

Plan Summary for:
12493000 - Revalize, Inc.

Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS	Premier
Ambulance - Ground	\$400 pp/pa ²
Ambulance - Air	\$2,000 pp/pa
Emergency Room	\$300 pp/pa
Major Diagnostic Testing (MRI, CT Scan, CAT, MRI, EEG) 1 benefit per covered accident	\$300 pp/pa
X-Ray	\$60 pp/pa
Pain Management/Epidural (one per covered accident)	\$100 pp/pa
Initial Doctor's Visit	\$100 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS	
Hospital Admission	\$1,500 pp/pa
ICU Admission	\$3,000 pp/pa
Hospital Confinement Up to 365 days per accident	\$300 per day
ICU Up to 30 days per accident	\$600 per day
Rehabilitation/Skilled Nursing Facility Up to 90 days per accident	\$150 per day
Blood/Plasma/Platelets	\$500 pp/pa
Surgery - Open Abdominal, Thoracic	\$3,000 per surgery
Surgery - Cranial	\$3,000 per surgery
Surgery - Hernia	\$1,500 per surgery
Surgery - Exploratory or Without Repair	\$400 per surgery
Outpatient/Miscellaneous Surgery	\$400 pp/pa
Transportation Up to 3 trips per accident	\$500 per trip
Family Lodging Up to 30 nights	\$125 per night
Coma After 7 day duration	\$8,000 pp/pa
FOLLOW UP CARE	
Follow Up Doctor's Visit	\$100 pp/pa
Physical Therapy Up to 10 visits per accident	\$75 per visit
Chiropractic Visit Up to 10 visits per accident	\$75 per visit
Medical Equipment	\$400 pp/pa
Prosthetic Device	\$2,500 pp/pa
COMMON INJURIES	Premier
Burns - Second Degree 20 - 100 square centimeters 101 - 225 square centimeters More than 225 square centimeters	\$100 pp/pa \$200 pp/pa \$800 pp/pa
Burns - Third Degree 20 - 100 square centimeters 101 - 225 square centimeters More than 225 square centimeters Skin Grafts	\$800 pp/pa \$6,000 pp/pa \$20,000 pp/pa 25% of burn benefit
Paralysis Quadriplegia Paraplegia Hemiplegia Uniplegia	\$20,000 pp/pa \$10,000 pp/pa \$10,000 pp/pa \$5,000 pp/pa

Lacerations Not requiring sutures Under 3 inches, requires sutures 3" to 6" inches, requires sutures Over 6", requires sutures	\$50 pp/pa \$80 pp/pa \$150 pp/pa \$400 pp/pa
Emergency Dental Work Crown Repair Extraction	\$200 pp/pa \$100 pp/pa
Eye Injuries Removal of Foreign Object Surgical Repair	\$60 pp/pa \$300 pp/pa
Specific Injuries Ruptured Disc Tendons/Ligaments 1 tear with surgical repair Tendons/Ligaments 2 or more tears with surgical repair Tendons/Ligaments Arthroscopic surgery with no repair Torn Knee Cartilage Exploratory surgery with no repair Torn Knee Cartilage Surgical repair Concussion	\$600 pp/pa \$800 pp/pa \$1,200 pp/pa \$300 pp/pa \$300 pp/pa \$800 pp/pa \$300 pp/pa
COMMON INJURIES	Premier
Dislocations (Closed Reduction) 3 dislocation benefits per person, per accident maximum Hip Knee (except patella) Shoulder Foot/Ankle Wrist Lower Jaw Elbow Bones of the Hand (except fingers) Collarbone 2 or more fingers 2 or more toes 1 finger or toe Open Reduction Partial Dislocation	\$5,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$1,000 per dislocation \$1,000 per dislocation \$400 per dislocation \$400 per dislocation \$150 per dislocation 200% of dislocation benefit 25% of dislocation benefit
Fractures (Closed Reduction) 3 fracture benefits per person, per accident maximum Skull Hip/Thigh Vertebral Body (excluding vertebral processes) Pelvis Arm (upper) Shoulder Blade Leg Upper Jaw Vertebral Processes Knee Cap	\$5,000 per fracture \$5,000 per fracture \$5,000 per fracture \$5,000 per fracture \$3,000 per fracture \$3,000 per fracture \$3,000 per fracture \$2,000 per fracture \$2,000 per fracture \$2,000 per fracture

