



Employees at Johns Hopkins University 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	Low Plan	High Plan
Ambulance	\$200	\$300
Air ambulance	\$750	\$1,000
Emergency care/treatment	\$150	\$200
Initial care visit	\$150	\$200
Major diagnostic exam	\$200	\$250
X-ray	\$200	\$250

Fractures*	Low Plan	High Plan
Ankle	\$250	\$500
Arm (shoulder to elbow)	\$500	\$1,000
Arm (elbow to wrist)	\$250	\$500
Coccyx	\$250	\$500
Collarbone	\$250	\$500
Elbow	\$500	\$1,000
Bones of the face	\$500	\$1,000
Fingers	\$50	\$100
Foot (except toes)	\$250	\$500
Hand (except fingers)	\$250	\$500
Hip	\$1,500	\$3,000
Jaw upper	\$500	\$1,000
Jaw lower	\$250	\$500
Kneecap	\$250	\$500
Leg (hip to knee)	\$1,500	\$3,000
Leg (knee to ankle)	\$1,000	\$2,000
Nose	\$500	\$1,000
Pelvis	\$1,000	\$2,000
Rib	\$250	\$500
Shoulder blade	\$250	\$500
Skull depressed	\$1,500	\$3,000
Skull non-depressed	\$1,000	\$2,000
Sternum	\$250	\$500
Toes	\$50	\$100

Fractures*	Low Plan	High Plan
Vertebral Body	\$1,000	\$2,000
Vertebral process	\$250	\$500
Wrist	\$250	\$500
Surgical treatment surgery	Two times nonsurgical benefit	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit	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 *	Low Plan	High Plan
Ankle	\$500	\$1,000
Collarbone (acromio and separation)	\$250	\$500
Collarbone (sternoclavicular)	\$500	\$1,000
Elbow	\$250	\$500
Fingers	\$50	\$100
Foot (except toes)	\$500	\$1,000
Hand (except fingers)	\$250	\$500
Hip	\$1,500	\$3,000
Lower jaw	\$250	\$500
Knee (except kneecap)	\$1,000	\$2,000
Shoulder	\$250	\$500
Toes	\$50	\$100
Wrist	\$250	\$500
Surgical treatment	Two times nonsurgical benefit	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit	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	Low Plan	High Plan
Blood, plasma, platelets, and other non-blood substitute IV solutions	\$300	\$400
2 nd degree burns: Based upon surface area burned	\$100-\$500	\$100-\$1,000
3 rd degree burns: Based upon surface area burned	\$500-\$5,000	\$1,000-\$5,000
Skin grafts	50% of burn benefit	50% of burn benefit
Concussion	\$200	\$400
Dental crown	\$100	\$200
Dental extraction	\$50	\$100
Eye (surgical repair)	\$200	\$300
Eye (removal of foreign object)	\$200	\$300
Laceration: Based upon the need for and length of sutures	\$25-\$200	\$50-\$400
Severe traumatic brain injury	\$5,000	\$10,000
Surgical benefits:*		
Arthroscopic	\$100	\$200
Cranial	\$1,000	\$2,000
Hernia	\$100	\$200
Other surgery under conscious sedation	\$225	\$225
Other surgery under general anesthesia	\$450	\$450
Repair of knee cartilage	\$500	\$750
Repair of ligaments, tendons, rotator cuff	\$500	\$1,000
Repair of ruptured disc	\$500	\$1,000
Open abdominal or thoracic	\$1,000	\$2,000

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

Hospitalization and ongoing care	Low Plan	High Plan
Accident hospital admission	\$1,000	\$2,000
Accident hospital daily confinement	\$200	\$300
Accident intensive care admission	\$2,000	\$4,000
Accident intensive care daily confinement	\$400	\$600
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$50	\$75
Physician follow-up visits (up to six visits)	\$150	\$200
Alternative care/ rehabilitative confinement	\$100	\$200
Epidural/cortisone pain management (up to one injection)	\$50	\$100
Medical mobility devices	\$200	\$200
Wheelchair (expected use one year or more)	\$500	\$1,000
Wheelchair (expected use less than one year)	\$100	\$200
Prosthesis (per limb)	\$500	\$750

Recovery assistance	Low Plan	High Plan
Family care	\$200	\$250
Companion lodging (100+ miles from home)	\$100 per day	\$200 per day
Transportation (100+ miles from home)	\$200 per trip	\$400 per trip

Moving Vehicle Benefits	Low Plan	High Plan
Moving vehicle injury	\$200	\$200
Moving vehicle death	\$5,000	\$5,000
Safe driver injury/death: Seat belt	Additional 25% of motor vehicle injury or death benefit	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Air bag	Additional 25% of motor vehicle injury or death benefit	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit	Additional 25% of motor vehicle injury or death benefit
Safe rider: Other helmet (bicycle, scooter, skateboard, etc.)	\$150	\$150

Group Accident Insurance | Benefits At-A-Glance

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

Additional plan benefits	
Portability	Included
Child Sports Injury Benefit	Included

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 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.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



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 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
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.

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	Low Plan Monthly Premium	High Plan Monthly Premium
Employee only	\$4.54	\$7.57
Employee & spouse	\$8.91	\$15.25
Employee & child/children	\$9.65	\$16.44
Employee & family	\$12.11	\$20.39

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.