Lincoln Financial

SSCP Management, Inc. 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 managers & hourly JMC employees and all part-time employees who are qualified for benefits based on the ACA requirements of working at least 1560 hours in the lookback period
Contribution	You pay the cost of your coverage.
Emergency treatment	
Ambulance	$150
Air ambulance	$750
Emergency care/treatment	$100
Initial care visit	$50
Major diagnostic	$100
X-ray	$20
Fractures	
Ankle	$450
Arm (shoulder to elbow)	$875
Arm (elbow to wrist)	$450
Coccyx	$525
Collarbone	$525
Elbow	$450
Bones of the face	$875
Fingers	$100
Foot (except toes)	$450
Hand (except fingers)	$450
Hip	$2,625
Jaw upper	$875
Jaw lower	$525
Kneecap	$450
Leg (hip to knee)	$2,625
Leg (knee to ankle)	$1,750

Nose	$875
Pelvis	$1,750
Rib	$450
Shoulder blade	$450
Skull depressed	$3,500
Skull non-depressed	$1,750
Sternum	$525
Toes	$100
Vertebral body	$1,750
Vertebral process	$450
Wrist	$450
Surgical treatment surgery	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit
Dislocations	
Ankle	$875
Collarbone (acromion and separation)	$450
Collarbone (sternoclavicular)	$875
Elbow	$450
Fingers	$100
Foot (except toes)	$875
Hand (except fingers)	$450
Hip	$2,625
Lower jaw	$450
Knee (except kneecap)	$1,750
Shoulder	$450
Toes	$100
Wrist	$450
Surgical treatment	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit
Specific injuries	
Blood, plasma, platelets, and other non-blood substitute IV solutions	$250
2nd degree burns: Based upon surface area burned	$100 – $500
3rd degree burns: Based upon surface area burned	$300 – $5,000
Skin grafts	25% of burn benefit
Concussion	$100

Dental crown	$100
Dental extraction	$50
Eye (surgical repair)	$200
Eye (removal of foreign object)	$100
Laceration: based upon the need for and length of sutures	$25 – $200
Severe traumatic brain injury	$2,500
Surgical benefits	
Arthroscopic	$100
Cranial	$750
Hernia	$100
Other surgery under conscious sedation	$75
Other surgery under general anesthesia	$150
Repair of knee cartilage	$500
Repair of ligaments, tendons, rotator cuff	$500
Repair of ruptured disc	$500
Open abdominal or thoracic	$1,000
Hospitalization and ongoing care	
Accident hospital admission	$500
Accident hospital daily confinement	$100
Accident intensive care admission	$1,000
Accident intensive care daily confinement	$200
Physical, occupational, and chiropractic therapy (up to 10 sessions)	$25
Physician follow-up visits (up to six visits)	$50
Alternative care/rehabilitation facility daily confinement/rehabilitative confinement	$100
Epidural/cortisone pain management (up to one injection)	$50
Medical mobility devices	$50
Wheelchair (expected use one year or more)	$200
Wheelchair (expected use less than one year)	$100
Prosthesis (per limb)	$500
Recovery assistance	
Family care	$50
Companion lodging (100 or more miles from home)	$100 per day
Transportation (100 or more miles from home)	$200 per trip

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	$5.48
Employee + spouse/domestic partner	$9.08
Employee + child(ren)	$9.62
Employee + family	$13.15

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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