

Accident Insurance

Your plan for the unexpected



Accidents can happen to anyone, at any time. Could you afford the financial impact if one happened to you or someone in your family? With accident insurance, you can be better prepared for the unexpected.



How it works

Accident insurance can cover out-of-pocket medical expenses related to an accidental injury.

Benefits are paid for injuries resulting from an accident, and they don't interfere or coordinate with your major medical plan.



Why accident insurance?

Even with major medical insurance, your out-of-pocket health care costs can be substantial. Accident insurance can help you offset your deductible, copay or coinsurance requirements while paying little to nothing from your own pocket.

Benefits can also be used to pay for other expenses that may follow an accident, such as medical supplies, help with child care or anything else you may need.

Continued >

What's covered?

Your plan covers several types of accidental injuries, including:

- ✓ Fractures
- ✓ Dislocations
- ✓ Second- and third-degree burns
- ✓ Eye injuries
- ✓ Lacerations
- ✓ Torn ligaments

The plan also pays a benefit for the following services if they're related to a covered injury.

Emergency care and diagnostics

- ✓ Ambulance rides
- ✓ Emergency room admission
- ✓ X-rays

Follow-up care

- ✓ Physical therapy
- ✓ Doctor visits
- ✓ Chiropractic visits
- ✓ Medical equipment
- ✓ Prosthetic devices

Hospitalization and surgical procedures

- ✓ Hospital admission
- ✓ ICU
- ✓ Surgery
- ✓ Rehabilitation



SPOUSE AND CHILD COVERAGE

Spouse and dependent benefits may be available. Please refer to your enrollment materials for specific details.

This is a brief description of available benefits. For a complete description of coverage, please refer to your enrollment materials or contact your benefits representative.



Claim example

Meet Mike



Mike has an active lifestyle, so he knew that enrolling in Symetra Accident Insurance was the right decision. Shortly after signing up, Mike breaks his leg on a hiking trip with friends. After a trip to the emergency room, Mike's able to use his accident insurance to help with his out-of-pocket costs.

Here's an example of the benefits Mike would receive under each plan:

Treatment and services	Plan 1	Plan 2
Emergency room visit:	\$200	\$300
X-ray:	\$50	\$60
Leg fracture:	\$2,500	\$3,000
Five physical therapy sessions:	\$250	\$375
Total benefits received:	\$3,000	\$3,735

This example is for illustrative purposes only and is meant to provide a general overview of how coverage works. Any resemblance to actual persons is purely coincidental. Please refer to your complete set of enrollment materials for your plan's benefit amounts and costs of coverage.

Mike's benefits

Because Mike has accident insurance, he now has funds to help pay for:

- Medical expenses.
- Child care during recovery.
- Transportation to physical therapy appointments.



DID YOU KNOW?

The Centers for Disease Control and Prevention report that 24.2 million visits to emergency rooms in the U.S. are due to unintentional injuries.¹

[Continued >](#)

Why enroll?

Let's face it, our lives are busy. Whether we're grabbing groceries, taking a road trip, or heading to after-school activities, we're not thinking about things taking an unexpected turn. But if they do, accident insurance can help.

When you sign up for Symetra Accident Insurance, you get:

- **A simple enrollment process without any required medical questions or exams.²**
- **An easy and flexible claims process.**
- **Responsive and empathetic customer service representatives at a U.S.-based call center.**

Don't miss your opportunity to enroll in this valuable coverage. To get started, review your enrollment materials or talk to your benefits representative.



Symetra Life Insurance Company
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Bellevue, WA 98004-5135

www.symetra.com

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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 pays a fixed amount and does not cover losses due to sickness, nor does it cover the cost of all hospital and medical services. It is not a replacement for major medical or other comprehensive coverage and does not satisfy the minimum essential coverage requirements of the Affordable Care Act. Certificate form number is SBC-03515 1/18.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, contact your benefits representative.

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

¹ "National Hospital Ambulatory Medical Care Survey," Centers for Disease Control and Prevention, accessed March 8, 2023.

² Late entrants and those who elect coverage over the guaranteed issue amount outlined in the plan design will have to complete a medical questionnaire.



Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS	Plan 1	Plan 2
Ambulance - Ground	\$250 pp/pa	\$400 pp/pa
Ambulance - Air	\$1,500 pp/pa	\$2,000 pp/pa
Emergency Room	\$200 pp/pa	\$300 pp/pa
Major Diagnostic Testing (MRI, CT Scan, EEG) 1 exam(s) per covered accident	\$150 pp/pa	\$300 pp/pa
X-Ray	\$50 pp/pa	\$60 pp/pa
Pain Management/Epidural 1 visit(s) per covered accident	\$75 pp/pa	\$100 pp/pa
Initial Doctor's Visit	\$75 pp/pa	\$100 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS		
Hospital Admission	\$1,250 pp/pa	\$1,500 pp/pa
ICU Admission	\$2,500 pp/pa	\$3,000 pp/pa
Hospital Confinement Up to 365 day(s) per accident	\$250 per day	\$300 per day
ICU Up to 30 day(s) per accident	\$500 per day	\$600 per day
Rehabilitation/Skilled Nursing Facility Up to 90 day(s) per accident	\$125 per day	\$150 per day
Blood/Plasma/Platelets	\$400 pp/pa	\$500 pp/pa
Surgery - Open Abdominal, Thoracic	\$2,000 per surgery	\$3,000 per surgery
Surgery - Cranial	\$2,000 per surgery	\$3,000 per surgery
Surgery - Hernia	\$1,000 per surgery	\$1,500 per surgery
Surgery - Exploratory or Without Repair	\$300 per surgery	\$400 per surgery
Outpatient/Miscellaneous Surgery	\$300 per surgery	\$400 per surgery
Transportation Up to 3 trip(s) per accident	\$400 per trip	\$500 per trip
Family Lodging Up to 30 nights	\$100 per night	\$125 per night
Coma After 7 day duration	\$6,000 pp/pa	\$8,000 pp/pa
FOLLOW UP CARE		
Follow Up Doctor's Visit 1 visit(s) per covered accident	\$75 pp/pa	\$100 pp/pa
Physical Therapy Up to 10 visits per accident	\$50 per visit	\$75 per visit
Chiropractic Visit Up to 10 visits per accident	\$50 per visit	\$75 per visit
Medical Equipment	\$250 pp/pa	\$400 pp/pa
Prosthetic Device	\$2,000 pp/pa	\$2,500 pp/pa
COMMON INJURIES		
Burns		
Second Degree: 20 - 100 square centimeters	\$75 pp/pa	\$100 pp/pa
Second Degree: 101 - 225 square centimeters	\$150 pp/pa	\$200 pp/pa
Second Degree: More than 225 square centimeters	\$600 pp/pa	\$800 pp/pa
Third Degree: 20 - 100 square centimeters	\$650 pp/pa	\$800 pp/pa
Third Degree: 101 - 225 square centimeters	\$4,000 pp/pa	\$6,000 pp/pa
Third Degree: More than 225 square centimeters	\$15,000 pp/pa	\$20,000 pp/pa
Skin Grafts	25% of burn benefit	25% of burn benefit
Quadriplegia	\$15,000 pp/pa	\$20,000 pp/pa
Paraplegia	\$7,500 pp/pa	\$10,000 pp/pa
Hemiplegia	\$7,500 pp/pa	\$10,000 pp/pa
Uniplegia	\$3,750 pp/pa	\$5,000 pp/pa
Lacerations		
Not requiring sutures	\$40 pp/pa	\$50 pp/pa
Under 3 inches, required sutures	\$70 pp/pa	\$80 pp/pa
3 to 6 inches, requires sutures	\$125 pp/pa	\$150 pp/pa
Over 6 inches, requires sutures	\$300 pp/pa	\$400 pp/pa

