Amyotrophic Lateral Sclerosis (ALS)</li> <li>• Dementia, including Alzheimer's disease</li> <li>• Multiple Sclerosis (MS)</li> <li>• Parkinson's disease</li> <li>• Functional loss</li> <li>• Huntington's Disease</li> <li>• Lupus</li> <li>• Muscular Dystrophy</li> <li>• Myasthenia Gravis</li> <li>• Systemic Sclerosis (Scleroderma)</li> <li>• Addison's Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of sight, hearing or speech</li> <li>• Benign brain tumor</li> <li>• Coma</li> <li>• Permanent Paralysis</li> <li>• Occupational HIV, Hepatitis B, C or D</li> <li>• Occupational PTSD</li> </ul> <p><b>Paid at 25%</b></p> <ul style="list-style-type: none"> <li>• Infectious Diseases</li> <li>• Pulmonary Embolism</li> <li>• Transient Ischemic Attack (TIA)</li> <li>• Bone Marrow/Stem Cell</li> </ul>

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Since our founding in 1848,  
Unum has been a leader in the  
employee benefits business.

Innovation, integrity and an unwavering  
commitment to our customers has helped  
us become a global leader in financial  
protection benefits.

**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 30 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 0 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>

## Waiver of Premium

Enables the ability to waive the premium for this product after the insured has been totally disabled for 90 days. The maximum duration of benefit is for a period of 24 months. The Waiver of Premium benefit begins after the Insured has been Totally Disabled for 90 days. Thereafter, premiums due will be waived while the Insured continues to be Totally Disabled under this certificate, up to a lifetime maximum of 24 months. We will refund any premiums paid by the Insured during the first 90 days of the Insured's Total Disability. The Waiver of Premium benefit ends on the date the Insured is no longer Totally Disabled.

## Exclusions and limitations

Unum 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 other willful criminal activity; "Willful criminal activity" includes, but is not limited to any of the following: (i) operating a vehicle while intoxicated as defined in the state in which the Accident occurred; or (ii) operating a methamphetamine laboratory. "Willful criminal activity" does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony insurrection, 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; and a Date of Diagnosis that occurs while an insured is legally incarcerated in a penal or correctional institution.

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

## Continuity of coverage

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date. Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate. If you have not returned to Active Employment before any Insured's Date of Diagnosis, any benefits payable will be limited to what would have been paid by the prior carrier.

Date of diagnosis must be after the coverage effective date.

## End 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: date this policy is canceled by Unum or your employer; 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 any required premium contributions are made; or 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 Extended Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

Unum complies with applicable civil union and domestic partner laws.

### THIS INSURANCE PROVIDES LIMITED BENEFITS

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 GCIC16-1 and Policy Form GCIP16-1 or contact your Unum representative.

Underwritten by: Unum Insurance Company, Portland, Maine

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# 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.

\*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.

## 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

### Accidental Death and Dismemberment

AD&D	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
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
Spouse	\$25,000
Children	\$12,500
Dismemberment	
Both Feet	\$50,000
Both Hands	\$50,000
One Foot	\$25,000
One Hand	\$25,000
Thumb and Index Finger of the same Hand	\$12,500
Coma	
Coma	\$10,000
Home & Vehicle Modifications	
Home & Vehicle Modifications	\$1,500
Loss of Use	
Hearing (one ear)	\$12,500
Hearing	\$25,000
Sight of one Eye	\$25,000
Sight of both Eyes	\$50,000
Speech	\$25,000
Paralysis	
Uniplegia	\$12,500
Hemi/Paraplegia	\$25,000
Triplegia	\$37,500
Quadriplegia	\$50,000

### Hospitalization

Admission	\$1,000
Admission – Hospital ICU (added to Admission)	\$1,000
Daily Stay (365 days)	\$200
Daily Stay – Hospital ICU (added to Daily Stay)	\$200

