

NSM Insurance Group Benefits At-A-Glance

All eligible hourly and salaried employees working 30 hours or more per week

Optional Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for NSM Insurance Group employees
- Includes *LifeKeys*[®] services, which provide access to counseling, financial, and legal support services
- Includes *TravelConnect*[®] services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee Life	
Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed \$500,000
Minimum coverage amount	\$10,000
Guaranteed life coverage amount	\$120,000
Dependent Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Optional employee benefit.	
Coverage options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$100,000
Guaranteed life coverage amount	\$20,000
Dependent Child(ren) Life	
Live birth but under 15 days	\$500
At least 15 days but under 26 years	Increments of \$1,000 to a maximum \$10,000

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial open enrollment: When you are first offered this coverage, you can choose a coverage amount not to exceed \$120,000 without providing evidence of insurability (EOI).
- Annual limited enrollment/family status change: If you're a continuing employee, you can increase your coverage amount by two levels without providing EOI. If you select coverage in an amount higher than this number, you will be required to submit EOI. If you have been previously denied coverage, you will be required to submit EOI.
- If you decline this coverage now and wish to enroll later, EOI may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$500,000. EOI may be required for optional life coverage. See the EOI page for details.
- When you reach age 65, your optional life coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits will reduce to 50% of the original amount.

Dependent Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial open enrollment: When you're first offered this coverage, you can choose a coverage amount up to \$20,000 for your spouse without providing EOI.
- Annual limited enrollment: If you're a continuing employee, you can increase the coverage amount for your spouse by two levels without providing EOI. If you select coverage in an amount higher than this number, you'll be required to submit EOI. If you've been previously denied coverage, you will be required to submit EOI.
- If you decline this coverage now and wish to enroll later, EOI may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$100,000 for your spouse. EOI may be required.
- When you reach age 65, your dependent spouse optional life coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits will reduce to 50% of the original amount.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent child(ren) when you choose coverage for yourself.

Coverage Amount

- Enrollment: You can choose a coverage amount of \$500 if under 15 days, and up to \$10,000 if at least 15 days but under 26 years.

Additional Plan Benefits Included with Life Coverage

Accelerated Death Benefit: Enables you to receive a portion of your policy death benefit while you are living if you're diagnosed with a terminal illness. Please note that the receipt of an accelerated death benefit may be taxable. A covered employee should consult their tax advisor.	Included
Waiver of premium: This is a provision that allows you not to pay premiums during a period of disability that has lasted for a particular length of time.	Included
Conversion: If all or part of your optional and dependent life coverage ends, you may convert the amount of coverage you had under the group policy to an individual life insurance policy without medical evidence.	Included
Portability: If all or part of your optional and optional dependent life coverage ends, you may continue all or part of the amount that ends, less any amounts converted to an individual policy. Portable group term life insurance is not available if coverage ends because the group policy terminates.	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

Reminder: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

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.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. EstateGuidance® and GuidanceResources® Online are trademarks of ComPsych® Corporation.

State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

Travel Connect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services.

Not for use in New York or Washington.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN. The Lincoln National Life Insurance Company does not solicit business in New York, nor is it licensed to do so. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



Monthly Optional Life Insurance Premium Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 24	\$0.052
25 - 29	\$0.057
30 - 34	\$0.076
35 - 39	\$0.086
40 - 44	\$0.106
45 - 49	\$0.152
50 - 54	\$0.251
55 - 59	\$0.476
60 - 64	\$0.627
65 - 69	\$1.206
70 +	\$1.957

Calculate Your Cost

Use the appropriate rate provided in the tables to the left to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$100,000 in employee optional term life insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.086	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$8.60	

Note: Rates are subject to change and can vary over time.

Please see prior page for product information.
Optional life insurance premium calculation

Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 24	\$0.052
25 - 29	\$0.057
30 - 34	\$0.076
35 - 39	\$0.086
40 - 44	\$0.106
45 - 49	\$0.152
50 - 54	\$0.251
55 - 59	\$0.476
60 - 64	\$0.627
65 - 69	\$1.206
70 +	\$1.957

Group Life Rates for Your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$0.190

Calculate Your Dependent Spouse Cost

Use the appropriate rate provided in the tables to the left to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$50,000 in spouse optional term life insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.086	
Step 2	Enter the desired coverage amount in dollars.	\$50,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	50	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$4.30	

Note: Rates are subject to change and can vary over time.

