## **Fixed-Payment Indemnity Insurance**

S500 per person, per calendar year maximum		M405
S75 per day \$300 per person, per calendar year maximum   S500 per person, per calendar year maximum   S600 per day   S600 pe	Outpatient Doctor Visit Benefit	
\$300 per person, per calendar year maximum  Emergency Room Benefit \$500 per day \$500 per person, per calendar year maximum  Inpatient Hospital Benefits Hospital Stay  Intensive Care Unit  Surgical Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 surgical benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 surgical benefit Outpatient Surgical Facility Inpatient Hospital  Surgical Anesthesia Benefit Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit Surgical Anesthesia Benefit Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 per day \$250 per day \$250 combined calendar year max per person  Ambulance Transport Air Transport  Surgical Anesthesia Benefit Ground Transport Sourgical Facility Sourgic		· ·
Soo per day   Soo per person, per calendar year maximum   Soo days per lifetime unless otherwise noted   Soo per day   10 days per person, per calendar year maximum   Intensive Care Unit   Soo days per person, per calendar year maximum   Surgical Benefit   Outpatient Doctor's Office   Soo per day   10 days per person, per calendar year maximum   Soo per day   10 days per person, per calendar year maximum   Soo per day   10 days per person, per calendar year maximum   Soo per day   Soo	Outpatient Diagnostic X-Ray and Lab Benefit	•
\$500 per person, per calendar year maximum		\$300 per person, per calendar year maximum
Inpatient Hospital Benefits Hospital Stay  10 days per lifetime unless otherwise noted \$200 per day 10 days per person, per calendar year maximum \$200 per day 10 days per person, per calendar year maximum \$200 per day 10 days per person, per calendar year maximum \$200 per day 10 days per person, per calendar year maximum  Surgical Benefit Outpatient Doctor's Office \$65 per day \$500 per day \$1,000 per day  \$1,000 per day  \$1,000 per day  \$1,000 per day  \$250 per day	Emergency Room Benefit	\$500 per day
Surgical Benefit		\$500 per person, per calendar year maximum
Intensive Care Unit  Surgical Benefit Outpatient Doctor's Office Outpatient Hospital Maximum of 1 surgical benefit per day \$1,000 combined calendar year max per person Surgical Anesthesia Benefit Outpatient Hospital Maximum of 1 surgical Facility Inpatient Hospital  Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transport Air Transport  Outpatient Prescription Drug Indemnity Benefit Brand Name Generic  10 days per person, per calendar year maximum \$200 per day \$65 per day \$500 per day \$1,000 per day \$16.25 per day \$16.25 per day \$250 per day \$250 per day \$250 per day \$250 per day \$300 per day \$300 per day \$400 per day	Inpatient Hospital Benefits	500 days per lifetime unless otherwise noted
Intensive Care Unit  Surgical Benefit Outpatient Doctor's Office Outpatient Hospital Maximum of 1 surgical benefit per day \$1,000 combined calendar year max per person  Surgical Anesthesia Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital  Maximum of 1 surgical benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport Air Transport Surgical Anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport Surgical Anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Surgical Anesthesia Benefit Surgical	Hospital Stay	\$200 per day
Intensive Care Unit  Surgical Benefit Outpatient Doctor's Office Outpatient Hospital Maximum of 1 surgical benefit per day \$1,000 combined calendar year max per person  Surgical Anesthesia Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital  Maximum of 1 surgical benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport Air Transport Surgical Anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport Surgical Anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Surgical Anesthesia Benefit Surgical		10 days per person, per calendar year maximum
Surgical Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 surgical benefit per day \$1,000 combined calendar year max per person  Surgical Anesthesia Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transport Air Transport  Outpatient Prescription Drug Indemnity Benefit Brand Name Generic  \$65 per day \$500 per day \$1,000 per day  \$16.25 per day \$125 per day \$125 per day \$250 per day \$250 per day \$250 per day \$300 per day \$500 per day	Intensive Care Unit	
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Outpatient Surgical Facility Inpatient Hospital  Maximum of 1 surgical benefit per day \$1,000 combined calendar year max per person  Surgical Anesthesia Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital  Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transport Air Transport  Surgical Anesthesia benefit per surgical procedure per day \$250 per day \$250 per day \$250 per day \$500 per day		\$65 per day
Inpatient Hospital Maximum of 1 surgical benefit per day \$1,000 combined calendar year max per person  Surgical Anesthesia Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport Air Transport  Surgical Anesthesia Benefit Surgical Facility \$16.25 per day \$250 per day \$250 per day \$250 per day \$250 per day \$300 per day \$400 per day	•	
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\$1,000 combined calendar year max per person  Surgical Anesthesia Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport Air Transport Substituting Substituti		
Surgical Anesthesia Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport Air Transport Surgical Facility \$125 per day \$250 per day \$250 per day \$250 per day \$250 per day \$500 per day \$500 per day \$5 days combined per person, per calendar year maximum  Outpatient Prescription Drug Indemnity Benefit Brand Name Surgical Facility \$15 per day, 24 days per person, per calendar year maximum \$15 per day, 24 days per person, per calendar year maximum \$5 per day, 24 days per person,	i i	
Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport Air Transport  Outpatient Prescription Drug Indemnity Benefit Brand Name Generic  \$16.25 per day \$125 per day \$250 per day \$250 per day \$250 per day \$500 per day \$500 per day \$5 days combined per person, per calendar year maximum  \$15 per day, 24 days per person, per calendar year maximum \$5 per day, 24 days per person,	, , , ,	
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Inpatient Hospital Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport  Air Transport  Substitute of the person of the pe	•	•
Maximum of 1 anesthesia benefit per surgical procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport  Air Transport  Sequence S		,
procedure per day \$250 combined calendar year max per person  Ambulance Transportation Benefit Ground Transport Air Transport  Air Transport  Outpatient Prescription Drug Indemnity Benefit Brand Name  Generic  \$250 per day \$500 per day \$5 days combined per person, per calendar year maximum  \$15 per day, 24 days per person, per calendar year maximum \$5 per day, 24 days per person,	· ·	φ200 pci day
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Ambulance Transportation Benefit Ground Transport Air Transport Solve per day 5 days combined per person, per calendar year maximum  Outpatient Prescription Drug Indemnity Benefit Brand Name Solve per day 5 days combined per person, per calendar year maximum  \$15 per day, 24 days per person, per calendar year maximum \$5 per day, 24 days per person,	·	
Ground Transport  Air Transport  Stransport  Stranspor		
Air Transport  \$500 per day 5 days combined per person, per calendar year maximum  Outpatient Prescription Drug Indemnity Benefit Brand Name \$15 per day, 24 days per person, per calendar year maximum Generic \$5 per day, 24 days per person,	<u> </u>	
5 days combined per person, per calendar year maximum  Outpatient Prescription Drug Indemnity Benefit  Brand Name  Stand Name	•	
Outpatient Prescription Drug Indemnity Benefit Brand Name Seneric  Brand Name  \$15 per day, 24 days per person, per calendar year maximum \$5 per day, 24 days per person,	Air Transport	· · · · · · · · · · · · · · · · · · ·
Outpatient Prescription Drug Indemnity Benefit  Brand Name \$15 per day, 24 days per person, per calendar year maximum  Generic \$5 per day, 24 days per person,		1
Brand Name \$15 per day, 24 days per person, per calendar year maximum  Generic \$5 per day, 24 days per person,		maximum
per calendar year maximum  Generic \$5 per day, 24 days per person,	Outpatient Prescription Drug Indemnity Benefit	
Generic \$5 per day, 24 days per person,	Brand Name	
		•
per calendar year maximum	Generic	
,		per calendar year maximum

