

Employees at Neiman Enterprises, Inc.

Benefits At-A-Glance

Accident Insurance

Lincoln Accident Insurance Plan:

- Provides cash benefits if you or a covered family member is accidentally injured while off the job
- Features group rates for employees
- Benefits are focused on the family, safety, and accident prevention

Emergency treatment	Your cash benefit
Ambulance	\$225
Air ambulance	\$1,125
Emergency care/treatment	\$150
X-ray	\$30
Initial care visit	\$75
Major diagnostic exam	\$150

Fractures*	Your cash benefit
Fingers, toes	\$100
Ankle, arm (elbow to wrist), elbow, foot (except toes), hand (except fingers), kneecap, rib, shoulder blade, vertebral process, wrist	\$450
Coccyx, collarbone, lower jaw, sternum	\$525
Arm (shoulder to elbow), bones of the face, nose, upper jaw	\$875
Leg (knee to ankle), pelvis, skull non-depressed, vertebral body	\$1,750
Hip, leg (hip to knee)	\$2,625
Skull depressed	\$3,500
Surgical treatment surgery	2 times nonsurgical benefit
Chip fracture	25% of fracture benefit

^{*}Fracture benefits listed are nonsurgical. Treatment for the fracture must occur within 90 days of the accident. The combined maximum of all fractures is two times the highest fracture payable.

Dislocations *	Your cash benefit
Fingers, toes	\$100
Collarbone (acromio and separation), elbow, hand (except fingers), lower jaw, shoulder, wrist	\$450
Ankle, collarbone (sternoclavicular), foot (except toes)	\$875
Knee (except kneecap)	\$1,750
Нір	\$2,625
Surgical treatment	2 times nonsurgical benefit
Partial dislocation	25% of dislocation benefit

^{*}Dislocation benefits listed are nonsurgical. Treatment for the dislocation must occur within 90 days of the accident. The combined maximum of all dislocations is two times the highest dislocation payable.

Specific Injuries	Your cash benefit
Blood, plasma, platelets, and other non-blood substitute IV solutions	\$375
2 nd degree burns: Based upon surface area burned	\$100-\$1,000
3 rd degree burns: Based upon surface area burned	\$375-\$10,000
Skin grafts	25% of burn benefit
Concussion	\$150
Dental crown	\$150
Dental extraction/dental injury – broken tooth	\$75
Eye (surgical repair)	\$300
Eye (removal of foreign object)	\$150
Laceration: Based upon the need for and length of sutures	\$35-\$400
Severe traumatic brain injury	\$5,000
Surgical benefits:* Arthroscopic surgical benefit Cranial surgical benefit Hernia surgical benefit Thoracic/open abdominal Ligaments, tendons, rotator cuff Knee cartilage Ruptured disc Other surgery under general anesthesia Other surgery under conscious sedation	\$150 \$1,125 \$150 \$1,500 \$750 \$750 \$750 \$225 \$125

^{*}Benefits will be paid up to two times the highest surgical benefit payable for all surgeries.

Hospitalization and ongoing care	Your cash benefit
Accident hospital admission	\$1,000
Accident intensive care admission	\$1,500
Accident hospital daily confinement	\$200 per day
Accident intensive care daily confinement	\$400 per day
Alternative care/rehab facility daily confinement	\$150 per day
Physician follow-up visits (up to 2 visits)	\$75 per visit
Physical, occupational, and chiropractic therapy (up to 6 sessions)	\$35 per visit
Epidural/cortisone pain management (up to 1 injections)	\$75 per visit
Medical mobility devices	\$75 per device
Wheelchair (expected use less than one year)	\$150
Wheelchair (expected use one year or more)	\$300
Prosthesis (per limb)	\$750 per device

Recovery assistance	Your cash benefit
Family care	\$75
Companion lodging (100+ miles from home)	\$150 per day
Transportation (100+ miles from home)	\$300 per trip

Moving Vehicle Benefits	Your cash benefit
Moving vehicle injury	\$100
Moving vehicle death	\$2,500
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, etc.)	\$100
Health Assessment/Wellness Benefit	Your cash benefit
You 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

Optional benefit

Sickness Hospital Confinement Benefit	Your cash benefit
Sickness hospital admission	\$500
Sickness hospital daily confinement	\$100
Sickness intensive care daily confinement	\$200

Hospitalization due to sickness must begin before reaching age 70.

Optional Sickness Hospital Confinement benefits	
Pre-existing condition exclusion	12/12

Every insured who elects the optional Sickness and Hospital Benefits coverage must have base coverage, and the pre-existing condition exclusion will apply.

Benefit exclusions

Accident insurance covers many injuries that result from a covered event. The policy exclusions are:

- 1. Disease, physical or mental infirmity, sickness, or medical or surgical treatment of these
- 2. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- 3. 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:
 - a. Prescribed or administered by a physician, and
 - b. Taken in accordance with the physician's instructions
- 4. Committing or attempting to commit a felony, participation in a felony, voluntary participation in a felony, voluntary committing or attempting to commit a felony
- 5. 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
- 6. Participation in a riot, insurrection, or rebellion of any kind
- 7. Military duty, including the Reserves or National Guard
- 8. Travel or flight in or on any aircraft, except:
 - a. As a fare-paying passenger on a regularly scheduled commercial flight; or
 - b. As a passenger, pilot, or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
 - i. The aircraft has a valid U.S. airworthiness certificate or foreign equivalent; and
 - ii. The pilot has a valid pilot's certificate with a nonstudent rating authorizing him to fly the aircraft
- 9. Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred. For accidental death and dismemberment only, benefits are not payable for any loss sustained or contracted in consequence of 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
- 10. Cosmetic or elective surgery, physician determination of cosmetic or elective surgery, cosmetic surgery, surgery to improve appearance, cosmetic or elective surgery when it is to improve appearance rather than restore function or correct a deformity resulting from an injury

- 11. 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
- 12. Under the influence of narcotics, unless prescribed and taken in accordance with the prescription by a physician
- 13. Participating in, practicing for, or officiating any semi-professional or professional sport
- 14. Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
- 15. An injury sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months
- 16. Bungee cord jumping, mountaineering, or base jumping
- 17. Skydiving, parachuting, or jumping from any aircraft for recreational purposes
- 18. Injury arising out of, or in the course of, any employment for wage or profit [Include when plan type is off-the-job only

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention ID 1070279.

This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your 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 policy 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.

Benefits may vary by state, 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.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



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Accident insurance premium Here's how little you pay with group rates

As an employee, you can take advantage of this accident insurance plan. Plus, you can add loved ones to the plan for just a little more.

Coverage	Monthly premium
Employee only	\$6.36
Employee & one dependent	\$12.02
Employee & two dependents	\$16.12

Sickness Hospital Confinement is available for an additional cost. See combined rates below. See the certificate of coverage for more detail.

Sickness Hospital Confinement Benefit coverage	Monthly premium
Employee only	\$13.93
Employee & one dependent	\$30.22
Employee & two dependents	\$40.55

Note: The premiums for this coverage will not change due to your age.

The Lincoln National Life Insurance Company

Please see prior page for product information.