One affordable monthly premium covers all of your eligible dependent children.

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect. The new rate will take effect when the confinement ends.

Please see prior page for product information.

Optional life insurance premium calculation

Optional AD&D Insurance

The Lincoln Accidental Death and Dismemberment (AD&D) Insurance Plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for NSM Insurance Group employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support
- Includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

All eligible hourly and salaried employees working 30 hours or more per week

Employee

AD&D insurance provides a cash benefit to your beneficiary(ies) if you die in an accident. A benefit is also paid to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight.

Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed \$500,000

Dependent Spouse The amount of Dependent AD&D coverage cannot be greater than 50% of the Optional employee benefit.

This coverage provides a cash benefit to you should your dependent spouse die in an accident or suffer a covered loss in an accident, such as losing a limb or eyesight.

Coverage options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000

Dependent Child(ren)

This coverage provides a cash benefit to you should your dependent child(ren) die in an accident or suffer a covered loss in an accident, such as losing a limb or eyesight.

Live birth but under 15 days	\$500
At least 15 days but under 26 years	Increments of \$1,000 to a maximum \$10,000

Additional Plan Benefits

Note: See the policy for details and specific requirements for each of these benefits.

When you reach age 65, your AD&D coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 50% of the original amount.

When you reach age 65, your Dependent Spouse AD&D coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 50% of the original amount.

Reminder: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

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State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

Travel Connect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services. Not for use in New York or Washington.

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Benefit Exclusions*

Like most insurance, this AD&D policy does have exclusions. Benefits will not be paid if death or dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active participation in a riot
- Committing or attempting to commit a felony or misdemeanor
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections, except septic infections of and through a visible wound
- Controlled substances voluntarily taken, ingested, or injected, unless prescribed or administered by a physician
- Serving on full-time active duty in the Armed Forces of any country or international authority
- The presence of alcohol in the covered person's blood which raises the presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident

*A complete list of benefit exclusions and descriptions are included in the policy. State variations apply.

Optional Accidental Death & Dismemberment Insurance Calculate Your Premium.

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$100,000 in employee optional AD&D insurance coverage.

Calculation Example		Example	You
Step 1	Monthly rate	\$0.020	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$2.00	

Note: Rates are subject to change and can vary over time.

Calculate Your Dependents' Cost

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$100,000 in optional dependent spouse AD&D insurance coverage.

Calculation Example		Example	You
Step 1	Monthly rate	\$0.020	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply Step 1 by Step 3.	\$2.00	

Note: Rates are subject to change and can vary over time.

Please see prior page for product information.
Optional AD&D Insurance At-A-Glance

Monthly premium calculation for your dependent child(ren)

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$5,000 in optional dependent child(ren) AD&D insurance coverage.

Calculation example		Example	You
Step 1	Monthly rate	\$0.020	
Step 2	Enter the desired coverage amount in dollars.	\$5,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	5	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$.100	

Note: Rates are subject to change and can vary over time.

Please see prior page for product information.
Optional AD&D Insurance At-A-Glance



Employees at NSM Insurance Group

Benefits At-A-Glance

Accident Insurance

Lincoln Accident Insurance Plan:

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

Emergency treatment	Your cash benefit
Ambulance	\$200
Air ambulance	\$1,000
Emergency care/treatment	\$200
Initial care visit	\$100
Major diagnostic exam	\$200
X-ray	\$40

Fractures*	Your cash benefit
Ankle	\$1,200
Arm (shoulder to elbow)	\$1,050
Arm (elbow to wrist)	\$1,375
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	\$3,000
Jaw upper	\$1,250
Jaw lower	\$1,250
Kneecap	\$1,750
Leg (hip to knee)	\$3,000
Leg (knee to ankle)	\$1,800
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	\$625
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	\$625
Fingers	\$200
Foot (except toes)	\$950
Hand (except fingers)	\$700
Hip	\$3,000
Lower jaw	\$700
Knee (except kneecap)	\$1,625
Shoulder	\$1,250
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	\$300
2 nd degree burns: Based upon surface area burned	\$100-\$950
3 rd degree burns: Based upon surface area burned	\$875-\$10,000
Skin grafts	25% of burn benefit
Concussion	\$200
Dental crown	\$300
Dental extraction	\$100
Eye (surgical repair)	\$300
Eye (removal of foreign object)	\$200
Laceration: Based upon the need for and length of sutures	\$75-\$750
Severe traumatic brain injury	\$4,000
Surgical benefits:*	
Arthroscopic	\$400
Cranial	\$1,500
Hernia	\$150
Other surgery under conscious sedation	\$150
Other surgery under general anesthesia	\$300
Repair of knee cartilage	\$1,000
Repair of ligaments, tendons, rotator cuff	\$1,000
Repair of ruptured disc	\$1,000
Open abdominal or thoracic	\$1,500

