



Employees at Centers for Shipmonk, Inc. Benefits At-A-Glance

Accident Insurance High Option

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	\$400
Air ambulance	\$1,250
Emergency care/treatment	\$200
Initial care visit	\$100
Major diagnostic exam	\$200
X-ray (at initial visit)	\$150

Fractures*	Your cash benefit
Ankle	\$1,500
Arm (shoulder to elbow)	\$1,950
Arm (elbow to wrist)	\$1,400
Coccyx	\$550
Collarbone	\$1,300
Elbow	\$500
Bones of the face	\$1,500
Fingers	\$275
Foot (except toes)	\$1,375
Hand (except fingers)	\$1,375
Hip	\$4,000
Jaw upper	\$1,675
Jaw lower	\$1,875
Kneecap	\$1,750
Leg (hip to knee)	\$3,500
Leg (knee to ankle)	\$2,400
Nose	\$1,750
Pelvis	\$2,875
Rib	\$700
Shoulder blade	\$2,225
Skull depressed	\$4,000
Skull non-depressed	\$2,000
Sternum	\$675
Toes	\$275

Fractures*	Your cash benefit
Vertebral Body	\$2,525
Vertebral process	\$1,450
Wrist	\$1,550
Surgical treatment surgery	Two 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.

No money is due at enrollment. Your premium simply comes out of your paycheck.

Dislocations *	Your cash benefit
Ankle	\$1,875
Collarbone (acromio and separation)	\$1,450
Collarbone (sternoclavicular)	\$1,900
Elbow	\$1,425
Fingers	\$400
Foot (except toes)	\$1,275
Hand (except fingers)	\$925
Hip	\$4,000
Lower jaw	\$925
Knee (except kneecap)	\$2,325
Shoulder	\$3,500
Toes	\$200
Wrist	\$1,425
Surgical treatment	2x 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	\$500
2 nd degree burns: Based upon surface area burned	\$500- \$1,925
3 rd degree burns: Based upon surface area burned	\$1,725 - \$15,000
Skin grafts	25% of burn benefit
Concussion	\$500
Dental crown	\$300
Dental extraction	\$150
Eye (surgical repair)	\$400
Eye (removal of foreign object)	\$300
Laceration: Based upon the need for and length of sutures	\$75- \$700
Severe traumatic brain injury	\$10,000
Surgical benefits:*	
Arthroscopic	\$200
Cranial	\$1,500
Hernia	\$200
Other surgery under conscious sedation	\$200
Other surgery under general anesthesia	\$400
Repair of knee cartilage	\$1,500
Repair of ligaments, tendons, rotator cuff	\$1,500
Repair of ruptured disc	\$1,500
Open abdominal or thoracic	\$1,500

*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	\$1,500
Accident hospital daily confinement	\$300
Accident intensive care admission	\$1,500
Accident intensive care daily confinement	\$300 per day up to 15 days
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$50
Physician follow-up visits (up to 6 visits)	\$140
Alternative care/rehab facility daily confinement/rehabilitative confinement	\$200 per day for up to 180 days
Epidural/cortisone pain management (up to one injection)	\$100
Medical mobility devices	\$200 per device/up to 3 devices
Wheelchair (expected use one year or more)	\$600
Wheelchair (expected use less than one year)	\$175
Prosthesis (per limb)	\$750 per device/per limb

Recovery assistance	Your cash benefit
Family care	\$250
Companion lodging (100+ miles from home)	\$200 per day/up to 30 days
Transportation (100+ miles from home)	\$400 per trip/up to 3 trips

Additional plan benefits	
Portability	Included
Child Sports Injury Benefit	Included 25%

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 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
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

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