IMPORTANT: This is a fixed indemnity policy,
NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov online** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Lincoln Financial

Atlantic Coast Automotive
Hospital indemnity insurance

What is it?

Hospital indemnity insurance is a supplemental health product that may provide benefits if you or your covered dependent visit a hospital or intensive care unit (ICU) due to a covered illness or injury.

Why is this coverage valuable?

Unexpected expenses can add up after an accident. This coverage provides cash to pay health insurance deductibles, transportation, childcare, and anything else you and your family need while you receive treatment and recover.

Your hospital indemnity coverage

	Option 1	Option 2
Eligibility description	All full-time employees	
Contribution	You pay the cost of your coverage.	
Core hospital benefits		
Hospital admission: For the initial day of admission to a hospital for treatment of a sickness/an injury	$500 per day for 1 day per calendar year	$1,000 per day for 1 day per calendar year
Hospital confinement: For each day of confinement in a hospital as a result of a sickness/an injury	$150 per day for 30 days per calendar year, starting on day 2 of confinement	$250 per day for 30 days per calendar year, starting on day 2 of confinement
Hospital ICU admission: For the initial day of admission to an ICU for treatment as a result of a sickness/an injury	$1,000 per day for 1 day per calendar year	$2,000 per day for 1 day per calendar year
Hospital ICU confinement: For each full or partial day of confinement in an ICU as a result of a sickness/an injury	$300 per day for 30 days per calendar year, starting on day 2 of confinement	$500 per day for 30 days per calendar year, starting on day 2 of confinement
Confinement benefits		
Newborn care: For each day of confinement to a hospital for routine postnatal care following birth	$100 per day for 2 days per calendar year	$100 per day for 2 days per calendar year
Health assessment/wellness benefit		
Receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization.	$50	$50
Enhanced benefits		
Hospital NICU admission: Increases the hospital ICU admission benefit for a newborn child's ICU or NICU admission by the percentage shown in the schedule of benefits	25%	25%
Hospital NICU confinement: Increases the hospital ICU confinement benefit for a newborn child's ICU or NICU confinement by the percentage shown in the schedule of benefits	25%	25%
Additional benefits		
Portability if you leave your employer	Included	

Preexisting conditions	
A preexisting condition includes any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not applicable

Benefit exclusions

Like any insurance, this hospital indemnity policy does have exclusions. The list below provides some 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:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane[1]
- Voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
  - Prescribed or administered by a physician
  - Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony
- War or any act of war, declared or undeclared
- Participation in a riot, insurrection, or rebellion of any kind
- Participation in an act of terrorism
- 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 group policyholder business, provided:
  - The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
  - The pilot has a valid pilot's certificate with a non-student rating authorizing them to fly the aircraft
- Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred
- Treatment for dental care or dental procedures, unless the treatment is the result of a covered event
- Treatment of a mental illness[1]
- Treatment of alcoholism, drug addiction, chemical dependency, or complications thereof[1]
- Treatment through experimental procedures
- Travel outside the United States and its possessions for the sole purpose of receiving medical care or treatment
- 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
- Being incarcerated in any type of penal or detention facility
- Scuba diving
- Mountaineering or spelunking
- Bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or similar activities
- Skydiving, parachuting, jumping, or falling from any aircraft for recreational purposes
- Residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months
- Injury arising out of or during employment for wage or profit

[1] Exceptions to the exclusions are accepted when substance abuse and mental disorder benefits are selected. This is a partial list of benefit exclusions. A complete list is included in the policy. State variations apply.

Hospital indemnity rate information

Coverage	Monthly premium rate Option 1	Monthly premium rate Option 2
Employee only	$10.93	$18.67
Employee + spouse	$24.47	$42.54
Employee + child(ren)	$16.93	$28.06
Family	$30.47	$59.83

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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. 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.

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