

## 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 and Regular Part-Time Employees	
Contribution	You pay the cost of your coverage.	
Emergency treatment		
Ambulance	\$425	
Air ambulance	\$1,750	
Emergency care/treatment	\$250	
Initial care visit	\$125	
Major diagnostic	\$275	
X-ray	\$225	
Fractures		
Ankle	\$1,250	
Arm (shoulder to elbow)	\$1,375	
Arm (elbow to wrist)	\$1,050	
Соссух	\$425	
Collarbone	\$1,250	
Elbow	\$375	
Bones of the face	\$1,125	
Fingers	\$200	
Foot (except toes)	\$1,025	
Hand (except fingers)	\$1,025	
Нір	\$3,250	
Jaw upper	\$1,250	
Jaw lower	\$1,250	
Kneecap	\$1,750	
Leg (hip to knee)	\$2,400	
Leg (knee to ankle)	\$1,850	
Nose	\$1,175	



Accident insurance



Pelvis	\$2,150
Rib	\$525
Shoulder blade	\$1,475
Skull depressed	\$3,000
Skull non-depressed	\$1,500
Sternum	\$500
Toes	\$200
Vertebral body	\$1,900
Vertebral process	\$1,075
Wrist	\$1,200
Surgical treatment surgery	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit
	Dislocations
Ankle	\$1,250
Collarbone (acromion and separation)	\$975
Collarbone (sternoclavicular)	\$1,250
Elbow	\$1,250
Fingers	\$350
Foot (except toes)	\$950
Hand (except fingers)	\$700
Нір	\$3,000
Lower jaw	\$700
Knee (except kneecap)	\$1,750
Shoulder	\$2,500
Toes	\$150
Wrist	\$950
Surgical treatment	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit
	Specific injuries
Blood, plasma, platelets, and other non-blood substitute IV solutions	\$375
2nd degree burns: Based upon surface area burned	\$100 - \$1,450
3rd degree burns: Based upon surface area burned	\$1,300 - \$15,000
Skin grafts	25% of burn benefit
Concussion	\$300
Dental crown	\$350
	1



Accident insurance



Dental extraction	\$125		
Eye (surgical repair)	\$350		
Eye (removal of foreign object)	\$250		
Laceration: based upon the need for and length of sutures	\$75 – \$1,500		
Severe traumatic brain injury	\$7,500		
Surgical benefits			
Arthroscopic	\$500		
Cranial	\$1,750		
Hernia	\$200		
Other surgery under conscious sedation	\$225		
Other surgery under general anesthesia	\$450		
Repair of knee cartilage	\$1,125		
Repair of ligaments, tendons, rotator cuff	\$1,125		
Repair of ruptured disc	\$1,125		
Open abdominal or thoracic	\$1,875		
Hos	spitalization and ongoing care		
Accident hospital admission	\$1,000		
Accident hospital daily confinement	\$200		
Accident intensive care admission	\$2,000		
Accident intensive care daily confinement	\$400		
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$65		
Physician follow-up visits (up to six visits)	\$140		
Alternative care/rehabilitation facility daily confinement/rehabilitative confinement	\$200		
Epidural/cortisone pain management (up to one injection)	\$85		
Medical mobility devices	\$150		
Wheelchair (expected use one year or more)	\$600		
Wheelchair (expected use less than one year)	\$175		
Prosthesis (per limb)	\$750		
	Recovery assistance		
Family care	\$250		
Companion lodging (100 or more miles from home)	\$200 per day		
Transportation (100 or more miles from home)	\$400 per trip		
	Additional plan benefits		
Portability	Included		
Transportation (100 or more miles from home)	\$400 per trip Additional plan benefits		



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:
  - o The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
  - 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 or your insured dependent 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 rate
Employee only	\$10.86
Employee + 1	\$17.59
Employee + family	\$25.90

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

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.

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LCN-6758624-070224 PDF 7/24 **Z01** Order code: GP-ACDT2-FLI001 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.

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