



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 and part-time employees electing the high-plan
Contribution	You pay the cost of your coverage.
Emergency treatment	
Ambulance	\$450
Air ambulance	\$1,250
Emergency care/treatment	\$250
Initial care visit	\$150
Major diagnostic	\$300
X-ray	\$100
Fractures	
Ankle	\$750
Arm (shoulder to elbow)	\$750
Arm (elbow to wrist)	\$750
Coccyx	\$300
Collarbone	\$1,000
Elbow	\$250
Bones of the face	\$600
Fingers	\$200
Foot (except toes)	\$750
Hand (except fingers)	\$750
Hip	\$3,000
Jaw upper	\$750
Jaw lower	\$750
Kneecap	\$750
Leg (hip to knee)	\$1,200
Leg (knee to ankle)	\$1,200
Nose	\$600



Pelvis	\$1,250
Rib	\$400
Shoulder blade	\$1,000
Skull depressed	\$4,500
Skull non-depressed	\$1,500
Sternum	\$250
Toes	\$200
Vertebral body	\$1,200
Vertebral process	\$400
Wrist	\$750
Surgical treatment surgery	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit
Dislocations	
Ankle	\$1,000
Collarbone (acromion and separation)	\$500
Collarbone (sternoclavicular)	\$1,000
Elbow	\$750
Fingers	\$200
Foot (except toes)	\$750
Hand (except fingers)	\$750
Hip	\$4,000
Lower jaw	\$750
Knee (except kneecap)	\$1,600
Shoulder	\$750
Toes	\$200
Wrist	\$750
Surgical treatment	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit
Specific injuries	
Blood, plasma, platelets, and other non-blood substitute IV solutions	\$375
2nd degree burns: Based upon surface area burned	\$100 – \$1,450
3rd degree burns: Based upon surface area burned	\$1,300 – \$15,000
Skin grafts	25% of burn benefit
Concussion	\$300
Dental crown	\$350



Dental extraction	\$125
Eye (surgical repair)	\$350
Eye (removal of foreign object)	\$250
Laceration: based upon the need for and length of sutures	\$75 – \$1,500
Severe traumatic brain injury	\$7,500
Surgical benefits	
Arthroscopic	\$200
Cranial	\$2,000
Hernia	\$200
Other surgery under conscious sedation	\$200
Other surgery under general anesthesia	\$400
Repair of knee cartilage	\$1,000
Repair of ligaments, tendons, rotator cuff	\$1,000
Repair of ruptured disc	\$1,000
Open abdominal or thoracic	\$2,000
Hospitalization and ongoing care	
Accident hospital admission	\$1,500
Accident hospital daily confinement	\$300
Accident intensive care admission	\$3,000
Accident intensive care daily confinement	\$600
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$65
Physician follow-up visits (up to six visits)	\$100
Alternative care/ rehabilitative confinement	\$200
Epidural/cortisone pain management (up to one injection)	\$85
Medical mobility devices	\$150
Wheelchair (expected use one year or more)	\$600
Wheelchair (expected use less than one year)	\$175
Prosthesis (per limb)	\$750
Recovery assistance	
Family care	\$250
Companion lodging (100 or more miles from home)	\$200 per day
Transportation (100 or more miles from home)	\$500 per trip
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 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
- 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	Monthly premium rate
Employee only	\$9.26
Employee + spouse/domestic partner	\$14.74
Employee + child(ren)	\$15.49
Employee + family	\$24.42

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

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LCN-6758624-070224

PDF 7/24 Z01

Order code: GP-ACDT2-FLI001

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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