



Symetra Life Insurance Company  
 777 108th Avenue NE  
 Bellevue, WA 98004



## Plan A

### SELECT BENEFITS - Brief Coverage Description

#### **Employee Life Insurance and Accidental Death & Dismemberment Benefit**

\$5,000 life plus \$5,000 Accidental Death & Dismemberment

#### **Dependent Life Insurance Benefit**

Spouse - \$2,500, Child - \$1,250, Infant - \$200

#### **Inpatient Hospital Benefit**

\$100 daily hospital / \$200 daily ICU (30 days PP/PCY\* maximum)

\$200 daily hospital / \$400 daily ICU (30 days PP/PCY\* maximum)

\$300 daily hospital / \$600 daily ICU (30 days PP/PCY\* maximum)

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

\$20 per visit (\$300 PP/PCY\* maximum)

\$35 per visit (\$300 PP/PCY\* maximum)

\$40 per visit (\$300 PP/PCY\* maximum)

\$45 per visit (\$300 PP/PCY\* maximum)

#### **Outpatient Diagnostic X-Ray and Lab Benefit**

\$35 per visit (\$300 PP/PCY\* maximum)

\$45 per visit (\$300 PP/PCY\* maximum)

\$55 per visit (\$300 PP/PCY\* maximum)

#### **Preventive Care Benefit**

\$75 per visit (\$150 PP/PCY\* maximum)

#### **Accident Benefit**

\$30 per visit (\$100 PP/PCY\* maximum)

#### **Emergency Room Benefit**

\$50 per visit (\$150 PP/PCY\* maximum)

#### **Pharmacy Discount Program**

#### **Survivor Benefit**

	Core Plan	Buy-Up #1	Buy-Up #2	Buy-Up #3
Employee Life Insurance and Accidental Death & Dismemberment Benefit	+	+	+	+
Dependent Life Insurance Benefit	+	+	+	+
Inpatient Hospital Benefit		+		
			+	
				+
Doctor's Office Visit, Urgent Care and Outpatient Hospital Benefit	+			
		+		
			+	
				+
Outpatient Diagnostic X-Ray and Lab Benefit	+	+		
			+	
				+
Preventive Care Benefit				+
Accident Benefit			+	+
Emergency Room Benefit			+	+
Pharmacy Discount Program	+	+	+	+
Survivor Benefit	+	+	+	+

**SELECT BENEFITS - Brief Coverage Description**

**Monthly Funding**

Core Plan	Buy-Up #1	Buy-Up #2	Buy-Up #3
\$ 19.54	\$ 19.54	\$ 19.54	\$ 19.54
\$ 0.00	\$ 25.91	\$ 42.79	\$ 63.08
\$ 19.54	\$ 45.45	\$ 62.33	\$ 82.62

Employer  
Employee  
Total

\* PP/PCY = Per Person, Per Calendar Year

*The Select Benefits Indemnity Insurance Policy and Outpatient Prescription Drug Policy numbers are LGC-8786 2/03 and LGC-8787 2/03 respectively.*

*Please contact your employer for a full description of the Clarksville Johnson County Chamber of Commerce plans.*

*Select Benefits is insured by Symetra Life Insurance Company, Bellevue, WA and may be subject to exclusions, limitations, reductions and termination of benefit provisions.*

*Symetra <sup>SM</sup> and the Symetra Financial Logo are service marks of Symetra Life Insurance Company.*

# Symetra Life Insurance Company

## Select Benefits

### Supplemental Life and Health Plan

#### Description of Benefits

#### Plan A

##### Employee Life Insurance and Accidental Death and Dismemberment (AD&D) Benefit

Amounts reduced by 35% at age 65 and by an additional 35% each five-year period thereafter.