### Injury

Injury due to felony & sexual assault	\$150
Organized Sports	25%
Burns	

### Injury

2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500
2nd Degree Burns - 20% or greater of skin surface	\$1,000
3rd Degree Burns - Less than 5% of skin surface	\$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000
3rd Degree Burns - 20% or greater of skin surface	\$10,000
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)	\$1,650
Ankle bone or bones of the foot (other than toes)	\$1,650
Hip joint	\$3,375
Collarbone (sternoclavicular)	\$825
Elbow joint	\$500
Hand (other than Fingers)	\$500
Lower Jaw	\$500
Shoulder	\$500
Wrist joint	\$500
Collarbone (acromioclavicular and separation)	\$325
Finger or Toe (Digit)	\$150
Kneecap (patella)	\$500
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	\$200
Fractures	
Skull (except bones of Face or Nose), Depressed	\$4,500
Hip or Thigh (femur)	\$3,375
Skull (except bones of Face or Nose), Non-depressed	\$2,250
Vertebrae, body of (other than Vertebral Processes)	\$1,350
Leg (mid to upper tibia or fibula)	\$1,350
Pelvis	\$1,350

### Injury

Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675
Upper Arm between Elbow and Shoulder (humerus)	\$675
Upper Jaw, Maxilla (other than alveolar process)	\$675
Ankle (lower tibia or fibula)	\$450
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450
Foot or Heel (other than Toes)	\$450
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450
Kneecap (patella)	\$450
Lower Jaw, Mandible (other than alveolar process)	\$450
Vertebral Processes	\$450
Rib	\$450
Tailbone (coccyx), Sacrum	\$450
Finger or Toe (Digit)	\$225
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	\$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
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	\$150
Ruptured or Herniated Disc	
One Disc	\$150
Two or more Discs	\$250
Recovery	
At-Home Care	\$100
Physician Follow-Up Visits	\$50
Physician Follow-Up Maximum Visits	2

## SCHEDULE OF BENEFITS

### Recovery

Prescription Drug	\$10
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100
Behavior Health Therapy	\$20
Behavior Health Therapy visits	15
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$50
Therapy Services Maximum Days	15

### 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
Exploratory	\$150
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	\$150
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	\$150
Knee Cartilage (Meniscus) with Repair	\$750
Outpatient Surgical Facility	

### Surgery

Outpatient Surgical Facility	\$300
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	\$125
One Disc	\$675
Two or more Discs	\$1,000

### Treatment

Organized Sports	25%
Ambulance	
Air	\$1,000
Ground	\$200
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 Crown	\$350
Dental Extraction	\$115
Filling or Chip Repair	\$90
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 or more 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 Treatment	\$200
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$100

### Treatment

Transfusions	\$400
Transportation (per trip)	\$75
Family Care	\$30
Pet Boarding (per day)	\$20
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 30 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 0 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, contributed to by, or resulting from any of the following:

- committing or attempting to commit a felony;
  - being engaged in an illegal occupation other willful criminal activity. "Willful criminal activity" includes, but is not limited to any of the following: (i) operating a vehicle while intoxicated in violation of Michigan's vehicle code, or any other act or law with similar intent; or (ii) operating a methamphetamine laboratory. "Willful criminal activity" does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony;
  - 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 GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states 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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# Group Hospital Insurance



## How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

## Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

## 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 newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.



**Since our founding in 1848, Unum has been a leader in the employee benefits business.**

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.

Coverage may vary by state. See exclusions and limitations. This plan has a childbirth limitation. See disclosures for more information. 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>

## Hospital

Hospital Admission	Payable for a maximum of 2 days per year	\$1,000
Hospital Daily Stay	Payable per day up to 30 days	\$100
ICU Daily Stay	Payable per day up to 30 days	\$100

### Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

#### 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 30 hours per 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 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

#### Continuity of coverage

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date of this certificate.

Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate.

If you have not returned to Active Employment before any Insured's covered loss, any benefits payable will be limited to what would have been paid by the prior carrier.

#### Exclusions and limitations

Unum 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 other willful criminal activity. "Willful criminal activity" includes, but is not limited to any of the following: (i) operating a vehicle while intoxicated in violation of Michigan's vehicle code, or any other act or law with similar intent; or (ii) operating a methamphetamine laboratory. "Willful criminal activity" does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony;
  - 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;
  - Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
  - Any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick; and
  - Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
    - Stroke, Alzheimer's disease, trauma, viral infection; or
    - Other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.
- Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

#### End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us 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; or
- 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 under Portability of Hospital Indemnity Insurance.

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

#### THIS INSURANCE PROVIDES LIMITED BENEFITS

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 hospital insurance.

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 GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.

Unum complies with applicable civil union and domestic partner laws.

