



Apex Capital Corp

Accident Insurance



How does it work?

Accident Insurance pays a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur 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.

How much does it cost?

Your bi-weekly premium	Option 1	Option 2
You	\$5.74	\$3.26
You and your spouse	\$10.18	\$5.77
You and your children	\$14.64	\$8.08
Family	\$19.08	\$10.59

What's included?

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

Option 1Option 2			Option 1Option 2			Option 1Option 2		
Accidental Death and Dismemberment			Injury			Injury		
AD&D			3rd Degree Burns - At least 5%, but less than 20% of skin surface			Ankle (lower tibia or fibula)		
Employee	\$75,000	\$50,000	\$10,000\$5,000			\$800\$450		
Spouse	\$37,500	\$25,000	3rd Degree Burns - 20% or greater of skin surface			Collarbone (clavicle, sternum) or Shoulder Blade (scapula)		
Children	\$18,750	\$12,500	\$20,000\$10,000			\$800\$450		
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)			Concussion			Foot or Heel (other than Toes)		
Employee	\$75,000	\$50,000	Concussion			\$800\$450		
Spouse	\$37,500	\$25,000	Connective Tissue Damage			Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)		
Children	\$18,750	\$12,500	One Connective Tissue (tendon, ligament, rotator cuff, muscle)			\$800\$450		
Dismemberment			Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)			Kneecap (patella)		
Both Feet	\$75,000	\$50,000	\$150\$150			\$800\$450		
Both Hands	\$75,000	\$50,000	Dislocations			Lower Jaw, Mandible (other than alveolar process)		
One Foot	\$37,500	\$25,000	Knee joint (other than patella)			\$800\$450		
One Hand	\$37,500	\$25,000	Ankle bone or bones of the foot (other than toes)			Vertebral Processes		
Thumb and Index Finger of the same Hand	\$18,750	\$12,500	\$3,000\$1,650			Rib		
Coma			Hip joint			\$800\$450		
Coma	\$15,000	\$10,000	Collarbone (sternoclavicular)			Tailbone (coccyx), Sacrum		
Loss of Use			Elbow joint			Finger or Toe (Digit)		
Hearing	\$18,000	\$12,500	\$900\$500			Chip Fracture - Payable as a % of the applicable Fractures benefit		
Sight of one Eye	\$37,500	\$25,000	Hand (other than Fingers)			25%25%		
Sight of both Eyes	\$75,000	\$50,000	\$900\$500			Same bone maximum incurred per accident		
Speech	\$37,500	\$25,000	Lower Jaw			1 Fracture1 Fracture		
Paralysis			Shoulder			Maximum payable multiplier for multiple bones		
Uniplegia	\$18,750	\$12,500	\$900\$500			2 Times2 Times		
Hemi/Paraplegia	\$37,500	\$25,000	Wrist joint			Internal Injuries		
Triplegia	\$56,250	\$37,500	Collarbone (acromioclavicular and separation)			Internal Injuries		
Quadriplegia	\$75,000	\$50,000	\$600\$325			Lacerations		
Hospitalization			Finger or Toe (Digit)			No Repair		
Admission	\$2,000	\$1,000	\$300\$150			\$85\$50		
Admission – Hospital ICU	\$2,000	\$1,000	Kneecap (patella)			Repair Less than 2 inches		
Daily Stay (amount)	\$400	\$300	\$900\$500			\$250\$150		
Daily Stay – Hospital ICU (amount)	\$400	\$300	Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit			Repair At least 2 inches but less than 6 inches		
Short Stay	N/A	\$200	25%25%			\$500\$300		
Domestic Steerage	N/A	50%	Eye Injury			Repair 6 inches or greater		
Injury			Eye Injury			\$1,000\$600		
Organized Sports	10%	10%	Fractures			Loss of a Digit		
Burns			Skull (except bones of Face or Nose), Depressed			One Digit (other than a Thumb or Big Toe)		
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$1,000	\$500	Hip or Thigh (femur)			\$1,250\$750		
2nd Degree Burns - 20% or greater of skin surface	\$2,000	\$1,000	\$6,000\$3,375			One Digit (a Thumb or Big Toe)		
3rd Degree Burns - Less than 5% of skin surface	\$4,000	\$2,000	Skull (except bones of Face or Nose), Non-depressed			\$1,875\$1,125		
			Vertebrae, body of (other than Vertebral Processes)			Two or more Digits		
			\$2,400\$1,350			\$2,500\$1,500		
			Leg (mid to upper tibia or fibula)			Knee Cartilage		
			\$2,400\$1,350			Knee Cartilage (Meniscus) Injury		
			Pelvis			\$250\$150		
			Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)			Ruptured or Herniated Disc		
			\$1,200\$675			One Disc		
			Upper Arm between Elbow and Shoulder (humerus)			\$210\$150		
			\$1,200\$675			Two or more Discs		
			Upper Jaw, Maxilla (other than alveolar process)			\$350\$250		
			\$1,200\$675			Recovery		
						Acquired Brain Injury		
						\$25\$25		
						At-Home Care		
						\$125\$100		
						Physician Follow-Up Visits		
						\$100\$75		
						Physician Follow-Up Maximum Visits		
						2 Visits2 Visits		
						Prescription Drug		
						\$25\$25		
						Prescription Benefit Incidence per covered accident		
						1 Per Insured1 Per Insured		
						Rehabilitation or Subacute Rehabilitation Unit		
						\$150\$100		

