



## ILLUSTRATIVE FOR COMPANIES UNDER Associated Builders and Contractors of Alabama

Situs state: Alabama

Presented by: JH Berry Risk Services, LLC

Expires: October 31, 2024

### Better benefits ahead

At Unum, we help millions of employees protect their families, their finances and their futures. Comprehensive coverages, superior technology and unparalleled support — delivered where and when it's needed most.

#### BENEFITS PROPOSED



Group Critical Illness



Group Accident



Group Hospital

*Proposed rates may assume sale of at least one other line of coverage.*

Ask your UNUM representative about the additional benefits we offer:



Dental



Vision



Short Term Disability



Long Term Disability



Term Life and AD&D



Group Whole Life

*Employer and employee funding methods may be available for the benefits above.*

#### UNUM REPRESENTATIVE

Paxton Weatherly



Unum has been a **leading provider** of group disability benefits in the U.S. for over 40 years.<sup>1</sup>



Unum serves **1 in 2 Fortune 100 companies**.<sup>2</sup>



Unum pays out **\$6.6 billion in benefits** each year.<sup>3</sup>



Unum **protects over 35 million** people and their families.<sup>3</sup>

#### FINANCIALLY STRONG

AGENCY	RATING
A.M. Best	<b>A</b> Excellent
Fitch	<b>A-</b> Strong
Moody's	<b>A2</b> Good
S&P	<b>A</b> Strong

Ratings are given to the U.S. insuring subsidiaries of Unum Group and are current as of December 31, 2022.



ILLUSTRATIVE

### GROUP CRITICAL ILLNESS INSURANCE

Coverage Effective Date: October 1, 2024 Rate Guarantee: 3 Years

Full-time Employees - Monthly Critical Illness Attained Age Rates per \$1,000				
Age	Employee & Child(ren) Rate		Spouse Rate	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$0.21	\$0.21	\$0.21	\$0.21
25 - 29	\$0.27	\$0.31	\$0.27	\$0.31
30 - 34	\$0.35	\$0.42	\$0.35	\$0.42
35 - 39	\$0.44	\$0.65	\$0.44	\$0.65
40 - 44	\$0.62	\$0.98	\$0.62	\$0.98
45 - 49	\$0.92	\$1.51	\$0.92	\$1.51
50 - 54	\$1.42	\$2.30	\$1.42	\$2.30
55 - 59	\$1.99	\$3.20	\$1.99	\$3.20
60 - 64	\$3.56	\$5.62	\$3.56	\$5.62
65 - 69	\$4.93	\$7.09	\$4.93	\$7.09
70 - 74	\$6.82	\$9.05	\$6.82	\$9.05
75 - 79	\$9.36	\$11.51	\$9.36	\$11.51
80 - 84	\$12.54	\$15.05	\$12.54	\$15.05
85+	\$18.31	\$21.42	\$18.31	\$21.42

Be Well is included in the rates above.

#### Cost Calculation Example

Age	Benefit Amount / Rates per \$1000	=	Number of Units	x	Rate	=	Cost
Employee 30	\$10,000 / 1000	=	10	x	1.55	=	\$15.50

Note: Example calculation does not reflect actual benefits and rates available in your plan, including Be Well Benefit (if applicable)

Minimum Participation	Minimum Hours for Eligibility
The greater of 10 employees or 5% of the eligible employees	20 hours per week

Critical Illness Insurance	PROVISIONS QUOTED Full-time Employees
Contributions .....	Employee pays 100% .....
Coverage Amount .....	\$10,000, \$20,000 or \$30,000 as applied for by the employee and approved by Unum .....

THIS IS A LIMITED POLICY



# ILLUSTRATIVE

Critical Illness Insurance <i>continued</i>	PROVISIONS QUOTED Full-time Employees
Spouse .....	50% of employee coverage amount .....
Child .....	50% of employee coverage amount .....
Guaranteed Issue .....	\$30,000 (50% of employee coverage amount for spouse and 50% of employee coverage amount for child) .....
Be well Benefit (once per covered person per calendar year) .....	\$50 .....
Enrollment Frequency .....	Perpetual/scheduled .....
Continuity of Coverage .....	Not included .....
New Employee Waiting Period .....	30 days .....
Present Employee Waiting Period.....	0 days .....
Portability .....	Included .....
Pre-existing Conditions .....	12/12 exclusion Applies to all insureds .....
Coverage Reduction .....	Not applicable .....
Reoccurrence Benefit .....	100% .....
	Separation Period: 180 days .....