Collarbone	\$2,000 per fracture
Forearm	\$2,000 per fracture
Foot/Ankle	\$2,000 per fracture
Hand/Wrist	\$1,500 per fracture
Lower Jaw	\$1,500 per fracture
Ribs (2 or more)	\$1,000 per fracture
Facial Bones or Nose	\$1,000 per fracture
1 rib, finger, or toe	\$400 per fracture
Coccyx	\$400 per fracture
Open Reduction	200% of fracture benefit
Bone Chip	25% of fracture benefit
CATASTROPHIC ACCIDENT BENEFITS	Premier
Accidental Death¹	\$50,000
Common Carrier Accidental Death¹	\$100,000
AD&D Benefits¹	
Double Dismemberment	
Loss of both hands, both feet or sight in both eyes	\$50,000
Loss of Speech or Hearing in both ears	\$25,000
Loss of 1 hand and 1 foot	\$50,000
Loss of 1 eye	\$25,000
Loss of 1 hand or 1 foot	\$25,000
Loss of 2 or more fingers or toes	\$10,000
Loss of 1 finger or toe	\$2,500
OPTIONAL BENEFITS	
Wellness Screening Benefit	\$50 pp/pcy ³
Occupational Coverage	Included
Portability Continuation	Included
Monthly Premium	Premier
<i>Employee</i>	\$13.92
<i>Employee + 1</i>	\$24.46
<i>Employee + 2 or more</i>	\$36.78

¹Benefit amounts: Employee 100%, Spouse 50%, Dependent Child 25%

²pp/pa = per person, per accident

³pp/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 AL, CO, FL, GA, IL, IN, MN, ND, TX, WA, WI.

Coverage for the Insured may be continued following termination of employment or loss of eligibility. Review the certificate of coverage to understand the full details of the Portability provision.

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.

Scheduled Benefit Accident insurance policies are for accident only insurance and do not provide coverage for sickness. 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 policy form number SBC-03510.

Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS

Ambulance Transportation Benefit

This benefit pays for ground or air ambulance transportation as shown in the Schedule of Benefits. It will be paid for transportation by a licensed ground or air ambulance transportation service from the place of injury to the nearest accredited hospital where adequate treatment facilities are available. Air ambulance transportation must be within 96 hours of the accident. Ground transportation must be within 90 days of the accident. One ground ambulance trip and one air ambulance trip are payable per accident.

Emergency Room Benefit

The benefit amount shown in the Schedule of Benefits will be paid for treatment in an emergency room for an injury. Emergency room services must be incurred within 30 days from the Accident. This benefit is payable once per person, per accident.

Major Diagnostic Testing Benefit

The benefit amount shown in the Schedule of Benefits will be paid if for any of the following major diagnostic tests as the result of the injury. Tests must be administered by a provider within 365 days of the accident. This benefit is payable once per person, per accident. If multiple tests are performed, only one benefit will be paid. The following tests are covered: magnetic resonance imaging (MRI), computed tomography (CT, Cat Scan), electrocardiogram (EKG) and electroencephalogram.

X-Ray Benefit

The benefit amount shown in the Schedule of Benefits will be paid if an x-ray is performed as a result of the injury. The x-ray must be performed by a provider within 365 days of the accident. This benefit is payable once per person, per accident.

Pain Management/Epidural Benefit

The benefit amount shown in the Schedule of Benefits will be paid if medical pain management services, including the application of epidural injections, are administered for treatment of injury. Services must be administered by a provider within 365 days of the accident. Services may be provided at the doctor's office, outpatient hospital clinic or urgent care facility. This benefit is paid one time per person, per accident.

Initial Doctor Visit Benefit

The benefit amount shown in the Schedule of Benefits will be paid for the first day of treatment from a doctor for an injury. The initial visit must occur within 365 days of the accident. Services must be provided at the doctor's office, an outpatient hospital clinic or urgent care facility. This benefit is payable once per person, per accident.

ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS

Hospital Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to a hospital as the result of an injury for a minimum of 24 consecutive hours or if a charge is made for room and board. Hospital admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other hospital benefits available.

Intensive Care Unit (ICU) Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to an ICU as the result of an injury for a minimum of 24 consecutive hours or a charge is made for room and board. ICU admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other ICU benefits available.

Hospital Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a hospital for treatment of injury. Hospital confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 365 days.

Intensive Care Unit (ICU) Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to an ICU for treatment of injury. ICU confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 30 days.

Rehabilitation/Skilled Nursing Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a rehabilitation facility or skilled nursing facility for treatment of an injury. Confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 90 days.

Blood/Plasma/Platelets Benefit

This benefit will pay the amount shown in the Schedule of Benefits for transfusion of blood, plasma or platelets for a surgical procedure. This benefit is paid one time per person, per accident.

Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits based on the type of surgical procedure performed. Surgery must be performed within 365 days of date of the accident. If more than one surgical procedure is performed on the same day, the benefit paid will be based on the surgery that provides the largest benefit amount.

Outpatient/Miscellaneous Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits for an outpatient surgical procedure or an inpatient surgical procedure not otherwise covered. Surgery must be required due to injury and performed within 365 days of the accident. This benefit is payable once per person, per accident.

Transportation Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day an insured must travel to or from a health care facility more than 50 miles away from the primary residence for treatment of injury. Travel must occur within 365 days after the accident and is payable for up to 3 trips per accident.

