unum

Accident insurance

Unum's accident insurance offers you and your family the following benefits. Please refer to the chart below for the benefit amounts payable for covered injuries and accident-related expenses.

Covered injuries	Benefit amount
Fractures	
Open	Up to $5,000
Closed	Up to $2,500
Chips	25% of closed amount
Dislocations	
Open	Up to $4,000
Closed	Up to $2,000
Burns	
Second degree for 36% or more of body surface	$750
Third degree covering at least 9 but less than 35 square inches of body surface	$1,500
Third degree for 35 or more square inches of body surface	$10,000
Skin grafts	25% of burn benefit
Concussion	$100
Ruptured disc	$400
Knee cartilage	
Torn	$500
Exploratory	$100
Laceration	$25–$400
Tendon/ligament and rotator cuff	
Repair of one	$400
Repair of more than one	$600
Exploratory only	$100
Dental work, emergency	
Extraction	$50
Crown	$150
Eye injury (requires surgery or removal of foreign body)	$200

Emergency and hospitalization benefits	Benefit amount
Ambulance	$100
Air ambulance	$500
Emergency room treatment (includes X-rays)	$150
Hospital admission (per admission)	$750
Hospital confinement (per day up to 365 days)	$200
Hospital intensive care unit	$400

Treatment and other services	Benefit amount
Doctor's office initial visit	$50
Surgery benefit	
Open abdominal, thoracic	$1,000
Exploratory	$100
Follow-up treatment for accident (initial follow-up visit)	$50
Physical therapy (6 treatments)	$25 per treatment
Prosthetic device or artificial limb	
One	$500
More than one	$1,000
Appliance	$100
Blood, plasma and platelets	$300
Transportation (100+ miles up to 3 trips)	$300
Lodging (per night up to 30 days)	$100

Accidental death and other covered losses	Benefit amount
Accidental death	
Employee	$25,000
Spouse	$10,000
Child	$5,000
The accidental death benefit doubles if the insured individual is injured as a fare-paying passenger on a common carrier: Employee – $50,000; spouse – $20,000; child – $10,000	
Catastrophic accident — Loss of use of sight, hearing, speech, arms or legs (exceptions for PA, NJ and VT noted below)	
Employee (under 65 years old)	$100,000
Spouse or child (under 65 years old)	$50,000
Ages 65–69	Amount reduced by 50%
70+ years old	Amount reduced by 75%
Loss of finger, toe, hand, foot or sight of an eye	
Loss of both hands, feet, sight of both eyes, or any combination of two or more losses	$15,000
Loss of one hand, foot or sight in one eye	$7,500
Loss of two or more fingers, toes or any combination of two or more losses	$1,500
Loss of one finger or toe	$750

Benefits may vary by state. For CO, FL, NC, NH and WA, please refer to the state-specific forms for benefit variations. Not approved in CT. Plan 2 is not approved in NY and PA. Non-cancellable in MA.

Catastrophic accident benefit exceptions: Catastrophic accident benefits are payable after fulfilling a 365-day elimination period. See policy for details. In PA, NJ and VT, the benefit is paid immediately upon written proof of loss. Sight, hearing and speech are not covered.

© 2010 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

AE-1023 (8-10) PLANS 1 & 2

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 L-21762 or contact your Unum representative.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, TN

unum.com

THIS IS A LIMITED POLICY.

Voluntary Workplace Benefits - Accident Insurance

On & Off-Job Plan

Semi-Monthly Premiums

These rates are not for use in California or New York

Family Coverage Options			
Individual	Individual and Spouse	One Parent Family	Two Parent Family
$8.19	$11.70	$15.60	$19.11

May not be available in all states.

Humana Insurance Company

Cancer & Specified Disease Policy Form HIC-CAN-POL-2010 -MS 02/10

PROPOSED PLAN HIGHLIGHTS

SEE OUTLINE OF COVERAGE FOR COMPLETE LIST OF BENEFITS PROVIDED

WELLNESS BENEFIT

Pays Actual Charge – Up $100 Per Calendar Year Per Covered Person

Includes tests such as mammograms, flexible sigmoidoscopy, pap smear, chest x-ray, hemocult stool specimen, and prostate screen.

FIRST DIAGNOSIS BENEFIT

Pays – $2,500 (Option I) or $5,000 (Option II) or $10,000 (Option III)] – Per Covered Person

Benefit Based on Option Selected

Pays a one-time benefit when a covered person is diagnosed for the first time as having cancer (other than skin cancer) or a specified disease. Pays this benefit only once for each covered person.

NATIONAL CANCER INSTITUTE DESIGNATED COMPREHENSIVE CANCER TREATMENT CENTER EVALUATION/CONSULTATION BENEFIT

The Company will pay the expense incurred limited to a **lifetime maximum up to $750 for evaluation** if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, the Company will also pay the transportation and lodging expenses incurred limited to a **lifetime maximum up to $350 for transportation and lodging**. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.

RADIATION, RADIOACTIVE ISOTOPES THERAPY, CHEMOTHERAPY OR IMMUNOTHERAPY

Administered by a radiologist, chemotherapist or oncologist or used to modify or destroy cancerous tissue..

Includes Hormone Therapy

Pays Actual Charge – Up to **$10,000** Per **Month**

NO LIFETIME MAXIMUM

MISCELLANEOUS THERAPY CHARGES

Pays Actual Charge – Up To $10,000 – Per Covered Person

Pays actual charges up to a lifetime maximum of $10,000 for services performed while a person is receiving one or more of the treatments shown above. This includes lab work and its interpretations; or routine or diagnostic x-rays, scans, and interpretations.

