Consolidated Community Credit Union dba CCCU

# 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.

## How much does it cost?

| Your monthly premium | |
|---|---|
| You | $13.95 |
| You and your spouse | $24.62 |
| You and your children | $30.99 |
| Family | $41.66 |

## What's included?

### Be Well Benefit

Every year, each covered member who has Accident coverage can also receive $50 for a Be Well screening test, such as:

- Annual exams by a physician including sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, cholesterol and diabetes
- Cardiovascular function screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Organized Sports Benefit

Each covered 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.

**UNUM INSURANCE COMPANY**

**ACCIDENT ONLY COVERAGE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

# OUTLINE OF COVERAGE

Read the Policy and your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy and Certificate provisions will control. The Policy itself sets forth in detail the rights and obligations of both us and the Policyholder. It is, therefore, important that you **READ THE POLICY AND YOUR CERTIFICATE CAREFULLY!**

**Accident Only Coverage.** This coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**Schedule of Benefits**
The following Schedules of Benefits are available to you. You will have the opportunity to apply for coverage for you, and your Spouse, and Children.

Please refer to your confirmation of coverage for the coverage for which you, and your Spouse, and Children are insured.

The benefits an Insured may receive for a Payable Claim are listed in the Schedule of Benefits, subject to all other terms and provisions of this certificate. Amounts are the same for all Insureds, unless noted otherwise. Multiple benefits may be payable for a single Covered Accident.

# 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) | $300 |
| Daily Stay – Hospital ICU (added to Daily Stay) | $300 |
| Short Stay | $200 |

## Injury

| | |
|---|---|
| Burns | |
| 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 |

## Injury

| | |
|---|---|
| 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 | |
| Ankle bone or bones of the foot (other than toes) | $1,650 |
| Collarbone (acromioclavicular and separation) | $325 |
| Collarbone (sternoclavicular) | $825 |
| Finger or Toe (Digit) | $150 |
| Hand (other than Fingers) | $500 |
| Elbow joint | $500 |
| Wrist joint | $500 |
| Shoulder | $500 |
| 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 Injury | |
| Eye Injury | $200 |
| Fractures | |
| Ankle (lower tibia or fibula) | $450 |
| 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) | $450 |
| Finger or Toe (Digit) | $225 |
| Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers) | $450 |
| Hip or Thigh (femur) | $3,375 |
| Kneecap (patella) | $450 |
| Leg (mid to upper tibia or fibula) | $1,350 |
| Lower Jaw, Mandible (other than alveolar process) | $450 |
| Pelvis | $1,350 |
| Rib | $450 |
| Tailbone (coccyx), Sacrum | $450 |
| Vertebral Processes | $450 |

## Injury

| | |
|---|---|
| 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% |
| 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 |
| Other | |
| Injury due to felony & sexual assault | $150 |
| Organized Sports | 10% |

## 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 |
| Behavior Health Therapy | $20 |
| Behavior Health Therapy visits | 15 Days |
| Therapy Services (chiro, speech, PT, occ, acupuncture/alternative) | $20 |
| Therapy Services Maximum Days | 15 Days |

# SCHEDULE OF BENEFITS

## 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 | |
| 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 | 10% |
| Ambulance | |
| Air | $1,000 |
| Ground | $300 |
| 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 |

## Treatment

| | |
|---|---|
| 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 | $100 |
| Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin) | $50 |
| Pain Management Injections (epidural, cortisone, steroid) | $100 |
| Transfusions | $400 |
| Transportation (per trip) | $100 |
| Family Care | $50 |
| Pet Boarding (per day) | $30 |
| Treatment in a Physician's Office or Urgent Care Facility (initial) | $75 |
| Personal Safety | N/A |

**Active employment**
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required 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 may have a 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-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.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;
- 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.

**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 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 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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