

Critical Illness Insurance

Financial relief at a critical time



Medical advancements have greatly improved our ability to manage critical health events. But the unexpected cost of those events—while keeping up with everyday expenses—can put a strain on your finances. While most major medical plans help with care and treatment expenses, other costs can add financial pressure to an already stressful situation. Symetra's critical illness insurance can help.



How it works

If you're diagnosed with a covered condition after the policy is in effect, you'll receive a lump-sum benefit payment based on the terms of your policy and the diagnosis.

Benefits are paid directly to you and do not coordinate with any other insurance coverage you have.



Why critical illness insurance?

Critical illness insurance can provide some financial relief during a serious medical condition.

The benefit payment can be used for anything—whether it's transportation, child care or other expenses—so you can focus more on your recovery and less on your finances.

Continued >

What’s covered

Conditions are grouped into three categories. The maximum benefit you can receive from a category equals 100% of your benefit amount. At least 12 months must pass between the diagnoses of critical illnesses before an additional lump-sum payment can be made. However, if you receive a benefit at 25% for the initial critical illness of a particular category and are later diagnosed with a different illness within the same category, you could receive an additional lump-sum payment up to the maximum amount for that category without waiting for 12 months to pass between diagnoses.¹

	Covered critical illness conditions ¹	% of benefit amount paid
Category 1	• Invasive cancer	100%
	• Minor cancer	25%
Category 2	• Heart attack • Stroke	100%
	• Coronary artery disease needing surgery or angioplasty	25%
Category 3	• Coma due to accident • Occupational HIV infection due to accident • Loss of sight* • Loss of speech* • Loss of hearing* • Major organ failure • End-stage renal disease • Paralysis due to accident • Severe burns	100%

¹Due to accident or illness, as specified in the certificate.

Covered conditions are paid at the amount shown in the policy until you reach your 70th birthday. At age 70, the benefit reduces to 50% of your coverage amount.

Spouse and child coverage

If offered by your employer, spousal benefits are available for up to 50% of your coverage amount.² Dependent child benefits are available at 25% of your coverage amount, up to \$10,000.¹



DID YOU KNOW?

Over 45% of people with cardiovascular disease suffer financial hardship from their medical bills.³

Claims examples

Meet Sarah and Andrew

In addition to their health insurance, Sarah and Andrew are both enrolled in Symetra’s critical illness insurance. They are each covered under a \$10,000 benefit amount.



Sarah

After a breast cancer diagnosis, Sarah’s doctors treated the condition with a combination of surgery and radiation therapy. She used her critical illness benefit to help pay her deductible and coinsurance, plus other expenses while she recovered.

Cancer

Benefit paid:

25% of benefit amount = **\$2,500**

How Sarah used her benefit dollars:

- Related medical costs: \$2,000
- Child care: \$300
- Parking and transportation: \$200



Andrew

After Andrew suffered a heart attack, he spent two days in the hospital and another three months recovering at home. His critical illness benefit provided financial support to help with a variety of related health costs and lost income.

Heart attack

Benefit paid:

100% of benefit amount = **\$10,000**

How Andrew used his benefit dollars:

- Related medical costs: \$5,500
- Lost income: \$4,500

These examples are for illustrative purposes only and are meant to provide a general overview of how coverage works. Any resemblance to actual persons is purely coincidental. Refer to your complete set of enrollment materials for your plan’s benefit amounts.

Why enroll?

A cancer diagnosis, heart attack or other life-altering condition usually leads to unknown and unexpected costs. And some of these—such as transportation, child care and mortgage payments—aren't covered by health insurance. Critical illness insurance can help pay for these additional costs while you focus on your recovery.

Signing up for Symetra's critical illness insurance also means you can enjoy:

- **A simple enrollment process without any required medical questions or exams.⁴**
- **An easy and flexible claims process.**
- **Responsive and empathetic customer service representatives at a U.S.-based call center.**

**Don't miss your opportunity to enroll in this valuable coverage.
To get started, talk to your benefits representative.**

Enrollment starts soon.

Note: Any critical illness benefits totaling more than the costs incurred for medical care are generally taxable if the employee or employer paid the premium on a pre-tax basis. It is also important to note that critical illness benefits may affect eligibility for public assistance like federal, state or local welfare programs. For specific information, please consult a tax professional and/or your benefits representative.



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Critical illness policies, insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They provide benefits at a preselected, fixed dollar amount for covered conditions. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate form number is SBC-00535-CERT 4/14. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, call your benefits representative.

¹ May vary by state.

