SYMETRA
RETIREMENT | BENEFITS | LIFE

Accident Coverage

A plan for the unexpected

Accidents can happen to anyone, at any time. Can you afford the financial hit if one were to happen to you or someone in your family? Select Benefits accident coverage can help with costs after an accident, allowing you to get the care you need and get back to your daily routine.

How it works

Accident coverage provides benefits to help cover out-of-pocket medical expenses related to an accidental injury.

Benefits are paid based on the type of injury or service performed and do not interfere or coordinate with your major medical plan.

Why accident coverage?

Understanding how accident coverage fits into your overall benefits package can help you decide if it's right for you and your family.

Consider your health care out-of-pocket liability. Accident coverage can help you reach your deductible, copay or coinsurance requirements while paying little to nothing from your own pocket.

Accident coverage can also help support financial stability for your family by covering expenses for catastrophic incidents.

Turn the page to learn more >

What's covered

Select Benefits accident coverage helps pay for the following after an accidental injury.

Emergency care and diagnostics

Benefits are provided for eligible expenses incurred during initial care and testing procedures.

Examples: *Ambulance rides, emergency room admission, X-rays.*

Hospitalization and surgeries

Benefits are provided for eligible expenses incurred while hospitalized or undergoing a surgical procedure.

Examples: *Hospital admission, ICU, surgery, rehabilitation*

Follow-up care

Benefits are provided for eligible expenses incurred while receiving follow-up care or equipment after an accidental injury.

Examples: *Physical therapy, chiropractic visits, medical equipment, prosthetic devices*

Common injuries

Benefits are provided for eligible expenses incurred while treating accidental injuries considered common.

Examples: *Fractures, dislocations, second- and third-degree burns, eye injuries*

Benefits are paid regardless of any other coverage you have under your major medical or other health insurance policy.

This is a brief description of our available benefits. For a complete list, please contact your HR or benefits representative.

Claims Example

Meet Mike

Mike has an active lifestyle, so he knew that enrolling in his company's accident coverage was the right decision. Shortly after enrolling, Mike breaks his leg on a hiking trip with his friends. After a trip to the emergency room, Mike's thankful he has accident coverage to help with his out-of-pocket costs.

Treatment/services	Accident coverage pays
Emergency room visit	$200
X-ray	$50
Treatment for leg fracture	$2,500
Five physical therapy sessions	$250
Total	**$3,000**

Because Mike has accident coverage, he now has $3,000 to help pay for:

- Medical expenses
- Other related costs such as:
  - Childcare during recovery
  - Transportation to physical therapy sessions
- Any other expenses, medical-related or not

DID YOU KNOW?

4 in 10 people lack the savings to cover a $400 expense.[1]

Why enroll?

Let's face it, our lives are busy. Whether we're going straight from work to the grocery store, or heading to after-school activities, we're not thinking about things taking an unexpected turn. But if they do, Select Benefits accident coverage can help. By receiving a fixed benefit amount after an accidental injury, you're able to focus on recovery—not your finances.

To learn more about how Select Benefits accident coverage can make a difference for you and your family, talk to your HR or benefits representative.

In addition to a lower group rate, enrolling in Symetra accident coverage through your employer also means:

- **No medical questionnaires**
- **Easy enrollment**
- **Convenient payroll deduction**

Get started

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

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

Enrollment starts soon.

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Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

Symetra® is a registered service mark of Symetra Life Insurance Company.

Accident coverage, insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004, is not available in all U.S. states or any U.S. territory. It does not pay benefits for losses caused by sickness and is not intended to cover the cost of all hospital or other medical services. It is not a replacement for major medical or other comprehensive coverage and does not satisfy the minimum essential coverage requirements of Affordable Care Act. Base certificate form number is SBC-03515 1/18.

Terms and conditions may vary by the state in which they are available.

THIS POLICY IS ISSUED AS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY ILLNESS.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions.

[1] The Federal Reserve, "Report on the Economic Well-Being of U.S. Households in 2018." Published May 2019 on https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf

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Careington

Savings on dental, vision and hearing care

As part of your employee benefits, you have access to savings passes, offered through Careington, that can help you save on dental, vision and hearing services. They're easy to use, valid for 30 days and you can buy them anytime for yourself or any family member enrolled in Select Benefits insurance.

Three discount passes are available:

Dental

- 20% to 50% savings on most dental procedures through one of the nation's largest national dental networks
- Eligible services include:
  - Cleanings
  - Routine checkups
  - Fillings
  - Crowns
  - Dentures
  - Root canals
  - Extractions

Vision

- Savings Pass is a discount vision program that offers savings on eye care and eyewear.
- Members receive exclusive member extras and special offers in addition to access to discounts through trusted, private-practice VSP doctors on eye and contact lens exams, glasses and sunglasses.

