

Summary of Benefits

Critical Illness

Coverage Details	
Symetra's voluntary Critical Illness insurance provides a lump sum payment if a covered condition is diagnosed after coverage takes effect for the individual. Covered conditions include critical illnesses and/or conditions, as specified below.	
Core Benefits	Invasive Cancer: 100%, Minor Cancer: 25%, Skin Cancer: \$250, Heart Attack: 100%, Stroke: 100%, Coronary Artery Disease Needing Surgery or Angioplasty: 25%, Major Organ Failure: 100%, End-Stage Renal Failure: 100%, Loss of Sight: 100%, Paralysis: 100% (Covers Sickness and Accident)
Neurological Conditions	ALS/Other Motor Neuron Disease: 25%, Advanced Alzheimer's: 25%, Parkinson's Disease: 25%, Advanced Multiple Sclerosis: 25%, Coma: 25% (Covers Accident and Sickness), Benign Brain Tumor: 100%
Additional Occurrences	If you are diagnosed with a Covered Critical Illness, and you are then, at least one day later, diagnosed with a different Covered Critical Illness, we will also pay the additional Critical Illness benefit for the second covered condition.
Options	
Health Screening Benefit	Pays an annual benefit amount of \$50 for x-ray and laboratory tests only incurred by the employee, spouse, or child. Annual physical is included. Childhood vaccinations are included.
Recurrence Benefit	Pays an additional benefit of 100% of the critical illness benefit when a specific critical illness recurs more than 6 month(s) after the first diagnosis. Each condition is payable an unlimited number of times unless otherwise specified in the certificate.
Waiver of Premium	None

Employee Benefit Amount(s)	
Critical Illness Employee Benefit: \$5,000, \$10,000, or \$20,000	
Guaranteed Issue Benefit: Up To \$5,000, \$10,000, or \$20,000	
Dependent Benefit Amount(s)	
Spouse Benefit: 50% of the benefit amount, Child Benefit: 25% of the benefit amount	
Definitions	
Guaranteed Issue	Guaranteed issue is the benefit amount available without the need for evidence of insurability at the time an individual is first eligible for coverage.
Evidence of Insurability	The guaranteed issue benefit amounts in our offering are available with no medical underwriting. EOI will not be required at initial open or annual enrollment. Outside of selecting coverage during an enrollment period, EOI will not be required during the plan year when an employee pursues coverage as a new employee or as an existing employee following an approved change in life status when said elections are made within 30 days of eligibility under the plan or the change in status.
Age-Based Benefit Amount Reductions	None
Lifetime Maximum Benefit Payout	No lifetime maximum
Benefit Waiting Period	None
Pre-Existing Condition	None
Portability	Included

State variations may apply.

If/when Critical Illness coverage is currently offered through a different carrier: The current participants of an existing plan will receive credit for time served under that policy as part of the Continuity with Prior Coverage feature found in Critical Illness policy offered by the Symetra Life Insurance Company. Symetra will rely on the Policyholder to confirm existing coverage status.

Critical Illness

Critical Illness Benefit

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect.

Invasive Cancer

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of neighboring tissue that is supported by histological evidence of malignancy. Invasive Cancer includes Leukemia, Lymphoma, Sarcoma, Malignant melanoma greater than 1mm in thickness, any type of breast cancer, or Multiple myeloma. Invasive Cancer must be diagnosed by a Specialist according to a Pathological or Clinical Diagnosis.

Minor Cancer (In Situ)

Minor Cancer (In Situ) is defined as a cancer wherein the tumor cells lie within the tissue of origin and have not spread to neighboring tissue. Non-Invasive Cancer includes: chronic lymphocytic leukemia that has not progressed beyond RAI Stage 0; Stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or early prostate cancer classified as T1a or T1b (or equivalent staging) without lymph node or distant metastasis. The diagnosis must be confirmed with a report from a Specialist that includes the pathology report.

Non-Melanoma Skin Cancer

Non-Melanoma Skin Cancer is defined as a malignant growth that arises on the surface of the skin that is any of the following: Basal cell carcinoma; Squamous cell carcinoma, or Merkel cell carcinoma. The diagnosis must be made by a Specialist and based on a pathological examination of tissue from skin lesions.