## THE UNUM DIFFERENCE

**UNUM CRITICAL ILLNESS OFFERING:** Critical Illness insurance helps offset the financial effects of a catastrophic illness by paying a lump sum benefit when employees or their family members are diagnosed with a covered illness. The Benefit is based on the amount of coverage in force, the illness diagnosed and all other terms and provisions of the policy.

**BE WELL BENEFIT:** To help encourage employees to stay informed about their health and to encourage preventive care, we'll provide a payment for various health screening tests. It serves as a great reminder and financial incentive.

## SCHEDULE OF BENEFITS

Please refer to the certificate for complete definitions of covered conditions

Covered Conditions		Benefit Amount
Critical Illnesses	End Stage Renal (Kidney) Failure .....	Full-time Employees 100%
	Heart Attack (Myocardial Infarction) .....	100%
	Major Organ Failure Requiring Transplant .....	100%
	Stroke .....	100%
	Sudden Cardiac Arrest .....	100%
	Coronary Artery Disease (Major) .....	50%
	Coronary Artery Disease (Minor) .....	10%



### SCHEDULE OF BENEFITS

Please refer to the certificate for complete definitions of covered conditions

	Covered Conditions	Benefit Amount
Additional Critical Illnesses for your Children	Cerebral Palsy ..... Cleft Lip or Palate ..... Congenital Heart Disease ..... Cystic Fibrosis ..... Down Syndrome ..... Sickle Cell Anemia ..... Spina Bifida ..... Type 1 Diabetes .....	100% (50% of elected coverage amount) 100% (50% of elected coverage amount) 100% (50% of elected coverage amount) 100% (50% of elected coverage amount) 100% (50% of elected coverage amount) 100% (50% of elected coverage amount) 100% (50% of elected coverage amount) 100% (50% of elected coverage amount)
Cancer	Invasive Cancer (including all Breast Cancer) ..... Non-Invasive Cancer ..... Skin Cancer \$ .....	<b>Full-time Employees</b> 100% 25% \$500
Supplemental Critical Illnesses	Benign Brain Tumor ..... Coma ..... Loss of Hearing ..... Loss of Sight ..... Loss of Speech ..... Occupational Human Immunodeficiency Virus (HIV) or Hepatitis ..... Occupational PTSD ..... Permanent Paralysis ..... Bone Marrow/Stem Cell Transplant ..... Infectious Disease ..... Infectious Disease Hospital Consecutive Days ..... Pulmonary Embolism ..... Transient Ischemic Attack (TIA) .....	100% 100% 100% 100% 100% 100% 100% 100% 25% 25% 7 DAYS 25% 25%
Progressive Diseases	Addison's Disease ..... Amyotrophic Lateral Sclerosis (ALS) ..... Dementia (including Alzheimer's Disease) ..... Functional Loss ..... Huntington's Disease ..... Lupus ..... Multiple Sclerosis ..... Muscular Dystrophy ..... Myasthenia Gravis ..... Parkinson's Disease ..... Systemic Sclerosis (Scleroderma) .....	100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%



## PLAN INFORMATION

### Family Coverage Options:

Employee/Child, Spouse

Note: Child coverage automatically included with Employee Coverage. The employee must be covered for Critical Illness in order to insure their spouse for Critical Illness.

### Evidence of Insurability:

Health questions are not required.

### Enrollment Frequency:

Perpetual/Scheduled - After the initial scheduled enrollment, new hires and newly eligible employees may enroll for coverage when they are first eligible. Late entrants may enroll, and existing insureds may increase coverage at a scheduled enrollment event.

### Be Well Benefit:

Be Well Screenings include but are not limited to:

- Cholesterol and Diabetes screenings
- Cancer screenings
- Cardiovascular Function screenings
- Imaging Studies
- Annual Examinations by a Physician
- Immunizations

For a full list of covered tests, see your Unum representative.

### Coronary Artery Disease (Major) includes:

Surgical procedure for Abdominal Aortic Aneurysm, Coronary Artery Bypass Graft, or valve replacement.

### Coronary Artery Disease (Minor) includes:

Catheterization procedure of Balloon Angioplasty, Stent Placement, Atherectomy, Automatic Implantable (or internal) Cardioverter Defibrillator (AICD), Laser Angioplasty, Pacemaker Placement and Thrombectomy.

### Functional Loss:

Defined as an injury, sickness, or other infirmity of a progressive condition not otherwise listed that for a period of at least 90 days, an insured is prevented from performing at least two activities of daily living or is totally disabled.

