



# Benefits and cost summary for accident proposal

**OPTION 1  
SELECT PLAN****Emergency care**

Ambulance	\$150
Air ambulance	\$600
Initial physician office visit	\$50
Emergency room	\$150
Major diagnostic care	N/A

**Treatment care**

Hospital admission	\$1,000
Hospital confinement daily benefit	\$200
Intensive care unit daily benefit	\$400
Alternate care and rehabilitative facility daily benefit	\$100
Follow-up doctor/patient care up to 6 sessions	\$50
Transportation for care (up to 3 times per accident)	N/A
Companion lodging (up to 30 days per accident)	N/A
Family care per child up to 30 days	\$20

**Fractures (per fracture)**

	<b>Non-Surg/Surg</b>
Ankle, arm, collarbone, elbow, foot, hand, jaw, kneecap, shoulder blade, sternum, wrist	\$150/\$300
Hip	\$150/\$300
Skull depressed	\$150/\$300
Leg, pelvis, skull nondepressed, vertebral column	\$150/\$300
Bones of face, vertebrae, coccyx, rib, nose	\$100/\$200
Finger, toe	\$25/\$50
Chip fractures	25% benefit

**Dislocations (per injury)**

Ankle, collarbone sternoclavicular, foot	\$150/\$300
Collarbone acromio and separation, elbow, hand, lower jaw, shoulder, wrist	\$150/\$300
Finger, toe	\$25/\$50
Hip	\$150/\$300
Knee, except kneecap	\$150/\$300

**Specific injuries or treatments**

Transfusions	N/A
Burns	\$100-\$6,400
Skin grafts	Additional 25%
Joint replacement	N/A
Coma	\$2,000
Concussion	\$100
Dental crown once per accident	N/A
Dental extraction once per accident	N/A

**OPTION 1  
SELECT PLAN**

Eye (removal of foreign body) once per eye/accident	N/A
Eye (surgical repair) once per eye/accident	N/A
Laceration	\$50-\$400
<b>Surgery</b>	
Arthroscopic	\$250
Abdominal or Thoracic	\$1,000
Treatment, per repair	
Ligaments/tendons, knee cartilage	\$300
Rotator cuff	\$300
Ruptured disc	\$400

**Transitional care benefits**

Crutches	\$25
Wheelchair for temporary use	\$50
Wheelchair for permanent use	\$350
Walker for temporary use	\$25
Walker for permanent use	\$50
Prosthesis per limb/device	\$500
Reasonable modifications to home or vehicle in the case of catastrophic loss	\$2,500

**Accidental Death & Dismemberment (AD&D)**

<b>Accidental Death</b>	
Employee	\$10,000
Spouse	\$5,000
Child	\$5,000
Common carrier enhanced death benefit	2x benefit amt
Transportation of remains	\$5,000
Seat belt/helmet AD&D benefit	10% of AD&D
Common disaster enhanced death benefit	2x benefit amt
Loss of or loss of use of one: hand, foot, arm, leg, eye	\$7,000
Loss of or loss of use of any one finger, thumb, or toe	\$300
Catastrophic loss	\$50,000

**Additional benefits**

Accident EAP services	Included
TravelConnectSM	Included

GROUP LEVEL BENEFIT OPTIONS

OPTION 1  
SELECT PLAN

*Accident Disability:* If an insured becomes totally disabled from any occupation due to a covered accident, the insured will receive a monthly benefit.

Included

Employee(benefit)

\$1,000

Accident elimination period

90 days

Benefit duration

12 months

Hello future.®

## Exclusions

This accident policy will not cover losses caused by or as a result of:

- Injury occurring prior to the effective date of coverage or after termination of the coverage
- Duty as a member of any military, including Reserves or National Guard
- Travel or flight in or on any Aircraft, except as a fare paying passenger on a regularly scheduled commercial flight
- Participating in high risk or extreme sports
- Having cosmetic or elective surgery
- Participating in or attempting to commit a felony
- Being incarcerated in any type of penal or detention facility
- Having a blood alcohol level of .08 grams of alcohol or more per 100 milliliters of blood
- Deliberately using poison, gas, fumes, or drugs (except when prescribed by a Physician and administered appropriately)
- Committing or attempting to commit suicide or any other self-inflicted injury
- Any sickness, disease (physical or mental), or medical or surgical treatment of these
- Participating in, practicing for, or officiating a semi-professional or professional sport
- Riding in or driving any motor-driven vehicle for race, stunt show, or speed test
- War, act of war, or participation in a riot, insurrection or rebellion
- An injury sustained while residing outside the U.S., U.S. territories, Canada or Mexico for more than 12 months

**THIS IS NOT A CONTRACT:** This illustration was prepared based on the information provided in the Request for Proposal. It is a description of accident coverage available from Lincoln Financial Group and not an offer to contract. More detailed information is available upon request concerning the terms, conditions, and limitations contained in the master policy, if issued. If there are discrepancies between the information contained in this proposal and the master policy, the terms of the master policy will control. State-specific restrictions and requirements may not be addressed in this proposal.

An Application for Group Insurance must be completed by the Employer and approved by Lincoln Financial Group before coverage can become effective.

This proposal is subject to revision if not accepted on or before the Proposed Effective Date shown on the Benefits and Cost Summary page of this proposal.

Group 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, group 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 may apply.