###### Core Plan

- ♦ \$5,000 Life and \$5,000 Accidental Death and Dismemberment

###### Buy-Up #1

- ♦ \$5,000 Life and \$5,000 Accidental Death and Dismemberment

###### Buy-Up #2

- ♦ \$5,000 Life and \$5,000 Accidental Death and Dismemberment

###### Buy-Up #3

- ♦ \$5,000 Life and \$5,000 Accidental Death and Dismemberment

##### Dependent Life Insurance Benefit

###### Core Plan

- ♦ \$2,500 Spouse, \$1,250 Child, \$200 Infant

###### Buy-Up #1

- ♦ \$2,500 Spouse, \$1,250 Child, \$200 Infant

###### Buy-Up #2

- ♦ \$2,500 Spouse, \$1,250 Child, \$200 Infant

###### Buy-Up #3

- ♦ \$2,500 Spouse, \$1,250 Child, \$200 Infant

Life coverage on spouse terminates when employee's insurance coverage terminates. Life coverage on child terminates when child ceases to be an eligible dependent or when employee's insurance coverage terminates.

The 'Child' benefit is paid when the dependent is aged from 6 months to 19 years (or to 23 years if full-time student).

The 'Infant' benefit is paid when the dependent child is aged 14 days to 6 months.

##### Inpatient Hospital Benefit

Coverage for inpatient hospital services are payable at a pre-selected fixed dollar amount per day of confinement up to a maximum number of days per calendar year.

###### Core Plan

- ♦ N/A

###### Buy-Up #1

- ♦ \$100 daily hospital / \$200 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$100 per day, per person for treatment in a substance abuse facility; 30 days maximum per calendar year
- ♦ \$200 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- ♦ \$50 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- ♦ \$50 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

###### Buy-Up #2

- ♦ \$200 daily hospital / \$400 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$200 per day, per person for treatment in a substance abuse facility; 30 days maximum per calendar year
- ♦ \$400 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- ♦ \$100 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime

- ♦ \$100 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

Buy-Up #3

- ♦ \$300 daily hospital / \$600 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$300 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year
- ♦ \$600 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- ♦ \$150 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- ♦ \$150 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

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

Coverage for visits to a doctor's office, urgent care or outpatient hospital facility are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. Routine exams and injections are excluded.

Core Plan

- ♦ \$20 per visit/\$300 per person, per calendar year maximum

Buy-Up #1

- ♦ \$35 per visit/\$300 per person, per calendar year maximum

Buy-Up #2

- ♦ \$40 per visit/\$300 per person, per calendar year maximum

Buy-Up #3

- ♦ \$45 per visit/\$300 per person, per calendar year maximum

**Outpatient Diagnostic X-Ray and Lab Benefit**

Diagnostic x-ray and lab tests ordered or performed by a doctor are payable at a pre-selected fixed dollar amount per visit and up to a calendar year maximum when a hospital confinement is not required. Must be medically necessary.

Core Plan

- ♦ \$35 per visit/\$300 per person, per calendar year maximum

Buy-Up #1

- ♦ \$35 per visit/\$300 per person, per calendar year maximum

Buy-Up #2

- ♦ \$45 per visit/\$300 per person, per calendar year maximum

Buy-Up #3

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

**Preventive Care Benefit**

Routine exams, medical treatment, and well childcare immunizations are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum.

Core Plan

- ♦ N/A

Buy-Up #1

- ♦ N/A

Buy-Up #2

- ♦ N/A

Buy-Up #3

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

### **Accident Benefit**

Covered charges that are the result of an injury or accidents are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. This benefit will not be paid for benefits received in an emergency room.

#### Core Plan

- ♦ N/A

#### Buy-Up #1

- ♦ N/A

#### Buy-Up #2

- ♦ \$30 per visit/\$100 per person, per calendar year maximum

#### Buy-Up #3

- ♦ \$30 per visit/\$100 per person, per calendar year maximum

### **Emergency Room Benefit**

Covered charges that are the result of an illness or accidents are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. This benefit will be paid only for benefits received in an emergency room.

#### Core Plan

- ♦ N/A

#### Buy-Up #1

- ♦ N/A

#### Buy-Up #2

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

#### Buy-Up #3

- ♦ \$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 2 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.