² Greater benefit amounts may be available. Contact your benefits representative to learn more.

³ "Medical Bills Financially Burden Almost Half of Cardiovascular Disease Patients," American College of Cardiology, published Feb. 12, 2019, on <https://www.acc.org/about-acc/press-releases/2019/02/12/10/14/medical-bills-financially-burden-almost-half-of-cardiovascular-disease-patients>.

⁴ Late entrants and those who elect coverage over the guaranteed issue amount outlined in the plan design will have to complete a medical questionnaire.

Hospital Indemnity Insurance

Building a financial safety net for the unexpected



An injury or illness can land you in the hospital for a night or two—or even longer. If that happens, unexpected costs from deductibles, copays or coinsurance, as well as non-medical expenses like child care or transportation could take a serious toll on your family's financial health. That's where hospital indemnity insurance comes in. It's offered through your work and can reduce the burden of a hospital stay by helping cover the cost.



What is it?

Hospital indemnity insurance pays a fixed dollar amount per day for services and supplies you receive during a hospital stay, up to a maximum number of days each year. Stays in a mental health, substance abuse or nursing facility are also covered.

There are no preexisting condition limitations, no health questions to answer and no medical tests to take. You're paid the full per-day benefit no matter what other insurance you have.



Why hospital indemnity insurance?

If you end up in the hospital, your focus should be on your recovery, not your medical bills. Hospital indemnity insurance can help with the cost of your stay, giving you and your family some financial peace of mind.

Turn the page to learn more >

How it works

Hospital indemnity insurance pays a fixed dollar amount for each day of a hospital stay lasting 24 hours or more. Benefits are paid until you reach the maximum number of days stated in your policy.

In addition to hospitals, benefits are paid for stays in other eligible facilities. Each facility has its own per-day benefit and calendar year maximum.

 Hospital Examples: • Car accidents • Illnesses • Injuries	 Intensive care unit (ICU) Examples: • Heart attacks • Strokes • Serious injuries • Respiratory failure • Other serious conditions	 Substance abuse facility Examples: • Detoxification • Residential addiction treatment	 Mental health facility Examples: • Anxiety • Depression • Eating disorders • Schizophrenia	 Nursing facility* Examples: • Physical therapy • Occupational therapy • Speech therapy • Medication
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*Nursing facility benefits are paid only if following a covered hospital stay of at least three consecutive days and the participant is under 65.

Note: The examples given above are for illustrative purposes only and do not constitute an exhaustive list of possible conditions and treatments.



DID YOU KNOW?

The average cost of a hospital stay is about \$4,000 per day. 11% of this (\$440/day) comes from out-of-pocket costs.¹

Claims Example

Meet Herman

Like most healthy adults, Herman thought the hospital was the last place he'd end up. But this year, he fell seriously ill with COVID-19 and spent five days in the hospital.

Fortunately, Herman has Symetra Hospital Indemnity Insurance, which he purchased through work. It pays a first-day hospital admission benefit, followed by a per day benefit starting on Day Two.

Hospital indemnity insurance removed some of the financial burden of Herman's hospital stay, so he could focus on getting well.



Herman's hospital stay

	Out-of-pocket costs	Plan 1	Plan 2
Per-day hospital stay	\$440 per day	\$200 per day	\$300 per day
5-day total	\$2,200	\$1,000	\$1,500
Outstanding balance		\$1,200	\$700

This example is for illustrative purposes only and is meant to provide a general overview of how hospital indemnity insurance works. Any resemblance to actual persons is purely coincidental. Refer to your enrollment materials for your plan's benefit amounts.

Turn the page to learn more >

Why enroll?

Hospital indemnity insurance can provide an extra layer of financial cushion if you become hospitalized for any reason. In addition to competitive rates, enrolling at work means:

- **No preexisting condition limitations**
- **No health questions to answer or tests to take**
- **No copays, coinsurance or deductibles to meet**
- **Benefits are paid no matter what other coverage you have**
- **Visit any hospital or covered facility, in network or not**
- **Benefits can be used for anything, including non-medical costs**

Get started

- ✓ Review your enrollment materials.
- ✓ Follow the steps outlined by your benefits representative.
- ✓ Complete the enrollment process.

Don't miss your opportunity to enroll in this valuable coverage.

Enrollment starts soon.



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Fixed-Payment Indemnity policies (also known as "Hospital Indemnity policies"), insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They are designed to provide benefits at a preselected, fixed dollar amount. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate form number is SBC-01505-CERT 8/13. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, contact your benefits representative.