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

Hospitalization and ongoing care	Your cash benefit
Accident hospital admission	\$1,000
Accident hospital daily confinement	\$250
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)	\$50
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

Recovery assistance	Your cash benefit
Family care	\$250
Companion lodging (100+ miles from home)	\$125 per day
Transportation (100+ miles from home)	\$500 per trip

Accidental Death & Dismemberment benefit	Your cash benefit
Accidental death	
Your death	\$25,000
Your spouse or life partner	\$12,500
Your child	\$6,250
Common carrier death	
Your death	\$50,000
Your spouse or life partner	\$25,000
Your child	\$10,000
A common carrier is any land, air, or water conveyance licensed to transport passengers for hire.	
Transportation of remains (100+ miles)	\$10,000
Safe driver: Seat belt	10% of accidental death and dismemberment benefit
Safe driver: Air bag	10% of accidental death and dismemberment benefit
Safe driver: Helmet	10% of accidental death and dismemberment benefit
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$10,000
Loss of finger, thumb, toe	\$1,250
Loss of sight in both eyes	\$20,000
Loss of hearing in both ears	\$20,000
Loss of speech	\$20,000
Loss of both arms	\$20,000
Loss of both legs	\$20,000
Loss of arm and leg	\$20,000
Paraplegia	\$20,000
Hemiplegia	\$20,000
Loss of both arms and both legs	\$20,000
Quadriplegia	\$20,000
Education: This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students. The education benefit is payable for each full-time student.	10% of accidental death benefit
Spouse training: This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident, and the surviving spouse is enrolled as a student. The spouse training benefit covers students enrolled in any school that retrains or refreshes skills needed for employment within 365 days from the date of death.	10% of accidental death benefit
Modification to home/auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle ridable if the insured suffers a severe loss. This benefit is payable once per person within 365 days of the accident.	\$3,000

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.	Level: \$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

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 114691.

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	\$8.78
Employee & spouse	\$14.12
Employee & child/children	\$14.82
Employee & family (spouse and child/children)	\$20.16

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.



Employees at NSM Insurance Group

Benefits At-A-Glance

Accident Insurance

Lincoln Accident Insurance Plan:

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

Emergency treatment	Your cash benefit
Ambulance	\$300
Air ambulance	\$1,500
Emergency care/treatment	\$250
Initial care visit	\$125
Major diagnostic exam	\$300
X-ray	\$50

Fractures*	Your cash benefit
Ankle	\$1,600
Arm (shoulder to elbow)	\$1,400
Arm (elbow to wrist)	\$2,000
Coccyx	\$550
Collarbone	\$1,300
Elbow	\$500
Bones of the face	\$1,500
Fingers	\$275
Foot (except toes)	\$1,375
Hand (except fingers)	\$1,375
Hip	\$4,000
Jaw upper	\$1,675
Jaw lower	\$1,875
Kneecap	\$1,750
Leg (hip to knee)	\$4,000
Leg (knee to ankle)	\$2,400
Nose	\$1,750
Pelvis	\$2,875
Rib	\$700
Shoulder blade	\$2,225
Skull depressed	\$4,000
Skull non-depressed	\$2,000
Sternum	\$675
Toes	\$275

Fractures*	Your cash benefit
Vertebral Body	\$2,525
Vertebral process	\$1,450
Wrist	\$875
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	\$1,875
Collarbone (acromio and separation)	\$1,450
Collarbone (sternoclavicular)	\$1,900
Elbow	\$1,425
Fingers	\$400
Foot (except toes)	\$1,275
Hand (except fingers)	\$925
Hip	\$4,000
Lower jaw	\$925
Knee (except kneecap)	\$2,325
Shoulder	\$3,500
Toes	\$200
Wrist	\$1,425
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	\$300
2 nd degree burns: Based upon surface area burned	\$100-\$1,450
3 rd 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	\$5,000
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	\$1,500
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.