### General Information Regarding Benefit Taxability:

Employees pay premiums with **post-tax** dollars. In general, the benefit payment will not be taxable.

Note: Unum does not give tax advice and the potential insured should seek the advice of a tax attorney or advisor.

### Coverage Exclusions & Limitations:

#### Pre-Existing Conditions:

#### A 12/12 Pre-existing Condition which applies to all insureds:

Benefits are not payable when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by, or occurs as a result of any of the following:

- Pre-existing Condition\*; or complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.

\* Pre-existing Condition: if, within the 12 months just prior to their Coverage Effective Date, an Insured has an Injury or Sickness, whether diagnosed or not, for which medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; drugs or medications were taken, or prescribed to be taken during that period; or symptoms existed.

Pre-existing Condition requirements are not applicable to children who are newly acquired after your Coverage Effective Date. The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.



### PLAN INFORMATION

We will not pay benefits for any Covered Loss 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;
- being engaged in an illegal 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;
- war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the National Guard or the armed forces of any nation, state, authority, or organization;
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance or controlled substance unless taken as directed by the manufacturer, or as prescribed or directed by the Insured's Physician;
- being intoxicated; and
- a Covered Loss that occurs while an Insured is incarcerated in a penal or correctional institution, or under house arrest or confinement.

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

**Broker Commissions:**

**Base Commissions:** Rates reflect flat 15% commissions.

### PREMIUM COST CALCULATIONS

Full-time Employees - Monthly Critical Illness Attained Age Costs  
\$10,000 Employee and \$5,000 Spouse, \$50 Be Well Benefit

Age	Employee & Child(ren) Cost		Spouse Cost	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$2.10	\$2.10	\$1.05	\$1.05
25 - 29	\$2.70	\$3.10	\$1.35	\$1.55
30 - 34	\$3.50	\$4.20	\$1.75	\$2.10
35 - 39	\$4.40	\$6.50	\$2.20	\$3.25
40 - 44	\$6.20	\$9.80	\$3.10	\$4.90
45 - 49	\$9.20	\$15.10	\$4.60	\$7.55
50 - 54	\$14.20	\$23.00	\$7.10	\$11.50
55 - 59	\$19.90	\$32.00	\$9.95	\$16.00
60 - 64	\$35.60	\$56.20	\$17.80	\$28.10
65 - 69	\$49.30	\$70.90	\$24.65	\$35.45
70 - 74	\$68.20	\$90.50	\$34.10	\$45.25
75 - 79	\$93.60	\$115.10	\$46.80	\$57.55
80 - 84	\$125.40	\$150.50	\$62.70	\$75.25
85+	\$183.10	\$214.20	\$91.55	\$107.10



# ILLUSTRATIVE

## PREMIUM COST CALCULATIONS

Full-time Employees - Monthly Critical Illness Attained Age Costs  
\$20,000 Employee and \$10,000 Spouse, \$50 Be Well Benefit

Age	Employee & Child(ren) Cost		Spouse Cost	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$4.20	\$4.20	\$2.10	\$2.10
25 - 29	\$5.40	\$6.20	\$2.70	\$3.10
30 - 34	\$7.00	\$8.40	\$3.50	\$4.20
35 - 39	\$8.80	\$13.00	\$4.40	\$6.50
40 - 44	\$12.40	\$19.60	\$6.20	\$9.80
45 - 49	\$18.40	\$30.20	\$9.20	\$15.10
50 - 54	\$28.40	\$46.00	\$14.20	\$23.00
55 - 59	\$39.80	\$64.00	\$19.90	\$32.00
60 - 64	\$71.20	\$112.40	\$35.60	\$56.20
65 - 69	\$98.60	\$141.80	\$49.30	\$70.90
70 - 74	\$136.40	\$181.00	\$68.20	\$90.50
75 - 79	\$187.20	\$230.20	\$93.60	\$115.10
80 - 84	\$250.80	\$301.00	\$125.40	\$150.50
85+	\$366.20	\$428.40	\$183.10	\$214.20

Full-time Employees - Monthly Critical Illness Attained Age Costs  
\$30,000 Employee and \$15,000 Spouse, \$50 Be Well Benefit

