



## 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
<b>Contribution</b>	You pay the cost of your coverage.
<b>Emergency treatment</b>	
Ambulance	\$450
Air ambulance	\$1,875
Emergency care/treatment	\$250
Initial care visit	\$150
Major diagnostic	\$300
X-ray	\$250
<b>Fractures</b>	
Ankle	\$1,750
Arm (shoulder to elbow)	\$1,575
Arm (elbow to wrist)	\$2,150
Coccyx	\$625
Collarbone	\$1,600
Elbow	\$600
Bones of the face	\$1,650
Fingers	\$300
Foot (except toes)	\$1,500
Hand (except fingers)	\$1,500
Hip	\$4,000
Jaw upper	\$1,500
Jaw lower	\$1,500
Kneecap	\$1,750
Leg (hip to knee)	\$3,000
Leg (knee to ankle)	\$2,125
Nose	\$1,500
Pelvis	\$2,575



Rib	\$800
Shoulder blade	\$2,000
Skull depressed	\$4,000
Skull non-depressed	\$1,750
Sternum	\$750
Toes	\$350
Vertebral body	\$1,950
Vertebral process	\$1,800
Wrist	\$1,600
Surgical treatment surgery	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit
<b>Dislocations</b>	
Ankle	\$1,625
Collarbone (acromion and separation)	\$1,200
Collarbone (sternoclavicular)	\$1,600
Elbow	\$1,375
Fingers	\$375
Foot (except toes)	\$1,250
Hand (except fingers)	\$850
Hip	\$3,500
Lower jaw	\$850
Knee (except kneecap)	\$2,150
Shoulder	\$3,000
Toes	\$300
Wrist	\$1,475
Surgical treatment	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit
<b>Specific injuries</b>	
Blood, plasma, platelets, and other non-blood substitute IV solutions	\$400
2nd degree burns: Based upon surface area burned	\$250 - \$1,500
3rd degree burns: Based upon surface area burned	\$1,400 - \$15,000
Skin grafts	50% of burn benefit
Concussion	\$400
Dental crown	\$350
Dental extraction	\$250



Eye (surgical repair)	\$375
Eye (removal of foreign object)	\$250
Laceration: based upon the need for and length of sutures	\$125 - \$1,500
Severe traumatic brain injury	\$12,000
<b>Surgical benefits</b>	
Arthroscopic	\$575
Cranial	\$1,750
Hernia	\$200
Other surgery under conscious sedation	\$250
Other surgery under general anesthesia	\$450
Repair of knee cartilage	\$1,200
Repair of ligaments, tendons, rotator cuff	\$1,200
Repair of ruptured disc	\$1,200
Open abdominal or thoracic	\$1,875
<b>Hospitalization and ongoing care</b>	
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)	\$90
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)	\$125
Medical mobility devices	\$150
Wheelchair (expected use one year or more)	\$600
Wheelchair (expected use less than one year)	\$225
Prosthesis (per limb)	\$750
<b>Recovery assistance</b>	
Family care	\$250
Companion lodging (100 or more miles from home)	\$200 per day
Transportation (100 or more miles from home)	\$400 per trip
<b>Moving vehicle benefits</b>	
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
<b>Accidental death and dismemberment (AD&amp;D) benefit</b>	
Accidental death: Your death	\$50,000
Accidental death: Your spouse or life partner	\$25,000
Accidental death: Your child	\$12,500
Common carrier death: Your death	\$100,000
Common carrier death: Your spouse or life partner	\$50,000
Common carrier death: Your child	\$25,000
Transportation of remains (100 or more miles)	\$12,500
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$12,500
Loss of finger, thumb, toe	\$1,625
Loss of sight in both eyes	\$32,500
Loss of hearing in both ears	\$32,500
Loss of speech	\$32,500
Loss of both arms	\$32,500
Loss of both legs	\$32,500
Loss of arm and leg	\$32,500
Paraplegia	\$32,500
Hemiplegia	\$32,500
Loss of both arms and both legs	\$32,500
Quadriplegia	\$32,500
<p>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.</p> <p>The education benefit is payable for each full-time student.</p>	10% of AD&D benefit
<p>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.</p> <p>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.</p>	10% of AD&D benefit
Modification to home or auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle rideable if the insured suffers a severe loss.	\$3,500



This benefit is payable once per person within 365 days of the accident.

**Health assessment/wellness 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 your 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	Weekly premium
Employee only	\$3.01
Employee + spouse	\$4.99
Employee + child(ren)	\$5.49
Employee + family	\$7.43

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