¹ "Hospital and Surgery Costs," Debt.org. Retrieved June 2, 2020, from <https://www.debt.org/medical/hospital-surgery-costs/>.

Select Benefits Plan Summary for:
12507000 - Madison County

Fixed-Payment Indemnity Insurance

Fixed-Payment Indemnity Policy	Plan 1	Plan 2
Inpatient Hospital Benefits 500 days per lifetime unless noted Hospital Stay Intensive Care Unit Substance Abuse Facility Mental Health Facility 180 days lifetime maximum Nursing Facility 60 consecutive days per stay maximum. This benefit is paid only if following a covered hospital stay of at least three consecutive days and the insured is under age 65.	\$200 per day, 15 days pp/pcy ² \$400 per day, 15 days pp/pcy \$200 per day, 15 days pp/pcy \$100 per day, 15 days pp/pcy \$100 per day	\$300 per day, 15 days pp/pcy ² \$600 per day, 15 days pp/pcy \$300 per day, 15 days pp/pcy \$150 per day, 15 days pp/pcy \$150 per day
Critical Illness Policy		
Critical Illness Benefit¹ Per first diagnosis of a covered condition after coverage is in effect Employee Spouse Child	\$5,000 \$2,500 \$1,250	\$10,000 \$5,000 \$2,500
Health Screening Benefit Employee Spouse	\$50 pp/pcy \$50 pp/pcy	\$50 pp/pcy \$50 pp/pcy
Recurrence Benefit	100%	100%
Health Advocacy Services	Included	Included
EAP+Work/Life Program	Included	Included
Wellness Program	Included	Included
Survivor Benefit	Included	Included
Monthly Premium	Plan 1	Plan 2
<i>Employee</i>	\$20.03	\$33.74
<i>Employee + Spouse</i>	\$36.32	\$59.46
<i>Employee + Children</i>	\$25.47	\$42.02
<i>Family</i>	\$43.36	\$70.14

¹There are three categories of covered critical illness conditions. See Description of Benefits report for detailed information.

²pp/pcy=per person, per calendar year

Based on information provided for the eligible population, this (these) plan(s) are available to individual(s) residing in the state(s) of IA.

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.

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.

These benefits are designed to be offered to those covered under a High-Deductible Health Plan ('HDHP') without the effect of disqualifying a participant from electing an HSA. Please consult with your Benefits Advisor to assist with determination that electing this limited benefit coverage is in fact permitted coverage under the rules applicable to an HSA.

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.

Fixed-Payment Indemnity Insurance

Inpatient Hospital Benefit

Benefits are paid on the first day of a covered stay. ICU, substance abuse, mental health and nursing facility stays are included with the hospital stay benefit. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

Critical Illness Benefit

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect. Covered conditions are grouped into three benefit categories. Benefits for covered conditions will be paid at a percentage of the policy amount per category (up to 100%). Below are the definitions of the conditions covered.

CATEGORY 1

Invasive Cancer (100% of benefit amount paid)

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The term cancer may include leukemia, lymphoma, sarcoma, and Hodgkin's disease. Invasive Cancer must be diagnosed by a specialist according to a pathological or clinical diagnosis.

Minor Cancer (25% of benefit amount paid)

Minor Cancer is defined as a diagnosis of one of the following four malignant cancers: 1) carcinoma in-situ; 2) malignant prostate cancer; 3) malignant melanoma; 4) malignant thyroid cancer. The diagnosis must be confirmed with a report from a specialist that includes the pathology report.

CATEGORY 2

Heart Attack (Myocardial Infarction) (100% of benefit amount paid)

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 all three of the following criteria: 1) new clinical presentation; 2) electrocardiographic changes consistent with an evolving heart attack; 3) serial measurement of cardiac biomarkers.

Stroke (100% of benefit amount paid)

Stroke is defined as cerebrovascular incident resulting in an irreversible death of brain tissue due to intracranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel. This event must result in permanent neurological functional impairment with objective neurological abnormal signs on physical examination by a specialist at least 30 days after the event.

Coronary Artery Disease Needing Surgery or Angioplasty (25% of benefit amount paid)

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. A specialist must report that the insured requires surgical intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines.

CATEGORY 3

Coma Due to Accident (100% of benefit amount paid)

Coma due to accident is defined as a coma that results from an accidental injury that occurred while covered under the policy. This diagnosis must be supported by evidence of the following: 1) no response to external stimuli; 2) life support measures are necessary to sustain life; 3) brain damage resulting in permanent neurological deficit.

