



## Employees at Pyramid Healthcare Inc

### 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	\$225
Air ambulance	\$1,125
Emergency care/treatment	\$150
X-ray	\$30
Initial care visit	\$75
Major diagnostic exam	\$150

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

\*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 intensive care admission	\$1,500
Accident hospital daily confinement	\$200
Accident intensive care daily confinement	\$400
Alternative care/rehab facility daily confinement/rehabilitative confinement	\$150
Physician follow-up visits (up to 6 visits)	\$75
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$35
Epidural/cortisone pain management (up to 1 injections)	\$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

<b>Recovery assistance</b>	<b>Your cash benefit</b>
Family care	\$75
Companion lodging (100+ miles from home)	\$150 per day
Transportation (100+ miles from home)	\$300 per trip

<b>Moving Vehicle Benefits</b>	<b>Your cash benefit</b>
Moving vehicle injury	\$100
Moving vehicle death	\$2,500
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.)	\$100

<b>Accidental Death &amp; Dismemberment benefit</b>	<b>Your cash benefit</b>
<b>Accidental death</b>	
Your death	\$50,000
Your spouse or life partner	\$20,000
Your child	\$10,000
<b>Common carrier death</b>	
Your death	\$100,000
Your spouse or life partner	\$40,000

Your child	\$20,000
A common carrier is any land, air, or water conveyance licensed to transport passengers for hire.	
Transportation of remains (100+ miles)	\$10,000
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$10,000
Loss of finger, thumb, toe	\$500
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)	\$30,000
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 rideable if the insured suffers a severe loss.  This benefit is payable once per person within 365 days of the accident.	\$2,000

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

## 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 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 1124872.

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.



## 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	\$8.49
Employee & spouse	\$16.81
Employee & child/children	\$17.22
Employee & family (spouse and child/children)	\$21.60

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.