

Benefits At-A-Glance

Accident Insurance

The Lincoln Group Accident Insurance:

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

Emergency Treatment	Your Cash Benefit
Ambulance	\$225
Air ambulance	\$1,125
Emergency care	\$150
X-ray	\$30
Initial care visit	\$75
Major diagnostic exam	\$150

Fractures*	Your Cash Benefit
Fingers, toes	\$125
Ankle, arm (elbow to wrist), elbow, foot (except toes), hand (except fingers), kneecap, rib, shoulder blade, vertebral process, wrist	\$575
Coccyx, collarbone, lower jaw, sternum	\$675
Arm (shoulder to elbow), bones of the face, nose, upper jaw	\$1,125
Leg (knee to ankle), pelvis, skull non-depressed, vertebral body	\$2,250
Hip, leg (hip to knee)	\$3,375
Skull depressed	\$4,500
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.

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

Dislocations*	Your Cash Benefit
Fingers, toes	\$125
Collarbone (acromio and separation), elbow, hand (except fingers), lower jaw, shoulder, wrist	\$575
Ankle, collarbone (sternoclavicular), foot (except toes)	\$1,125
Knee (except kneecap)	\$2,250
Hip	\$3,375
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.

Specific Injuries	Your Cash Benefit
Blood, plasma, platelets	\$500
2 nd degree burns: based upon surface area burned	\$150-\$1,500
3 rd degree burns: based upon surface area burned	\$500-\$15,000
Skin grafts	25% of burn benefit
Concussion	\$200
Dental crown	\$200
Dental extraction	\$100
Eye (surgical repair)	\$400
Eye (removal of foreign object)	\$200
Laceration: based upon the need for and length of sutures	\$50-\$600
Traumatic brain injury	\$7,500
Surgical benefits:*	
Arthroscopic	\$200
Cranial	\$1,500
Hernia	\$200
Thoracic/open abdominal	\$2,000
Ligaments, tendons, rotator cuff	\$1,000
Knee cartilage	\$1,000
Ruptured disc	\$1,000
Surgical repair under general anesthesia	\$300
Surgical repair under conscious sedation	\$150

*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 intensive care admission	\$1,500
Accident hospital daily confinement	\$200
Accident intensive care daily confinement	\$400
Alternative care/rehab facility daily confinement	\$150
Physician follow-up visits (up to 2 visits)	\$75
Physical, occupational and chiropractic therapy (up to 6 sessions)	\$35
Epidural/cortisone pain management (up to 1 injection)	\$75
Medical mobility devices	\$75
Wheelchair (expected use less than one year)	\$150
Wheelchair (expected use one year or more)	\$300
Prosthesis (per limb)	\$750

Recovery assistance	Your Cash Benefit
Family care	\$50
Companion lodging (100+ miles from home)	\$100 per night up to 30 nights
Transportation (100+ miles from home)	\$200 per trip up to three trips

Moving Vehicle Benefits	Your Cash Benefit
Safe driver injury/death: seat belt	Additional 10% of motor vehicle injury or death benefit
Safe driver injury/death: air bag	Additional 10% of motor vehicle injury or death benefit

Accidental Death & Dismemberment Benefit	Your Cash Benefit
Accidental death	
Your death	\$75,000
Your spouse or life partner	\$30,000
Your child	\$15,000
Common carrier death	
Your death	\$150,000
Your spouse or life partner	\$60,000
Your child	\$30,000
<i>A common carrier is any land, air or water conveyance licensed to transport passengers for hire.</i>	
Transportation of remains (100+ miles)	\$15,000
Loss of hand, foot, arm, leg, eye or hearing in one ear	\$15,000
Loss of finger, thumb, toe	\$750
Severe loss (loss of sight in both eyes, loss of hearing in both ears, loss of speech, loss of both arms, loss of both legs, loss of arm and leg, paraplegia, hemiplegia, loss of both arms and both legs, quadriplegia)	\$60,000
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.	10% of Accidental death benefit
<i>The education benefit is payable for each full-time student.</i>	
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.	10% of Accidental death benefit
<i>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.</i>	
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.	\$3,000
<i>This benefit is payable once per person within 365 days of the accident.</i>	

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;

Questions? Call 800-423-2765 and mention ID: GROWMARK.

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 Growmark employee, you can take advantage of this accident insurance plan for less than \$0.47 a day. Plus, you can add loved ones to the plan for just a little more.

Accident Coverage	Monthly Premium
Employee only	\$14.07
Employee & spouse	\$22.99
Employee & child/children	\$25.12
Employee & family	\$33.88

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.