



Employees of Allied Power Management, LLC

Benefits at-a-glance

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump sum cash benefit to help you take care of unexpected expenses — anything from deductibles to child care to everyday bills. Because you're selecting this coverage through your company, you can take advantage of group rates. This coverage is also guarantee issue, which means you don't have to answer medical questions to receive coverage.

Core hospital benefits	Plan 1
Hospital admission For the initial day of admission to a hospital for treatment of a sickness/an injury	\$1,000 per day for one day per calendar year
Hospital confinement For each day of confinement in a hospital as a result of a sickness/an injury	\$100 per day for 30 days starting on second day of confinement
Hospital intensive care unit (ICU) admission For the initial day of admission to an ICU for treatment as the result of a sickness/an injury	\$1,000 per day for one day per calendar year
Hospital ICU confinement For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$100 per day for ten days starting the second day of confinement
Complications of pregnancy	Included

Health assessment/wellness benefit	Your cash benefit
Health assessment benefit Receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization	Level: \$50

Additional plan benefit(s)	
Portability if you leave your employer	Included

Note: See the policy for details and specific requirements for each of these benefits.

Benefit exclusions

General exclusions

The policy covers only sicknesses and injuries that occur while insurance is in force. No indemnities will be paid for a sickness or injury that occurs before the effective date of the insurance. Benefits are not payable for any loss caused or contributed to by:

1. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane*
2. Voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
 - a. Prescribed or administered by a physician
 - b. Taken in accordance with the physician's instructions
3. Committing or attempting to commit a felony
4. War or any act of war, declared or undeclared
5. Participation in a riot, insurrection, or rebellion of any kind
6. Participation in an act of terrorism
7. Military duty, including the Reserves or National Guard
8. 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 group policyholder business, provided:
 - a. The aircraft has a valid U.S. airworthiness certificate (or foreign equivalent)
 - b. The pilot has a valid pilot's certificate with a non-student rating authorizing them to fly the aircraft
9. Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred
10. Cosmetic surgery, unless the treatment is the result of a covered event
11. Treatment for dental care or dental procedures, unless the treatment is the result of a covered event
12. Treatment of a mental illness*
13. Treatment of alcoholism, drug addiction, chemical dependency, or complications thereof*
14. Treatment through experimental procedures
15. Travel outside the United States and its possessions for the sole purpose of receiving medical care or treatment
16. Participating in, practicing for, or officiating any semi-professional or professional sport
17. Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
18. Being incarcerated in any type of penal or detention facility
19. Scuba diving
20. Mountaineering or spelunking
21. Bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or any similar activities
22. Skydiving, parachuting, jumping, or falling from any aircraft for recreational purposes
23. Residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months
24. Injury arising out of or during employment for wage or profit

*Exceptions to the exclusions are accepted when substance abuse and mental disorder benefits are selected. This is a partial list of benefit exclusions. A complete list is included in the policy. State variations apply.

Pre-existing condition exclusion

A pre-existing condition means a covered condition for which treatment was received during the look-back period prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a physician. It includes diagnostic measures and the prescription, refill, or taking of prescribed drugs or medicines for which symptoms exist.

- Look-back period: A pre-existing exclusion applies to conditions for which the employee received treatment during a 12-month period prior to the employee's effective date of coverage.
- Exclusionary period: A pre-existing exclusion applies during the first 12 months of an employee's coverage or increase in coverage. Once this period is satisfied, the exclusion no longer applies.

Benefits are not payable for any covered condition or loss:

1. That is caused, contributed to by, or results from a pre-existing condition
2. That begins in the exclusionary period after the covered person's effective date (unless the condition was not treated during any treatment-free period, if applicable)

The pre-existing condition exclusion will also apply to increases in coverage beginning on the effective date of the increase.

If you are a participant in a hospital indemnity plan that this plan replaces and have a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

Questions? Call **800-423-2765** and mention ID: 1062468.

Hospital indemnity insurance premium

Affordable group rates – Monthly premiums

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.

	Premium
Employee only	\$15.42
Employee + spouse	\$33.19
Employee + child(ren)	\$24.26
Family	\$43.90

The Lincoln National Life Insurance Company Please see prior pages for product information.

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 contract, the contract 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.

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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