



### What is it?

Accident insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered injury.

# Why is this coverage valuable?

This coverage provides you a lump sum cash benefit to help manage unexpected expenses. How you spend it is completely up to you — from everyday bills or childcare to other expenses.

# Your accident coverage

Eligibility description	All full-time employees	
Contribution	You pay the cost of your coverage.	
Emergency treatment		
Ambulance	\$300	
Air ambulance	\$1,000	
Emergency care/treatment	\$150	
Initial care visit	\$75	
Major diagnostic	\$150	
X-ray	\$150	
Fractures		
Ankle	\$450	
Arm (shoulder to elbow)	\$525	
Arm (elbow to wrist)	\$450	
Соссух	\$350	
Collarbone	\$450	
Elbow	\$525	
Bones of the face	\$525	
Fingers	\$175	
Foot (except toes)	\$350	
Hand (except fingers)	\$450	
Hip	\$2,625	
Jaw upper	\$525	
Jaw lower	\$350	
Kneecap	\$350	
Leg (hip to knee)	\$1,350	
Leg (knee to ankle)	\$1,350	
Nose	\$525	
Pelvis	\$1,050	



D:L	A350	
Rib	\$350	
Shoulder blade	\$450	
Skull depressed	\$3,500	
Skull non-depressed	\$1,750	
Sternum	\$450	
Toes	\$175	
Vertebral body	\$1,050	
Vertebral process	\$350	
Wrist	\$450	
Surgical treatment surgery	Two times nonsurgical benefit	
Chip fracture	25% of fracture benefit	
Dislocations		
Ankle	\$1,650	
Collarbone (acromion and separation)	\$250	
Collarbone (sternoclavicular)	\$650	
Elbow	\$400	
Fingers	\$125	
Foot (except toes)	\$1,650	
Hand (except fingers)	\$400	
Hip	\$2,625	
Lower jaw	\$400	
Knee (except kneecap)	\$1,300	
Shoulder	\$500	
Toes	\$125	
Wrist	\$500	
Surgical treatment	Two times nonsurgical benefit	
Partial dislocation	25% of dislocation benefit	
Specific injuries		
Blood, plasma, platelets, and other non-blood substitute IV solutions	\$300	
2nd degree burns: Based upon surface area burned	\$250 - \$750	
3rd degree burns: Based upon surface area burned	\$1,000 - \$7,500	
Skin grafts	50% of burn benefit	
Concussion	\$300	
Dental crown	\$300	
Dental extraction	\$100	
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Eye (surgical repair)	\$200			
Eye (removal of foreign object)	\$200			
Laceration: based upon the need for and length of sutures	\$35 - \$400			
Severe traumatic brain injury	\$5,000			
Surgical benefits				
Arthroscopic	\$100			
Cranial	\$1,000			
Hernia	\$100			
Other surgery under conscious sedation	\$250			
Other surgery under general anesthesia	\$400			
Repair of knee cartilage	\$500			
Repair of ligaments, tendons, rotator cuff	\$525			
Repair of ruptured disc	\$525			
Open abdominal or thoracic	\$1,000			
Hospitalization and ongoing care				
Accident hospital admission	\$1,000			
Accident hospital daily confinement	\$200			
Accident intensive care admission	\$1,000			
Accident intensive care daily confinement	\$200			
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$35			
Physician follow-up visits (up to two visits)	\$75			
Alternative care/rehabilitation facility daily confinement/rehabilitative confinement	\$50			
Epidural/cortisone pain management (up to one injection)	\$50			
Medical mobility devices	\$150			
Wheelchair (expected use one year or more)	\$600			
Wheelchair (expected use less than one year)	\$225			
Prosthesis (per limb)	\$500			
Recovery assistance				
Family care	\$200			
Companion lodging (100 or more miles from home)	\$100 per day			
Transportation (100 or more miles from home)	\$75 per trip			
Accidental death and dismemberment (AD&D) benefit				
Accidental death: Your death	\$25,000			
Accidental death: Your spouse or life partner	\$12,500			



Accidental death: Your child	\$6,250
Common carrier death: Your death	\$50,000
Common carrier death: Your spouse or life partner	\$25,000
Common carrier death: Your child	\$12,500
Transportation of remains (100 or more miles)	\$10,000
Safe driver: Seat belt	10% of AD&D benefit
Safe driver: Air bag	10% of AD&D benefit
Safe driver: Helmet	10% of AD&D benefit
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$10,000
Loss of finger, thumb, toe	\$1,250
Loss of sight in both eyes	\$20,000
Loss of hearing in both ears	\$20,000
Loss of speech	\$20,000
Loss of both arms	\$20,000
Loss of both legs	\$20,000
Loss of arm and leg	\$20,000
Paraplegia	\$20,000
Hemiplegia	\$20,000
Loss of both arms and both legs	\$20,000
Quadriplegia	\$20,000
Education: This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students.  The education benefit is payable for each full-time student.	10% of AD&D benefit
Spouse training: This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident, and the surviving spouse is enrolled as a student.  The spouse training benefit covers students enrolled in any school that retrains or refreshes skills needed for employment within 365 days from the date of death.	10% of AD&D benefit
Modification to home or auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle ridable if the insured suffers a severe loss. This benefit is payable once per person within 365 days of the accident.	\$3,000

Health assessment/wellness benefit





Receive a cash benefit every year you and any of your covered family members complete a single covered assessment test.	\$50	
Additional plan benefits		
Portability	Included	
Child sports injury benefit	Included	

## Benefit exclusions

Like any insurance, this accident policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover:

- Disease, physical or mental infirmity, sickness, or medical or surgical treatment of these
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- Voluntary intake or use by any means of any drugs, poison, gas, or fumes, voluntary use of controlled substance, voluntary intake or use by any means of any drug, except when:
  - Prescribed or administered by a physician
  - o Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony, participation in a felony, voluntary participation in a felony, voluntary committing or attempting to commit a felony
- War or any act of war, declared or undeclared, war or any act of war other than terrorism, declared or undeclared, war or any act of war, declared or undeclared while serving in the military or an auxiliary unit attached to the military or working in an area of war, whether voluntarily or as required by an employer
- Participation in a riot, insurrection, or rebellion of any kind
- Military duty, including the reserves or national guard
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
  - The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
  - o The pilot has a valid pilot's certificate with a nonstudent rating authorizing them to fly the aircraft
- Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred. For accidental death and dismemberment
  only, benefits aren't payable for any loss sustained or contracted in consequence of your being intoxicated or under the influence of any
  narcotic, operating a motor vehicle while intoxicated, as defined by the law of the state in which the accident occurred, if it is a felony
- Being incarcerated in any type of penal or detention facility, injury sustained while confined to jail, workhouse, or other corrections
  facility when it is due to an act of the facility and law enforcement is liable
- Under the influence of narcotics, unless prescribed and taken in accordance with the prescription by a physician
- Participating in, practicing for, or officiating any semi-professional or professional sport
- Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
- An injury sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months
- Bungee cord jumping, mountaineering, or base jumping
- Skydiving, parachuting, or jumping from any aircraft for recreational purposes





#### Accident rate information

Coverage	Monthly premium
Employee only	\$5.24
Employee + spouse	\$10.35
Employee + child(ren)	\$12.48
Employee + family	\$17.59

Note: The premiums for this coverage won't change due to your age. The premium for employee and child(ren) coverage includes all children.

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This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

THIS IS A LIMITED POLICY. Policy is conditionally renewable.

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