Lincoln Financial Group®

Individual Accident Insurance Coverage
SUMMARY OF BENEFITS

Sponsored by: West Med in New York

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

Eligibility You must be actively at work (20 or more hours per week) at the time of application, be able to perform the regular duties of your occupation, and apply for coverage in the state of New York. Issue Ages 17-80.

Emergency care	Choice Plan
Ambulance/Air Ambulance	$150/$600
Initial physician office visit/ER visit	$50/$150
Major diagnostic care	$100

Treatment care	Choice Plan
Hospital admission	$1,000
Hospital confinement daily benefit(non-metro/metro)	$165/$200
Intensive care 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)	$175
Companion lodging (up to 30 days per accident)	$100
Family care per child (up to 30 days)	$20

Fractures	Closed/Open Reduction
Per fracture	$50-$2,500/$100-**$**5,000
Chip fractures	25% of fracture benefit
Dislocations	**Closed/Open Reduction**
Per injury	$50-$1,200/$100-$2,400
Partial dislocation	25% of dislocation benefit

Specific injuries or treatments	Choice Plan
Transfusions	$150
Burns	$100 - $6,400
Skin Grafts	25% of burn benefit
Joint replacement	$1,500-$2,000
Coma	$2,000
Concussion	$100
Dental crown once per accident	$150
Dental extraction once per accident	$50
Eye (removal of foreign body) once per eye/accident	$100
Eye (surgical repair) once per eye/accident	$300
Laceration	$50-$400
Surgery	$250-$1,000
Surgical repair of ligaments/tendons, knee cartilage, rotator cuff, ruptured disc	$300-$400

Transitional care benefits	Choice Plan
Crutches, wheelchair, walker, other	$25-$350
Prosthesis per limb/device	$500
Reasonable modifications to home or vehicle	$2,500

Accident Death & Dismemberment (AD&D)	Choice Plan
Accidental death	
Employee	$75,000
Spouse	$25,000
Child	$12,500
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	$500
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
Catastrophic loss	$50,000

Additional benefits	Choice Plan
Health assessment (wellness) benefit: If an insured undergoes a defined health assessment, a benefit will be paid	$50, one time per year per insured

Additional Services	Choice Plan
Accident EAP services	Included
TravelConnect℠	Included

Accident Cost Summary*

Accident Base Coverage	Choice Plan Monthly Cost
Employee only	$19.15
Employee + spouse	$28.11
Employee + child(ren)	$31.45
Employee + family	$43.05
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

*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
A benefit will not be paid under this policy when:

- A category maximum has been reached (for that Category, coverage will automatically terminate). If *Lincoln CareCompass℠* is the only remaining Category, coverage will be terminated;
- The diagnosis occurs prior to the effective date, or after policy termination;
- The diagnosis is deemed a pre-existing condition. This applies only during the Exclusionary Period following the covered person's effective date;
- An event occurs due to suicide, attempted suicide, or intentional self-inflicted injury;
- An event occurs due to participation in the commission of a felony;
- An event occurs due to war or any act of war, declared or undeclared; or participation in a riot or insurrection;
- An event occurs due to duty as a member of any Armed Forces or units auxiliary thereto; or
- An event/illness is sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months.

For assistance or additional information
Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: 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 details. Should there be a difference between this summary and the policy, the policy will govern.

Insurance products policy series WIND are issued by Lincoln Life & Annuity Company of New York, a Lincoln Financial Group® company.

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