

Accident Insurance

ADDITIONAL INFORMATION



Why should I consider it?

While it is a limited benefit policy and not health insurance, benefits will be paid directly to you to use for any purpose, including paying out-of-pocket medical expenses, copays, deductibles, as well as groceries, gas, and utilities. Coverage is always guaranteed issue. Your coverage can go with you if you leave Lexicon, Inc. or retire, and you'll be billed directly.

What else is included?

The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Sports Accident Benefit increases the benefit amounts listed in the accident hospital care, accident care or common injuries sections by the percentage indicated in the Certificate of Coverage (25% up to \$1,000) if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage).

Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if they complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam. **Benefit is \$75 for employees, \$75 for spouses, \$75 per child.**

Accidental Death and Dismemberment (AD&D)

If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.

Additional Non-Insurance Services

Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

Additional Benefits	
Wellness Waiting Period	0 days
Health System Benefit	Not included
Rate Guarantee	48 months
Portability	Included
Benefit Waiting Period	0 days

What kinds of injuries and treatments does it cover?

Your Accident Insurance provides a benefit payment after a covered accident outside of work that results in specific injuries and treatments. You may be required to seek care for your injury within a set amount of time. The following list presents a sample of the benefits provided by Accident Insurance. State variations may apply. For a complete description of your available benefits, see your certificate of insurance and any riders. **See following pages.**



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Accident Hospital Care <i>which includes:</i>	Benefit
Surgery (open abdominal, thoracic)	\$1,500
Surgery (exploratory or without repair)	\$200
General Anesthesia	\$250
Blood, Plasma, Platelets	\$625
Hospital Admission	\$1,750
Hospital Confinement (per day, up to 365 days)	\$325
Critical Care Unit (CCU) Admission	\$1,750
Critical Care Unit Confinement (per day up to 30 days)	\$450
Rehabilitation Facility Confinement (per day up to 90days)	\$225
Observation Unit Stay	\$350
Induced Coma (up to 14 days)	\$200
Non-Induced Coma (duration of 14 or more days)	\$18,500
Transportation (per trip up to 3 per accident)	\$800
Lodging (per day up to 30 days)	\$200
Pet Boarding	\$20
Family care (per child/adult up to 45days)	\$35

Accident Care <i>which includes:</i>	Benefit
Initial Doctor Visit	\$125
Urgent Care Facility Treatment	\$250
Emergency Room Treatment	\$325
Ground Ambulance	\$550
Air ambulance	\$2,000
Follow-up Doctor Treatment	\$125
Home Health Care	\$75
Chiropractic Treatment (up to 6 per accident)	\$60
Prescription Medicine	\$20
Medical Equipment	\$275
Physical or Occupational Therapy (per treatment up to 10)	\$60
Speech Therapy (per treatment up to 10)	\$60
Mental Health Therapy (per treatment up to 10)	\$60
Prosthetic Device (one)	\$1,250
Prosthetic Device (two or more)	\$2,000
Major Diagnostic Exams <ul style="list-style-type: none"> •CT (computerized tomography) or CAT scan (computerized axial tomography) •MRI (magnetic resource imaging) •EEG (electroencephalogram) •PET (positron emission tomography) scan •Ultrasound 	\$300
Outpatient Surgery	\$250
Outpatient IV Infusion Therapy	\$45
X-ray	\$90
Lab Services	\$90



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Common Injuries <i>which includes:</i>	Benefit
Burns (2nd degree, at least 36% of body)	\$1,500
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	\$8,500
Burns (3rd degree, 4% or more of the total body surface area)	\$20,000
Skin Grafts (% of burn benefit)	50%
Emergency Dental Work (Crown)	\$400
Emergency Dental Work (Extraction)	\$125
Eye Injury (removal of foreign object)	\$110
Eye Injury (surgery)	\$400
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$250
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$900
Laceration ¹ (treated - no sutures)	\$50
Laceration ¹ (sutures up to 2")	\$90
Laceration ¹ (sutures 2" to 6")	\$350
Laceration ¹ (sutures over 6")	\$750
Puncture Wound ¹	\$50
Ruptured Disk (surgical repair)	\$900
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$600
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$925
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,400
Concussion	\$350
Traumatic Brain Injury	\$2,000
Paralysis (monoplegia)	\$12,500
Paralysis (hemiplegia)	\$17,500
Paralysis (paraplegia)	\$18,000
Paralysis (quadriplegia)	\$27,000

Dislocations ² <i>which includes:</i>	Benefit
	Non-Surgical ² / Surgical ³
Hip Joint	\$4,000/\$8,000
Knee	\$2,500/\$5,000
Ankle or foot bone(s) (other than toes)	\$1,700/\$3,400
Shoulder	\$2,000/\$4,000
Elbow	\$1,250/\$2,500
Wrist	\$1,250/\$2,500
Finger/toe	\$300/\$600
Hand bone(s) (other than fingers)	\$1,250/\$2,500
Lower jaw	\$1,250/\$2,500
Collarbone	\$1,250/\$2,500
Incomplete dislocations: % of the complete amount	25%



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Fractures <i>which includes:</i>	Benefit
	Non-Surgical ⁴ / Surgical ⁵
Hip	\$5,000/10,000
Leg	\$2,700/\$5,400
Ankle	\$2,250/\$4,500
Heel	\$2,250/\$4,500
Kneecap	\$2,250/\$4,500
Foot (excluding toes, heel)	\$2,250/\$4,500
Upper arm	\$2,400/\$4,800
Forearm, hand, wrist (except fingers)	\$2,250/\$4,500
Finger, Toe	\$300/\$600
Vertebral body	\$4,000/\$8,000
Vertebral processes	\$1,750/\$3,500
Pelvis (except coccyx)	\$3,500/\$7,000
Coccyx	\$450/\$900
Bones of the face (except nose)	\$1,300/\$2,600
Nose	\$650/\$1,300
Upper jaw	\$1,600/\$3,200
Lower jaw	\$1,750/\$3,500
Collarbone	\$1,750/\$3,500
Rib	\$450/\$900
Skull – Simple (except bones of the face)	\$1,500/\$3,000
Skull – Depressed (except bones of face)	\$4,000/\$8,000
Sternum	\$400/\$800
Shoulder blade	\$2,250/\$4,500
Chip Fractures: % of the Non-Surgical Repair	25%

¹ Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

² Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

³ Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

⁴ Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

⁵ Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.



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Accidental Death	Benefit
Common Carrier	
Employee	\$100,000
Spouse	\$50,000
Children	\$25,000
Other Accidental Death	
Employee	\$50,000
Spouse	\$25,000
Children	\$10,000

Accidental Dismemberment	Benefit
Loss of both hands or both feet or sight in both eyes	\$28,000
Loss of one hand or one foot AND sight in one eye	\$22,000
Loss of one hand AND one foot	\$22,000
Loss of one hand OR one foot	\$12,500
Loss of two or more fingers or toes	\$1,800
Loss of one finger or toe	\$1,250

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Your Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Any Sickness of declining process caused by Sickness.
- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.
- Work for pay, profit or gain.

*Definition and limitations/exclusions may vary by state.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