Heart Attack (Myocardial Infarction)

Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a Specialist and based on serial measurement of cardiac biomarkers in the blood showing a pattern and to a level consistent with a diagnosis of Heart Attack (Myocardial Infarction) and any other diagnostic criteria to meet the clinically accepted definition for heart attack.

Stroke

Stroke is defined as an acute cerebrovascular incident resulting in irreversible death of brain tissue due to intra-cranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel. This event must result in neurological functional impairment with objective neurological abnormal signs on physical examination by a Specialist and the diagnosis must also be supported by findings on brain imaging and must be consistent with the diagnosis of a new Stroke.

Coronary Artery Disease Needing Surgery or Angioplasty

Coronary Artery Disease Needing Surgery or Angioplasty is defined as coronary artery disease with blockages in one or more coronary artery(s) demonstrated on cardiac catheterization coronary angiography that requires the Insured to undergo either coronary artery bypass surgery or coronary angioplasty. The Insured must require coronary bypass or angioplasty surgery intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines, either for prognostic benefit or for symptomatic coronary artery disease that cannot be adequately managed on optimal medical therapy.

Major Organ Failure

Major Organ Failure is defined as the permanent failure or loss of one or more of the following organs: heart, liver, lung, or pancreas, that requires a surgical transplant of a human organ. A Specialist must determine that a transplant of one or a combination of the above mentioned organs is necessary to treat organ failure in the Insured and the Insured must be actively engaged in a course of treatment with the goal of eventual transplant. The transplant goal requirement is waived if the Insured is too ill to undergo transplant surgery, but surgery would otherwise be recommended due to the organ failure.

End Stage Renal Failure (Kidney Failure)

End Stage Renal Failure (Kidney Failure) is defined as the total and irreversible failure of both kidneys which requires permanent regular renal dialysis or a kidney transplant. A Specialist must confirm that either of the following is necessary: the Insured must undergo regular renal dialysis at least weekly; or the Insured needs a kidney transplant.

Loss of Sight

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. Loss of Sight is a Covered Critical Illness when it is due to an Accident or cataracts, glaucoma, macular degeneration, or similar disease. Loss of Sight is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. A Specialist must clinically confirm that the Insured's corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

Paralysis

Paralysis is defined as damage to the brain or spinal cord caused by an [Accident or] Illness that results in quadriplegia, paraplegia, hemiplegia, or diplegia. There must be complete and permanent loss of use of two or more limbs that is present for a continuous period of at least 180 days.

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases is defined as a definite diagnosis by a Specialist of spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease) or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be permanent functional neurological impairment with objective evidence of motor dysfunction with muscle weakness that has persisted for a continuous period of at least 90 days.

Advanced Alzheimer's Disease

Advanced Alzheimer's Disease is defined as dementia due to Alzheimer's Disease, where there is progressive and permanent deterioration of memory and intellectual capacity. The diagnosis of Alzheimer's disease must be confirmed by a Specialist and the diagnosis must be supported by clinically accepted standardized cognitive testing and neurological examination. There must be Advanced Alzheimer's Disease where there is significant reduction in mental and social functioning where the Insured is unable to perform independently, at least 2 of the following 6 "Activities of Daily Living" for a continuous period of at least 180 days:

Activities of Daily Living are defined as:

- a. Bathing - washing oneself by sponge bath or in the tub or shower, including the task of getting into or out of the tub or shower.
- b. Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
- c. Eating - feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
- d. Transferring - moving into and out of bed or a wheelchair.
- e. Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- f. Continence - the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

Parkinson's Disease

Parkinson's Disease is defined as an unequivocal diagnosis of idiopathic Parkinson's disease. There must be resting tremor, rigidity, bradykinesia and gait disturbance compatible with the diagnosis of Parkinson's Disease as assessed by a Specialist.

Multiple Sclerosis

Multiple Sclerosis is defined as a diagnosis made by a Specialist of definite Multiple Sclerosis.

Both of the following two (2) criteria must be present:

1. There must be permanent functional neurological impairment with objective evidence of motor or sensory dysfunction, which must have persisted for a continuous period of at least 180 days.
2. The diagnosis must also be confirmed with objective neurological investigations, such as lumbar puncture, evoked visual responses, evoked auditory responses and MRI evidence of lesions of the central nervous system.

Coma

Coma is defined as a state of profound unconsciousness from which an Insured cannot be aroused to consciousness by external or internal stimulation, as determined by a Doctor as the result of an [Accident] [or] Illness.