Age	Employee & Child(ren) Cost		Spouse Cost	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$6.30	\$6.30	\$3.15	\$3.15
25 - 29	\$8.10	\$9.30	\$4.05	\$4.65
30 - 34	\$10.50	\$12.60	\$5.25	\$6.30
35 - 39	\$13.20	\$19.50	\$6.60	\$9.75
40 - 44	\$18.60	\$29.40	\$9.30	\$14.70
45 - 49	\$27.60	\$45.30	\$13.80	\$22.65
50 - 54	\$42.60	\$69.00	\$21.30	\$34.50
55 - 59	\$59.70	\$96.00	\$29.85	\$48.00
60 - 64	\$106.80	\$168.60	\$53.40	\$84.30
65 - 69	\$147.90	\$212.70	\$73.95	\$106.35
70 - 74	\$204.60	\$271.50	\$102.30	\$135.75
75 - 79	\$280.80	\$345.30	\$140.40	\$172.65
80 - 84	\$376.20	\$451.50	\$188.10	\$225.75
85+	\$549.30	\$642.60	\$274.65	\$321.30



## ILLUSTRATIVE

*Please note that actual billed amounts may vary due to rounding*

*Attained age rates and costs are based on the insured's age each year on the policy anniversary date and increase as the insured ages and moves into new age bands.*





ILLUSTRATIVE

### GROUP ACCIDENT INSURANCE

Coverage Effective Date: October 1, 2024 Rate Guarantee: 3 Years

Full-time Employees - Monthly Premiums			
Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$9.15	\$16.58	\$22.59	\$30.02

Be Well is included in the premiums above. Actual billed amounts may vary due to rounding.

	Minimum Participation	Minimum Hours for Eligibility
	the greater of 10 enrolled lives or 5% of eligible employees	20 hours per week

FULL-TIME EMPLOYEES Accident Insurance	PROVISIONS QUOTED
Contributions .....	Employee pays 100% .....
Type of Plan .....	Off job only (non-occupational coverage) .....
Be Well Benefit (once per covered person per calendar year) .....	\$50 .....
Enrollment Frequency .....	Perpetual/scheduled .....
Continuity of Coverage .....	Not included .....
New Employee Waiting Period .....	30 days .....
Present Employee Waiting Period .....	0 days .....
Portability .....	Included .....
Evidence of Insurability .....	Health questions are not required .....
Organized Sports Benefit .....	Included at 10% (Applicable to Injury and Treatment categories) .....

#### THE UNUM DIFFERENCE

**UNUM ACCIDENT OFFERING:** Accident insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

**BE WELL BENEFIT:** To help encourage employees to stay informed about their health and to encourage preventive care, we'll provide a payment for various health screening tests. It serves as a great reminder and financial incentive.



SCHEDULE OF BENEFITS

Full-Time Employees - Injuries		
Burns	2 <sup>nd</sup> Degree - At least 5% but less than 20% of skin surface .....	\$500
	2 <sup>nd</sup> Degree - 20% or greater of skin surface .....	\$1,000
	3 <sup>rd</sup> Degree - Less than 5% of skin surface .....	\$2,000
	3 <sup>rd</sup> Degree - At least 5%, but less than 20% of skin surface .....	\$5,000
	3 <sup>rd</sup> Degree - 20% or greater of skin surface .....	\$10,000
Concussion	Concussion .....	\$200
Connective Tissue	One Connective Tissue .....	\$90
	Two or more Connective Tissues .....	\$150
Dislocations (If surgery is required, Surgery benefit is paid in addition to Injury benefit)	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) or Elbow joint .....	\$500
	Wrist joint or 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	Eye Injury .....	\$200
Fractures (If surgery is required, Surgery benefit is paid in addition to Injury benefit)	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, 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; Tailbone (coccyx), Sacrum; Vertebral Processes .....	\$450
	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%	
Fractures - Same bone maximum incurred per accident .....	1 Fracture	
Fractures - maximum payable multiplier for multiple bones .....	2 Times	
Internal Injuries	Internal Injuries .....	\$200
Knee Cartilage	Knee Cartilage (Meniscus Injury) .....	\$150
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



SCHEDULE OF BENEFITS

Full-Time Employees - Injuries		
Ruptured or Herniated Disc	One Disc .....	\$150
	Two or more Discs .....	\$250
Injury Felony or Sexual Assault	Injury Felony or Sexual Assault .....	\$150

Full-Time Employees - 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 Crowns .....	\$350
	Dental Extraction .....	\$115
	Filling or Chip Repair .....	\$90
Medical 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 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 .....	\$100
	Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin) .....	\$50
	Pain Management Injections (epidural, cortisone, steroid) .....	\$100
	Transfusions .....	\$400
	Transportation (per one-way trip) .....	\$100
	Treatment in a Physician's office or Urgent Care Facility	\$75
	Family Care (Per Day) .....	\$50
	Pet Boarding (Per Day) .....	\$30

