

ESSENTIAL HEALTH COVERAGE SYMETRA SELECT BENEFITS



**ENROLLMENT INFORMATION FOR
YOUR MONTHLY INSURANCE PLAN**

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WHAT IS SELECT BENEFITS?



Your company recognizes the importance of good health and well-being.

Take advantage of this opportunity for limited benefit medical coverage for you and your family.

Select Benefits is a limited benefit medical and life insurance policy that can provide coverage for you, your spouse and all other eligible dependents.

Why You Should Enroll

Select Benefits doesn't minimize coverage with prerequisites and benefit requirements. For example, there are:

No preexisting condition limitations

All preexisting health conditions are accepted

No required networks

You may see the medical provider of your choice

No deductibles

There are no deductibles for covered medical events

No restrictions with other insurance plans

Claims are paid regardless of any other coverage you may have

Your Monthly Plan

The plan offered by your company provides consistent benefits every month. This stability gives you control over how you manage your care.

Select Benefits is not a replacement for a major medical policy or other comprehensive policy. It is designed to provide a preselected fixed dollar amount for covered benefits used on a routine basis. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Select Benefits is insured by Symetra Life Insurance Company. For costs and complete details, contact your Select Benefits representative or your human resources department.

USING THE PLAN

Select Benefits is designed to help make health coverage simple and effective. To use your plan, follow these steps:

- 1 Enroll in the plan as directed by your human resources department or Select Benefits representative.
- 2 Present your ID card to the provider at the time of service.
- 3 Ask the provider to bill the policy administrator, Select Benefit Administrators of America (SBAA), directly.
- 4 If there is any balance due, the provider may send you a bill.

You also have the option of paying the provider yourself and filing a claim with SBAA. SBAA will then pay benefits directly to you.

Most of the benefits in your plan pay a preselected fixed dollar amount. This is an easy way to know exactly how much coverage you have for a particular benefit. Here's an example of how this works:

You need to see the doctor for some pain you're experiencing. You present your ID card at the time of the visit, knowing that your plan pays \$40 for a doctor's office visit. The bill comes to \$75, which the provider sends directly to SBAA. A few weeks after your visit, SBAA mails you an *Explanation of Benefits* showing what was paid. Your provider may send you a bill for the remaining \$35.

Select Benefits is a simple way to provide you and your family with essential health coverage. Enroll today and help find peace of mind, knowing you are covered.

FREQUENTLY ASKED QUESTIONS

Mail or fax claim forms to:

Select Benefit

Administrators of America

Attention: Claims Dept.

PO Box 440

Ashland, WI 54806

Fax: (715) 682-5919

Phone: 1-800-497-3699

sbaa@selectbenefit.net

To learn more about how

Select Benefits can help

protect you and your

family, talk to your Select

Benefits representative or

contact your human

resources department.

Whom can I contact if I have questions about my benefits?

Please contact SBAA at 1-800-497-3699 or sbaa@selectbenefit.net. Customer service representatives are available Monday through Friday, 6:30 a.m. to 5:00 p.m. Central Time.

How do I submit a claim?

At the time of a visit or covered event, present your Select Benefits ID card and ask the provider to file the claim directly with SBAA. SBAA will process the claim and send payment directly to the provider. A few weeks after submission, you will be mailed an *Explanation of Benefits* showing what was paid.

What if my provider won't submit insurance information?

You may file the claim directly with SBAA, and they will pay benefits based upon the amount covered by your Select Benefits plan. For faster response, please request a copy of the itemized bill from the provider, listing dates of service, and procedure and diagnosis codes. Ask for Health Care Financing Administration (HCFA) forms for doctor's office visits and Universal Billing (UB92) forms for hospital care.

How can I request a new Select Benefits ID card?

Contact SBAA at 1-800-497-3699 or sbaa@selectbenefit.net. They will send you a new card.

Where do I get information on continuing my medical benefits if I leave the company?

Contact SBAA. They handle all extension of benefits administration.

How do I add dependents to my plan?

Fill out a new enrollment form within 31 days of the eligibility date and give it to your company.

If I want to use my coverage and have not yet received my insurance card, what information do I need to give my provider?

Ask your company for the Select Benefits case number before your visit. At the office, give your provider this number along with the SBAA customer service phone number, 1-800-497-3699.

Can I visit my current provider using my Select Benefits ID card?