Hearing

- 30% to 60% discounts on hearing aids
- Over 5,000 network providers
- Latest in hearing aid and accessory technology
- 45-day, no-obligation trial period on purchased products
- Additional services such as routine hearing tests, batteries and extended warranties at no extra charge

This plan is not insurance. Not available in VT or WA.

For more information about these savings passes, contact your HR representative.

How it works

1. Sign up for an account at **lovemypass.com/Symetra.**
2. Purchase any of the discount passes above. Each pass is $20* and valid for 30 days. They're available to you or any family members who sign up for your Select Benefits insurance. Each pass can only be used by one person, but you can purchase multiple passes for multiple people.
3. Once you buy a pass, you'll receive an email with your electronic membership kit. Find a Careington network provider in your area and show them your membership card to receive immediate savings on the care you need.

*AR and MD residents may cancel within the first 30 days after effective date and receive a refund of the processing fee, less a nominal $5 fee in MD.

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Savings pass is a discount program offered through Careington. It is not insurance and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. **Members must pay for all services to receive a discount from participating providers.** The list of participating providers is at lovemypass.com/Symetra. A written list of participating providers is available upon request. AR and MD residents may cancel within the first 30 days after effective date and receive a refund of the processing fee, less a nominal $5 fee in MD. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone (800) 441-0380.

This plan is not available in VT or WA.

Careington International Corporation is not affiliated with Symetra Life Insurance Company or its affiliates.

Plan Summary for:

12372000 - Augustana College

Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS	Base	Classic
Ambulance - Ground	$100 pp/pa[2]	$250 pp/pa[2]
Ambulance - Air	$1,000 pp/pa	$1,500 pp/pa
Emergency Room	$150 pp/pa	$200 pp/pa
Major Diagnostic Testing (MRI, CT Scan, CAT, EEG) 1 benefit per covered accident	$75 pp/pa	$150 pp/pa
X-Ray	$40 pp/pa	$50 pp/pa
Pain Management/Epidural (one per covered accident)	$50 pp/pa	$75 pp/pa
Initial Doctor's Visit	$50 pp/pa	$75 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS		
Hospital Admission	$1,000 pp/pa	$1,250 pp/pa
ICU Admission	$2,000 pp/pa	$2,500 pp/pa
Hospital Confinement Up to 365 days per accident	$150 per day	$250 per day
ICU Up to 30 days per accident	$300 per day	$500 per day
Rehabilitation/Skilled Nursing Facility Up to 90 days per accident	$75 per day	$125 per day
Blood/Plasma/Platelets	$300 pp/pa	$400 pp/pa
Surgery - Open Abdominal, Thoracic	$1,000 per surgery	$2,000 per surgery
Surgery - Cranial	$1,000 per surgery	$2,000 per surgery
Surgery - Hernia	$500 per surgery	$1,000 per surgery
Surgery - Exploratory or Without Repair	$200 per surgery	$300 per surgery
Outpatient/Miscellaneous Surgery	$200 pp/pa	$300 pp/pa
Transportation Up to 3 trips per accident	$300 per trip	$400 per trip
Family Lodging Up to 30 nights	$75 per night	$100 per night
Coma After 7 day duration	$4,000 pp/pa	$6,000 pp/pa
FOLLOW UP CARE		
Follow Up Doctor's Visit	$50 pp/pa	$75 pp/pa
Physical Therapy Up to 10 visits per accident	$30 per visit	$50 per visit
Chiropractic Visit Up to 10 visits per accident	$30 per visit	$50 per visit
Medical Equipment	$150 pp/pa	$250 pp/pa
Prosthetic Device	$1,500 pp/pa	$2,000 pp/pa
COMMON INJURIES	**Base**	**Classic**
Burns - Second Degree		
20 - 100 square centimeters	$50 pp/pa	$75 pp/pa
101 - 225 square centimeters	$100 pp/pa	$150 pp/pa
More than 225 square centimeters	$400 pp/pa	$600 pp/pa
Burns - Third Degree		
20 - 100 square centimeters	$500 pp/pa	$650 pp/pa
101 - 225 square centimeters	$2,000 pp/pa	$4,000 pp/pa
More than 225 square centimeters	$10,000 pp/pa	$15,000 pp/pa
Skin Grafts	25% of burn benefit	25% of burn benefit
Paralysis		
Quadriplegia	$10,000 pp/pa	$15,000 pp/pa
Paraplegia	$5,000 pp/pa	$7,500 pp/pa
Hemiplegia	$5,000 pp/pa	$7,500 pp/pa
Uniplegia	$2,500 pp/pa	$3,750 pp/pa

