

Group Accident Coverage

SUMMARY OF BENEFITS

Accident coverage provides cash directly to the insured to help offset out of pocket costs.

Eligibility All employees working 15 or more hours per week in an eligible class. Issue Ages 17-80

	Choice Plan
Emergency care	
Ambulance/Air Ambulance	\$150/\$600
Initial physician office visit/ER visit	\$50/\$150
Major diagnostic care	\$100
Treatment care	
Hospital admission	\$1,000
Hospital confinement daily benefit	\$200
Intensive care daily benefit	\$400
Alternate care and rehabilitative facility daily benefit	\$100
Follow-up doctor/patient care up to 6 sessions	\$50
Transportation for care (up to 3 times per accident)	\$175
Companion lodging (up to 30 days per accident)	\$100
Family care per child (up to 30 days)	\$20
Fractures	
Per fracture	Nonsurg/Surg \$125-\$3,000/\$250-\$6,000
Chip fractures	25% benefit
Dislocations	
Per injury	Nonsurg/Surg \$125-\$1,500/\$250-\$3,000
Partial dislocation	25% benefit
Specific injuries or treatments	
Transfusions	Choice Plan \$150
Burns	\$100 - \$6,400
Skin Grafts	Additional 25%
Joint replacement	\$1,500-\$2,000
Coma	\$2,000
Concussion	\$100
Dental crown once per accident	\$150
Dental extraction once per accident	\$50
Eye (removal of foreign body) once per eye/accident	\$100
Eye (surgical repair) once per eye/accident	\$300
Laceration	\$50-\$400
Surgery	\$250-\$1,000
Treatment of ligaments/tendons, knee cartilage, rotator cuff, ruptured disc	\$300-\$400
Transitional care benefits	
Crutches, wheelchair, walker	\$25-\$350
Prosthesis per limb/device	\$500
Reasonable modifications to home or vehicle	\$2,500

Accidental Death & Dismemberment (AD&D)	Choice Plan
Accidental death	
Employee	\$30,000
Spouse	\$10,000
Child	\$5,000
Loss of or loss of use of one: hand, foot, arm, leg, eye	\$7,000
Loss of or loss of use of any one finger, thumb, or toe	\$300
Common carrier enhanced death benefit	2x benefit amt
Transportation of remains	\$5,000
Seat belt/helmet AD&D benefit	10% of AD&D
Common disaster enhanced death benefit	2x benefit amt
Catastrophic loss	\$50,000
Additional benefits	
Accident EAP services	Included
TravelConnect SM	Included
	Choice Plan
Accident base coverage	Monthly Cost
Employee only	\$16.12
Employee + spouse	\$22.53
Employee + child(ren)	\$27.30
Employee + family	\$36.14
Group level benefit options	
<i>Additional benefits selected by employer for all enrolled employees – cost included in the base coverage rates above</i>	
On the job accident coverage	Included

Exclusions

- This accident policy will not cover losses caused by or as a result of:
- Injury occurring prior to the effective date of coverage or after termination of the coverage
- Duty as a member of any military, including Reserves or National Guard
- Travel or flight in or on any Aircraft, except as a fare paying passenger on a regularly scheduled commercial flight
- Participating in high risk or extreme sports
- Having cosmetic or elective surgery
- Participating in or attempting to commit a felony
- Being incarcerated in any type of penal or detention facility
- Having a blood alcohol level of .08 grams of alcohol or more per 100 milliliters of blood
- Deliberately using poison, gas, fumes, or drugs (except when prescribed by a Physician and administered appropriately)
- Committing or attempting to commit suicide or any other self-inflicted injury
- Any sickness, disease (physical or mental), or medical or surgical treatment of these
- Participating in, practicing for, or officiating a semi-professional or professional sport
- Riding in or driving any motor-driven vehicle for race, stunt show, or speed test
- War, act of war, or participation in a riot, insurrection or rebellion
- An injury sustained while residing outside the U.S., U.S. territories, Canada or Mexico for more than 12 months

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your group coverage, other items may summarize our standard product features and not the specific features of your coverage. 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 details. Should there be a difference between this summary and the contract, the contract will govern.

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