Lincoln Financial

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.

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	$1,200
Emergency care/treatment	$100
Initial care visit	$100
Major diagnostic exam	$175
X-ray	$175
Fractures	
Fingers, toes	$100
Ankle, arm (elbow to wrist), elbow, foot (except toes), hand (except fingers), kneecap, rib, shoulder blade, vertebral process, wrist	$300 - $600
Coccyx, collarbone, lower jaw, sternum	$233 - $1,500
Arm (shoulder to elbow), bones of the face, nose, upper jaw	$375
Leg (knee to ankle), pelvis, skull non-depressed, vertebral body	$833
Hip, leg (hip to knee)	$1,500
Skull depressed	$1,500
Surgical treatment	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit
Dislocations	
Fingers, toes	$133
Collarbone (acromion and separation), elbow, hand (except fingers), lower jaw, shoulder, wrist	$133 - $240
Ankle, collarbone (sternoclavicular), foot (except toes)	$240 - $400
Knee (except kneecap)	$600

Hip	$2,625
Surgical treatment	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit
Blood, plasma, platelets, and other non-blood substitute IV solutions	$150
2nd degree burns: Based upon surface area burned	$200 - $500
3rd degree burns: Based upon surface area burned	$500 - $8,000
Skin grafts	50% of the burn benefit
Concussion	$300
Dental crown	$300
Dental extraction, dental injury, broken tooth	$150
Eye surgical repair, removal of foreign object	$200 - $300
Laceration: Based upon the need for and length of sutures	$30 - $400
Severe traumatic brain injury	$10,000
Arthroscopic surgical benefit	$200
Cranial surgical benefit	$200
Hernia surgical benefit	$200
Thoracic/open abdominal	$1,000
Ligaments, tendons, rotator cuff	$400
Knee cartilage	$400
Ruptured disc	$400
Other surgery under general anesthesia	$200
Other surgery under conscious sedation	$100
Accident hospital admission	$800
Accident intensive care admission	$2,000
Accident hospital daily confinement	$175
Accident intensive care daily confinement	$500
Alternative care/rehabilitation facility daily confinement/rehabilitative confinement	$150
Physician follow-up visits (up to two, four, six, eight, 10 visits)	$50
Physical, occupational, and chiropractic therapy (up to 10 sessions)	$50

Epidural/cortisone pain management (up to one injection)	$75
Medical mobility devices	$100
Wheelchair (expected use less than one year)	$175
Wheelchair (expected use one year or more)	$400
Prosthesis (per limb)	$600
Recovery assistance	
Family care	$200 per adult/child
Companion lodging (100 or more miles from home)	$150 per day
Transportation (100 or more miles from home)	$300 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 Note: A common carrier is any land, air, or water conveyance licensed to transport passengers for hire.	
Accidental death: Your death	$80,000
Accidental death: Your spouse or life partner	$40,000
Accidental death: Your child	$40,000
Common carrier death: Your death	$160,000
Common carrier death: Your spouse or life partner	$80,000
Common carrier death: Your child	$80,000
Transportation of remains (100or more miles)	$15,000
Loss of hand, foot, arm, leg, eye, or hearing in one ear	$5,000
Loss of finger, thumb, toe	$2,000
Severe loss (loss of sight in both eyes, loss of hearing in both ears, loss of speech, loss of both arms, loss of both legs, loss of arm and leg, paraplegia, hemiplegia, loss of both arms and both legs, 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	10% of AD&D benefit



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.	
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.	$4,000
Receive a cash benefit every year you and any of your covered family members complete a single covered assessment test.	Level: $50
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 him 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's 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

New York-specific 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:

- Suicide, attempted suicide or any intentionally self-inflicted injury
- Voluntary intake or use by any means of any drug, except when:
  - Prescribed or administered by a physician, and
  - Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony
- War or any act of war, declared or undeclared
- Participation in a riot or insurrection of any kind
- Military duty
- 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 him to fly the aircraft
- Cosmetic surgery
- An injury sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months

Accident rate information

Coverage	Monthly premium rate
Employee only	$12.48
Employee + spouse	$20.29
Employee + child(ren)	$23.48
Employee + family	$31.24

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