Full-Time Employees - 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	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 maximum payable multiplier for multiple bones .....	2 times



SCHEDULE OF BENEFITS

Full-Time Employees - Surgery

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

Full-Time Employees - Recovery

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
	Therapy Services (chiropractic, speech, physical therapy, occupational, Acupuncture, Alternative).....	\$20
	Recovery Care Acupuncture Inclusion.....	Yes
	Therapy Services Maximum Days.....	15 Days
	Behavior Health Therapy.....	\$20
	Behavior Health Therapy Maximum Days.....	15 Days

Full-Time Employees - Hospital

Hospital (Payable on day one)	Admission.....	\$1,000
	Admission - Hospital ICU (additive to Admission).....	\$1,000
	Daily Stay (per day up to 365 days for a covered Accident).....	\$300
	Daily Stay - Hospital ICU (per day up to 15 days for a covered Accident) (additive to Daily Stay).....	\$300
	Short Stay.....	\$200

Full-Time Employees - Accidental Death and Dismemberment

Accidental Death	Employee.....	\$50,000
	Spouse.....	\$25,000
	Child.....	\$12,500
Accidental Death-Common Carrier Benefit (Pays in addition to Accidental Death Benefit)	Employee.....	\$50,000
	Spouse.....	\$25,000
	Child.....	\$12,500



SCHEDULE OF BENEFITS

Full-Time Employees - Accidental Death and Dismemberment		
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
Loss of Use	Hearing Both Ears.....	\$25,000
	Hearing One Ear.....	\$12,500
	Sight of one Eye.....	\$25,000
	Sight of both Eyes.....	\$50,000
	Speech.....	\$25,000
Paralysis	Uniplegia.....	\$12,500
	Hemiplegia/Paraplegia.....	\$25,000
	Triplesia.....	\$37,500
	Quadriplegia.....	\$50,000
	Home Alterations and Vehicle Modification Benefit.....	\$1,500

PLAN INFORMATION

**Family Coverage Options:**

Employee and Family

Note: The employee must be covered in order to insure any of their dependents for Accident.

**Enrollment Frequency:**

Perpetual/Scheduled - After the initial scheduled enrollment, new hires and newly eligible employees may enroll for coverage when they are first eligible. Late entrants may enroll, and existing insureds may increase coverage at a scheduled enrollment event.

**Be Well Benefit:**

Be Well Screenings include but are not limited to:

- Cholesterol and Diabetes screenings
- Cancer screenings
- Cardiovascular Function screenings
- Imaging Studies
- Annual Examinations by a Physician
- Immunizations

For a full list of covered tests, see your Unum representative.

**General Information Regarding Benefit Taxability:**

Employees pay premiums with **post-tax** dollars. In general, the benefit payment will not be taxable.

Note: Unum does not give tax advice and the potential insured should seek the advice of a tax attorney or advisor.



## PLAN INFORMATION

### Coverage Exclusions & Limitations:

We 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 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 organ donation, 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.

### Broker Commissions:

**Base Commissions:** Rates reflect flat 15% commissions.

## PREMIUM COST CALCULATIONS - *For Unum internal use only*

Full-time Employees - Monthly Premiums				
	Employee Only Cost	Employee & Spouse Cost	Employee & Child(ren) Cost	Employee & Family Cost
Employee	\$9.15	\$9.15	\$9.15	\$9.15
Spouse	-	\$7.43	-	\$7.43
Child(ren)	-	-	\$13.44	\$13.44
<b>Total</b>	\$9.15	\$16.58	\$22.59	\$30.02

*Be Well is included in the costs above. Actual billed amounts may vary due to rounding.*



ILLUSTRATIVE

### GROUP HOSPITAL INSURANCE

Coverage Effective Date: October 1, 2024 Rate Guarantee: 3 Years

Full-time Employees - Monthly Premiums			
Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$12.20	\$27.96	\$17.69	\$33.45

Actual billed amounts may vary due to rounding.

	Minimum Participation	Minimum Hours for Eligibility
	the greater of 10 enrolled lives or 5% of eligible employees	20 hours per week

**FULL-TIME EMPLOYEES**  
**Hospital Insurance**

Contributions .....

Year Basis .....

Domestic Steerage .....

