Lincoln Financial

Jefferson County Accident insurance

What is it?

Accident insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered injury. Accident insurance events, diagnosis and hospital stays that occur prior to insurance taking effect are not covered.

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	$200
Air ambulance	$2,000
Emergency care/treatment	$125
Initial care visit	$150
Major diagnostic	$300
X-ray	$30
Fractures	
Ankle	$300
Arm (shoulder to elbow)	$350
Arm (elbow to wrist)	$300
Coccyx	$200
Collarbone	$300
Elbow	$450
Bones of the face	$350
Fingers	$100
Foot (except toes)	$300
Hand (except fingers)	$300
Hip	$1,500
Jaw upper	$350
Jaw lower	$300
Kneecap	$300
Leg (hip to knee)	$1,500
Leg (knee to ankle)	$750
Nose	$350



Pelvis	$750
Rib	$250
Shoulder blade	$300
Skull depressed	$2,500
Skull non-depressed	$1,000
Sternum	$550
Toes	$100
Vertebral body	$750
Vertebral process	$300
Wrist	$300
Surgical treatment surgery	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit
Dislocations	
Ankle	$800
Collarbone (acromion and separation)	$100
Collarbone (sternoclavicular)	$500
Elbow	$300
Fingers	$100
Foot (except toes)	$800
Hand (except fingers)	$300
Hip	$2,000
Lower jaw	$300
Knee (except kneecap)	$1,000
Shoulder	$300
Toes	$100
Wrist	$300
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	$200 - $1,200
3rd degree burns: Based upon surface area burned	$1,300 - $12,000
Skin grafts	50% of burn benefit
Concussion	$60
Dental crown	$300



Dental extraction	$75
Eye (surgical repair)	$300
Eye (removal of foreign object)	$200
Joint replacement Hip	$1,000
Joint replacement Knee	$750
Joint replacement Shoulder	$500
Laceration: based upon the need for and length of sutures	$100 - $500
Severe traumatic brain injury	$10,000
Surgical benefits	
Arthroscopic	$200
Cranial	$1,500
Hernia	$150
Other surgery under conscious sedation	$150
Other surgery under general anesthesia	$350
Repair of knee cartilage	$500
Repair of ligaments, tendons, rotator cuff	$1,000
Repair of ruptured disc	$500
Open abdominal or thoracic	$1,500
Hospitalization and ongoing care	
Accident hospital admission	$1,000
Accident hospital daily confinement	$200
Accident intensive care admission	$1,600
Accident intensive care daily confinement	$400
Physical, occupational, and chiropractic therapy (up to 10 sessions)	$25
Physician follow-up visits (up to six visits)	$50
Alternative care/rehabilitation facility daily confinement/rehabilitative confinement	$100
Epidural/cortisone pain management (up to one injection)	$75
Medical mobility devices	$100
Wheelchair (expected use one year or more)	$100
Wheelchair (expected use less than one year)	$100
Prosthesis (per limb)	$500
Recovery assistance	
Family care	$250
Companion lodging (100 or more miles from home)	$125 per day



Transportation (100 or more miles from home)	$500 per trip
Moving vehicle benefits	
Moving vehicle injury	$325
Moving vehicle death	$6,250
Safe driver injury/death: Seat belt	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Air bag	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit
Safe rider: Other helmet (bicycle, scooter, skateboard)	$225
Accidental death and dismemberment (AD&D) benefit	
Accidental death: Your death	$25,000
Accidental death: Your spouse or life partner	$25,000
Accidental death: Your child	$5,000
Common carrier death: Your death	$50,000
Common carrier death: Your spouse or life partner	$50,000
Common carrier death: Your child	$10,000
Transportation of remains (100 or more miles)	$10,000
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	$25,000
Loss of hearing in both ears	$25,000
Loss of speech	$25,000
Loss of both arms	$25,000
Loss of both legs	$25,000
Loss of arm and leg	$25,000
Paraplegia	$25,000
Hemiplegia	$25,000
Loss of both arms and both legs	$25,000
Quadriplegia	$25,000
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.	10% of AD&D benefit



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.	
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 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
  - 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
  - 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 you 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
- Bungee cord jumping, mountaineering, or base jumping
- Skydiving, parachuting, or jumping from any aircraft for recreational purposes



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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