

## Employees at Charlotte County Public Schools:

# Benefits At-A-Glance

### Accident Insurance

#### The Lincoln Group Accident Insurance:

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

Emergency Treatment	Your Cash Benefit
Ambulance	\$300
Air ambulance	\$1,500
Emergency care	\$200
X-ray (within 60 days of the accident)	\$40 at initial visit
Initial care visit	\$100
Major diagnostic exam	\$200

Fractures*	Your Cash Benefit
Fingers, toes	\$100
Ankle, arm (elbow to wrist), elbow, foot (except toes), hand (except fingers), kneecap, rib, shoulder blade, vertebral process, wrist	\$450
Coccyx, collarbone, lower jaw, sternum	\$525
Arm (shoulder to elbow), bones of the face, nose, upper jaw	\$875
Leg (knee to ankle), pelvis, skull non-depressed, vertebral body	\$1,750
Hip, leg (hip to knee)	\$2,625
Skull depressed	\$3,500
Surgical treatment	2x 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.

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**No money is due at enrollment.** Your premium simply comes out of your paycheck.

Dislocations*	Your Cash Benefit
Fingers, toes	\$100
Collarbone (acromio and separation), elbow, hand (except fingers), lower jaw, shoulder, wrist	\$450
Ankle, collarbone (sternoclavicular), foot (except toes)	\$875
Knee (except kneecap)	\$1,750
Hip	\$2,625
Surgical treatment	2x 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.

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Specific Injuries	Your Cash Benefit
Blood, plasma, platelets	\$375
2 <sup>nd</sup> or 3 <sup>rd</sup> degree burns: based upon surface area burned	\$100-\$10,000
Skin grafts	25% of burn benefit
Concussion	\$150
Dental crown	\$150
Dental extraction	\$75
Eye (surgical repair)	\$300
Eye (removal of foreign object)	\$150
Laceration: based upon the need for and length of sutures	\$35-\$400
Traumatic brain injury	\$5,000
Surgical benefits:*	
Arthroscopic	\$150
Cranial	\$1,125
Hernia	\$150
Thoracic/open abdominal	\$1,500
Ligaments, tendons, rotator cuff	\$750
Knee cartilage	\$750
Ruptured disc	\$750
Surgical repair under general anesthesia	\$225
Surgical repair under conscious sedation	\$125

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

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Hospitalization and ongoing care	Your Cash Benefit
Accident hospital admission	\$1,250
Accident intensive care admission	\$2,000
Accident hospital daily confinement	\$300
Accident intensive care daily confinement	\$600
Alternative care/rehab facility daily confinement	\$200
Physician follow-up visits (up to 2 visits)	\$100
Physical, occupational and chiropractic therapy (up to 6 sessions)	\$50
Epidural/cortisone pain management (up to 1 injection)	\$100
Medical mobility devices	\$100
Wheelchair (expected use less than one year)	\$200
Wheelchair (expected use one year or more)	\$400
Prosthesis (per limb)	\$1,000

Recovery assistance	Your Cash Benefit
Family care	\$100
Companion lodging (100+ miles from home)	\$200 per night up to 30 nights
Transportation (100+ miles from home)	\$400 per trip up to three trips

Health Assessment Benefit	
You 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

Accident insurance covers many injuries that result from a covered event; though, the policy does have some exclusions. These 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, 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;
5. war or any act of war, declared or undeclared;
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;
10. cosmetic or elective surgery;
11. being incarcerated in any type of penal or detention facility;
12. participating in, practicing for, or officiating any semi-professional or professional sport;
13. riding in or driving in any motor driven vehicle for race, stunt show or speed test;
14. an injury sustained while residing outside the U.S., U.S. territories, Canada or Mexico for more than 12 months;
15. bungee cord jumping, mountaineering or base jumping;
16. skydiving, parachuting or jumping from any aircraft for recreational purposes;
17. injury arising out of, or in the course of, any employment for wage or profit

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 (policy series GL401) 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 (policy series GL401) 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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## Accident Insurance Premium

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

As a Charlotte County Public Schools employee, you can take advantage of this accident insurance plan for less than \$0.34 a day. Plus, you can add loved ones to the plan for just a little more.

Accident Coverage	Monthly Premium
Employee only	\$10.05
Employee & spouse	\$17.13
Employee & child/children	\$19.24
Employee & family	\$26.10

*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.