*This brochure provides a brief description of coverage which may be subject to exclusions, limitations, reductions and termination of benefit provisions. Select Benefits is not a replacement for a major medical policy. It is designed to cover insurance services that your employees and eligible dependents use on a routine basis. The Select Benefits Indemnity Insurance Policy and Select Benefits Outpatient Prescription Drug Policy are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Bellevue, WA 98004. Policy numbers are LGC-8786 2/03 and LGC-8787 2/03, respectively.*



Symetra Life Insurance Company  
 777 108th Avenue NE  
 Bellevue, WA 98004



## Plan B

### SELECT BENEFITS - Brief Coverage Description

#### Employee Life Insurance and Accidental Death & Dismemberment Benefit

\$5,000 life plus \$5,000 Accidental Death & Dismemberment  
 \$10,000 life plus \$10,000 Accidental Death & Dismemberment

#### Dependent Life Insurance Benefit

Spouse - \$2,500, Child - \$1,250, Infant - \$200  
 Spouse - \$5,000, Child - \$2,500, Infant - \$400

#### Inpatient Hospital Benefit

\$200 daily hospital / \$400 daily ICU (30 days PP/PCY\* maximum)  
 \$300 daily hospital / \$600 daily ICU (30 days PP/PCY\* maximum)  
 \$400 daily hospital / \$800 daily ICU (30 days PP/PCY\* maximum)  
 \$500 daily hospital / \$1,000 daily ICU (30 days PP/PCY\* maximum)

#### Surgical Benefit

\$500 PP/PCY\* maximum (Schedule A)  
 \$1,000 PP/PCY\* maximum (Schedule A)

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

\$40 per visit (\$300 PP/PCY\* maximum)  
 \$45 per visit (\$300 PP/PCY\* maximum)  
 \$55 per visit (\$300 PP/PCY\* maximum)

#### Outpatient Diagnostic X-Ray and Lab Benefit

\$45 per visit (\$300 PP/PCY\* maximum)  
 \$55 per visit (\$300 PP/PCY\* maximum)

#### Preventive Care Benefit

\$75 per visit (\$150 PP/PCY\* maximum)

#### Accident Benefit

\$30 per visit (\$100 PP/PCY\* maximum)  
 \$40 per visit (\$150 PP/PCY\* maximum)  
 \$50 per visit (\$150 PP/PCY\* maximum)

	Core Plan	Buy-Up #1	Buy-Up #2	Buy-Up #3
Employee Life Insurance and Accidental Death & Dismemberment Benefit				
\$5,000 life plus \$5,000 Accidental Death & Dismemberment	+	+	+	
\$10,000 life plus \$10,000 Accidental Death & Dismemberment				+
Dependent Life Insurance Benefit				
Spouse - \$2,500, Child - \$1,250, Infant - \$200	+	+	+	
Spouse - \$5,000, Child - \$2,500, Infant - \$400				+
Inpatient Hospital Benefit				
\$200 daily hospital / \$400 daily ICU (30 days PP/PCY* maximum)	+			
\$300 daily hospital / \$600 daily ICU (30 days PP/PCY* maximum)		+		
\$400 daily hospital / \$800 daily ICU (30 days PP/PCY* maximum)			+	
\$500 daily hospital / \$1,000 daily ICU (30 days PP/PCY* maximum)				+
Surgical Benefit				
\$500 PP/PCY* maximum (Schedule A)			+	
\$1,000 PP/PCY* maximum (Schedule A)				+
Doctor's Office Visit, Urgent Care and Outpatient Hospital Benefit				
\$40 per visit (\$300 PP/PCY* maximum)	+			
\$45 per visit (\$300 PP/PCY* maximum)		+	+	
\$55 per visit (\$300 PP/PCY* maximum)				+
Outpatient Diagnostic X-Ray and Lab Benefit				
\$45 per visit (\$300 PP/PCY* maximum)	+			
\$55 per visit (\$300 PP/PCY* maximum)		+	+	+
Preventive Care Benefit				
\$75 per visit (\$150 PP/PCY* maximum)		+	+	+
Accident Benefit				
\$30 per visit (\$100 PP/PCY* maximum)		+		
\$40 per visit (\$150 PP/PCY* maximum)			+	
\$50 per visit (\$150 PP/PCY* maximum)				+

**SELECT BENEFITS - Brief Coverage Description**

**Emergency Room Benefit**

\$50 per visit (\$150 PP/PCY\* maximum)  
 \$75 per visit (\$150 PP/PCY\* maximum)  
 \$100 per visit (\$300 PP/PCY\* maximum)

**Pharmacy Discount Program**

**Survivor Benefit**

**Monthly Funding**

Employer  
 Employee  
 Total

	Core Plan	Buy-Up #1	Buy-Up #2	Buy-Up #3
	+	+		
			+	
				+
	+	+	+	+
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**Symetra Life Insurance Company**  
**Select Benefits**  
**Supplemental Life and Health Plan**

**Description of Benefits**

**Plan B**

**Employee Life Insurance and Accidental Death and Dismemberment (AD&D) Benefit**

Amounts reduced by 35% at age 65 and by an additional 35% each five-year period thereafter.

