



## All Full-Time Employees, Union Building Crew and Housekeepers at Cavaliers Holdings, LLC

### Benefits At-A-Glance

#### Accident Insurance

#### Lincoln Accident Insurance Plan:

- Provides cash benefits if you or a covered family member is accidentally injured while off the job
- Features group rates for employees
- Benefits are focused on the family, safety, and accident prevention

| Emergency treatment      | Your cash benefit |
|--------------------------|-------------------|
| Ambulance                | \$425             |
| Air ambulance            | \$1,750           |
| Emergency care/treatment | \$250             |
| Initial care visit       | \$125             |
| Major diagnostic exam    | \$400             |
| X-ray                    | \$225             |

| Fractures*              | Your cash benefit |
|-------------------------|-------------------|
| Ankle                   | \$1,250           |
| Arm (shoulder to elbow) | \$1,375           |
| Arm (elbow to wrist)    | \$1,050           |
| Coccyx                  | \$425             |
| Collarbone              | \$1,250           |
| Elbow                   | \$375             |
| Bones of the face       | \$1,125           |
| Fingers                 | \$200             |
| Foot (except toes)      | \$1,025           |
| Hand (except fingers)   | \$1,025           |
| Hip                     | \$3,250           |
| Jaw upper               | \$1,250           |
| Jaw lower               | \$1,250           |
| Kneecap                 | \$1,750           |
| Leg (hip to knee)       | \$2,400           |
| Leg (knee to ankle)     | \$1,850           |
| Nose                    | \$1,175           |
| Pelvis                  | \$2,150           |
| Rib                     | \$525             |
| Shoulder blade          | \$1,475           |
| Skull depressed         | \$3,000           |
| Skull non-depressed     | \$1,500           |
| Sternum                 | \$500             |
| Toes                    | \$200             |

| Fractures*                 | Your cash benefit             |
|----------------------------|-------------------------------|
| Vertebral Body             | \$1,900                       |
| Vertebral process          | \$1,075                       |
| Wrist                      | \$1,200                       |
| Surgical treatment surgery | Two times nonsurgical benefit |
| Chip fracture              | 25% of fracture benefit       |

\*Fracture benefits listed are nonsurgical. Treatment for the fracture must occur within 90 days of the accident. The combined maximum of all fractures is two times the highest fracture payable.

**No money is due at enrollment.** Your premium simply comes out of your paycheck.

| Dislocations *                      | Your cash benefit             |
|-------------------------------------|-------------------------------|
| Ankle                               | \$1,250                       |
| Collarbone (acromio and separation) | \$975                         |
| Collarbone (sternoclavicular)       | \$1,250                       |
| Elbow                               | \$1,250                       |
| Fingers                             | \$350                         |
| Foot (except toes)                  | \$950                         |
| Hand (except fingers)               | \$700                         |
| Hip                                 | \$3,000                       |
| Lower jaw                           | \$700                         |
| Knee (except kneecap)               | \$1,750                       |
| Shoulder                            | \$2,500                       |
| Toes                                | \$150                         |
| Wrist                               | \$950                         |
| Surgical treatment                  | Two times nonsurgical benefit |
| Partial dislocation                 | 25% of dislocation benefit    |

\*Dislocation benefits listed are nonsurgical. Treatment for the dislocation must occur within 90 days of the accident. The combined maximum of all dislocations is two times the highest dislocation payable.

| Specific Injuries   | Your Cash Benefit   |
|---|---------------------|
| Blood, plasma, platelets, and other non-blood substitute IV solutions | \$375               |
| 2 <sup>nd</sup> degree burns: Based upon surface area burned          | \$100-\$1,450       |
| 3 <sup>rd</sup> 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   | \$10,000            |
| 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             |

\*Benefits will be paid up to two times the highest surgical benefit payable for all surgeries.

| <b>Hospitalization and ongoing care</b>                               | <b>Your cash benefit</b> |
|---|--------------------------|
| Accident hospital admission   | \$1,000                  |
| Accident hospital daily confinement                                   | \$200                    |
| Accident intensive care admission                                     | \$2,000                  |
| Accident intensive care daily confinement                             | \$400                    |
| Physical, occupational, and chiropractic therapy (up to six sessions) | \$65                     |
| Physician follow-up visits (up to two visits)                         | \$140                    |
| Alternative care/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                    |

| <b>Recovery assistance</b>               | <b>Your cash benefit</b> |
|--|--------------------------|
| Family care                              | \$250                    |
| Companion lodging (100+ miles from home) | \$200 per day            |
| Transportation (100+ miles from home)    | \$400 per trip           |

| <b>Health Assessment/Wellness Benefit</b>   | <b>Your cash benefit</b> |
|---|--------------------------|
| You receive a cash benefit every year you and any of your covered family members complete a single covered assessment test. | \$50                     |

| <b>Additional plan benefits</b> |          |
|---------------------------------|----------|
| Portability                     | Included |
| Child Sports Injury Benefit     | Included |

## Benefit exclusions

Accident insurance covers many injuries that result from a covered event. The policy exclusions are:

1. Disease, physical or mental infirmity, sickness, or medical or surgical treatment of these
2. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
3. 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:
  - a. Prescribed or administered by a physician, and
  - b. Taken in accordance with the physician's instructions
4. Committing or attempting to commit a felony, participation in a felony, voluntary participation in a felony, voluntary committing or attempting to commit a felony
5. 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
6. Participation in a riot, insurrection, or rebellion of any kind
7. Military duty, including the Reserves or National Guard
8. Travel or flight in or on any aircraft, except:
  - a. As a fare-paying passenger on a regularly scheduled commercial flight; or
  - b. As a passenger, pilot, or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
    - i. The aircraft has a valid U.S. airworthiness certificate or foreign equivalent; and
    - ii. The pilot has a valid pilot's certificate with a nonstudent rating authorizing him to fly the aircraft
9. Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred. For accidental death and dismemberment only, benefits are not payable for any loss sustained or contracted in consequence of your 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
10. Cosmetic or elective surgery, physician determination of cosmetic or elective surgery, cosmetic surgery, surgery to improve appearance, cosmetic or elective surgery when it is to improve appearance rather than restore function or correct a deformity resulting from an injury
11. 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
12. Under the influence of narcotics, unless prescribed and taken in accordance with the prescription by a physician
13. Participating in, practicing for, or officiating any semi-professional or professional sport
14. Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
15. An injury sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months
16. Bungee cord jumping, mountaineering, or base jumping
17. Skydiving, parachuting, or jumping from any aircraft for recreational purposes
18. Injury arising out of, or in the course of, any employment for wage or profit

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

**Questions?** Call 800-423-2765 and mention ID 1150998.

# Accident insurance premium

## Here’s how little you pay with group rates

As an employee, you can take advantage of this accident insurance plan. Plus, you can add loved ones to the plan for just a little more.

| Coverage                                      | Monthly Premium |
|---|-----------------|
| Employee only                                 | \$9.56          |
| Employee & spouse                             | \$16.14         |
| Employee & child/children                     | \$17.96         |
| Employee & family (spouse and child/children) | \$24.36         |

Note: The premiums for this coverage will not change due to your age. The premium for employee & child/children and employee & family coverage includes all children.

The Lincoln National Life Insurance Company  
Please see prior page for product information.