Lincoln Financial

Atlantic Coast Automotive
Accident insurance

What is it?

Accident insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered injury.

Why is this coverage valuable?

This coverage provides you a lump sum cash benefit to help manage unexpected expenses. How you spend it is completely up to you — from everyday bills or childcare to other expenses.

Your accident coverage

Eligibility description	All full-time employees
Contribution	You pay the cost of your coverage.
Emergency treatment	
Ambulance	$425
Air ambulance	$1,750
Emergency care/treatment	$200
Initial care visit	$200
Major diagnostic	$275
X-ray	$225
Fractures	
Ankle	$1,500
Arm (shoulder to elbow)	$1,950
Arm (elbow to wrist)	$1,400
Coccyx	$550
Collarbone	$1,300
Elbow	$500
Bones of the face	$1,500
Fingers	$275
Foot (except toes)	$1,375
Hand (except fingers)	$1,375
Hip	$6,000
Jaw upper	$1,675
Jaw lower	$1,875
Kneecap	$1,750
Leg (hip to knee)	$3,500
Leg (knee to ankle)	$2,400
Nose	$1,750



Pelvis	$2,875
Rib	$700
Shoulder blade	$2,225
Skull depressed	$6,000
Skull non-depressed	$2,000
Sternum	$675
Toes	$275
Vertebral body	$2,525
Vertebral process	$1,450
Wrist	$1,550
Surgical treatment surgery	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit
Dislocations	
Ankle	$1,875
Collarbone (acromion and separation)	$1,450
Collarbone (sternoclavicular)	$1,900
Elbow	$1,425
Fingers	$400
Foot (except toes)	$1,275
Hand (except fingers)	$925
Hip	$6,000
Lower jaw	$925
Knee (except kneecap)	$2,325
Shoulder	$3,500
Toes	$200
Wrist	$1,425
Surgical treatment	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit
Specific injuries	
Blood, plasma, platelets, and other non-blood substitute IV solutions	$375
2nd degree burns: Based upon surface area burned	$100 – $1,450
3rd degree burns: Based upon surface area burned	$1,300 – $15,000
Skin grafts	25% of burn benefit
Concussion	$300
Dental crown	$350



Dental extraction	$125
Eye (surgical repair)	$350
Eye (removal of foreign object)	$250
Laceration: based upon the need for and length of sutures	$75 – $1,500
Severe traumatic brain injury	$7,500
Surgical benefits	
Arthroscopic	$500
Cranial	$1,750
Hernia	$200
Other surgery under conscious sedation	$225
Other surgery under general anesthesia	$450
Repair of knee cartilage	$1,125
Repair of ligaments, tendons, rotator cuff	$1,125
Repair of ruptured disc	$1,125
Open abdominal or thoracic	$1,875
Hospitalization and ongoing care	
Accident hospital admission	$1,000
Accident hospital daily confinement	$250
Accident intensive care admission	$2,000
Accident intensive care daily confinement	$500
Physical, occupational, and chiropractic therapy (up to 10 sessions)	$65
Physician follow-up visits (up to six visits)	$140
Alternative care/rehabilitation facility daily confinement/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	
Family care	$250
Companion lodging (100 or more miles from home)	$200 per day
Transportation (100 or more miles from home)	$400 per trip

Health assessment/wellness benefit	
Receive a cash benefit every year you and any of your covered family members complete a single covered assessment test.	$100
Additional plan benefits	
Portability	Included
Child sports injury benefit	Included

Benefit exclusions

Like any insurance, this accident policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover:

- Disease, physical or mental infirmity, sickness, or medical or surgical treatment of these
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- 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:
  - Prescribed or administered by a physician
  - Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony, participation in a felony, voluntary participation in a felony, voluntary committing or attempting to commit a felony
- 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
- Participation in a riot, insurrection, or rebellion of any kind
- Military duty, including the reserves or national guard
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
  - The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
  - The pilot has a valid pilot's certificate with a nonstudent rating authorizing them to fly the aircraft
- Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred. For accidental death and dismemberment only, benefits aren't 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
- 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
- Under the influence of narcotics, unless prescribed and taken in accordance with the prescription by a physician
- Participating in, practicing for, or officiating any semi-professional or professional sport
- Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
- An injury sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months
- Bungee cord jumping, mountaineering, or base jumping
- Skydiving, parachuting, or jumping from any aircraft for recreational purposes



Accident rate information

Coverage	Monthly premium rate
Employee only	$15.85
Employee + spouse	$27.72
Employee + child(ren)	$29.99
Employee + family	$41.89

Note: The premiums for this coverage won't change due to your age. The premium for employee and child(ren) employee and family coverage includes all children.

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This is not intended as a complete description of the insurance coverage offered. 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 certificate of coverage 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.

Some benefits 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. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

THIS IS A LIMITED POLICY. Policy is conditionally renewable.

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