

ESSENTIAL HEALTH COVERAGE SYMETRA SELECT BENEFITS

For more information, please contact your Symetra Financial representative.
You may also call Select Benefit Administrators of America at (800) 479-3699.



MONTHLY STANDARD INDEMNITY INSURANCE PLANS

COMPOSITE RATES

Select Benefit Administrators of America is a division of Employee Benefit Consultants, Inc., a Symetra company.

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The Select Benefits Indemnity Insurance Policy and Select Benefits Outpatient Prescription Drug Policy are insured by Symetra Life Insurance Company, Redmond, Washington. Policy numbers are LGC-8786 (plus two-letter state abbreviation) and LGC-8787 (plus two-letter state abbreviation) 2/03, respectively. Not for use in Washington.

Rates shown are total premium per month, per employee. Composite rates include the employee and all eligible dependents.

COVERAGES	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10
Employee Life Insurance	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000	\$20,000
Employee Accidental Death & Dismemberment	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000	\$20,000
Dependent Life Insurance Benefit										
Spouse	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$5,000	\$5,000	\$5,000	\$7,500
Child	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$2,500	\$2,500	\$2,500	\$3,750
Infant	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 400	\$ 400	\$ 400	\$ 600
Inpatient Hospital Benefit 30 days pp/pcy* maximum	—	—	\$100/day \$200/day ICU	\$200/day \$400/day ICU	\$300/day \$600/day ICU	\$400/day \$800/day ICU	\$500/day \$1,000/day ICU	\$600/day \$1,200/day ICU	\$600/day \$1,200/day ICU	\$600/day \$1,200/day ICU
Surgical Benefit (Schedule A)	—	—	—	—	—	\$500 pp/ pcy max.	\$1,000 pp/ pcy max.	\$1,000 pp/ pcy max.	\$1,000 pp/ pcy max.	\$1,500 pp/ pcy max.
Doctor's Office Visit, Urgent Care and Outpatient Hospital Benefit \$300 pp/pcy maximum	\$20 per visit	\$35 per visit	\$35 per visit	\$40 per visit	\$45 per visit	\$45 per visit	\$55 per visit	\$55 per visit	\$55 per visit	\$55 per visit
Outpatient Diagnostic X-Ray & Lab Benefit \$300 pp/pcy maximum	\$35 per visit	\$35 per visit	\$35 per visit	\$45 per visit	\$55 per visit	\$55 per visit	\$55 per visit	\$55 per visit	\$55 per visit	\$55 per visit
Preventive Care Benefit \$150 pp/pcy maximum	—	—	—	—	\$75 per visit	\$75 per visit	\$75 per visit	\$75 per visit	\$75 per visit	\$75 per visit
Prescription Drug Benefit \$150 pp/pcy maximum \$300 pf/pcy** maximum	—	—	—	—	—	—	—	—	\$10 co-pay generic \$20 co-pay name brand	\$10 co-pay generic \$20 co-pay name brand
Vision Care Benefit	—	—	—	—	—	—	—	—	—	\$50 per exam \$100 for glasses or \$75 for contacts
Accident Benefit	—	—	—	—	\$30 per visit \$100 pp/pcy max.	\$30 per visit \$100 pp/pcy max.	\$50 per visit \$150 pp/pcy max.	\$50 per visit \$150 pp/pcy max.	\$50 per visit \$150 pp/pcy max.	\$50 per visit \$150 pp/pcy max.
Emergency Room Benefit	—	—	—	\$50 per visit \$150 pp/pcy max.	\$50 per visit \$150 pp/pcy max.	\$50 per visit \$150 pp/pcy max.	\$100 per visit \$300 pp/pcy max.	\$100 per visit \$300 pp/pcy max.	\$100 per visit \$300 pp/pcy max.	\$100 per visit \$300 pp/pcy max.
Dental Benefit \$500 pp/pcy maximum	—	—	—	—	—	—	—	\$50 for basic visit \$200 for major \$150 for orthodontia	\$75 for basic visit \$300 for major \$200 for orthodontia	\$75 for basic visit \$300 for major \$200 for orthodontia
Employee Nonoccupational Disability Income Weekly Benefit	—	—	—	—	—	—	—	—	—	26 weeks @ 66 2/3% base weekly pay up to \$100 max. per week
Pharmacy Discount Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Survivor Benefit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Premiums										
Class A	\$19.54	\$26.63	\$41.32	\$54.91	\$75.11	\$89.58	\$115.11	\$145.35	\$162.72	\$190.00
Class B	\$20.52	\$27.96	\$43.39	\$57.66	\$78.87	\$94.06	\$120.87	\$152.62	\$170.86	\$199.50
Class C	\$21.49	\$29.29	\$45.45	\$60.40	\$82.62	\$98.54	\$126.62	\$159.89	\$178.99	\$209.00

Pricing Example

For Plan 10, Class A, the employer pays 100 percent of the premium. Total cost is \$190.00 per employee, per month.

If the employer chooses to pay 50 percent of premium (Class B), the employer cost is \$99.75 per employee, per month. Each participating employee pays a monthly balance of \$99.75.

Should the employer elect to pay 25 percent (Class C) of premium, their cost is \$52.25 per employee, per month. Each participating employee pays the remaining \$156.75.

If one of our standard monthly plans does not match your budget or coverage goals, we can create a customized plan to meet your specific business needs.

All rates are subject to change.

All proposed plans and employer applications are subject to the approval of Symetra Life Insurance Company and Select Benefit Administrators of America. The policy, benefits and rates shown here are not approved in all states and may be subject to exclusions, limitations and reductions in coverage. Please contact your Symetra Financial representative for more information.

Class A employer pays 100% of premium
Class B employer pays 50%–99% of premium
Class C employer pays 10%–49% of premium

*Pp/pcy = per person, per calendar year **Pf/pcy = per family, per calendar year