Lacerations		
Not requiring sutures	$30 pp/pa	$40 pp/pa
Under 3 inches, requires sutures	$60 pp/pa	$70 pp/pa
3" to 6" inches, requires sutures	$100 pp/pa	$125 pp/pa
Over 6", requires sutures	$200 pp/pa	$300 pp/pa
Emergency Dental Work		
Crown Repair	$100 pp/pa	$150 pp/pa
Extraction	$50 pp/pa	$75 pp/pa
Eye Injuries		
Removal of Foreign Object	$25 pp/pa	$40 pp/pa
Surgical Repair	$100 pp/pa	$200 pp/pa
Specific Injuries		
Ruptured Disc	$200 pp/pa	$400 pp/pa
Tendons/Ligaments		
1 tear with surgical repair	$500 pp/pa	$650 pp/pa
Tendons/Ligaments		
2 or more tears with surgical repair	$750 pp/pa	$900 pp/pa
Tendons/Ligaments		
Arthroscopic surgery with no repair	$100 pp/pa	$200 pp/pa
Torn Knee Cartilage		
Exploratory surgery with no repair	$100 pp/pa	$200 pp/pa
Torn Knee Cartilage		
Surgical repair	$500 pp/pa	$650 pp/pa
Concussion	$100 pp/pa	$200 pp/pa
COMMON INJURIES	**Base**	**Classic**
Dislocations (Closed Reduction)		
3 dislocation benefits per person, per accident maximum		
Hip	$3,000 per dislocation	$4,000 per dislocation
Knee (except patella)	$1,200 per dislocation	$1,600 per dislocation
Shoulder	$1,200 per dislocation	$1,600 per dislocation
Foot/Ankle	$1,200 per dislocation	$1,600 per dislocation
Wrist	$1,200 per dislocation	$1,600 per dislocation
Lower Jaw	$1,200 per dislocation	$1,600 per dislocation
Elbow	$1,200 per dislocation	$1,600 per dislocation
Bones of the Hand (except fingers)	$600 per dislocation	$800 per dislocation
Collarbone	$600 per dislocation	$800 per dislocation
2 or more fingers	$200 per dislocation	$300 per dislocation
2 or more toes	$200 per dislocation	$300 per dislocation
1 finger or toe	$100 per dislocation	$125 per dislocation
Open Reduction	200% of dislocation benefit	200% of dislocation benefit
Partial Dislocation	25% of dislocation benefit	25% of dislocation benefit
Fractures (Closed Reduction)		
3 fracture benefits per person, per accident maximum		
Skull	$3,000 per fracture	$4,000 per fracture
Hip/Thigh	$3,000 per fracture	$4,000 per fracture
Vertebral Body		
(excluding vertebral processes)	$3,000 per fracture	$4,000 per fracture
Pelvis	$3,000 per fracture	$4,000 per fracture
Arm (upper)	$2,000 per fracture	$2,500 per fracture
Shoulder Blade	$2,000 per fracture	$2,500 per fracture
Leg	$2,000 per fracture	$2,500 per fracture
Upper Jaw	$1,200 per fracture	$1,600 per fracture
Vertebral Processes	$1,200 per fracture	$1,600 per fracture
Knee Cap	$1,200 per fracture	$1,600 per fracture
Collarbone	$1,200 per fracture	$1,600 per fracture
Forearm	$1,200 per fracture	$1,600 per fracture

Foot/Ankle	$1,200 per fracture	$1,600 per fracture
Hand/Wrist	$1,000 per fracture	$1,250 per fracture
Lower Jaw	$1,000 per fracture	$1,250 per fracture
Ribs (2 or more)	$500 per fracture	$750 per fracture
Facial Bones or Nose	$500 per fracture	$750 per fracture
1 rib, finger, or toe	$200 per fracture	$300 per fracture
Coccyx	$200 per fracture	$300 per fracture
Open Reduction	200% of fracture benefit	200% of fracture benefit
Bone Chip	25% of fracture benefit	25% of fracture benefit
CATASTROPHIC ACCIDENT BENEFITS	**Base**	**Classic**
Accidental Death[1]	$50,000	$50,000
Common Carrier Accidental Death[1]	$100,000	$100,000
AD&D Benefits[1]		
Double Dismemberment		
Loss of both hands, both feet or sight in both eyes	$50,000	$50,000
Loss of Speech or Hearing in both ears	$25,000	$25,000
Loss of 1 hand and 1 foot	$50,000	$50,000
Loss of 1 eye	$25,000	$25,000
Loss of 1 hand or 1 foot	$25,000	$25,000
Loss of 2 or more fingers or toes	$10,000	$10,000
Loss of 1 finger or toe	$2,500	$2,500
OPTIONAL BENEFITS		
Wellness Screening Benefit	$50 pp/pcy[3]	$50 pp/pcy[3]
Occupational Coverage	Not Included	Not Included
Monthly Premium	**Base**	**Classic**
Employee	$9.78	$12.78
Employee + Spouse	$16.93	$22.28
Employee + Children	$20.70	$27.59
Family	$29.39	$39.20

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

[2]pp/pa = per person, per accident

[3]pp/pcy=per person, per calendar year

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.

Description of Benefits for:
12372000 - Augustana College

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

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.

Coverage is provided under policy form number SBC-03510.