Yes, you may visit any doctor of your choice. Select Benefits does not have required networks or preferred provider lists. Please see your certificate for the definition of a doctor.

How do I use Select Benefits if I already have a major medical plan?

Your plan pays regardless of any other coverage you or your spouse may have.

Whom do I contact if I have a change in my name or address or if there is an error on my Select Benefits ID card?

Contact SBAA at 1-800-497-3699 or sbaa@selectbenefit.net.

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Symetra Life Insurance Company
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Bellevue, WA 98004
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Select Benefit Administrators of America is a division of Employee Benefit Consultants, Inc., a Symetra company.

Symetra Life Insurance Company

Select Benefits Limited Benefit Medical Plan

Description of Benefits

Doctor's Office Visit, Urgent Care and Outpatient Hospital Benefit

Coverage for visits to a doctor's office, urgent care or outpatient hospital facility is provided and benefits paid at a preselected fixed dollar amount per visit, up to a calendar year maximum. Routine exams and injections are excluded.

- \$55 per visit/\$300 per person, per calendar year maximum

Outpatient Diagnostic X-Ray and Lab (DXL) Benefit

Diagnostic X-ray and lab tests ordered or performed by a doctor are paid at a preselected fixed dollar amount per visit up to a calendar year maximum when a hospital confinement is not required.

- \$55 per visit/\$300 per person, per calendar year maximum

Preventive Care Benefit

Coverage for routine exams, medical treatment and well childcare immunizations is provided and benefits paid at a preselected fixed dollar amount per visit up to a calendar year maximum.

- \$75 per visit/\$150 per person, per calendar year maximum

Emergency Room Benefit

Covered events that are the result of an illness or accident are paid at a preselected fixed dollar amount per visit up to a calendar year maximum. This benefit will be paid only for procedures received in an emergency room.

- \$100 per visit/\$300 per person, per calendar year maximum

Inpatient Hospital Benefit

Coverage for inpatient hospital stays is provided and benefits are paid at a preselected fixed dollar amount per day of confinement up to a maximum number of days per calendar year.

- \$500 daily hospital / 30 days maximum per calendar year
- \$500 per day, per person for stays in a substance abuse facility; 30 days maximum per calendar year
- \$1,000 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- \$250 per day, per person for stays in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- \$250 per day, per person for stays in a nursing facility (only if following a covered hospital stay of at least 3 consecutive days and the person is less than age 65); maximum 60 consecutive days per stay
- 500 days lifetime maximum for each benefit per person (except for mental illness)
- Benefits become payable on the first day of coverage confinement (except for nursing facility)
- Maternity care is covered as any other condition
- No deductible
- No co-payment

Surgical Benefit

Coverage for surgeries performed by a doctor in connection with an illness or injury is provided and benefits paid according to the surgical schedule up to a calendar year maximum.

- Surgical Schedule A, \$1,000 per person, per calendar year maximum

Accident Benefit

Covers events that are the result of an injury or accident are paid at a preselected fixed dollar amount per visit up to a calendar year maximum. This benefit will not be paid for visits to an emergency room.

- \$50 per visit/\$150 per person, per calendar year maximum

Pharmacy Discount Program

A discount off usual and customary charges may be given to the eligible person when prescriptions are purchased through a contracting pharmacy. There is no additional premium charge for this benefit.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (other than dependent life) without premium payments for 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 the policy. There is no additional premium charge for this benefit.

Select Benefits is not a replacement for a major medical policy or other comprehensive policy. It is designed to cover benefits used on a routine basis at a preselected, fixed dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Exclusions, limitations, definitions, and benefits may vary by state. Please see the policy for details. Select Benefits is insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA, 98004. SymetraSM is a service mark of Symetra Life Insurance Company.

SYMETRA Life Insurance Company - Select Benefits

Schedule Of Surgical Procedures

Schedule A

This benefit applies only if it is shown in the Summary of Benefits. The following Surgical procedures are paid according to amounts listed, up to the Calendar Year maximum as listed in the Summary of Benefits. If the Calendar Year maximum amount is less than the amount listed on the Surgical Schedule, we will pay the amount of the Calendar Year maximum.

For Surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.

