

## All Full-Time Employees at Brown University

### Benefits At-A-Glance

#### High Option

#### Accident Insurance

#### The Lincoln Group Accident Insurance:

- 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	2x non-surgical 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	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 (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.

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 / Rehabilitative confinement	\$150
Physician follow-up visits (up to 2 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)	\$200
Wheelchair (expected use one year or more)	\$300
Prosthesis (per limb)	\$750

Recovery assistance	Your Cash Benefit
Family care	\$75
Companion lodging (100+ miles from home)	\$150 per day
Transportation (100+ miles from home)	\$300 per trip

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; 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, 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: BROWNUNIVE.

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 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.



## 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	\$15.92
Employee & spouse	\$26.85
Employee & child/children	\$29.61
Employee & family	\$40.25

The Lincoln National Life Insurance Company  
Please see prior page for product information.