This diagnosis must be supported by evidence of all the following:

- a. No response to external stimuli for at least 96 hours.
- b. Life support measures are necessary to sustain life.
- c. Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Benign Brain Tumor

Benign Brain Tumor is defined as a non-malignant tumor that is located in the cranial vault and limited to the brain, meninges, cranial nerves, or pituitary gland. The Benign Brain Tumor must require surgery or radiation treatment or cause irreversible objective neurological deficits.

Health Screening Benefit

The Health Screening Benefit will be paid once per year, per covered Insured, when one or more of the following exams, X-rays, laboratory tests are administered to during a Calendar Year. A Health Screening Benefit is payable once per covered Insured during a Calendar Year, regardless of the number of exams, X-rays, laboratory tests administered during that year.

1. Tests to Screen for Cancer:

- (a) Biopsy
- (b) Bone marrow testing
- (c) Breast ultrasound
- (d) CA 125 (blood test for ovarian cancer)
- (e) CA 15-3 (blood test for breast cancer)
- (f) CEA (blood test for colon cancer)
- (g) Colonoscopy
- (h) Flexible sigmoidoscopy
- (i) Hemocult stool specimen
- (j) Mammogram
- (k) Pap test
- (l) PSA (prostate-specific antigen tests)
- (m) Serum protein electrophoresis (blood test for myeloma)
- (n) Thermography

2. Tests to screen for Heart-related Disease

- (a) Blood test for triglycerides
- (b) Chest x-ray
- (c) Serum cholesterol test to determine HDL/LDL level
- (d) Stress test on a bicycle or treadmill

3. Test to screen for Organ-related Disease

- (a) Fasting blood glucose test

Portability/ Post-Termination Continuation of Coverage:

Allows coverage to continue for an unlimited period of time following termination of employment or loss of eligibility. Review the certificate of coverage to understand full details of this provision.

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

Rates for:

12523000 - City of Johnston

Critical Illness



Employee Benefit Amount(s)	
Critical Illness Employee Benefit: \$5,000, \$10,000, or \$20,000	
Guaranteed Issue Benefit: Up To \$5,000, \$10,000, or \$20,000	
Dependent Benefit Amount(s)	
Spouse Benefit: 50% of the benefit amount, Child Benefit: 25% of the benefit amount	

Cost is dependent upon how much coverage is selected and the age of the insured as of the effective date. Because attained age rating applies, premiums may increase due to age changes upon the start of the next policy year.

Monthly 4-Tier Premium Rates--Non-Tobacco

Employee Attained Age		\$5,000	\$10,000	\$20,000
Employee Only	29 and Under	\$1.15	\$2.25	\$4.44
	30-39	\$2.08	\$4.04	\$7.95
	40-49	\$5.31	\$10.32	\$20.36
	50-59	\$12.86	\$25.03	\$49.39
	60-69	\$24.15	\$47.14	\$93.10
	70-79	\$45.35	\$88.97	\$176.21
	80-89	\$64.57	\$127.19	\$252.44
	90 and Over	\$73.61	\$145.29	\$288.65
Employee Attained Age		\$5,000	\$10,000	\$20,000
Employee + Spouse	29 and Under	\$1.76	\$3.42	\$6.75
	30-39	\$3.34	\$6.48	\$12.76
	40-49	\$8.33	\$16.17	\$31.87
	50-59	\$18.91	\$36.72	\$72.34
	60-69	\$35.19	\$68.31	\$134.54
	70-79	\$68.89	\$134.32	\$265.18
	80-89	\$97.82	\$191.76	\$379.63
	90 and Over	\$111.37	\$218.89	\$433.93
Employee Attained Age		\$5,000	\$10,000	\$20,000
Employee + Child(ren)	29 and Under	\$1.40	\$2.70	\$5.31
	30-39	\$2.32	\$4.49	\$8.82
	40-49	\$5.55	\$10.78	\$21.24
	50-59	\$13.10	\$25.49	\$50.26
	60-69	\$24.39	\$47.59	\$93.98
	70-79	\$45.59	\$89.42	\$177.08
	80-89	\$64.81	\$127.64	\$253.31
	90 and Over	\$73.85	\$145.74	\$289.52

Rates include Health Screening benefit for Employee, Spouse, and Child.

