

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 101 - 225 square centimeters More than 225 square centimeters	\$50 pp/pa \$100 pp/pa \$400 pp/pa	\$75 pp/pa \$150 pp/pa \$600 pp/pa
Burns - Third Degree 20 - 100 square centimeters 101 - 225 square centimeters More than 225 square centimeters Skin Grafts	\$500 pp/pa \$2,000 pp/pa \$10,000 pp/pa 25% of burn benefit	\$650 pp/pa \$4,000 pp/pa \$15,000 pp/pa 25% of burn benefit
Paralysis Quadriplegia Paraplegia Hemiplegia Uniplegia	\$10,000 pp/pa \$5,000 pp/pa \$5,000 pp/pa \$2,500 pp/pa	\$15,000 pp/pa \$7,500 pp/pa \$7,500 pp/pa \$3,750 pp/pa

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 Death¹	\$50,000	\$50,000
Common Carrier Accidental Death¹	\$100,000	\$100,000
AD&D Benefits¹		
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
<i>Employee</i>	\$9.78	\$12.78
<i>Employee + Spouse</i>	\$16.93	\$22.28
<i>Employee + Children</i>	\$20.70	\$27.59
<i>Family</i>	\$29.39	\$39.20

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.