SCHEDULE OF BENEFITS

Option 1 Option 2

Recovery

Behavior Health Therapy	\$25	\$20
Behavior Health Therapy visits	15 Days	15 Days
Telehealth Service	\$25	\$25
Telemedicine Medical Service	\$25	\$25
Therapy Services (chiro, speech, PT, occ)	\$25	\$20
Therapy Services Maximum Days	15 Days	15 Days

Surgery

Dislocations		
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Anesthesia		
Epidural or Regional Anesthesia	\$100	\$100
General Anesthesia	\$250	\$250
Connective Tissue		
Exploratory without Repair	\$100	\$100
Repair for One Connective Tissue	\$800	\$800
Repair for Two or more Connective Tissues	\$1,200	\$1,200
Eye Surgery		
Eye Surgery, Requiring Anesthesia	\$300	\$300
Fractures		
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times	2 Times
General Surgery		
Abdominal, Thoracic, or Cranial	\$1,500	\$1,500
Exploratory	\$150	\$150
Incidence per covered accident	1 Per Insured	1 Per Insured
Hernia Surgery		
Hernia Surgery	\$150	\$150
Knee Cartilage		
Knee Cartilage (Meniscus) Exploratory without Repair	\$150	\$150
Knee Cartilage (Meniscus) with Repair	\$750	\$750
Outpatient Surgical Facility		
Outpatient Surgical Facility	\$300	\$300
Ruptured or Herniated Disc Surgery		
Exploratory without Repair	\$125	\$125
One Disc	\$675	\$675

Option 1 Option 2

Surgery

Two or more Discs	\$1,000	\$1,000
Treatment		
Organized Sports	10%	10%
Ambulance		
Air	\$1,500	\$1,000
Ground	\$500	\$300
Durable Medical Equipment		
Tier 1 (arm sling, cane, medical ring cushion)	\$75	\$50
Tier 2 (bedside commode, cold therapy system, crutches)	\$150	\$100
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$300	\$200
Emergency Dental Repair		
Dental Crown	\$600	\$350
Dental Extraction	\$200	\$115
Filling or Chip Repair	\$150	\$90
Imaging		
Tier 1: X-rays or Ultrasound	\$50	\$50
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200	\$200
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier
Lodging		
Lodging (per night)	\$250	\$150
Prosthetic Device		
One Device or Limb	\$1,250	\$750
Two or more Devices or Limbs	\$2,500	\$1,500
Skin Grafts		
For Burns - Payable as a % of the applicable Burn benefit	50%	50%
Not Burns - Less than 20% of skin surface	\$500	\$250
Not Burns - 20% or greater of skin surface	\$1,000	\$500
Treatment		
Emergency Room Treatment	\$300	\$100
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$200	\$100
Transfusions	\$600	\$400
Transportation (per trip)	\$200	\$100
Family Care	\$50	\$50
Pet Boarding (per day)	\$030	\$030

Option 1 Option 2

Treatment

Treatment in a Physician's Office or Urgent Care Facility (initial)	\$75	\$75
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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 20 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 30 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 www.medicare.gov/sites/default/files/2022-03/02110-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 occurs as the result 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, 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 trauma, infection, or other diseases;
- an occupational injury;
- 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.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- being intoxicated; and
 - voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicant, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician
- Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

Termination 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:

- 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

Accident Insurance

THIS IS A LIMITED BENEFITS POLICY

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, GAC16-2-IL, GAC16-3-NH, GAC16-2-OH, and GAC16-2-UT. Policy Form GAP16-1 et al. in all states, GAP16-3-NH in New Hampshire 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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