Be Well Benefit (once per covered person per calendar year) .....

Enrollment Frequency .....

Continuity of Coverage .....

New Employee Waiting Period .....

Present Employee Waiting Period .....

Pre-existing Conditions .....

Childbirth Benefits .....

Portability .....

Evidence of Insurability .....

HSA-Compatible .....

**PROVISIONS QUOTED**

Employee Coverage: Employee pays 100% .....

Spouse Coverage: Employee pays 100% .....

Child Coverage: Employee pays 100% .....

Calendar Year .....

Not included .....

Not included .....

Perpetual/scheduled .....

Not included .....

30 Days .....

0 Days .....

12/12 Exclusion .....

Applies to all insureds .....

Included .....

Included .....

Health questions are not required .....

Yes .....

**THE UNUM DIFFERENCE**

UNUM HOSPITAL OFFERING: Hospital insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits.

THIS IS A LIMITED POLICY



## SCHEDULE OF BENEFITS

Full-Time Employees - Hospital	
Admission (1 day per year)	\$1,500
Daily Stay (per day up to 365 days)	\$100

  

Full-Time Employees - Other	
Well Child Visits (up to 4 times for the first year of life)	\$50

## PLAN INFORMATION

### Family Coverage Options:

Employee and Family

Note: The employee must be covered in order to insure any of their dependents for Hospital.

### Enrollment Frequency:

Perpetual/Scheduled - After the initial scheduled enrollment, new hires and newly eligible employees may enroll for coverage when they are first eligible. Late entrants may enroll, and existing insureds may increase coverage at a scheduled enrollment event.

### General Information Regarding Benefit Taxability:

Employees pay premiums with **post-tax** dollars. In general, the benefit payment will not be taxable.

Note: Unum does not give tax advice and the potential insured should seek the advice of a tax attorney or advisor.

### Coverage Exclusions & Limitations:

We 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 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;
- being intoxicated;
- 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;
- 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; 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.

### Broker Commissions:

**Base Commissions:** Rates reflect flat 15% commissions.





ILLUSTRATIVE

PREMIUM COST CALCULATIONS - *For Unum internal use only*

Full-time Employees - Monthly Premiums				
	Employee Only Cost	Employee & Spouse Cost	Employee & Child(ren) Cost	Employee & Family Cost
Employee	\$12.20	\$12.20	\$12.20	\$12.20
Spouse	-	\$15.76	-	\$15.76
Child(ren)	-	-	\$5.49	\$5.49
Total	\$12.20	\$27.96	\$17.69	\$33.45

*Actual billed amounts may vary due to rounding.*

Final Monthly Portability Manual Rates (Issue Age):

Full-time Employees - Monthly Portability Rates			
	Employee	Spouse	Child(ren)
17-49	\$23.47	\$23.15	\$9.11
50-59	\$25.46	\$25.35	
60-64	\$33.33	\$33.49	
65+	\$59.39	\$59.38	

*Actual billed amounts may vary due to rounding.*

## PROPOSAL CONDITIONS AND DISCLOSURES

### Termination Provision for Group Critical Illness:

The Policyholder may cancel this Policy by providing us Written notice at least 31 days prior to the cancellation date. A cancellation may take effect on an earlier date if agreed to by us and the Policyholder. In any event of cancellation, coverage will continue through the end of the day the cancellation takes effect.

We may cancel or modify this Policy if:

- our participation requirements are not met, as applicable;
- the Policyholder does not promptly provide us with information that is reasonably required;
- the Policyholder fails to perform any of its obligations that relate to this Policy;
- the premium is not paid in accordance with the provisions of this Policy that specify whether the Policyholder, the Insured, or both, pay(s) the premiums;
- the Policyholder does not promptly report to us the required information about any Employees who are added or removed from an Eligible Group;
- we determine that there is a significant change in the Policyholder or its Employees as a result of a corporate transaction such as a merger, divestiture, acquisition, sale, or reorganization that impacts the size, occupation, or age of any Eligible Groups;
- we provide the Policyholder with 45 days Written notice at any time after any rate guarantee period for any reason; or
- any change occurs in federal or state law, regulation, or regulatory process that substantially impacts this policy, the benefits payable, or the risk insured.

In any event, we will provide Written notice to the Policyholder at least 45 days prior to any cancellation or modification date. The Policyholder may cancel this Policy if they choose not to accept the Policy modifications made by us.