Emergency Dental Work		
Crown Repair	\$150 pp/pa	\$200 pp/pa
Extraction	\$75 pp/pa	\$100 pp/pa
Eye Injuries		
Removal of Foreign Object	\$40 pp/pa	\$60 pp/pa
Surgical Repair	\$200 pp/pa	\$300 pp/pa
Specific Injuries		
Ruptured Disc	\$400 pp/pa	\$600 pp/pa
Tendons/Ligaments		
1 tear with surgical repair	\$650 pp/pa	\$800 pp/pa
Tendons/Ligaments		
2 or more tears with surgical repair	\$900 pp/pa	\$1,200 pp/pa
Tendons/Ligaments		
Arthroscopic surgery with no repair	\$200 pp/pa	\$300 pp/pa
Torn Knee Cartilage		
Exploratory surgery with no repair	\$200 pp/pa	\$300 pp/pa
Torn Knee Cartilage		
Surgical repair	\$650 pp/pa	\$800 pp/pa
Concussion	\$200 pp/pa	\$300 pp/pa
Dislocations (Closed Reduction)		
3 dislocation benefits per person, per accident maximum		
Hip	\$4,000 per dislocation	\$5,000 per dislocation
Knee (except patella)	\$1,600 per dislocation	\$2,000 per dislocation
Shoulder	\$1,600 per dislocation	\$2,000 per dislocation
Foot/Ankle	\$1,600 per dislocation	\$2,000 per dislocation
Wrist	\$1,600 per dislocation	\$2,000 per dislocation
Lower Jaw	\$1,600 per dislocation	\$2,000 per dislocation
Elbow	\$1,600 per dislocation	\$2,000 per dislocation
Bones of the Hand (except fingers)	\$800 per dislocation	\$1,000 per dislocation
Collarbone	\$800 per dislocation	\$1,000 per dislocation
2 or more fingers	\$300 per dislocation	\$400 per dislocation
2 or more toes	\$300 per dislocation	\$400 per dislocation
1 finger or toe	\$125 per dislocation	\$150 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	\$4,000 per fracture	\$5,000 per fracture
Hip/Thigh	\$4,000 per fracture	\$5,000 per fracture
Vertebral Body		
(excluding vertebral processes)	\$4,000 per fracture	\$5,000 per fracture
Pelvis	\$4,000 per fracture	\$5,000 per fracture
Arm (upper)	\$2,500 per fracture	\$3,000 per fracture
Shoulder Blade	\$2,500 per fracture	\$3,000 per fracture
Leg	\$2,500 per fracture	\$3,000 per fracture
Upper Jaw	\$1,600 per fracture	\$2,000 per fracture
Vertebral Processes	\$1,600 per fracture	\$2,000 per fracture
Knee Cap	\$1,600 per fracture	\$2,000 per fracture
Collarbone	\$1,600 per fracture	\$2,000 per fracture
Forearm	\$1,600 per fracture	\$2,000 per fracture
Foot/Ankle	\$1,600 per fracture	\$2,000 per fracture
Hand/Wrist	\$1,250 per fracture	\$1,500 per fracture
Lower Jaw	\$1,250 per fracture	\$1,500 per fracture
Ribs (2 or more)	\$750 per fracture	\$1,000 per fracture
Facial Bones or Nose	\$750 per fracture	\$1,000 per fracture
1 rib, finger, or toe	\$300 per fracture	\$400 per fracture
Coccyx	\$300 per fracture	\$400 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			
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	\$50 pp/pcy	
Occupational Coverage	Included	Included	
Portability	Included	Included	
Monthly Premium	Plan 1	Plan 2	
Single		\$13.70	\$17.43
Employee + Spouse		\$23.03	\$29.36
Employee + Child(ren)		\$26.59	\$34.03
Family		\$37.78	\$48.39

¹Benefit Amounts: Employee 100%, Spouse 50%, Child 25%

²pp/pa = per person/per accident

To Calculate: Weekly=Monthly cost x 12÷52; Bi-Weekly =Monthly cost x 12÷26; Semi-Monthly=Monthly cost x 12÷24

Please refer to the Description of Benefits included in this packet for additional information on your benefits.

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.

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:
12653000 - Saucon Valley School District



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.

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.

Child Organized Sports Benefit

Provides an additional 25% benefit (up to a specified cap), for benefits payable under the Policy, if the Accident occurred while an Insured Dependent child is participating in an organized sport. The child must be insured by the Policy on the date the Accident occurred.

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/Extension of Coverage

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

Coverage is provided under policy form number SBC-03510.

Critical Illness Insurance

For the critical moments in your life



Whether you're stepping into your first job or looking toward retirement, you never know when a critical event may happen. That's why Symetra's critical illness insurance is designed to provide financial support whenever you're faced with an unexpected health challenge.



How it works

If you are diagnosed with a covered condition after the policy is in effect, you will receive a lump-sum benefit payment based on the terms of your policy and the diagnosis.

Benefits are paid directly to you, regardless of any other insurance coverage you may have.



Why critical illness insurance?

Critical illness insurance can provide some financial relief during a serious medical condition or life event.

Benefits can be used for anything—whether it's transportation, child care or other expenses—helping you focus on your recovery rather than your finances.



[Continued >](#)

How Symetra Critical Illness Insurance can continuously help

Our broad definitions of medical conditions make it easy for you to qualify for benefits. The process is simple: submit a claim by either calling Symetra and speaking to one of our customer service representatives, or by answering just a few questions on our convenient digital platform My Group Online (MyGO).