Monthly 4-Tier Premium Rates--Non-Tobacco (Continued)

Employee Attained Age		\$5,000	\$10,000	\$20,000
Family	29 and Under	\$2.06	\$3.99	\$7.84
	30-39	\$3.64	\$7.05	\$13.85
	40-49	\$8.63	\$16.74	\$32.96
	50-59	\$19.21	\$37.28	\$73.43
	60-69	\$35.49	\$68.87	\$135.63
	70-79	\$69.19	\$134.88	\$266.27
	80-89	\$98.12	\$192.32	\$380.72
	90 and Over	\$111.68	\$219.46	\$435.02

Monthly 4-Tier Premium Rates--Tobacco

Employee Attained Age		\$5,000	\$10,000	\$20,000
Employee Only--Tobacco	29 and Under	\$1.37	\$2.68	\$5.30
	30-39	\$2.82	\$5.52	\$10.92
	40-49	\$9.10	\$17.91	\$35.53
	50-59	\$25.97	\$51.26	\$101.83
	60-69	\$52.71	\$104.25	\$207.32
	70-79	\$94.10	\$186.46	\$371.19
	80-89	\$120.81	\$239.67	\$477.40
	90 and Over	\$135.97	\$270.02	\$538.11

Employee Attained Age		\$5,000	\$10,000	\$20,000
Employee + Spouse--Tobacco	29 and Under	\$2.06	\$4.02	\$7.94
	30-39	\$4.37	\$8.54	\$16.88
	40-49	\$13.51	\$26.53	\$52.59
	50-59	\$36.71	\$72.31	\$143.53
	60-69	\$75.69	\$149.30	\$296.52
	70-79	\$142.01	\$280.56	\$557.65
	80-89	\$182.18	\$360.48	\$717.07
	90 and Over	\$204.92	\$405.99	\$808.13

Employee Attained Age		\$5,000	\$10,000	\$20,000
Employee + Child(ren)--Tobacco	29 and Under	\$1.62	\$3.15	\$6.21
	30-39	\$3.07	\$5.99	\$11.83
	40-49	\$9.35	\$18.38	\$36.44
	50-59	\$26.22	\$51.73	\$102.74
	60-69	\$52.96	\$104.72	\$208.23
	70-79	\$94.35	\$186.93	\$372.10
	80-89	\$121.06	\$240.14	\$478.31
	90 and Over	\$136.22	\$270.49	\$539.02

Rates include Health Screening benefit for Employee, Spouse, and Child.

Monthly 4-Tier Premium Rates--Tobacco (Continued)

Employee Attained Age		\$5,000	\$10,000	\$20,000
Family--Tobacco	29 and Under	\$2.37	\$4.60	\$9.07
	30-39	\$4.68	\$9.13	\$18.01
	40-49	\$13.82	\$27.12	\$53.72
	50-59	\$37.02	\$72.90	\$144.66
	60-69	\$76.00	\$149.88	\$297.65
	70-79	\$142.32	\$281.14	\$558.79
	80-89	\$182.49	\$361.06	\$718.20
	90 and Over	\$205.23	\$406.58	\$809.26

Rates include Health Screening benefit for Employee, Spouse, and Child.

To Calculate: Weekly=Monthly cost x 12 ÷52; Bi-Weekly =Monthly cost x 12÷26; Semi-Monthly=Monthly cost x 12 ÷24

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

Policyholder: City of Johnston

Policy Issue State: IA

Scheduled Benefit Accident Plan

Insured by Symetra Life Insurance Company

Exclusions

We will not pay benefits for any loss treated outside the United States, Canada or Mexico; or for any Injury that results from or is caused by:

- a. War or act of war;
- b. Aviation or aerial navigation, except as a paying passenger on a regularly scheduled commercial passenger flight;
- c. Motor vehicle acrobatic stunts, acrobatic/stunt flying on aircraft, endurance tests, or racing;
- d. Professional or semi-professional organized sports;
- e. Active duty service or training in the military for more than 31 days (N/A for policies issued in DE);
- f. Disease, bodily/mental illness or degenerative process;
- g. Suicide, attempted suicide, or intentionally self-inflicted Injury (N/A for policies issued in MI);
- h. Participation in bungee jumping, hang gliding, parachuting, parakiting, parasailing, sail gliding, or skydiving;
- i. Voluntary intoxication or being under the influence of any narcotic, drug or controlled substance (N/A for policies issued in MD, SD, VT or WA, or for residents of MD¹, SD¹, VT¹ or WA¹.);
- j. Voluntary intoxication through use of poison, gas, or fumes (N/A for policies issued in MD, NJ, SD or WA, or for residents of MD¹, SD¹ or WA¹. Also, N/A for CT residents covered under any policy where the majority of the group resides in CT*); or
- k. Committing assault or a felony, or voluntary participation in a riot or insurrection (N/A for policies issued in MD, CT, IL, MI, NE, NJ, or UT, or for residents of MD¹. Also, N/A for CT residents covered under any policy where the majority of the group resides in CT*).

