

We have great news!

This year we are excited to announce the addition of accident insurance!

Having an unexpected accident can cause more than physical injury, it can hurt your bank account, too. Since accidents can happen at any time, 24 hours a day, 7 days a week, it's important to prepare for the unexpected. This policy can help you pay for out-of-pocket expenses associated with an accident by paying you a benefit. You can then use the money as you see fit, whether to pay for expenses associated with your accident, like a trip to the emergency room, or to pay for childcare so you can get to the doctor for a follow up visit. And since the policy does not coordinate with any other coverage, you can still receive benefits on top of what your medical plan provides.

Highlights of the Plan

- 24 hour coverage
- Coverage available for you, your spouse, and child(ren)
- \$50 annual benefit paid for completing a defined health assessment
- Pays a cash benefit directly to you for covered injuries
- Benefits for multiple covered injuries resulting from the same accident
- Conveniently paid for with payroll deductions
- Guaranteed coverage—no medical questions or examinations required

How the Plan Works

Fred is 40 years old and fell off a ladder while fixing his house. At the emergency room, he learns that he has fractured his toe and torn his ACL, which will require surgery to repair.

Since Fred is enrolled in the Hybrid plan, he will pay his \$1,400 deductible plus co-pays for the emergency room and physician visits, plus other expenses and co-insurance. Luckily for Fred, because he enrolled in the Lincoln Financial accident insurance program, he may receive the following benefits:

- \$150 emergency room benefit
- \$25 appliance (crutches)
- \$100 fractured toe
- \$450 surgery benefit
- \$50 follow-up treatment (up to six visits)

Total benefits paid: \$1,025



LEARN MORE, SPEAK WITH A BENEFIT COUNSELOR TODAY!

Visit www.growmark.schedapple.com to schedule an appointment or call 888-361-3942, Monday—Friday, 7 a.m. - 7 p.m. CDT. Plus, visit www.alexforgrowmark.com for more information!



GROWMARK



Group Accident Insurance Coverage

SUMMARY OF BENEFITS

Sponsored by: GROWMARK, Inc.

Effective date: January 1, 2014

All Active Exempt and Non-Exempt Employees working an average of 30 hours per week or 1,560 annually

Accident insurance coverage provides a cash benefit when an insured is injured due to a covered accident.

Eligibility All employees working 30 or more hours per week in an eligible class. Issue Ages 17-80.

Emergency care	Choice Plan
Ambulance/Air Ambulance	\$150/\$600
Initial physician office visit/ER visit	\$75/\$150
Major diagnostic care	\$100

Treatment care	Choice Plan
Hospital admission	\$1,000
Hospital confinement daily benefit	\$200
Intensive care daily benefit	\$400
Alternate care and rehabilitative facility daily benefit	\$100
Follow-up doctor/patient care up to 6 sessions	\$50
Transportation for care (up to 3 times per accident)	\$300
Companion lodging (up to 30 days per accident)	\$100
Family care per child (up to 30 days)	\$20

Fractures	Nonsurg/Surg
Per fracture	\$100-\$2,800/\$200-\$5,600
Chip fractures	25% of fracture benefit
Dislocations	Nonsurg/Surg
Per injury	\$150-\$2,400/\$300-\$4,800
Partial dislocation	25% of dislocation benefit

Specific injuries or treatments	Choice Plan
Transfusions	\$300
Burns	\$100 - \$12,800
Skin Grafts	25% of burn benefit
Joint replacement	\$1,500-\$2,000
Coma	\$7,500
Concussion	\$100
Dental crown once per accident	\$150
Dental extraction once per accident	\$50
Eye (removal of foreign body) once per eye/accident	\$100
Eye (surgical repair) once per eye/accident	\$300
Laceration	\$50-\$400
Surgery	\$250-\$1,000
Surgical repair of ligaments/tendons, knee cartilage, rotator cuff, ruptured disc	\$450-\$600

Transitional care benefits	Choice Plan
Crutches, wheelchair, walker, other	\$25-\$350
Prosthesis per limb/device	\$500
Reasonable modifications to home or vehicle	\$2,500

Accident Death & Dismemberment (AD&D)	Choice Plan
Accidental death	
Employee	\$75,000
Spouse	\$25,000
Child	\$12,500
Loss of or loss of use of one: hand, foot, arm, leg, eye	\$7,000
Loss of or loss of use of any one finger, thumb, or toe	\$300
Common carrier enhanced death benefit	2x benefit amt
Transportation of remains	\$5,000
Seat belt/helmet AD&D benefit	10% of AD&D
Common disaster enhanced death benefit	2x benefit amt
Catastrophic loss	\$50,000

Additional benefits	Choice Plan
<i>Health assessment (wellness) benefit: If an insured undergoes a defined health assessment, a benefit will be paid</i>	\$50, one time per year per insured

Additional Services	Choice Plan
Accident EAP services	Included
TravelConnect SM	Included

Accident Cost Summary*

Accident Base Coverage	Choice Plan
	Monthly Cost
Employee only	\$18.25
Employee + spouse	\$27.75
Employee + child(ren)	\$30.32
Employee + family	\$42.41
Group level benefit options	
<i>Additional benefits selected by employer for all enrolled employees – cost included in the base coverage rates above</i>	
On the job accident coverage	Included
Health Assessment (wellness)	Included

*The policy is guaranteed renewable. The insurer has the right to increase premium rates on any policy anniversary after the Policy's first anniversary, for all policies of like class.

Exclusions

- This accident policy will not cover losses caused by or as a result of:
- Injury occurring prior to the effective date of coverage or after termination of the coverage
- Duty as a member of any military, including Reserves or National Guard
- Travel or flight in or on any Aircraft, except as a fare paying passenger on a regularly scheduled commercial flight
- Participating in high risk or extreme sports, such as, but not limited to, bungee jumping, parachuting, base jumping, or mountaineering;
- Having cosmetic or elective surgery
- Participating in or attempting to commit a felony
- Being incarcerated in any type of penal or detention facility
- Having a blood alcohol level of .08 grams of alcohol or more per 100 milliliters of blood
- Deliberately using poison, gas, fumes, or drugs (except when prescribed by a Physician and administered appropriately)
- Committing or attempting to commit suicide or any other self-inflicted injury
- Any sickness, disease (physical or mental), or medical or surgical treatment of these
- Participating in, practicing for, or officiating a semi-professional or professional sport
- Riding in or driving any motor-driven vehicle for race, stunt show, or speed test
- War, act of war, or participation in a riot, insurrection or rebellion
- An injury sustained while residing outside the U.S., U.S. territories, Canada or Mexico for more than 12 months

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: 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 details. Should there be a difference between this summary and the policy, the policy will govern.

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