Hospitalization and ongoing care	Your cash benefit
Accident hospital admission	\$1,500
Accident hospital daily confinement	\$300
Accident intensive care admission	\$3,000
Accident intensive care daily confinement	\$600
Physical, occupational, and chiropractic therapy (up to six sessions)	\$80
Physician follow-up visits (up to two visits)	\$75
Alternative care/rehabilitative confinement	\$300
Epidural/cortisone pain management (up to one injection)	\$120
Medical mobility devices	\$200
Wheelchair (expected use one year or more)	\$900
Wheelchair (expected use less than one year)	\$250
Prosthesis (per limb)	\$1,000

Recovery assistance	Your cash benefit
Family care	\$300
Companion lodging (100+ miles from home)	\$150 per day
Transportation (100+ miles from home)	\$600 per trip

Accidental Death & Dismemberment benefit	Your cash benefit
Accidental death	
Your death	\$50,000
Your spouse or life partner	\$25,000
Your child	\$12,500
Common carrier death	
Your death	\$100,000
Your spouse or life partner	\$50,000
Your child	\$25,000
A common carrier is any land, air, or water conveyance licensed to transport passengers for hire.	
Transportation of remains (100+ miles)	\$12,500
Safe driver: Seat belt	10% of accidental death and dismemberment benefit
Safe driver: Air bag	10% of accidental death and dismemberment benefit
Safe driver: Helmet	10% of accidental death and dismemberment benefit
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$12,500
Loss of finger, thumb, toe	\$1,625
Loss of sight in both eyes	\$32,500
Loss of hearing in both ears	\$32,500
Loss of speech	\$32,500
Loss of both arms	\$32,500
Loss of both legs	\$32,500
Loss of arm and leg	\$32,500
Paraplegia	\$32,500
Hemiplegia	\$32,500
Loss of both arms and both legs	\$32,500
Quadriplegia	\$32,500
Education: This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students. The education benefit is payable for each full-time student.	10% of accidental death benefit
Spouse training: This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident, and the surviving spouse is enrolled as a student. The spouse training benefit covers students enrolled in any school that retrains or refreshes skills needed for employment within 365 days from the date of death.	10% of accidental death benefit
Modification to home/auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle ridable if the insured suffers a severe loss. This benefit is payable once per person within 365 days of the accident.	\$3,500

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.	Level: \$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

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 114691.

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	\$11.76
Employee & spouse	\$18.72
Employee & child/children	\$19.30
Employee & family (spouse and child/children)	\$26.27

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.



Employees of NSM Insurance Group

Benefits At-A-Glance

Coverage for you

Critical Illness Insurance | Employee

Guaranteed coverage amounts	\$10,000 or \$20,000
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) above

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance | Spouse

Guaranteed coverage amount	\$10,000 or \$20,000 (up to 100% of the employee coverage amount)
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) for your spouse

Coverage for your dependent children

Your dependent children automatically receive 50% of your coverage amount at no extra cost.

Critical Illness Insurance | Children

Guaranteed coverage amount	\$10,000 (up to 50% of the employee coverage amount)
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Guaranteed coverage amounts

- You can choose from the coverage amounts above for your dependent children

Critical Illness Insurance

The Lincoln Critical Illness Insurance Plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for employees
- Includes access to a personal health advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

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

Core Benefits

Covered Conditions	Benefit Percentage
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	30%
Skin Cancer (other than melanoma)	\$250 per lifetime

Supplemental Conditions	Benefit Percentage
Advanced Huntington's disease	30%
Advanced COPD	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	50%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	30%
Benign brain tumor	75%
Loss of sight, hearing and/or speech	100%

Accidental Injuries Benefit	Benefit Percentage
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%

Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

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 exam, screening or immunization	Level: \$100

Additional Plan Benefit(s)	
Health Advocate Services	Included
Portability	Included

Note: See the policy for details and specific requirements for each of these benefit options.

Benefit Exclusions

The plan includes only covered conditions or losses that occur when the insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony; participation in a felony; committing a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; active participation in a riot, insurrection or rebellion; voluntary participation in a riot, insurrection or rebellion; participation in a riot or insurrection; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months. A Covered Condition sustained while residing outside the United States, its possessions, Canada, or Mexico for more than 12 months, unless the Covered Condition is rediagnosed/confirmed in the United States.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.

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: 114691.

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 contract, the contract 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.

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Critical Illness Insurance Premium

Here's how little you pay with group rates.