Weekly Premium	
Employee	\$18.41
Employee + Spouse	\$37.71
Employee + Children	\$29.32
Family	\$51.97

Telehealth Services, provided by MeMD, Inc., 7332 E. Butherus Drive, Suite 104, Scottsdale, AZ 85260, is included. There is no additional cost at the time of service to you. Telehealth Services, available in all 50 states, does not replace insurance coverage.

Patient advocacy services are included at no additional cost. These services are provided by Health Advocate, Inc., 3043 Walton Road Suite 150, Plymouth Meeting, PA 19462. This is not an insured benefit.

EAP+Work/Life and Wellness Programs are included at no additional cost. These programs are provided by Health Advocate, Inc., 3043 Walton Road Suite 150, Plymouth Meeting, PA 19462. This is not an insured benefit.

A Pharmacy Discount Program is included at no additional cost. This program is administered by a prescription benefit manager, OptumRx, 11900 W Lake Park Drive, Milwaukee, WI 53224. This discount program is not an insured benefit.

Your plan design and applicable premium amount may include benefits provided under one or more group policies. The plan design has been made available as a complete package and you may not elect to enroll in any policy or benefit separately. If you would like cost details, please contact your company or the plan administrator, Select Benefits Administrators at 1-800-497-3699 or symsba@symetra.com.

Please refer to the Description of Benefits included in this packet for additional information on your benefits.

Select Benefits insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Select Benefits policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory. Coverage is provided under generic policy form numbers SBC-00500, SBC-00535, and LGC-10011 or LGC-9072.