If the benefits below are included in your plan, some variation of the following exclusions & limitations may apply; please see your plan's enrollment material for details.

Hospital Confinement, ICU and Rehabilitation or Skilled Nursing Facility Benefits will not be paid for care in an emergency room, an outpatient hospital facility or clinic, an urgent care facility or in any other portion of a hospital which provides services that do not require confinement; or inpatient or outpatient surgical procedures.

Follow up Doctor's Visit Benefits will not be paid for care in an emergency room, physical therapy, chiropractic care, inpatient or outpatient surgical procedures or diagnostic X-ray and laboratory tests.

Prosthetic Device Benefits will not be paid for hearing aids, wigs, dental aids, including false teeth; or the repair or replacement of prosthetic devices unless the prosthetic device is damaged during an Accident.

Lead/Hazardous Chemical Accidental Poisoning Benefits will not be paid for alcohol poisoning resulting from ingestion of alcoholic beverages or carbon monoxide poisoning. (Carbon monoxide poisoning benefits may be payable if a separate Carbon Monoxide benefit is included in your plan.)

¹ Regardless of where the policy is issued.

*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.

State-Specific Benefit Disclosures

If the benefits below are included in your plan, the following state requirements may apply, depending on the state where you live or the policy issue state (as shown above). Apart from any state requirements, please see your plan's enrollment material to determine if these benefits are available.

Portability

- Not available to residents of CO, KY, LA, MN, NV, NH, NM, OR, UT, or VT. In this situation, residents of these states will be offered the option to continue their coverage via the "Extension of Coverage" provision within the certificate.

Home Health Care Benefit

Included for policies issued in CT and for CT residents under any policy where the majority of the group resides in CT*.

Congenital Anomaly Benefit - \$1,000 per dependent child

Always included if dependent coverage is selected, for policies issued in ID and for ID1 residents. Benefit only pays for reconstructive or cosmetic surgery required to repair a functional defect and prescribed within 90 days of birth or placement for adoption.

Second Opinion Benefit

Always included for policies issued in MD and for MD¹ residents.

Surgical, Burn, Suture/Laceration, Dental, Eye Injury, and Blood/Plasma/Platelet Benefits

Always included for policies issued in NH and for NH¹ residents.

Accidental Death and Double Dismemberment minimum benefit of \$10,000, Single Dismemberment of Limb benefit of \$50,000, and Dismemberment of Digit benefit of \$1,000 per person

Included for policies issued in NH and for NH¹ residents with Catastrophic Accident Benefits coverage.

Parental Caregivers Benefit(s) Rider

If attached, the benefits under this rider do not include the following: Wellness Screening Benefits Rider; Wellbeing Assistance Benefit; (Child) Organized Sport Activity Benefits Rider; Catastrophic/Enhanced Catastrophic Accident Benefits/Dismemberment Benefits; Family Care Benefit Rider; First Responder Benefits; Health Care Worker Benefits; and/or Health Systems Additional Benefit Rider.

THE POLICY IS AN ACCIDENT INSURANCE POLICY. IT DOES NOT PAY BENEFITS FOR LOSSES CAUSED BY SICKNESS. YOUR COVERAGE UNDER THE POLICY IS NOT COMPREHENSIVE MEDICAL COVERAGE AND IS NOT INTENDED TO COVER THE COST OF ALL HOSPITAL OR OTHER MEDICAL SERVICES. THE POLICY DOES NOT SATISFY THE MINIMUM ESSENTIAL COVERAGE REQUIREMENTS OF THE AFFORDABLE CARE ACT.

¹ Regardless of where the policy is issued.

*Check with your employer if you want more information about the number of employees in certain states.

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