

SELECT BENEFITS INDEMNITY

Select Benefits allows employers to offer a benefit plan with no preexisting conditions, no networks limitations and no deductibles.

Product	Group supplemental life & health indemnity insurance
Plans Available	Monthly and hourly standard plans Monthly and hourly core buy-up plans
Target Market	Full-time, part-time, temporary, hourly or seasonal employees
Premium Payer	<i>Standard Plans</i> - Employer must contribute a minimum of 10% of the premium per employee <i>Core Plans</i> - Employer must pay all <i>Buy-Up Options</i> - Employees may choose to purchase or not
Responsible for Choosing Coverage	Employer chooses standard plan, core plan and buy-up options Employee chooses to purchase buy-up options selected by employer
Underwriting	Proof of good health for late entrants only
Preexisting Limitations	None
Administration	Select Benefit Administrators of America (SBAA), a division of Employee Benefit Consultants, Inc., a Symetra Company, (800) 497-3699
Continuation of Benefits	Yes. SBAA handles all administration of continuation of benefits if an employee is terminated.
Rates	Based on plan chosen by employer
Dependent Coverage	Our plan designs can include all family members at no additional charge. We have plan designs available with options for individual and dependent rates. Dependents are not eligible for disability income insurance. Dependents subject to state eligibility requirements.

Benefits Available:

Employee Life/Accidental Death and Dismemberment Insurance

Life insurance and accidental death and dismemberment levels range from \$5,000 to \$50,000. Amounts reduce by 35% at age 65, and by an additional 35% each five-year period thereafter.

Dependent Life

Spouse and child coverage is available for children 14 days old up to age 19, or to age 23 if they are full-time students. This benefit is automatic with the employee life benefit and in most cases does not require additional premium.

Hospital Inpatient Benefits

Benefits become payable on the first day of coverage confinement. Each benefit has a 500-day lifetime maximum (except mental illness).

Hospital Stay: \$100 - \$1,500 per day; 30 days maximum per calendar year

Substance Abuse Facility: \$100 - \$1,500 per day; 30 days maximum per calendar year

Intensive Care: \$200 - \$3,000 per day; 30 days maximum per calendar year

Mental Health Facility: \$50 - \$750 per day; 30 days maximum per calendar year, 180 days per lifetime

Nursing Facility: \$50 - \$750 per day (only if following a covered hospital stay of at least three consecutive days and if the person is less than age 65); maximum 60 consecutive days per stay

Doctor's Office Visit Indemnity Benefit

Doctor's office visits are payable at a selected dollar amount per visit up to a calendar year maximum. Excludes routine exams and injections.

Available options: \$10 - \$70 per visit

Calendar year maximum: \$300 - \$500 per person, per calendar year

Outpatient Diagnostic X-Ray and Lab (DXL) Indemnity Benefit

Diagnostic X-ray and lab (DXL) tests ordered or performed by a doctor are payable at a selected dollar benefit per visit and up to a calendar year maximum when a hospital confinement is not required.

Available options: \$10 - \$80 per visit

Calendar year maximum: \$300 - \$500 per person

Preventive Care Indemnity Benefit

This benefit includes routine exams, medical treatment and injections.

Available options: \$50 - \$150 per visit

Calendar year maximum: \$150 or \$300 per person

Accident Benefit

This benefit will pay an additional dollar amount for covered services by a doctor or hospital within 90 days after an accident.

Available options: \$20 - \$60 per visit

Calendar year maximum: \$100 - \$300 per person

Emergency Room Benefit

Emergency room benefits will be paid for eligible services or supplies that are received in an emergency room as a result of an accident or illness that occurs while covered under this benefit.

Available options: \$50 - \$200 per visit

Calendar year maximum: \$150 - \$500 per person

Surgical Benefit

A maximum benefit of \$400 - \$5,000 per person, per calendar year is paid when surgeries are performed by a doctor and are paid according to the surgical schedule. Please contact Symetra for a surgical schedule.

Prescription Drug Benefit

Covered out-of-hospital prescription drugs will be paid up to the calendar year maximum, after the prescription drug co-payment has been paid. Prescription drugs must be ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the patient.

Available Options: \$150 - \$1,000 per person, per calendar year maximum

\$300 - \$2,000 per family, per calendar year maximum

Co-payment options: Generic: \$5, \$10, \$15

Name brand: \$10, \$20, \$30

Vision Care Benefit

Covered vision care expenses are limited to the following services:

- \$50 towards one routine eye examination per calendar year
- \$100 per pair of glasses, per person every two consecutive calendar years; **or** \$75 for contact lenses per person every two consecutive calendar years

Dental Benefit

Eligible dental services are payable at a selected dollar amount per visit. Benefits vary based upon the type of treatment provided. Pre-authorization is recommended for dental claims exceeding \$250.

Preventive and regular dental benefit: \$50 - \$100 per visit

Special dental care (crowns, inlays, etc.): \$200 - \$400 per visit

Orthodontia: \$150 - \$250 per visit up to a lifetime maximum of \$250 - \$750 per person

Periodontal: lifetime maximum benefit of \$1,500

Calendar year maximum: \$500 - \$1,500 per person, for all types of treatments, except orthodontia

Employee Disability Income Weekly Benefit

Benefits are paid beginning on the 8th calendar day following a covered nonoccupational injury or illness. Claim benefits will not exceed 66²/₃% of basic weekly earnings, and benefits may be reduced by any other income amounts for which the employee may be eligible; exclusions apply. Maternity is covered as any other illness. Dependents are not eligible for this benefit.

Benefit Period: 26 weeks

Maximum Weekly Disability Income Benefit: \$100 to \$300 per employee

The following benefits are included in all plans at no additional charge:

Pharmacy Discount Program

A discount from usual and customary drug charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy. This benefit is included on all plans at no additional charge. This benefit is available only when the Prescription Drug Benefit is not selected or when all prescription drug benefits have been exhausted.

Survivor Benefit

If an employee dies while covered, any covered dependents will be extended benefits (other than Dependent Life) without premium payments for up to two years after the employee's death, as long as the employer's plan remains in force and the covered dependent meets the coverage requirements in this provision.

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