

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov) online** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Lincoln Financial hospital indemnity insurance FAQ

Key questions and scenarios

- 1 Q: What qualifies as a hospital indemnity event?**
A: A hospital indemnity event is admission or confinement to a hospital or other facility for a covered injury, sickness, or childbirth, lasting 20 consecutive hours or more. Payments are made in a lump sum, with admission required after the effective date of coverage.
- 2 Q: What if I have both a hospital and ICU admission on the same day?**
A: Only the ICU benefit will be paid if both hospital and ICU admissions occur on the same day.
- 3 Q: What if I have a recurrent admission for the same cause?**
A: Admissions must be separated by 90 days to be treated as separate if they result from the same condition or event. If it's been less than 90 days, the second admission is considered a continuation of the first, with no additional admission benefits paid.
- 4 Q: What is needed to get a payout under the health assessment/wellness benefit?**
A: You need to provide the type and date of the qualifying test/exam and the name of the physician or facility where the test/exam was done. However, these types of claims don't require additional medical documentation and can be submitted by phone or through our online portal.
- 5 Q: Do I need to enroll my child to get NICU benefits?**
A: We cover benefits for newborns hospitalized within their first 31 days without needing to enroll in child coverage. You need to provide the name and birthdate of the child with the claim submission. However, if you have no other children enrolled, and you don't elect to enroll the newborn child and pay additional premium within 31 days following birth, the newborn child's insurance will terminate.

Eligibility

- 6 Q: How long can I cover my children under this plan?**
A: Children can be enrolled in the plan until they reach age 26. Children lose coverage at the end of the month in which they turn 26.
- 7 Q: When can I enroll in this benefit?**
A: You may enroll yourself or your dependents for this benefit at three points:
 - Within 31 days of becoming eligible
 - During the company's annual enrollment period
 - If you experience a qualifying life event such as marriage, birth of a child, adoption, or change in employment or eligibility status for yourself or the dependent spouse
- 8 Q: What if I'm leaving my employer? Can I take this plan with me?**
A: Employees who leave the company or retire under age 70 can apply to take the hospital indemnity coverage with them. This application must be started within 31 days of leaving the company.

Claims questions

- 9 Q: Is direct deposit available?**
A: Yes. Direct deposit or check are both options for benefit payment. Note: Direct deposit is available for health assessment benefits claims submitted online.



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10

Q: Where do I submit claims?

A: Claims forms are available at LincolnFinancial.com and can be submitted online, by mail (The Lincoln National Life Insurance Company, P.O. Box 2609, Omaha, NE 68103), or email FileClaim@LFG.com. Employees may also report claims by phone at 800-423-2765 or fax at 877-843-3950.

11

Q: What happens after I submit a claim? When should I expect to hear from Lincoln?

A: Your assigned claims specialist will review the claim within three to five business days after submission. If additional medical information is needed, Lincoln will contact you. If information isn't provided on the claim form, you'll need to complete an authorization to release medical information form. This allows us to request your treating provider(s) to send Lincoln the relevant records for your claim.

Premium questions

12

Q: How are premiums calculated?

A: You can pick the level of coverage (low/high) you'd like and then enroll in one of four tiers: employee only, employee and spouse, employee and child, and family coverage (employee, spouse, and all children).

Please see your certificate for specific plan details.

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Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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.

THIS IS A LIMITED POLICY. Policy is conditionally renewable.

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