

SELECT BENEFITS PLAN DESIGNS

Hourly Plan

Benefits are based on the number of hours employees worked the previous month.

Level I = 1 through 90 hours per month, **Level II** = 91 through 130 hours per month, **Level III** = 131+ hours per month

Coverages	Level I	Level II	Level III
Doctor's Office Visit, Urgent Care & Outpatient Hospital Benefit	\$20 per visit \$300 per person, per calendar year maximum (pp/pcy max.)	\$30 per visit \$300 pp/pcy max.	\$45 per visit \$300 pp/pcy max.
Outpatient Diagnostic X-Ray & Lab Benefit	—	\$35 per visit \$300 pp/pcy max.	\$45 per visit \$300 pp/pcy max.
Preventive Care Benefit	—	\$75 per visit \$150 pp/pcy max.	\$75 per visit \$150 pp/pcy max.
Inpatient Hospital Benefit 30 days pp/pcy max. 500 days lifetime max.	\$200 per day \$400 per day ICU*	\$300 per day \$600 per day ICU	\$400 per day \$800 per day ICU
Surgical Benefit (Schedule A)	—	\$400 pp/pcy max.	\$500 pp/pcy max.
Accident Benefit	\$30 per visit \$100 pp/pcy max.	\$30 per visit \$100 pp/pcy max.	\$50 per visit \$150 pp/pcy max.
Emergency Room Benefit	\$50 per visit \$150 pp/pcy max.	\$50 per visit \$150 pp/pcy max.	\$100 per visit \$300 pp/pcy max.
Prescription Drug Benefit \$10 co-pay generic drugs \$20 co-pay brand name drugs	—	—	\$150 pp/pcy max. \$300 per family, per calendar year maximum
Employee Life Insurance & Accidental Death & Dismemberment	\$10,000 \$10,000	\$10,000 \$10,000	\$10,000 \$10,000
Dependent Life Insurance Benefit Spouse Child Infant	\$ 2,500 \$ 1,250 \$ 200	\$ 2,500 \$ 1,250 \$ 200	\$ 2,500 \$ 1,250 \$ 200
Pharmacy Discount Program	Included	Included	Included
Survivor Benefit	Included	Included	Included
Class B Premium Employer pays 50% to 99% of premium. Composite rates include the employee and all eligible dependents.	\$0.71 per employee, per hour		

* ICU = Intensive Care Unit

All rates are subject to change.

Developed for:



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Monthly Core Buy-Up Plan

The employer pays 100 percent of the core plan premium. Enrolled employees can then elect a buy-up option that is paid through payroll deduction.

Coverages	Core	Buy-Up 1	Buy-Up 2	Buy-Up 3
Doctor's Office Visit, Urgent Care & Outpatient Hospital Benefit	\$20 per visit \$300 per person, per calendar year maximum (pp/pcy max.)	\$40 per visit \$300 pp/pcy max.	\$55 per visit \$300 pp/pcy max.	\$55 per visit \$300 pp/pcy max.
Outpatient Diagnostic X-Ray & Lab Benefit	\$35 per visit \$300 pp/pcy max.	\$45 per visit \$300 pp/pcy max.	\$55 per visit \$300 pp/pcy max.	\$55 per visit \$300 pp/pcy max.
Preventive Care Benefit	—	—	\$75 per visit \$150 pp/pcy max.	\$75 per visit \$150 pp/pcy max.
Inpatient Hospital Benefit 30 days pp/pcy max. 500 days lifetime max.	—	\$200 per day \$400 per day ICU*	\$400 per day \$800 per day ICU	\$600 per day \$1,200 per day ICU
Surgical Benefit (Schedule A)	—	—	\$1,000 pp/pcy max.	\$1,500 pp/pcy max.
Accident Benefit	—	—	\$50 per visit \$150 pp/pcy max.	\$50 per visit \$150 pp/pcy max.
Emergency Room Benefit	—	\$50 per visit \$150 pp/pcy max.	\$100 per visit \$300 pp/pcy max.	\$100 per visit \$300 pp/pcy max.
Prescription Drug Benefit \$15 co-pay generic drugs \$30 co-pay brand name drugs	—	—	—	\$150 pp/pcy max. \$300 per family, per calendar year max.
Dental Benefit \$500 pp/pcy max. \$750 lifetime max., orthodontia	—	—	—	\$50 per visit basic \$200 per visit major \$150 per visit orthodontia
Employee Life Insurance & Accidental Death & Dismemberment	\$5,000 \$5,000	\$5,000 \$5,000	\$10,000 \$10,000	\$10,000 \$10,000
Dependent Life				
	Spouse			
	Child			
	Infant			
	\$2,500	\$2,500	\$5,000	\$5,000
	\$1,250	\$1,250	\$2,500	\$2,500
	\$200	\$200	\$400	\$400
Pharmacy Discount Program	Included	Included	Included	Included
Survivor Benefit	Included	Included	Included	Included
Monthly Funding Composite rates include the employee and all eligible dependants.				
	Employer			
	Employee			
	\$19.54	\$19.54	\$19.54	\$19.54
	\$0.00	\$40.86	\$100.11	\$156.54
	Total	\$60.40	\$119.65	\$176.08

* ICU = Intensive Care Unit



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All rates are subject to change. Select Benefits is not a replacement for a major medical policy or other comprehensive policy. It is designed to provide a preselected fixed dollar amount for covered benefits used on a routine basis. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Select Benefits is insured by Symetra Life Insurance Company.

Policy form numbers are LGC-8786/IL 2/03 and LGC-8787/IL 2/03, respectively.