

Accident Insurance Detroit Mercy

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 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

Schedule of benefits:

Accidental Death and Dismemberment

- 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 same hand - \$25,000
- Coma - \$10,000
- Loss of Hearing - \$25,000

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Loss of use (continued)

- Loss of sight in one eye - \$25,000
- Loss of sight in both eyes - \$50,000
- Loss of Speech - \$25,000

Paralysis

- Uniplegia - \$12,500
- Hemi/Paraplegia -- \$25,000
- Triplegia - \$37,500
- Quadriplegia - \$50,000

Hospitalization

Admission - \$1,000

Admission – Hospital ICU \$1,000

Daily Stay (amount) - \$300

Daily Stay – Hospital ICU (amount) - \$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

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 the toes) - \$1,650

Hip Joint - \$3,375

Collarbone – (sternoclavicular) - \$825

Finger or Toe (digit) - \$150

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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 or (other than Vertebrae Processes) - \$1,350

Leg (mid to upper tibia or fibula) - \$1,350

Pelvis - \$1,130

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

Injury

Collarbone (clavicle, sternum) or Shoulder Blade (scapula) \$450

Foot or Heel (other than Toes) \$450

Forearm (olecranon, radius, or ulna), Hand, or Wrist (no 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

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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 \$75

Physician Follow-Up - Maximum Visits 2

Prescription Drug \$25

Prescription Benefit Incidence per covered accident - 1 Per Insured

Rehabilitation or Subacute Rehabilitation Unit \$100

Therapy Services (chiro, speech, PT, occ) \$20

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

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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

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

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

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 - \$150

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

Treatment in a Physician's Office or Urgent Care Facility (initial) - \$75

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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 required 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 the required 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/media/9486.

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;

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- 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 motordriven;
- 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.

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.

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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 Policy Form GAP16-1 et al. 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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