Core Plan

- ♦ \$5,000 Life and \$5,000 Accidental Death and Dismemberment

Buy-Up #1

- ♦ \$5,000 Life and \$5,000 Accidental Death and Dismemberment

Buy-Up #2

- ♦ \$5,000 Life and \$5,000 Accidental Death and Dismemberment

Buy-Up #3

- ♦ \$10,000 Life and \$10,000 Accidental Death and Dismemberment

**Dependent Life Insurance Benefit**

Core Plan

- ♦ \$2,500 Spouse, \$1,250 Child, \$200 Infant

Buy-Up #1

- ♦ \$2,500 Spouse, \$1,250 Child, \$200 Infant

Buy-Up #2

- ♦ \$2,500 Spouse, \$1,250 Child, \$200 Infant

Buy-Up #3

- ♦ \$5,000 Spouse, \$2,500 Child, \$400 Infant

Life coverage on spouse terminates when employee's insurance coverage terminates. Life coverage on child terminates when child ceases to be an eligible dependent or when employee's insurance coverage terminates.

The 'Child' benefit is paid when the dependent is aged from 6 months to 19 years (or to 23 years if full-time student).

The 'Infant' benefit is paid when the dependent child is aged 14 days to 6 months.

**Inpatient Hospital Benefit**

Coverage for inpatient hospital services are payable at a pre-selected fixed dollar amount per day of confinement up to a maximum number of days per calendar year.

Core Plan

- ♦ \$200 daily hospital / \$400 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$200 per day, per person for treatment in a substance abuse facility; 30 days maximum per calendar year
- ♦ \$400 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- ♦ \$100 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- ♦ \$100 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

#### Buy-Up #1

- ♦ \$300 daily hospital / \$600 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$300 per day, per person for treatment in a substance abuse facility; 30 days maximum per calendar year
- ♦ \$600 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- ♦ \$150 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- ♦ \$150 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

#### Buy-Up #2

- ♦ \$400 daily hospital / \$800 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$400 per day, per person for treatment in a substance abuse facility; 30 days maximum per calendar year
- ♦ \$800 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- ♦ \$200 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- ♦ \$200 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

#### Buy-Up #3

- ♦ \$500 daily hospital / \$1,000 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$500 per day, per person for treatment in a mental health 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 treatment 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

#### **Surgical Benefit**

The pre-selected fixed dollar amount on the surgical schedule will be paid for surgical procedures performed in connection with an illness or injury, up to a calendar year maximum.

#### Core Plan

- ♦ N/A

#### Buy-Up #1

- ♦ N/A

#### Buy-Up #2

- ♦ Surgical Schedule A, \$500 per person, per calendar year maximum

#### Buy-Up #3

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

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

Coverage for visits to a doctor's office, urgent care or outpatient hospital facility are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. Routine exams and injections are excluded.

#### Core Plan

- ♦ \$40 per visit/\$300 per person, per calendar year maximum

#### Buy-Up #1

- ♦ \$45 per visit/\$300 per person, per calendar year maximum

#### Buy-Up #2

- ♦ \$45 per visit/\$300 per person, per calendar year maximum

#### Buy-Up #3

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

### **Outpatient Diagnostic X-Ray and Lab Benefit**

Diagnostic x-ray and lab tests ordered or performed by a doctor are payable at a pre-selected fixed dollar amount per visit and up to a calendar year maximum when a hospital confinement is not required. Must be medically necessary.

#### Core Plan

- ♦ \$45 per visit/\$300 per person, per calendar year maximum

#### Buy-Up #1

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

#### Buy-Up #2

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

#### Buy-Up #3

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

### **Preventive Care Benefit**

Routine exams, medical treatment, and well child/childcare immunizations are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum.

