Lincoln Financial Group

Employees at Novacore

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 Novacore employees
- Benefits are focused on the family, safety, and accident prevention

Emergency treatment	Your cash benefit
Ambulance	$200
Air ambulance	$1,000
Emergency care/treatment	$200
Initial care visit	$100
Major diagnostic exam	$200
X-ray	$40

Fractures*	Your cash benefit
Ankle	$1,200
Arm (shoulder to elbow)	$1,050
Arm (elbow to wrist)	$1,375
Coccyx	$425
Collarbone	$1,250
Elbow	$375
Bones of the face	$1,125
Fingers	$200
Foot (except toes)	$1,025
Hand (except fingers)	$1,025
Hip	$3,000
Jaw upper	$1,250
Jaw lower	$1,250
Kneecap	$1,750
Leg (hip to knee)	$3,000
Leg (knee to ankle)	$1,800
Nose	$1,175
Pelvis	$2,150
Rib	$525
Shoulder blade	$1,475
Skull depressed	$3,000
Skull non-depressed	$1,500
Sternum	$500
Toes	$200

Fractures*	Your cash benefit
Vertebral Body	$1,900
Vertebral process	$1,075
Wrist	$625
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	$1,250
Collarbone (acromio and separation)	$975
Collarbone (sternoclavicular)	$1,250
Elbow	$625
Fingers	$200
Foot (except toes)	$950
Hand (except fingers)	$700
Hip	$3,000
Lower jaw	$700
Knee (except kneecap)	$1,625
Shoulder	$1,250
Toes	$150
Wrist	$950
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	$300
2nd degree burns: Based upon surface area burned	$100-$950
3rd degree burns: Based upon surface area burned	$875-$10,000
Skin grafts	25% of burn benefit
Concussion	$200
Dental crown	$300
Dental extraction	$100
Eye (surgical repair)	$300
Eye (removal of foreign object)	$200
Laceration: Based upon the need for and length of sutures	$75-$750
Severe traumatic brain injury	$4,000
Surgical benefits:*	
Arthroscopic	$400
Cranial	$1,500
Hernia	$150
Other surgery under conscious sedation	$150
Other surgery under general anesthesia	$300
Repair of knee cartilage	$1,000
Repair of ligaments, tendons, rotator cuff	$1,000
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.

Hospitalization and ongoing care	Your cash benefit
Accident hospital admission	$1,000
Accident hospital daily confinement	$250
Accident intensive care admission	$2,000
Accident intensive care daily confinement	$400
Physical, occupational, and chiropractic therapy (up to six sessions)	$65
Physician follow-up visits (up to two visits)	$50
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	Your cash benefit
Family care	$250
Companion lodging (100+ miles from home)	$125 per day
Transportation (100+ miles from home)	$500 per trip

Accidental Death & Dismemberment benefit	Your cash benefit
Accidental death Your death Your spouse or life partner Your child	 $25,000 $12,500 $6,250
Common carrier death 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.	 $50,000 $25,000 $10,000
Transportation of remains (100+ miles)	$10,000
Safe driver: Seat belt	10% of accidental death and dismemberment benefit
Safe driver: Air bag	10% of accidental death and dismemberment benefit
Safe driver: Helmet	10% of accidental death and dismemberment benefit
Loss of hand, foot, arm, leg, eye, or hearing in one ear	$10,000
Loss of finger, thumb, toe	$1,250
Loss of sight in both eyes	$20,000
Loss of hearing in both ears	$20,000
Loss of speech	$20,000
Loss of both arms	$20,000
Loss of both legs	$20,000
Loss of arm and leg	$20,000
Paraplegia	$20,000
Hemiplegia	$20,000
Loss of both arms and both legs	$20,000
Quadriplegia	$20,000
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.	$3,000

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

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 114691.

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	Monthly premium
Employee only	$8.78
Employee & spouse	$14.12
Employee & child/children	$14.82
Employee & family (spouse and child/children)	$20.16

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.