

Exec-U-Care

An Executive Benefit with Exceptional Coverage

Exec-U-Care is designed to supplement a company's major medical plan by reimbursing executives and eligible dependents for health care expenses not covered by the underlying medical plan. Eligible expenses must be medically necessary to diagnose or treat an illness or injury. The following list will provide you with a better understanding of what is and is not covered by your Exec-U-Care plan. To be covered, expenses must be for "medical care" as defined by Section 213 of the Internal Revenue Code.

These lists are not meant to be all-inclusive. Other expenses not specifically listed may be eligible. Please note that some services may require a letter of medical necessity before charges can be reimbursed. For additional information, please contact Exec-U-Care at 800 552-1213 or view our web site at www.Exec-U-Care.com.

Covered expenses

Medical Treatments

Acupuncture, Alcoholism / Drug Addiction Treatment, Body Scans, Chiropractic Services, Hospital Services, Infertility, Massage Therapy, Physical Exams (not employment-related), Physical Therapy, Psychiatric Treatment, Reconstructive Surgery (if medically necessary due to congenital defect or accident), Smoking Cessation Programs, Speech Therapy, Surgical Fees, Transplants, Vaccinations / Immunizations, Vasectomy and Vasectomy Reversal, and Well-baby Care

Lab Tests / Exams

Blood Tests, Cardiographs, Diagnostic Fees, Laboratory Fees, Urine/Stool Analysis, and X-rays

Medication

Insulin, Over-the-Counter Medications used to alleviate or treat personal injury / illness, and Prescribed Medications

Dental Services

Dental Implants, Dentures, Exams / Cleanings, Extractions, Fillings, Crowns, Bridges, Fluoride Treatments, Oral Surgery, Orthodontia, and X-rays

Vision / Hearing Services

Hearing Aids and Batteries, Hearing Exams, Contact Lenses, Eye Examinations, Eyeglasses, Laser Eye Surgeries, Prescription Sunglasses, and Radial Keratotomy / LASIK

(Continued on back)

Non-covered expenses

Breast Pumps, Hypnosis, Breast Feeding Classes, Botox (for cosmetic purposes), Chemical Peels, Cord Blood Storage, Cosmetic Procedures or Prescriptions, Cryogenic Storage, Custodial Care, Doula Services, Genetic Testing, Hair Transplant, High Colonics, Special Foods or Formula, Cenegenics Supplements, Bleaching of Teeth, Personal Use / Convenience Items, Physician Contracts and Practice Memberships, Premiums, Toiletries, Cosmetics, Sundry Items, and Warranties

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Exec-U-Care insurance coverage is underwritten by The Lincoln National Life Insurance Company (Fort Wayne, IN), a Lincoln Financial Group company. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. **Each organization is solely responsible for its own obligations.**

This information is general in nature and may not apply to individual situations. Consult your legal and/or tax advisor(s) to determine the federal and state income tax implications for covered individuals. Exec-U-Care is not available in all states. State-specific restrictions or limitations are not addressed in this flier.

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