#### Core Plan

- ♦ N/A

#### Buy-Up #1

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

#### Buy-Up #2

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

#### Buy-Up #3

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

### **Accident Benefit**

Covered charges that are the result of an injury or accidents are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. This benefit will not be paid for benefits received in an emergency room.

#### Core Plan

- ♦ N/A

#### Buy-Up #1

- ♦ \$30 per visit/\$100 per person, per calendar year maximum

#### Buy-Up #2

- ♦ \$40 per visit/\$150 per person, per calendar year maximum

#### Buy-Up #3

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

### **Emergency Room Benefit**

Covered charges that are the result of an illness or accidents are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. This benefit will be paid only for benefits received in an emergency room.

#### Core Plan

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

#### Buy-Up #1

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

#### Buy-Up #2

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

#### Buy-Up #3

- ♦ \$100 per visit/\$300 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 2 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.

*This brochure provides a brief description of coverage which may be subject to exclusions, limitations, reductions and termination of benefit provisions. Select Benefits is not a replacement for a major medical policy. It is designed to cover insurance services that your employees and eligible dependents use on a routine basis. The Select Benefits Indemnity Insurance Policy and Select Benefits Outpatient Prescription Drug Policy are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Bellevue, WA 98004. Policy numbers are LGC-8786 2/03 and LGC-8787 2/03, respectively.*



Symetra Life Insurance Company  
 777 108th Avenue NE  
 Bellevue, WA 98004



## Plan C

### SELECT BENEFITS - Brief Coverage Description

#### Employee Life Insurance and Accidental Death & Dismemberment Benefit

\$10,000 life plus \$10,000 Accidental Death & Dismemberment  
 \$20,000 life plus \$20,000 Accidental Death & Dismemberment

#### Dependent Life Insurance Benefit

Spouse - \$5,000, Child - \$2,500, Infant - \$400  
 Spouse - \$7,500, Child - \$3,750, Infant - \$600

#### Inpatient Hospital Benefit

\$400 daily hospital / \$800 daily ICU (30 days PP/PCY\* maximum)  
 \$500 daily hospital / \$1,000 daily ICU (30 days PP/PCY\* maximum)  
 \$600 daily hospital / \$1,200 daily ICU (30 days PP/PCY\* maximum)

#### Surgical Benefit

\$1,000 PP/PCY\* maximum (Schedule A)  
 \$1,500 PP/PCY\* maximum (Schedule A)  
 \$2,000 PP/PCY\* maximum (Schedule A)

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

\$55 per visit (\$300 PP/PCY\* maximum)

#### Outpatient Diagnostic X-Ray and Lab Benefit

\$55 per visit (\$300 PP/PCY\* maximum)

#### Preventive Care Benefit

\$75 per visit (\$150 PP/PCY\* maximum)

#### Prescription Drug Benefit

\$150 PP/PCY\*, \$300 PF/PCY\*\* maximums (\$15 / \$30 co-pay)  
 \$300 PP/PCY\*, \$600 PF/PCY\*\* maximums (\$15 / \$30 co-pay)

#### Vision Care Benefit

\$50 per exam and either \$100 for glasses or \$75 for contacts

#### Accident Benefit

\$50 per visit (\$150 PP/PCY\* maximum)

	Core Plan	Buy-Up #1	Buy-Up #2	Buy-Up #3
	+	+	+	
				+
	+	+	+	
				+
	+			
		+		
			+	+
	+	+		
			+	
	+	+	+	+
	+	+	+	+
	+	+	+	+
			+	
				+
				+
	+	+	+	+

**SELECT BENEFITS - Brief Coverage Description**

**Emergency Room Benefit**

\$100 per visit (\$300 PP/PCY\* maximum)

**Dental Benefit**

\$500 PP/PCY\* (\$50 per visit for basic, \$200 for major & \$150 for orthodontia)

\$1,000 PP/PCY\* (\$50 per visit for basic, \$200 for major & \$150 for orthodontia)