We also understand that you can experience more than one critical event during your lifetime. If you're later diagnosed with a second covered condition, you'll receive the full benefit amount for that condition as shown in your certificate.¹

Please refer to your certificate for complete details of the coverage.



You are diagnosed with a covered condition



Symetra approves your claim



Lump-sum benefit paid directly to you

Critical events are more common than you may think and can lead to unexpected costs

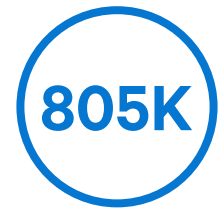
Financial planning for unexpected medical events is important, especially considering these facts:



Men and women in the U.S. have nearly a **40%** chance of developing cancer during their lifetime.²



In 2019, **56%** of adults in the U.S. reported medical financial hardship.³



Each year, approximately **805,000** people in the U.S. have a heart attack.⁴



SPOUSE AND CHILD COVERAGE

Spouse and dependent benefits may be available. Please refer to your enrollment materials for specific details.

Claim examples

Meet Kristen and Robert

In addition to their health insurance, Kristen and Robert are both enrolled in Symetra Critical Illness Insurance. Their policy includes coverage for cancer diagnoses and heart attacks.



Kristen

Kristen went in for treatment after doctors discovered she had breast cancer. They used a combination of surgery and radiation therapy treatment. Kristen used her critical illness benefit to help pay for her deductible and coinsurance, as well as other expenses while she was recovering.

Cancer

Benefit paid:

100% of benefit amount = **\$10,000**

How Kristen used her benefit dollars:

Related medical costs: \$4,500

Child care: \$300

Transportation: \$200

Remaining benefit amount put in savings: \$5,000

This example is for illustrative purposes only and is meant to provide a general overview of how coverage works. Any resemblance to actual persons is purely coincidental. Refer to your complete set of enrollment materials for your plan's benefit amounts.



Robert

After Robert suffered a heart attack, he had more than just his medical condition on his mind. With two days spent in the hospital and another three months recovering at home, he welcomed the financial support the critical illness benefit provided to help with a variety of related health costs.

Heart attack

Benefit paid:

100% of benefit amount = **\$10,000**

How Robert used his benefit dollars:

Related medical costs: \$5,500

Remaining benefit amount put in savings: \$4,500

**Each policy includes coverage for different conditions and life events.
Please refer to your certificate for complete details.**

Continued >

Why enroll?

A critical medical event usually leads to unknown and unexpected costs. And many of these—such as additional needs for transportation, child care, help around the house and more—aren't covered by health insurance. Symetra Critical Illness Insurance can help pay for these additional expenses while you focus on your recovery.

Signing up for Symetra Critical Illness Insurance also means you can enjoy:

- **A simple enrollment process without any required medical questions or exams.⁵**
- **An easy and flexible claims process.**
- **Responsive and empathetic customer service representatives at a U.S.-based call center.**

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

Note: Any critical illness benefits totaling more than the costs incurred for medical care are generally taxable if the employee or employer paid the premium on a pre-tax basis. It is also important to note that critical illness benefits may affect eligibility for public assistance like federal, state or local welfare programs. For specific information, please consult a tax professional and/or your benefits representative.

Critical illness policies, insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They provide benefits at a preselected, fixed dollar amount for covered conditions. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate form number is SBC-04535 1/21. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions.

¹ There must be a one-day separation between additional diagnoses. If two or more covered critical illnesses are diagnosed on the same day, only the benefit that provides the largest benefit amount will be paid.

² "Cancer Facts & Figures 2021," American Cancer Society, accessed March 19, 2021, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf>.

³ "Prevalence and Correlates of Medical Financial Hardship in the USA," Journal of General Internal Medicine, published May 1, 2019, <https://link.springer.com/article/10.1007/s11606-019-05002-w#Fig1>.

⁴ "Heart Disease Facts," Centers for Disease Control and Prevention, accessed April 27, 2021, <https://www.cdc.gov/heartdisease/facts.htm>.

⁵ Late entrants and those who elect coverage over the guaranteed issue amount outlined in the plan design will have to complete a medical questionnaire.



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Critical Illness

Critical Illness Benefit

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect.

