



## Employees at WellSpan Health

### Benefits At-A-Glance

#### Accident Insurance

#### Lincoln Accident Insurance Plan:

- Provides cash benefits if you or a covered family member is accidentally injured
- Features group rates for employees
- Benefits are focused on the family, safety, and accident prevention

Emergency treatment	Your cash benefit
Ambulance	\$400
Air ambulance	\$1,600
Emergency care/treatment	\$200
Initial care visit	\$200
Major diagnostic exam	\$200
X-ray	\$200

Fractures*	Your cash benefit
Ankle	\$1,500
Arm (shoulder to elbow)	\$675
Arm (elbow to wrist)	\$1,500
Coccyx	\$450
Collarbone	\$1,500
Elbow	\$500
Bones of the face	\$675
Fingers	\$225
Foot (except toes)	\$450
Hand (except fingers)	\$1,500
Hip	\$3,375
Jaw upper	\$675
Jaw lower	\$450
Kneecap	\$450
Leg (hip to knee)	\$3,375
Leg (knee to ankle)	\$1,350
Nose	\$675
Pelvis	\$1,350
Rib	\$450
Shoulder blade	\$1,500
Skull depressed	\$4,500
Skull non-depressed	\$2,250
Sternum	\$1,500
Toes	\$225

Fractures*	Your cash benefit
Vertebral Body	\$1,350
Vertebral process	\$450
Wrist	\$1,500
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	\$1,650
Collarbone (acromio and separation)	\$325
Collarbone (sternoclavicular)	\$825
Elbow	\$500
Fingers	\$150
Foot (except toes)	\$1,650
Hand (except fingers)	\$500
Hip	\$3,375
Lower jaw	\$500
Knee (except kneecap)	\$1,650
Shoulder	\$1,500
Toes	\$150
Wrist	\$1,500
Surgical treatment	Two times 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	\$400
2 <sup>nd</sup> degree burns: Based upon surface area burned	\$500-\$1,450
3 <sup>rd</sup> degree burns: Based upon surface area burned	\$2,000-\$15,000
Skin grafts	50% of burn benefit
Concussion	\$400
Dental crown	\$350
Dental extraction	\$115
Eye (surgical repair)	\$300
Eye (removal of foreign object)	\$200
Laceration: Based upon the need for and length of sutures	\$75-\$1,500
Severe traumatic brain injury	\$1,000
Surgical benefits:*	
Arthroscopic	\$500
Cranial	\$1,500
Hernia	\$150
Other surgery under conscious sedation	\$225
Other surgery under general anesthesia	\$450
Repair of knee cartilage	\$750
Repair of ligaments, tendons, rotator cuff	\$1,200
Repair of ruptured disc	\$1,000
Open abdominal or thoracic	\$1,500

\*Benefits will be paid up to two times the highest surgical benefit payable for all surgeries.

<b>Hospitalization and ongoing care</b>	<b>Your cash benefit</b>
Accident hospital admission	\$1,000
Accident hospital daily confinement, up to 365 days	\$300
Accident intensive care admission	\$2,000
Accident intensive care daily confinement, up to 15 days	\$600
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$50
Physician follow-up visits (up to six visits)	\$75
Alternative care/rehab facility daily confinement/rehabilitative confinement, up to 180 days	\$100
Epidural/cortisone pain management (up to one injection)	\$100
Medical mobility devices, up to 3 devices	\$200
Wheelchair (expected use one year or more)	\$600
Wheelchair (expected use less than one year)	\$200
Prosthesis (per limb)	\$750

<b>Recovery assistance</b>	<b>Your cash benefit</b>
Family care	\$250
Companion lodging (100+ miles from home) up to 30 days	\$150 per day
Transportation (100+ miles from home) up to 3 trips	\$100 per trip

<b>Moving Vehicle Benefits</b>	<b>Your cash benefit</b>
Moving vehicle injury	\$225
Moving vehicle death	\$6,250
Safe driver injury/death: Seat belt	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Air bag	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit
Safe rider: Other helmet (bicycle, scooter, skateboard, etc.)	\$175

Accidental Death & Dismemberment benefit	Your cash benefit
<b>Accidental death</b> Your death Your spouse or life partner Your child	\$50,000 \$25,000 \$12,500
<b>Common carrier death</b> Your death Your spouse or life partner Your child A common carrier is any land, air, or water conveyance licensed to transport passengers for hire.	\$100,000 \$50,000 \$25,000
Transportation of remains (100+ miles)	\$12,500
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$12,500
Loss of finger, thumb, toe	\$1,625
Loss of sight in both eyes	\$50,000
Loss of hearing in both ears	\$50,000
Loss of speech	\$50,000
Loss of both arms	\$50,000
Loss of both legs	\$50,000
Loss of arm and leg	\$50,000
Paraplegia	\$50,000
Hemiplegia	\$50,000
Loss of both arms and both legs	\$50,000
Quadriplegia	\$50,000
Education: This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students.  The education benefit is payable for each full-time student.	10% of accidental death benefit
Spouse training: This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident, and the surviving spouse is enrolled as a student.  The spouse training benefit covers students enrolled in any school that retrains or refreshes skills needed for employment within 365 days from the date of death.	10% of accidental death benefit
Modification to home/auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle ridable if the insured suffers a severe loss.  This benefit is payable once per person within 365 days of the accident.	\$3,500

Health Assessment/Wellness Benefit	Your cash benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered assessment test.	Level \$50

Group Accident Insurance | Benefits At-A-Glance

Additional plan benefits	
Portability	Included
Child Sports Injury Benefit	Included

This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your coverage, other items may summarize our standard product features and not the specific features of your coverage. 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 policy 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.

Benefits may vary by state, 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.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



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## 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

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

Questions? Call 800-423-2765 and mention ID WELLSPAN.

## Accident insurance premium

### Here's how little you pay with group rates

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.

Coverage	Biweekly premium
Employee only	\$4.85
Employee & spouse	\$8.04
Employee & child/children	\$8.90
Employee & family	\$12.03

Note: The premiums for this coverage will not change due to your age. The premium for employee & child/children and employee & family coverage includes all children.

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