SELF-ADMINISTERED OR ORAL CHEMOTHERAPY OR IMMUNOTHERAPY

Includes Hormone Therapy

Pays Actual Charge – Up To **$4,000 Per Month**

NO LIFETIME MAXIMUM

COLONY STIMULATING FACTORS

Pays Actual Charge – Up To **$4,000 Per Month**

Pays the cost of the chemical substances and their administration to stimulate the production of blood cells.

NO LIFETIME MAXIMUM

BREAST PROSTHESIS

Pays **Actual Charge Incurred** for a prosthesis to restore normal body contour lost due to breast cancer and the implantation of the prosthesis.

NO LIFETIME MAXIMUM

SURGERY

Pays the amount listed on the surgical schedule but not to exceed **$3,000 (Option I) or $4,500 (Options II and III).** It does not pay an amount which exceeds the actual surgeon's fees for the surgery

Benefit Based on Option Selected

BONE MARROW AND STEM CELL TRANSPLANT.

Pays Actual Charge – Up To $15,000 Per Covered Person

Pays Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant combined lifetime maximum of $15,000

HOSPITAL CONFINEMENT. $100 per day, up to 60 days. Benefit is two times the amount for covered children under age 21. **No Lifetime Maximum.**

EXTENDED BENEFITS. If hospital confinement is more than 60 days continuous, we will pay three times the selected hospital confinement benefit shown on the schedule page. Payment will begin on the 61st day of continuous hospital confinement. This benefit is payable in lieu of the Hospital Confinement Benefit. **No Lifetime Maximum.**

Mississippi Only 3 Option Highlights of Coverage with Payroll Deduction Monthly Premium Rates

The Policy Also Provides Specific Benefits For	
Positive Diagnosis Test	***Private Duty Nursing***
Second and Third Surgical Opinions	***Artificial Limb or Prosthesis***
Non-Local Transportation	***Physical or Speech Therapy***
Adult Companion Lodging and Transportation	***Extended Benefits***
Ambulance	***Extended Care Facility***
Blood Plasma and Platelets	***At Home Nursing***
Donor-Benefit Bone Marrow and Stem Cell Transplant	***New or Experimental Treatment***
Daily Hospital Confinement	***Hospice Care***
Anesthesia	***Government or Charity Hospital***
Ambulatory Surgical Center	***Hairpiece***
Drugs and Medicines	***Rental or Purchase of Durable Goods***
Outpatient Anti-Nausea Drugs	***Physician's Attendance***
Waiver of Premium	
Covered Diseases. Cancer; Addison's Disease; Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease); Cystic Fibrosis; Diptheria; Encephalitis; Epilepsy; Hansen's Disease; Legionaire's Disease; Lupus Erythematosus; Lyme Disease; Malaria; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Nieman-Pick Disease; Osteomyelitis; Poliomyelitis; Rabies; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Scarlet Fever; Sickle Cell Anemia; Tay-Sachs Disease; Tetanus; Toxic Epidermal Necrolysis; Tuberculosis; Tularemia; Typhoid Fever; Undulant Fever; Whipple's Disease	
PLUS	
All Benefits Are Payable in Addition to Any Other Insurance or Medicare	**Benefits Provided for Cancer or Specified Disease Do Not Reduce Because of Age**
Guaranteed Renewable for Life	**Portable – Take it with You If You Change Jobs or Retire**
All Benefits Are Subject to the Provisions of the Policy. **Read the Policy for Complete Descriptions of Benefits Provided and the Exceptions and Limitations.**	

Cancer & Specified Disease Insurance Monthly Payroll Deduction Premium Rates

Issue Age	Under 44			45 - 54			55 - 64			65 +		
	Option I	Option II	Option III	Option I	Option II	Option III	Option I	Option II	Option III	Option I	Option II	Option III
Monthly Individual	$27.72	$31.90	$37.91	$31.23	$35.93	$42.70	$60.67	$70.69	$85.13	$75.25	$88.85	$108.47
Monthly Single Parent	$37.73	$42.92	$50.44	$41.24	$46.97	$55.26	$70.87	$81.94	$97.92	$83.73	$98.37	$119.54
Monthly Family	$57.46	$65.88	$77.95	$64.03	$73.44	$86.93	$122.66	$142.85	$171.73	$154.48	$182.85	$223.40

Optional Intensive Care Unit Rider Available for Additional Monthly Payroll Deduction Premium

Issue Age	0 - 44			45 - 54			55 - 64			65 +		
	Daily Benefit Amount			Daily Benefit Amount			Daily Benefit Amount			Daily Benefit Amount		
	$325.00	$625.00	$825.00	$325.00	$625.00	$825.00	$325.00	$625.00	$825.00	$325.00	$625.00	$825.00
Individual	$2.49	$4.79	$6.33	$2.81	$5.40	$7.13	$3.42	$6.58	$8.68	$3.54	$6.81	$8.99
Single Parent	$4.01	$7.71	$10.18	$4.33	$8.32	$10.99	$4.97	$9.56	$12.61	$5.09	$9.79	$12.92
Family	$5.64	$10.84	$14.31	$6.24	$12.00	$15.84	$7.10	$13.66	$18.03	$6.40	$12.30	$16.24

This is a brief description of the coverage available. The Policy will contain limitations, exclusions and termination provisions. Humana Insurance Company has its principal place of business in Green Bay, Wisconsin.

These Are Highlights of the Coverage Proposed and To Be Used Only With Outline of Coverage