Occupational Human Immunodeficiency Virus (HIV) Infection Due to Accident (100% of benefit amount paid)

Occupational Human Immunodeficiency Virus (HIV) Infection is defined as infection with the human immunodeficiency virus (HIV) resulting from an accidental injury which exposed the insured to HIV-contaminated blood or bodily fluids during the course of the duties of the insured's normal occupation. The accident causing the infection of HIV must have occurred in the United States and while covered under the policy.

Loss of Sight (100% of benefit amount paid)

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. 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.

Loss of Speech (100% of benefit amount paid)

Loss of Speech is defined as permanent loss of the ability to speak to the extent that the insured is unintelligible to another person with normal hearing. The insured must be able to demonstrate that the loss has been continuous for at least 180 days. The diagnosis of loss must be made by a specialist.

Loss of Hearing (100% of benefit amount paid)

Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the insured is unable to hear sounds at or below (90 decibels). The diagnosis must be made by a specialist as diagnosed by audiometric testing.

Major Organ Failure (100% of benefit amount paid)

Major Organ Failure is defined as the failure of bone marrow, heart, liver, lung, pancreas, or small bowel. 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. The insured must be included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

End Stage Renal Failure (Kidney Failure) (100% of benefit amount paid)

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: 1) The insured must undergo regular renal dialysis at least weekly; 2) The insured needs a kidney transplant and is included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS).

Paralysis Due to Accident (100% of benefit amount paid)

Paralysis Due to Accident is defined as paralysis with quadriplegia, paraplegia, hemiplegia, or diplegia, as the result of an accident that occurred while covered under the policy. 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.

Severe Burns (100% of benefit amount paid)

Severe Burns is defined as having sustained third degree burns. The third degree burns must cover at least 20% of the surface area of an insured's body.

Health Screening Benefit

The health screen benefit is only available to employees and their spouse. It does not apply to dependent children. The benefit will be paid once during a calendar year regardless of the number of x-rays or 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

Employer sponsored biometric testing completed at the workplace is not covered under the Health Screening Benefit.

Recurrence Benefit

The Recurrence Benefit is paid if a critical illness previously paid under the policy is diagnosed a second time while eligible under the policy. The following conditions must be satisfied to be eligible for the benefit:

- a. The subsequent condition is a critical illness that qualifies for the recurrence benefit (see below).
- b. The subsequent condition satisfies policy requirements to be considered a covered critical illness condition.
- c. The subsequent condition occurred and is diagnosed at least 365 days after the date of the diagnosis of the paid critical illness benefit.
- d. The subsequent diagnosis must be made while the insured is covered under the policy.

The recurrence benefit is only payable one time. The benefit is not available when an insured has already received a recurrence benefit. The following covered critical illness conditions qualify for the benefit:

Invasive Cancer	Major Organ Failure
Heart Attack	Paralysis Due to Accident
Stroke	Severe Burns
Coma Due to Accident	

Critical Illness Policy Provisions

Benefit Reduction Schedule

The benefit amount for employee, spouse, and child is reduced by 50% on the policy anniversary date that occurs on or follows the employee's 70th birthday.

Benefit Waiting Period

The 30-day period immediately following an individual's effective date of coverage (or increase in coverage). No benefit (or benefit increase) is payable for a critical illness that is diagnosed during the benefit waiting period. No benefit waiting period for individuals that reside in Idaho.

Pre-Existing Condition

There are no pre-existing condition limitations for this proposal.

Separation Period

The time period between the diagnosis dates of different critical illnesses in either the same or another critical illness category. Benefits for different covered critical illness may be payable if the dates when each of the conditions is diagnosed are separated by at least 12 months. The separation period is 6 months for individuals that reside in Colorado.

Critical Illness Continuation of Coverage

Allows coverage to be continued for a limited duration following termination of employment or temporary absence. See policy for specific details.

Health Advocacy

Personalized assistance with a full range of health coverage and insurance-related issues such as locating doctors and other providers, scheduling appointments, getting cost estimates and more.

NurseLine™

Direct access to a registered nurse 24/7 for non-urgent concerns.

Medical Bill Saver™

Help negotiating with providers for medical and dental bills that are not covered by your insurance.

EAP+Work/Life

Licensed professional counselors and work/life specialists provide confidential, short-term help with personal, family and work-related issues.

Wellness Program

Unlimited access to highly trained wellness coaches by telephone, email or instant messaging. Includes a comprehensive, secure wellness website.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (except Dependent Life, Group Accident, and Critical Illness) without premium payments for up to two years after the employee's death. This is as long as the plan remains in force and the covered dependent meets the coverage requirements in the policy.

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

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