



Employees at Syneos Health

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	Low Plan	High Plan
Ambulance	\$300	\$400
Air ambulance	\$1,000	\$1,500
Emergency care/treatment	\$150	\$150
Initial care visit	\$100	\$150
Major diagnostic exam	\$275	\$275
X-ray	\$225	\$225

Fractures*	Low Plan	High Plan
Ankle	\$1,250	\$1,500
Arm (shoulder to elbow)	\$1,375	\$1,950
Arm (elbow to wrist)	\$1,050	\$1,400
Coccyx	\$425	\$550
Collarbone	\$1,250	\$1,300
Elbow	\$375	\$500
Bones of the face	\$1,125	\$1,500
Fingers	\$200	\$275
Foot (except toes)	\$1,025	\$1,375
Hand (except fingers)	\$1,025	\$1,375
Hip	\$4,000	\$5,000
Jaw upper	\$1,250	\$1,675
Jaw lower	\$1,250	\$1,875
Kneecap	\$1,750	\$1,750
Leg (hip to knee)	\$2,400	\$3,500
Leg (knee to ankle)	\$1,850	\$2,400
Nose	\$1,175	\$1,750
Pelvis	\$2,150	\$2,875
Rib	\$525	\$700
Shoulder blade	\$1,475	\$2,225
Skull depressed	\$3,000	\$4,000
Skull non-depressed	\$1,500	\$2,000
Sternum	\$500	\$675
Toes	\$200	\$275

Fractures*	Low Plan	High Plan
Vertebral Body	\$1,900	\$2,525
Vertebral process	\$1,075	\$1,450
Wrist	\$1,200	\$1,550
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	\$1,250	\$1,875
Collarbone (acromio and separation)	\$975	\$1,450
Collarbone (sternoclavicular)	\$1,250	\$1,900
Elbow	\$1,250	\$1,425
Fingers	\$350	\$400
Foot (except toes)	\$950	\$1,275
Hand (except fingers)	\$700	\$925
Hip	\$4,000	\$5,000
Lower jaw	\$700	\$925
Knee (except kneecap)	\$1,750	\$2,325
Shoulder	\$2,500	\$3,500
Toes	\$150	\$200
Wrist	\$950	\$1,425
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	\$400	\$500
2 nd degree burns: Based upon surface area burned	\$100-\$1,450	\$100-\$1,450
3 rd degree burns: Based upon surface area burned	\$1,300-\$10,000	\$1,300-\$15,000
Skin grafts	25% of burn benefit	25% of burn benefit
Concussion	\$250	\$500
Dental crown	\$200	\$300
Dental extraction	\$100	\$150
Eye (surgical repair)	\$300	\$300
Eye (removal of foreign object)	\$250	\$250
Laceration: Based upon the need for and length of sutures	\$50-\$400	\$75-\$700
Severe traumatic brain injury	\$7,500	\$12,000
Surgical benefits:*		
Arthroscopic	\$500	\$500
Cranial	\$1,750	\$1,750
Hernia	\$200	\$200
Other surgery under conscious sedation	\$100	\$100
Other surgery under general anesthesia	\$300	\$400
Repair of knee cartilage	\$1,500	\$2,000
Repair of ligaments, tendons, rotator cuff	\$1,500	\$2,000
Repair of ruptured disc	\$1,500	\$2,000
Open abdominal or thoracic	\$1,500	\$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	\$1,250	\$2,000
Accident hospital daily confinement	\$100	\$250
Accident intensive care admission	\$2,000	\$4,000
Accident intensive care daily confinement	\$200	\$400
Physical, occupational, and chiropractic therapy (up to ten sessions)	\$75	\$75
Physician follow-up visits (up to six visits)	\$75	\$100
Alternative care/rehab facility daily confinement/rehabilitative confinement	\$150	\$150
Epidural/cortisone pain management (up to one injection)	\$75	\$100
Medical mobility devices	\$150	\$150
Wheelchair (expected use one year or more)	\$750	\$1,000
Wheelchair (expected use less than one year)	\$175	\$175
Prosthesis (per limb)	\$750	\$1,000

Recovery assistance	Low Plan	High Plan
Family care	\$250	\$250
Companion lodging (100+ miles from home)	\$100 per day	\$200 per day
Transportation (100+ miles from home)	\$300 per trip	\$500 per trip

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

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.



Employees of Syneos Health

Benefits At-A-Glance

Coverage for you

Critical Illness Insurance | Employee

Guaranteed coverage amounts	\$10,000, \$20,000, \$30,000, or \$40,000
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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, \$20,000, \$30,000, or \$40,000 (up to 100% of the employee coverage amount)
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Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance | Children

Guaranteed coverage amount	\$5,000, \$10,000, \$15,000, or \$20,000 (up to 100% of the employee coverage amount)
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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%
Sudden cardiac arrest resulting in death	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%
Mitral or aortic valve disease	25%
Noninvasive cancer (in situ)	50%
Skin Cancer (other than melanoma)	\$1,000 per lifetime
Supplemental Conditions	
Advanced Huntington's disease	100%
Advanced COPD	100%
AIDS	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	100%
Benign brain tumor	100%
Loss of sight, hearing and/or speech	100%
Accidental Injuries Benefit	
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%
Occupational Disease (employee only)	
HIV	100%
Hepatitis (B, C, D)	100%
Invasive MRSA Infection	25%
Tuberculosis	25%
Tetanus	25%
Rabies	25%

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 or screening	\$50

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

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

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.

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.

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. Product availability and/or features may vary by state. Limitations and exclusions apply.



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Employees of Syneos Health

Benefits at a glance

If you or a covered family member have to go to the hospital for an accident or injury, 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 guarantee issue coverage.

Core hospital benefits	Low Plan	High Plan
Hospital admission For the initial day of admission to a hospital for treatment of a sickness/an injury	\$1,000 per day up to 1 day per calendar year	\$2,000 per day up to 1 day per calendar year
Hospital confinement For each day of confinement in a hospital as a result of a sickness/an injury	\$100 per day up to 30 days per calendar year starting on day 2 of confinement	\$200 per day up to 30 days per calendar year starting on day 2 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 up to 1 day per calendar year	\$4,000 per day up to 1 day 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 up to 30 days per calendar year starting on day 2 of confinement	\$400 per day up to 30 days per calendar year starting on day 2 of confinement
Complications of pregnancy	Included	Included

- Admission or Admitted means accepted for inpatient services in a hospital or intensive care unit for a period of more than 20 hours
- If admitted to a hospital or ICU within 90 days after being discharged from a preceding stay for the same or related cause, the subsequent admission will be considered part of the first admission.
- If both hospital and ICU admission or hospital and ICU confinement become payable for the same day, only the Hospital ICU Admission benefit will be paid.

Additional confinement benefits	Low Plan	High Plan
Newborn care For each day of confinement to a hospital for routine post-natal care following birth	\$25 per day up to 2 days per calendar year	\$50 per day up to 2 days per calendar year

- If a newborn baby is confined for treatment of an illness, infirmity, disease, or injury, we will pay the Hospital or ICU confinement benefit instead of the Newborn care benefit.

Health assessment/wellness benefit	Your Cash Benefit
Health assessment benefit Receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization.	\$50

Enhanced benefits	Benefit Percentage
Hospital NICU admission Increases the hospital ICU admission benefit for a newbornchild	25%
Hospital NICU confinement Increases the hospital ICU confinement benefit for a newborn child	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 benefit options.

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.

Please see prior pages for product information.

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.

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