



Majestic Steel USA, Inc.

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 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 bi-weekly premium	Option 1	Option 2
You	\$4.05	\$2.80
You and your spouse	\$7.26	\$5.07
You and your children	\$8.28	\$5.51
Family	\$11.49	\$7.78

What's included?

Be Well Benefit

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

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

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 1 Option 2

Accidental Death and Dismemberment

	Option 1	Option 2
AD&D		
Employee	\$25,000	\$25,000
Spouse	\$12,500	\$12,500
Children	\$6,250	\$6,250
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	\$25,000	\$25,000
Spouse	\$12,500	\$12,500
Children	\$6,250	\$6,250
Dismemberment		
Both Feet	\$25,000	\$25,000
Both Hands	\$25,000	\$25,000
One Foot	\$12,500	\$12,500
One Hand	\$12,500	\$12,500
Thumb and Index Finger of the same Hand	\$6,250	\$6,250
Coma		
Coma	\$5,000	\$5,000
Home & Vehicle Modifications		
Home & Vehicle Modifications	\$500	\$500
Loss of Use		
Hearing (one ear)	\$6,000	\$6,000
Hearing	\$12,500	\$12,500
Sight of one Eye	\$12,500	\$12,500
Sight of both Eyes	\$25,000	\$25,000
Speech	\$12,500	\$12,500
Paralysis		
Uniplegia	\$6,250	\$6,250
Hemi/Paraplegia	\$12,500	\$12,500
Triplegia	\$18,750	\$18,750
Quadriplegia	\$25,000	\$25,000

Hospitalization

	Option 1	Option 2
Admission	\$1,000	\$500
Admission – Hospital ICU (added to Admission)	\$1,000	\$500
Daily Stay	\$200	\$100
Daily Stay – Hospital ICU (added to Daily Stay)	\$200	\$100
Short Stay	\$200	\$200

Injury

	Option 1	Option 2
Injury due to felony & sexual assault	\$150	\$50
Organized Sports	10%	10%
Burns		

Injury

	Option 1	Option 2
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500	\$250
2nd Degree Burns - 20% or greater of skin surface	\$1,000	\$500
3rd Degree Burns - Less than 5% of skin surface	\$2,000	\$1,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000	\$2,500
3rd Degree Burns - 20% or greater of skin surface	\$10,000	\$5,000
Concussion		
Concussion	\$400	\$200
Connective Tissue Damage		
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150
Dislocations		
Knee joint (other than patella)	\$1,650	\$950
Ankle bone or bones of the foot (other than toes)	\$1,650	\$950
Hip joint	\$3,375	\$1,875
Collarbone (sternoclavicular)	\$825	\$475
Elbow joint	\$500	\$300
Hand (other than Fingers)	\$500	\$300
Lower Jaw	\$500	\$300
Shoulder	\$500	\$300
Wrist joint	\$500	\$300
Collarbone (acromioclavicular and separation)	\$325	\$175
Finger or Toe (Digit)	\$150	\$100
Kneecap (patella)	\$500	\$275
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%
Eye Injury		
Eye Injury	\$200	\$200
Fractures		
Skull (except bones of Face or Nose), Depressed	\$4,500	\$2,500
Hip or Thigh (femur)	\$3,375	\$1,875
Skull (except bones of Face or Nose), Non-depressed	\$2,250	\$1,250
Vertebrae, body of (other than Vertebral Processes)	\$1,350	\$750
Leg (mid to upper tibia or fibula)	\$1,350	\$750
Pelvis	\$1,350	\$750

