



**SUMMARY OF BENEFITS**

**Sponsored by:** Grant County

**Accident insurance coverage provides a cash benefit when an insured is injured due to a covered Accident.**

**Eligibility** All employees in an eligible class. Issue Ages 17-80.

<b>Emergency Care</b>	
Ambulance/Air Ambulance	\$350/\$1,500
Initial physician office visit/ER visit	\$150/\$200
Major diagnostic care	\$300

<b>Treatment Care</b>	
Hospital admission	\$1,500
Hospital confinement daily benefit	\$350
Intensive care daily benefit	\$850
Alternate care and rehabilitative facility daily benefit	\$150
Follow-up doctor/patient care up to 6 sessions	\$100
Transportation for care (up to 3 times per accident)	\$600
Companion lodging (up to 30 days per accident)	\$150
Family care per child (up to 30 days)	\$30

<b>Fractures and Dislocations</b>	
Per Surgical Fracture Per Bone	\$1,600-\$9,000
Per Non-Surgical Fracture Per Bone	\$800-\$4,500
Chip Fractures	25% of fracture benefit
Per Surgical Dislocation Injury	\$900-\$10,000
Per Non-Surgical Dislocation Injury	\$450-\$5,000
Partial Dislocation	25% of dislocation benefit

<b>Specific Injuries or Treatments</b>	
Transfusions	\$600
Burns	\$625-\$40,000
Skin Grafts	25% of burn benefit
Joint replacement	\$4,000-\$5,000
Coma	\$15,000
Concussion	\$300
Dental crown – once per accident	\$300
Dental extraction – once per accident	\$100
Eye (removal of foreign body) once per eye/accident	\$300
Eye (surgical repair) once per eye/accident	\$600
Laceration	\$200-\$1,600
Surgery	\$450-\$3,000
Surgical repair of ligaments/tendons, knee cartilage, rotator cuff, ruptured disc	\$1,000-\$1,200

<b>Transitional Care Benefits</b>	
Crutches, wheelchair, walker, other	\$50-\$700
Prosthesis per limb/device	\$3,000
Reasonable modifications to home or vehicle	\$7,000

<b>Accident Death &amp; Dismemberment (AD&amp;D)</b>	
Employee Accident Death	\$150,000
Spouse Accident Death	\$75,000
Child Accident Death	\$37,500
Loss of or loss of use of one: hand, foot, arm, leg, eye	\$21,000
Loss of or loss of use of any one finger, thumb, or toe	\$900
Common carrier enhanced death benefit	2x benefit amount
Transportation of remains	\$12,000
Seat belt/helmet AD&D benefit	10% of AD&D
Common disaster enhanced death benefit	2x benefit amount
Catastrophic loss	\$100,000

<b>Additional Benefits</b>	
<i>Health assessment (wellness) benefit:</i> If an insured undergoes a defined health assessment, a benefit will be paid	\$50, one time per year per insured

<b>Employee level benefit options</b>	
<p><i>Sickness Hospital Confinement Benefit:</i> If an insured is confined to a hospital due to an illness unrelated to an accident, a daily benefit will be paid up to a maximum of 30 days.</p> <p>If an insured is admitted to the hospital due to an illness unrelated to an accident, a hospital admission benefit will be paid once per calendar year.</p> <p>If an insured is confined to an Intensive Care Unit due to an illness unrelated to an accident, a daily benefit will be paid up to a maximum of 15 days.</p> <p>Hospital confinement benefits are not payable for any hospitalization that occurs after age 70 or your Social Security Normal Retirement Age, if sooner; except, however, that benefits for hospitalization will be paid after age 70 or Social Security Normal Retirement Age if the confinement occurs within 90 days of a previously covered hospitalization.</p>	<p>\$200 per day</p> <p>\$1,000</p> <p>\$400 per day</p>
<p><i>Motor Vehicle Accident Benefit:</i> If an insured has a covered injury as a result of a Motor Vehicle Accident, a benefit is payable.</p> <p>The benefit is payable once per covered Motor Vehicle Accident, regardless of the number of insured's traveling in the Motor Vehicle.</p>	\$500

<b>Additional Services</b>	
Accident EAP services	Included
<i>TravelConnect<sup>SM</sup></i>	Included

Semi-Monthly Accident Cost Summary\*

Tier	Base Premium
Employee Only	\$15.01
Employee & Spouse/Domestic Partner	\$23.38
Employee & Child(ren)	\$25.79
Employee & Family	\$36.48

**Group level benefit options**

*Additional benefits selected by employer for all enrolled employees – cost included in the base coverage rates above*

On the job accident coverage	Included
Health Assessment (wellness)	Included

**Employee level benefit options**

*Additional benefits selected by the employee for an additional cost*

Tier	Sickness Hospital Confinement Benefit Premium
Employee Only	\$7.91
Employee & Spouse/Domestic Partner	\$15.82
Employee & Child(ren)	\$13.43
Employee & Family	\$22.07

Tier	Motor Vehicle Accident Benefit Premium
Employee Only	\$0.36
Employee & Spouse/Domestic Partner	\$0.71
Employee & Child(ren)	\$0.69
Employee & Family	\$1.13

\*The policy is guaranteed renewable. The insurer has the right to increase premium rates on any policy anniversary after the Policy's first anniversary, for all policies of like class.

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, such as, but not limited to, bungee jumping, parachuting, base jumping, or mountaineering;
- 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

<b>For assistance or additional information Contact Lincoln Financial Group at</b>	
<b>(800) 423-2765; reference ID: GRANTCTY</b>	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>
<b>If there is any discrepancy between this benefit summary and the policy, the policy shall control. This summary is not intended to contain a complete description of the coverage offered. This summary does not modify the policy. This is not a binding contract</b>	

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