Invasive Cancer

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of neighboring tissue that is supported by histological evidence of malignancy. Invasive Cancer includes Leukemia, Lymphoma, Sarcoma, Malignant melanoma greater than 1mm in thickness, any type of breast cancer, or Multiple myeloma. Invasive Cancer must be diagnosed by a Specialist according to a Pathological or Clinical Diagnosis.

Minor Cancer (In Situ)

Minor Cancer (In Situ) is defined as a cancer wherein the tumor cells lie within the tissue of origin and have not spread to neighboring tissue. Non-Invasive Cancer includes: chronic lymphocytic leukemia that has not progressed beyond RAI Stage 0; Stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or early prostate cancer classified as T1a or T1b (or equivalent staging) without lymph node or distant metastasis. The diagnosis must be confirmed with a report from a Specialist that includes the pathology report.

Non-Melanoma Skin Cancer

Non-Melanoma Skin Cancer is defined as a malignant growth that arises on the surface of the skin that is any of the following: Basal cell carcinoma; Squamous cell carcinoma, or Merkel cell carcinoma. The diagnosis must be made by a Specialist and based on a pathological examination of tissue from skin lesions.

Heart Attack (Myocardial Infarction)

Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a Specialist and based on serial measurement of cardiac biomarkers in the blood showing a pattern and to a level consistent with a diagnosis of Heart Attack (Myocardial Infarction) and any other diagnostic criteria to meet the clinically accepted definition for heart attack.

Stroke

Stroke is defined as an acute cerebrovascular incident resulting in irreversible death of brain tissue due to intra-cranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel. This event must result in neurological functional impairment with objective neurological abnormal signs on physical examination by a Specialist and the diagnosis must also be supported by findings on brain imaging and must be consistent with the diagnosis of a new Stroke.

Coronary Artery Disease Needing Surgery or Angioplasty

Coronary Artery Disease Needing Surgery or Angioplasty is defined as coronary artery disease with blockages in one or more coronary artery(s) demonstrated on cardiac catheterization coronary angiography that requires the Insured to undergo either coronary artery bypass surgery or coronary angioplasty. The Insured must require coronary bypass or angioplasty surgery intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines, either for prognostic benefit or for symptomatic coronary artery disease that cannot be adequately managed on optimal medical therapy.

Sudden Cardiac Arrest

Sudden Cardiac Arrest is defined as the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction. The diagnosis must be confirmed by a Specialist and the Sudden Cardiac Arrest must be the result of Coronary artery disease, Cardiomyopathy, hypertension, Valvular heart disease, Primary heart rhythm abnormality such as Brugada's syndrome or long QT syndrome, or Congenital heart disease.

Transient Ischemic Attack (TIA)

Transient Ischemic Attack (TIA) is defined as an acute ischemic event in which there are temporary, functional neurological impairments, without evidence of acute cerebral infarction. The diagnosis must be made by a Specialist according to clinical diagnostic criteria for the condition, including the following: There is no evidence of cerebral tissue damage on diagnostic imaging; The new onset of reversible functional neurological impairments; The temporary neurological impairments are not the result of seizures, migraines, metabolic disturbances, syncope, or other similar conditions.

Major Organ Failure

Major Organ Failure is defined as the permanent failure or loss of one or more of the following organs: heart, liver, lung, or pancreas, that requires a surgical transplant of a human organ. A Specialist must determine that a transplant of one or a combination of the above mentioned organs is necessary to treat organ failure in the Insured and the Insured must be actively engaged in a course of treatment with the goal of eventual transplant. The transplant goal requirement is waived if the Insured is too ill to undergo transplant surgery, but surgery would otherwise be recommended due to the organ failure.

Occupational Human Immunodeficiency Virus (HIV)

Occupational Human Immunodeficiency Virus (HIV) Infection is defined as infection with the human immunodeficiency virus (HIV) resulting from an accidental Injury which exposed the Insured to HIV-contaminated blood or bodily fluids during the course of the duties of the Insured's normal occupation. The Accident causing the infection of HIV must have occurred in the United States or its territories and while covered under the Policy. In addition, the Insured must report the Accident to the employer within 24 hours of the Accident.

All of the following conditions must be satisfied:

- a. A blood test showing no HIV or HIV antibodies must be carried out within 14 days of the Accident.
- b. Seroconversion must be proven with another HIV test within 180 days of the Accident, indicating presence of infection by HIV.