Injury

	Option 1	Option 2
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675	\$375
Upper Arm between Elbow and Shoulder (humerus)	\$675	\$375
Upper Jaw, Maxilla (other than alveolar process)	\$675	\$375
Ankle (lower tibia or fibula)	\$450	\$250
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450	\$250
Foot or Heel (other than Toes)	\$450	\$250
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450	\$250
Kneecap (patella)	\$450	\$250
Lower Jaw, Mandible (other than alveolar process)	\$450	\$250
Vertebral Processes	\$450	\$250
Rib	\$450	\$250
Tailbone (coccyx), Sacrum	\$450	\$250
Finger or Toe (Digit)	\$225	\$125
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	25%
Same bone maximum incurred per accident	1 Fracture	1 Fracture
Maximum payable multiplier for multiple bones	2 Times	2 Times
Internal Injuries		
Internal Injuries	\$200	\$200
Lacerations		
No Repair	\$50	\$25
Repair Less than 2 inches	\$150	\$75
Repair At least 2 inches but less than 6 inches	\$300	\$150
Repair 6 inches or greater	\$600	\$300
Loss of a Digit		
One Digit (other than a Thumb or Big Toe)	\$750	\$250
One Digit (a Thumb or Big Toe)	\$1,125	\$375
Two or more Digits	\$1,500	\$500
Knee Cartilage		
Knee Cartilage (Meniscus) Injury	\$150	\$50
Ruptured or Herniated Disc		
One Disc	\$150	\$90
Two or more Discs	\$250	\$150
Recovery		
At-Home Care	\$100	\$50
Physician Follow-Up Visits	\$50	\$50

SCHEDULE OF BENEFITS

Option 1 Option 2

Recovery

Physician Follow-Up Maximum Visits	2	2
Prescription Drug	\$25	\$25
Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100	\$50
Behavior Health Therapy	\$20	\$10
Behavior Health Therapy visits	15	15
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$20	\$10
Therapy Services Maximum Days	15	15

Surgery

Dislocations		
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%
Anesthesia		
Epidural or Regional Anesthesia	\$100	\$40
General Anesthesia	\$250	\$100
Connective Tissue		
Exploratory without Repair	\$100	\$50
Repair for One Connective Tissue	\$800	\$400
Repair for Two or more Connective Tissues	\$1,200	\$600
Eye Surgery		
Eye Surgery, Requiring Anesthesia	\$300	\$100
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	\$500
Exploratory	\$150	\$50
Incidence per covered accident	1 Per Insured	1 Per Insured
Hernia Surgery		
Hernia Surgery	\$150	\$50
Knee Cartilage		
Knee Cartilage (Meniscus) Exploratory without Repair	\$150	\$50
Knee Cartilage (Meniscus) with Repair	\$750	\$250
Outpatient Surgical Facility		

Option 1 Option 2

Surgery

Outpatient Surgical Facility	\$300	\$200
Ruptured or Herniated Disc Surgery		
Exploratory without Repair	\$125	\$75
One Disc	\$675	\$400
Two or more Discs	\$1,000	\$600

Treatment

Organized Sports	10%	10%
Ambulance		
Air	\$1,000	\$750
Ground	\$300	\$150
Durable Medical Equipment		
Tier 1 (arm sling, cane, medical ring cushion)	\$50	\$25
Tier 2 (bedside commode, cold therapy system, crutches)	\$100	\$50
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200	\$100
Emergency Dental Repair		
Dental Crown	\$350	\$150
Dental Extraction	\$115	\$50
Filling or Chip Repair	\$90	\$40
Imaging		
Tier 1: X-rays or Ultrasound	\$50	\$50
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200	\$100
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier
Lodging		
Lodging (per night)	\$150	\$50
Prosthetic Device		
One Device or Limb	\$750	\$250
Two or more Devices or Limbs	\$1,500	\$500
Skin Grafts		
For Burns - Payable as a % of the applicable Burn benefit	50%	50%
Not Burns - Less than 20% of skin surface	\$250	\$125
Not Burns - 20% or greater of skin surface	\$500	\$250
Treatment		
Emergency Room Treatment	\$100	\$75
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$100	\$25

Option 1 Option 2

Treatment

Transfusions	\$400	\$200
Transportation (per trip)	\$100	\$50
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$50	\$50

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;
- 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 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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