Auditory System

Remove impacted ear wax	\$ 50.00
Create eardrum opening	\$ 100.00
Repair eardrum structures	\$ 1,100.00

Digestive Systems

Diagnostic anoscopy	\$ 30.00
Sigmoidoscopy, diagnostic	\$ 80.00
Diagnostic colonoscopy	\$ 100.00
Upper gi endoscopy,diagnosis	\$ 300.00
Colonoscopy and biopsy	\$ 400.00

Cardiovascular Systems

Insertion of heart pacemaker	\$ 800.00
Coronary artery graft	\$ 2,500.00
Repair of aortic valve	\$ 2,700.00

Endocrine System

Biopsy of thyroid	\$ 80.00
Drain thyroid/tongue cyst	\$ 100.00
Remove thyroid lesion	\$ 900.00
Removal of thyroid	\$ 1,400.00

Eye & Ocular Adnexa

Remove foreign body from eye	\$ 50.00
Repair of eye wound	\$ 200.00
Remove cataract, insert lens	\$ 1,000.00
Corneal transplant	\$ 1,400.00

Female Genital System

Biopsy of uterus lining	\$ 50.00
Biopsy of cervix	\$ 80.00
Dilation and curettage (D&C)	\$ 300.00
Total hysterectomy	\$ 1,300.00

Hemic and Lymphatic Systems

Needle biopsy, lymph node(s)	\$ 100.00
Biopsy/removal,lymph node(s)	\$ 300.00
Repair of ruptured spleen	\$ 1,200.00

Integumentary System

Biopsy of skin lesion	\$ 50.00
Debride infected skin	\$ 50.00
Drainage of skin abscess	\$ 80.00
Removal of nail plate	\$ 80.00
Repair superficial wound(s)	\$ 100.00

Male Genital System

Circumcision	\$ 100.00
Biopsy of prostate	\$ 100.00
Removal of hydrocele	\$ 500.00
Removal of prostate	\$ 1,400.00

Maternity & Delivery

Fetal non-stress test	\$ 20.00
Antepartum care only	\$ 200.00
Obstetrical care	\$ 700.00
Cesarean delivery	\$ 900.00

Musculoskeletal System

Strapping of ankle	\$ 30.00
Inj tendon/ligament/cyst	\$ 50.00
Drain/inject joint/bursa	\$ 50.00
Treat fracture radius/ulna	\$ 200.00
Knee arthroscopy/surgery	\$ 800.00

Respiratory System

Diagnostic laryngoscopy	\$ 50.00
Insert emergency airway	\$ 200.00

Nervous Systems

Spinal fluid tap, diagnostic	\$ 100.00
Repair of spinal herniation	\$ 1,500.00
Biopsy/excise spinal tumor	\$ 2,300.00

Urinary System

Treatment of bladder lesion	\$ 100.00
Cystoscopy	\$ 200.00
Removal of kidney stone	\$ 1,400.00

SYMETRA SELECT BENEFITS

Essential Health Coverage

Select Benefits Coverages	
Doctor's Office Visit, Urgent Care & Outpatient Hospital Benefit	\$55 per visit \$300 pp/pcy ¹ max.
Outpatient Diagnostic X-Ray & Lab Benefit	\$55 per visit \$300 pp/pcy max.
Preventive Care Benefit	\$75 per visit \$150 pp/pcy max.
Emergency Room Benefit \$300 pp/pcy ¹ max.	\$100 per visit \$300 pp/pcy max.
Inpatient Hospital Benefit 500 days lifetime maximum	\$500 daily hospital \$1,000 daily ICU ² 30 days pp/pcy max.
Surgical Benefit	\$1,000 pp/pcy max. Schedule A
Accident Benefit	\$50 per visit \$150 pp/pcy max.
Pharmacy Discount Program	Included
Survivor Benefit	Included
Monthly Premium	
<i>Single</i>	\$ 76.00
<i>Employee + Spouse</i>	\$180.94
<i>Employee + Children</i>	\$108.56
<i>Family</i>	\$186.97

¹pp/pcy=per person, per calendar year

²ICU=Intensive Care Unit



Symetra Life Insurance Company
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Insurance benefits are provided under the Select Benefits limited benefit medical insurance policy, form number LGC-8786 2/03. It is insured by Symetra Life Insurance Company. The coverage is not a substitute for major medical or other comprehensive coverage. Benefits are paid based on a preselected fixed amount. It may be subject to exclusions, limitations, reductions and terminations of benefits provisions. Please review the description of benefits for additional details. For more information, contact your agent.