**Pharmacy Discount Program**

**Survivor Benefit**

**Monthly Funding**

Employer

Employee

Total

	Core Plan	Buy-Up #1	Buy-Up #2	Buy-Up #3
Emergency Room Benefit	+	+	+	+
Dental Benefit		+	+	
Pharmacy Discount Program	+	+	+	+
Survivor Benefit	+	+	+	+
Monthly Funding				
Employer	\$ 108.77	\$ 108.77	\$ 108.77	\$ 108.77
Employee	\$ 0.00	\$ 31.23	\$ 59.30	\$ 87.37
Total	\$ 108.77	\$ 140.00	\$ 168.07	\$ 196.14

\* PP/PCY = Per Person, Per Calendar Year

\*\* PF/PCY=Per Family, Per Calendar Year

*The Select Benefits Indemnity Insurance Policy and Outpatient Prescription Drug Policy numbers are LGC-8786 2/03 and LGC-8787 2/03 respectively.*

*Please contact your employer for a full description of the Clarksville Johnson County Chamber of Commerce plans.*

*Select Benefits is insured by Symetra Life Insurance Company, Bellevue, WA and may be subject to exclusions, limitations, reductions and termination of benefit provisions.*

*Symetra<sup>SM</sup> and the Symetra Financial Logo are service marks of Symetra Life Insurance Company.*

**Symetra Life Insurance Company**  
**Select Benefits**  
**Supplemental Life and Health Plan**

**Description of Benefits**

**Plan C**

**Employee Life Insurance and Accidental Death and Dismemberment (AD&D) Benefit**

Amounts reduced by 35% at age 65 and by an additional 35% each five-year period thereafter.

Core Plan

- ♦ \$10,000 Life and \$10,000 Accidental Death and Dismemberment

Buy-Up #1

- ♦ \$10,000 Life and \$10,000 Accidental Death and Dismemberment

Buy-Up #2

- ♦ \$10,000 Life and \$10,000 Accidental Death and Dismemberment

Buy-Up #3

- ♦ \$20,000 Life and \$20,000 Accidental Death and Dismemberment

**Dependent Life Insurance Benefit**

Core Plan

- ♦ \$5,000 Spouse, \$2,500 Child, \$400 Infant

Buy-Up #1

- ♦ \$5,000 Spouse, \$2,500 Child, \$400 Infant

Buy-Up #2

- ♦ \$5,000 Spouse, \$2,500 Child, \$400 Infant

Buy-Up #3

- ♦ \$7,500 Spouse, \$3,750 Child, \$600 Infant

Life coverage on spouse terminates when employee's insurance coverage terminates. Life coverage on child terminates when child ceases to be an eligible dependent or when employee's insurance coverage terminates.

The 'Child' benefit is paid when the dependent is aged from 6 months to 19 years (or to 23 years if full-time student).

The 'Infant' benefit is paid when the dependent child is aged 14 days to 6 months.

**Inpatient Hospital Benefit**

Coverage for inpatient hospital services are payable at a pre-selected fixed dollar amount per day of confinement up to a maximum number of days per calendar year.

Core Plan

- ♦ \$400 daily hospital / \$800 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$400 per day, per person for treatment in a substance abuse facility; 30 days maximum per calendar year
- ♦ \$800 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- ♦ \$200 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- ♦ \$200 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

Buy-Up #1

- ♦ \$500 daily hospital / \$1,000 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$500 per day, per person for treatment 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 treatment 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

#### Buy-Up #2

- ♦ \$600 daily hospital / \$1,200 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$600 per day, per person for treatment in a substance abuse facility; 30 days maximum per calendar year
- ♦ \$1,200 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- ♦ \$300 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- ♦ \$300 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

#### Buy-Up #3

- ♦ \$600 daily hospital / \$1,200 daily Intensive Care Unit/ 30 days maximum per calendar year
- ♦ \$600 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year
- ♦ \$1,200 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- ♦ \$300 per day, per person for treatment in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- ♦ \$300 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 treatment in a mental health facility)
- ♦ Benefits become payable on the first day of coverage confinement
- ♦ Maternity Care covered as any other condition
- ♦ No Deductible
- ♦ No Co-payment

#### **Surgical Benefit**

The pre-selected fixed dollar amount on the surgical schedule will be paid for surgical procedures performed in connection with an illness or injury, up to a calendar year maximum.

