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 | * · • FF/F | tee blibe | | |
| (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 | | |
| ompiogia | ψ 2,000 γ ρ/μα | ψ0,100 μριμα | | |

| Lacerations | \$30 pp/pa | \$40 pp/pa |
|--------------------------------------|-------------------------|-------------------------|
| Not requiring sutures | | |
| 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 | \$100 pp/pa | φ200 μρ/μα |
| Ruptured Disc | \$200 pp/pa | \$400 pp/pa |
| • | φ200 μρ/μα | \$400 pp/pa |
| Tendons/Ligaments | \$500 pp/pp | ¢650 pp/pp |
| 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 |
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| 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 |
| - | \$200 per dislocation | \$300 per dislocation |
| 2 or more toes | | |
| 1 finger or toe | \$100 per dislocation | \$125 per dislocation |
| Open Reduction | 200% of dislocation | 200% of dislocation |
| | benefit | benefit |
| Partial Dislocation | 25% of dislocation | 25% of dislocation |
| | benefit | benefit |
| Fractures (Closed Reduction) | | |
| 3 fracture benefits per person, | | |
| | | |
| per accident maximum | ¢2,000 mon free stress | ¢4.000 mon fronts |
| 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 |
| | \$1,200 per fracture | \$1,600 per fracture |
| Collarbone | | |
| Collarbone Forearm | \$1,200 per fracture | \$1,600 per fracture |

| Foot/Ankle Hand/Wrist Lower Jaw Ribs (2 or more) Facial Bones or Nose 1 rib, finger, or toe Coccyx Open Reduction Bone Chip | \$1,200 per fracture \$1,000 per fracture \$1,000 per fracture \$500 per fracture \$500 per fracture \$200 per fracture \$200 per fracture 200% of fracture benefit 25% of fracture benefit | \$1,600 per fracture \$1,250 per fracture \$1,250 per fracture \$750 per fracture \$750 per fracture \$300 per fracture \$300 per fracture 200% 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 Loss of Speech or Hearing in both ears Loss of 1 hand and 1 foot Loss of 1 eye Loss of 1 hand or 1 foot Loss of 2 or more fingers or toes Loss of 1 finger or toe | \$50,000 \$25,000 \$50,000 \$25,000 \$25,000 \$10,000 \$2,500 | \$50,000 \$25,000 \$50,000 \$25,000 \$25,000 \$10,000 \$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 |

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

²pp/pa = per person, per accident

³pp/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.