Family Lodging Benefit

This benefit will pay the amount shown in the Schedule of Benefits each day an expense is incurred for lodging by an adult family member or companion accompanying the insured who is confined as the result of an injury more than 50 miles away from the primary residence. This benefit is payable up to 30 nights per accident.

Coma Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an insured lapses into a coma as the result of an injury. The coma must occur within 365 days of injury and last for a minimum of 7 days.

FOLLOW UP CARE

Follow Up Doctor's Visit Benefit

This benefit will pay the amount shown in the Schedule of Benefits for a follow up visit with a doctor for the treatment of an injury. Treatment must be provided at a doctor's office, an outpatient hospital facility or urgent care facility and occur after initial treatment in a doctor's office or emergency room. Benefits are payable for one follow up visit for the same injury and must be completed within one year from the date of the accident.

Physical Therapy Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any day the insured receives physical therapy in a health care facility as the result of an injury. Physical therapy must begin within 365 days after the accident. This benefit is payable for up to 10 visits per accident.

Chiropractic Visit Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day the insured receives chiropractic care as the result of an injury. Chiropractic care must begin within 365 days after the date of the accident. This benefit is payable for up to 10 visits per accident.

Medical Equipment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured rents or buys durable medical equipment as the result of an injury. The medical equipment must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

Prosthetic Device Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured purchases a prosthetic device as the result of an injury. The prosthetic device must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

COMMON INJURIES

Burn Benefit

This benefit will pay the amount shown in the Schedule of Benefits for second or third degree burns sustained due to an accident. Benefits are based on the severity of the burn. Only one benefit is payable per person, per accident. If multiple burns are sustained as the result of the same accident, the highest eligible benefit will be paid.

Paralysis Benefit

This benefit will pay the amount shown in the Schedule of Benefits for paralysis due to an accident. The benefit amount is based on the type of paralysis. Paralysis must be diagnosed by a doctor within 365 days of the accident. This benefit is payable only once per person, per accident.

Laceration Benefit

This benefit will pay the amount shown in the Schedule of Benefits for lacerations sustained as the result of an accident. The benefit amount is based on the type of laceration. Lacerations must be repaired within 96 hours after an accident. Only one laceration benefit will be paid per person, per accident. If multiple lacerations are sustained, the benefit amount applicable to the total length of all lacerations will be paid.

Emergency Dental Work Benefit

This benefit will pay the amount shown in the Schedule of Benefits if emergency dental treatment is required as the result of an accident. This includes the repair of a broken sound, natural tooth or crown and the extraction of a broken sound, natural tooth. The benefit amount is based on the type of procedure. Dental work must occur within 365 days after the accident. This benefit will be paid once per person, per accident regardless of the number of teeth involved.

Eye Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an eye injury is sustained as the result of an accident. The injury must require surgery or removal of a foreign object by a doctor within 365 days after the accident. One eye injury benefit is payable per person per accident.

Specific Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if one of the specific injuries listed is sustained as the result of an accident. Benefit amounts are based on the type of injury sustained. The injury must require surgery or medical treatment within 365 days after the accident. Only one benefit is payable per person per accident.

Dislocations Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a dislocation is sustained as the result of an accident. Benefit amounts are based on the type of dislocation sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 dislocations per person per accident.

Fractures Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a fracture is sustained as the result of an accident. Benefit amounts are based on the type of fracture sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 fractures per person per accident.

CATASTROPHIC ACCIDENT BENEFITS

Accidental Death Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

Common Carrier Accidental Death Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life while on or occupying a common carrier. The loss must be a direct result of an accident, independent of all other causes and occur within 365 days of the accident. This benefit is payable in lieu of the Accidental Death benefit.

Accidental Dismemberment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in a loss as described in the Schedule of Benefits. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

OPTIONAL RIDERS

Wellness Screening Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any of the wellness screening tests listed. The benefit will be paid once per person during a calendar year regardless of the number of screening tests administered during that year.

Screening Tests

- Abdominal aortic aneurysm ultrasonography
- Baseline testing for Concussion
- Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides
- Bone density screening
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- CA 15-3 blood test for breast cancer
- CA 125 blood test for ovarian cancer
- Carotid Doppler
- CEA blood test for colon cancer
- Chest X-ray
- Child sports physicals
- Colonoscopy or virtual colonoscopy
- CT angiography
- Electrocardiogram
- Fasting blood glucose test
- Flexible sigmoidoscopies
- Mammograms
- Pap smears
- Prostate-specific antigen (PSA) test
- Serum cholesterol test to determine level of HDL and LDL
- Stress test on a bicycle or treadmill
- Testicular ultrasound
- Thermography
- Thin Prep Pap Test

Portability Continuation

Portability - Allows coverage to continue following termination of employment or loss of eligibility. Review the certificate of coverage to understand the full details of the Portability provision.

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

Scheduled Benefit Accident insurance policies are for accident only insurance and do not provide coverage for sickness. 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.