#### Core Plan

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

#### Buy-Up #1

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

#### Buy-Up #2

- ♦ Surgical Schedule A, \$1,500 per person, per calendar year maximum

#### Buy-Up #3

- ♦ Surgical Schedule A, \$2,000 per person, per calendar year maximum

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

Coverage for visits to a doctor's office, urgent care or outpatient hospital facility are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. Routine exams and injections are excluded.

#### Core Plan

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

#### Buy-Up #1

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

#### Buy-Up #2

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

#### Buy-Up #3

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

### **Outpatient Diagnostic X-Ray and Lab Benefit**

Diagnostic x-ray and lab tests ordered or performed by a doctor are payable at a pre-selected fixed dollar amount per visit and up to a calendar year maximum when a hospital confinement is not required. Must be medically necessary.

#### Core Plan

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

#### Buy-Up #1

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

#### Buy-Up #2

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

#### Buy-Up #3

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

### **Preventive Care Benefit**

Routine exams, medical treatment, and well childcare immunizations are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum.

#### Core Plan

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

#### Buy-Up #1

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

#### Buy-Up #2

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

#### Buy-Up #3

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

### **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 meet the three criteria: Must be ordered by a doctor, dispensed by a licensed pharmacist, and must be medically necessary for the care and treatment of the patient.

#### Core Plan

- ♦ N/A

#### Buy-Up #1

- ♦ N/A

#### Buy-Up #2

- ♦ Calendar year maximum: \$150 per person/ \$300 per family; Copay: \$15 Generic/ \$30 Name Brand

#### Buy-Up #3

- ♦ Calendar year maximum: \$300 per person/ \$600 per family; Copay: \$15 Generic/ \$30 Name Brand

### **Vision Care Benefit**

Covered vision care expenses are payable at a pre-selected fixed dollar benefit and are limited to the following services:

- ♦ One routine eye exam by an eye doctor per calendar year
- ♦ Once purchase per person every two consecutive calendar years of glasses or contacts, when prescribed by an eye doctor

#### Core Plan

- ♦ N/A

#### Buy-Up #1

- ♦ N/A

#### Buy-Up #2

- ♦ N/A

#### Buy-Up #3

- ♦ \$50 per exam and either \$100 for glasses or \$75 for contacts

### **Accident Benefit**

Covered benefits that are the result of an injury or accidents are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. This benefit will not be paid for benefits received in an emergency room.

#### Core Plan

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

#### Buy-Up #1

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

#### Buy-Up #2

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

#### Buy-Up #3

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

#### **Emergency Room Benefit**

Covered benefits that are the result of an illness or accidents are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. This benefit will be paid only for benefits received in an emergency room.

#### Core Plan

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

#### Buy-Up #1

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

#### Buy-Up #2

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

#### Buy-Up #3

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

#### **Dental Benefit**

Covered expenses for dental care are payable at a pre-selected fixed dollar amount per visit, up to a calendar year maximum. The selected dollar benefit per visit is dependent on the type of care provided.

#### Core Plan

- ♦ N/A

#### Buy-Up #1

- ♦ \$50 per visit for basic services, \$200 per visit for major services and \$150 per visit for orthodontia services, \$500 per person, per calendar year maximum, \$1,500 periodontal lifetime maximum per person, \$250 orthodontia lifetime maximum per person

#### Buy-Up #2

- ♦ \$50 per visit for basic services, \$200 per visit for major services and \$150 per visit for orthodontia services, \$500 per person, per calendar year maximum, \$1,500 periodontal lifetime maximum per person, \$250 orthodontia lifetime maximum per person

#### Buy-Up #3

- ♦ \$50 per visit for basic services, \$200 per visit for major services and \$150 per visit for orthodontia services, \$1,000 per person, per calendar year maximum, \$1,500 periodontal lifetime maximum per person, \$250 orthodontia lifetime maximum per person

#### **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 2 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.

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**Symetra<sup>SM</sup> 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<sup>SM</sup> is a service mark of Symetra Life Insurance Company.

Select Benefits is insured by Symetra Life Insurance Company, 777 108th Avenue NE , Bellevue,WA 98004.

(LGC-8789 2/03)