Group Rates for You

Employee | Monthly Premiums

Employee Age range (Attained Age)	\$10,000	\$20,000
0-29	\$4.20	\$8.40
30-39	\$6.60	\$13.20
40-49	\$11.90	\$23.80
50-59	\$22.00	\$44.00
60+	\$36.30	\$72.60

Group Rates for Your Spouse

Spouse | Monthly Premiums

Employee Age range (Attained Age)	\$00,000	\$00,000
0-29	\$4.20	\$8.40
30-39	\$6.60	\$13.20
40-49	\$11.90	\$23.80
50-59	\$22.00	\$44.00
60+	\$36.30	\$72.60

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



Employees of NSM Insurance Group

Benefits at a glance

If you or a covered family member have to go to the hospital for an injury or sickness, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses — anything from deductibles to child care to everyday bills. Because you're selecting this coverage through your company, you can take advantage of group rates. You don't have to answer medical questions to receive coverage; this is guaranteed coverage.

Core hospital benefits	Plan benefit
Hospital admission For the initial day of admission to a hospital for treatment of a sickness/an injury	\$1,000 per day for two days per calendar year
Hospital confinement For each day of confinement in a hospital as a result of a sickness/an injury	\$100 per day for 30 days per calendar year starting on the second day of confinement
Hospital intensive care unit (ICU) admission For the initial day of admission to an ICU for treatment as the result of a sickness/an injury	\$2,000 per day for two days per calendar year
Hospital ICU confinement For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$200 per day for 30 days per calendar year starting on the second day of confinement
Complications of pregnancy	Included

Additional confinement benefits	Plan benefit
Newborn care For each day of confinement to a hospital for routine post-natal care following birth	\$100 per day for two days per calendar year

Enhanced benefits	Plan benefit percentage
Hospital NICU admission Increases the hospital ICU admission benefit for a newborn child's ICU or NICU admission by the percentage shown in the schedule of benefits	25%
Hospital NICU confinement Increases the hospital ICU confinement benefit for a newborn child's ICU or NICU confinement by the percentage shown in the schedule of benefits	25%

Additional plan benefit(s)

Portability if you leave your employer

Included

Note: See the policy for details and specific requirements for each of these benefits.

Benefit exclusions

General exclusions

The policy covers only sicknesses and injuries that occur while insurance is in force. No indemnities will be paid for a sickness or injury that occurs before the effective date of the insurance. Benefits are not payable for any loss caused or contributed to by:

1. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane*
2. Voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
 - a. Prescribed or administered by a physician
 - b. Taken in accordance with the physician's instructions
3. Committing or attempting to commit a felony
4. War or any act of war, declared or undeclared
5. Participation in a riot, insurrection, or rebellion of any kind
6. Participation in an act of terrorism
7. Military duty, including the Reserves or National Guard
8. 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 group policyholder business, provided:
 - a. The aircraft has a valid U.S. airworthiness certificate (or foreign equivalent)
 - b. The pilot has a valid pilot's certificate with a non-student rating authorizing them to fly the aircraft
9. Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred
10. Cosmetic or elective surgery, unless the treatment is the result of a covered event
11. Treatment for dental care or dental procedures, unless the treatment is the result of a covered event
12. Treatment of a mental illness*
13. Treatment of alcoholism, drug addiction, chemical dependency, or complications thereof*
14. Treatment through experimental procedures
15. Travel outside the United States and its possessions for the sole purpose of receiving medical care or treatment
16. Participating in, practicing for, or officiating any semi-professional or professional sport
17. Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
18. Being incarcerated in any type of penal or detention facility
19. Scuba diving
20. Mountaineering or spelunking
21. Bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or any similar activities
22. Skydiving, parachuting, jumping, or falling from any aircraft for recreational purposes
23. Residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months

*Exceptions to the exclusions are accepted when substance abuse and mental disorder benefits are selected. This is a partial list of benefit exclusions. A complete list is included in the policy. State variations apply.

Incarceration limitation

Benefits are not payable while the covered person is incarcerated in any type of penal or detention facility.

Questions? Call **800-423-2765** and mention ID: **114691**.

Hospital indemnity insurance premium

Affordable group rates – Monthly premiums

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.

	Premium
Employee only	\$14.33
Employee + spouse	\$31.07
Employee + child(ren)	\$22.16
Family	\$40.57

The Lincoln National Life Insurance Company

Please see prior pages for product information.

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