This Policy will automatically be cancelled on the last day of the Grace Period if premium has not been paid. The Policyholder is liable for premium due during the Grace Period and must pay us all premium due for the full period this Policy is in force. During the Grace Period this Policy will remain in force, unless we receive Written notice from the Policyholder to cancel this Policy. In the event of any cancellation, this Policy may be reinstated if agreed to by us and the Policyholder. Any reinstatement of this Policy will not, in the future, constitute waiver of any cancellation, modification, or End of Coverage provisions.

A cancellation of this Policy will not affect a Payable Claim.

### Termination Provision for Group Accident:

The Policyholder may cancel this Policy by providing us Written notice at least 31 days prior to the cancellation date.

A cancellation will take effect on the later of:

- the date requested by the Policyholder; or
- the date we received the Written notice of cancellation.

This Policy will automatically be cancelled on the last day of the Grace Period if premium has not been paid. The Policyholder is liable for all premium due while this Policy remains in force, including premium that becomes due during the Grace Period.

We may cancel or modify this Policy if:

- our participation requirements are not met, as applicable;
- the Policyholder does not promptly provide us with information that is reasonably required;
- the Policyholder fails to perform any of its obligations that relate to this Policy;
- the premium is not paid in accordance with the provisions of this Policy that specify whether the Policyholder, the Insured, or both, pay(s) the premiums;
- the Policyholder does not promptly report to us the required information about any Employees who are added or removed from an Eligible Group;
- we determine that there is a significant change in the Policyholder or its Employees as a result of a corporate transaction such as a merger, divestiture, acquisition, sale, or reorganization that impacts the size, occupation, or age of any Eligible Groups;
- we provide the Policyholder with 45 days Written notice at any time after any rate guarantee period for any reason; or
- any change occurs in federal or state law, regulation, or regulatory process that substantially impacts this Policy, the benefits payable, or the risk insured.

In any event, we will provide Written notice to the Policyholder at least 45 days prior to any cancellation or modification date. The Policyholder may cancel this Policy if they choose not to accept the Policy modifications made by us.



## PROPOSAL CONDITIONS AND DISCLOSURES

The Policyholder is responsible for giving Insured Employees Written notice of the cancellation of this Policy as soon as reasonably possible.

Cancellation of this Policy will not affect a Payable Claim for an Insured.

Premium accepted after the date this Policy is cancelled will not act to reinstate this Policy. We will refund any premium paid that was in excess of what was owed

### **Termination Provision for Hospital:**

The Policyholder may cancel this Policy by providing us Written notice at least 31 days prior to the cancellation date.

A cancellation will take effect on the later of:

- the date requested by the Policyholder; or
- the date we received the Written notice of cancellation.

This Policy will automatically be cancelled on the last day of the Grace Period if premium has not been paid. The Policyholder is liable for all premium due while this Policy remains in force, including premium that becomes due during the Grace Period.

We may cancel or modify this Policy if:

- our participation requirements are not met, as applicable;
- the Policyholder does not promptly provide us with information that is reasonably required;
- the Policyholder fails to perform any of its obligations that relate to this Policy;
- the premium is not paid in accordance with the provisions of this Policy that specify whether the Policyholder, the Insured, or both, pay(s) the premiums;
- the Policyholder does not promptly report to us the required information about any Employees who are added or removed from an Eligible Group;
- we determine that there is a significant change in the Policyholder or its Employees as a result of a corporate transaction such as a merger, divestiture, acquisition, sale, or reorganization that impacts the size, occupation, or age of any Eligible Groups;
- we provide the Policyholder with 45 days Written notice at any time after any rate guarantee period for any reason; or
- any change occurs in federal or state law, regulation, or regulatory process that substantially impacts this Policy, the benefits payable, or the risk insured.

In any event, we will provide Written notice to the Policyholder at least 45 days prior to any cancellation or modification date. The Policyholder may cancel this Policy if they choose not to accept the Policy modifications made by us.

Any premium accepted in connection with a Reinstatement will be applied first to a period for which premium was not previously paid, but not to any period more than 60 days prior to the date of Reinstatement. Any request to reinstate will be subject to this Policy's Premiums provisions, Cancellation or Modification of Policy provisions, and the Certificate of Coverage's End of Coverage provisions.

The reinstated Policy will provide benefits for Covered Losses that occur on or after the reinstatement date.

The Policyholder is responsible for giving Insured Employees Written notice of the cancellation of this Policy as soon as reasonably possible.

Cancellation of this Policy will not affect a Payable Claim for an Insured.

Premium accepted after the date this Policy is cancelled will not act to reinstate this Policy. We will refund any premium paid that was in excess of what was owed.

## PROPOSAL CONDITIONS AND DISCLOSURES

### Broker Compensation Disclosure Notice for Group Products:

- Your insurance or benefits advisor can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At Unum we recognize the important role these professionals play in the sale of our products and services and offer them a variety of compensation programs. Your advisor can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation so that customers can make an informed buying decision.
- Brokers may be eligible to receive Base Commissions as well as Supplemental Commissions from Unum.
- Unless you have agreed in writing to compensate the broker differently, Unum provides Base Commissions to all brokers in connection with the sale of an insurance policy. Base Commissions are a fixed percentage of the policy premium, and may include a one time, first year flat amount for each policy sold. Base Commissions are paid by Unum to the broker(s) on your policy. In some circumstances, broker(s) may be eligible to receive commissions on your policy even after a broker of record change has occurred.
- A broker may also qualify for Supplemental Commissions paid by Unum. For group insurance products, Supplemental Commissions may be paid as a fixed percentage of total eligible group insurance premiums. The Supplemental Commission rate depends on the total dollar amount of all eligible premiums or number of group policies that the broker had in force with Unum in the prior calendar year. The Supplemental Commission rate may range from 0% to 13.80% of total premium paid.
- Your broker may also be eligible to receive Supplemental Commissions on other insurance products, which may be calculated differently. The premium you pay is not impacted whether or not your broker receives Supplemental Commissions.
- If you would like additional information about the range of compensation programs our company offers for your group insurance policy or any other Unum insurance product, or if you want to speak to us directly about broker compensation, please call 1-800-ASK-UNUM (1-800-275-8686).

### Proposal Conditions:

This proposal is under no circumstances a contract for the insurance coverage described within. If this proposal is accepted, a contract outlining the coverage will be issued. This proposal is based on census data received by Unum. Actual costs will be based on the final enrollment data of employees insured under the plan on its effective date. Quote assumes coverage of employees who are in active employment in the United States with the employer working the minimum hours for eligibility. Please contact your Unum representative to request a quote for coverage of any employees who do not fit this category. This quote will expire on the date listed on the first page and includes standard services only, unless otherwise expressly described herein. **Important Information Concerning the Sale of these Benefits:** State laws require that insurance brokers be licensed and appointed with the applicable Unum insurance subsidiary before engaging in the solicitation or sale of these benefits. Note that Unum cannot accept this business if the broker is not properly licensed and appointed before soliciting this proposal. Unum is prepared to help ensure compliance with these state regulations. Brokers who need to check their Unum appointment status should call 1-800-ASK-UNUM (1-800-275-8686). **Critical Illness Policy Form Number: GCIP16-2 Accident Plan Form Number: GAP16-1 Hospital Plan Form Number: GHIP16-1**

Recently, there has been heightened attention on companies that promote “tax advantaged” wellness programs to help sell voluntary benefits. These offerings promise employers that they can use their payroll tax savings to pay for the wellness program, and that employees can use income and payroll tax savings to purchase voluntary benefits.

Unum’s position is that this practice is not in compliance with applicable laws and regulations. This means Unum will not offer any products in conjunction with such a wellness plan offering.

For additional guidance please consult your tax attorney and see the IRS Chief Counsel Memorandum 201703013, addressing the taxability of fixed indemnity payments from wellness programs at <https://www.irs.gov/pub/irs-wd/201703013.pdf>

1. Employee Benefit Plan Review, “Group Accident & Health Surveys 1976-1990” (1977-1991); Gen Re, “U.S. Group Disability Market Surveys 1991-2013” (1992-2014); LIMRA, “U.S. Group Disability Insurance 2014-2016 Annual Sales and In Force” (2015-2017); LIMRA, “4Q 2017-2019 U.S. Workplace Disability Insurance Inforce” (2018-2020); LIMRA, “U.S. Workplace Disability In Force Report 4Q 2020-2021” (2021-2022) total group disability.
2. Fortune 100, 2021 and Unum Internal Data, 2022.
3. Unum internal data, 2022.

The Critical Illness product is underwritten by:  
Unum Insurance Company, Portland, ME.

The Accident product is underwritten by:  
Unum Insurance Company, Portland, ME.



## PROPOSAL CONDITIONS AND DISCLOSURES

The Hospital product is underwritten by:  
Unum Insurance Company, Portland, ME.

© 2024 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

SD-1143