End Stage Renal Failure (Kidney Failure)

End Stage Renal Failure (Kidney Failure) is defined as the total and irreversible failure of both kidneys which requires permanent regular renal dialysis or a kidney transplant. A Specialist must confirm that either of the following is necessary: the Insured must undergo regular renal dialysis at least weekly; or the Insured needs a kidney transplant.

Loss of Sight

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. Loss of Sight is a Covered Critical Illness when it is due to an Accident or cataracts, glaucoma, macular degeneration, or similar disease. Loss of Sight is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. A Specialist must clinically confirm that the Insured's corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

Loss of Speech

Loss of Speech is defined as permanent loss of the ability to speak to the extent that the Insured is unintelligible to another person with normal hearing. Loss of Speech is a Covered Critical Illness when it is due to an Accident or Guillain Barre syndrome, Huntington's disease chorea, or similar disease. Loss of Speech is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The Insured must be able to demonstrate that the loss has been continuous for at least 180 days. The diagnosis of loss must be made by a Specialist.

Loss of Hearing

Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the Insured is unable to hear sounds at or below 90 decibels. Loss of Hearing is a Covered Critical Illness when it is due to an Accident or bacterial meningitis, Meniere's disease, or similar disease. Loss of Hearing is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The diagnosis must be made by a Specialist as diagnosed by audiometric testing.

Paralysis

Paralysis is defined as damage to the brain or spinal cord caused by an [Accident or] Illness that results in quadriplegia, paraplegia, hemiplegia, or diplegia. There must be complete and permanent loss of use of two or more limbs that is present for a continuous period of at least 180 days.

Severe Burns

Severe Burns is defined as having sustained third degree burns. The third degree burns must cover at least 20% of the surface area of an insured's body.

Stem Cell (Bone Marrow) Transplant

Stem Cell Transplant is defined as the need for an autologous or allogeneic stem cell transplant, necessitated by compromise of the bone marrow's ability to produce sufficient blood cells. Diagnosis must be made by a Specialist who is a hematologist or oncologist and the Insured must be actively engaged in a course of treatment with the goal of eventual transplant. The transplant goal requirement is waived if the Insured is too ill to undergo stem cell transplant, but stem cell transplant would otherwise be recommended due to compromised bone marrow ability to produce sufficient blood cells.

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases is defined as a definite diagnosis by a Specialist of spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease) or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be permanent functional neurological impairment with objective evidence of motor dysfunction with muscle weakness that has persisted for a continuous period of at least 90 days.

Advanced Alzheimer's Disease

Advanced Alzheimer's Disease is defined as dementia due to Alzheimer's Disease, where there is progressive and permanent deterioration of memory and intellectual capacity.

The diagnosis of Alzheimer's disease must be confirmed by a Specialist and the diagnosis must be supported by clinically accepted standardized cognitive testing and neurological examination. There must be Advanced Alzheimer's Disease where there is significant reduction in mental and social functioning where the Insured is unable to perform independently, at least 2 of the following 6 "Activities of Daily Living" for a continuous period of at least 180 days:

Activities of Daily Living are defined as:

- a. Bathing - washing oneself by sponge bath or in the tub or shower, including the task of getting into or out of the tub or shower.
- b. Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
- c. Eating - feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
- d. Transferring - moving into and out of bed or a wheelchair.
- e. Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- f. Continence - the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

Parkinson's Disease

Parkinson's Disease is defined as an unequivocal diagnosis of idiopathic Parkinson's disease. There must be resting tremor, rigidity, bradykinesia and gait disturbance compatible with the diagnosis of Parkinson's Disease as assessed by a Specialist.

Multiple Sclerosis

Multiple Sclerosis is defined as a diagnosis made by a Specialist of definite Multiple Sclerosis.

Both of the following two (2) criteria must be present:

1. There must be permanent functional neurological impairment with objective evidence of motor or sensory dysfunction, which must have persisted for a continuous period of at least 180 days.
2. The diagnosis must also be confirmed with objective neurological investigations, such as lumbar puncture, evoked visual responses, evoked auditory responses and MRI evidence of lesions of the central nervous system.

Coma

Coma is defined as a state of profound unconsciousness from which an Insured cannot be aroused to consciousness by external or internal stimulation, as determined by a Doctor as the result of an [Accident] [or] Illness.

This diagnosis must be supported by evidence of all the following:

- a. No response to external stimuli for at least 96 hours.
- b. Life support measures are necessary to sustain life.
- c. Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Health Screening Benefit

The Health Screening Benefit will be paid once per year, per covered Insured, when one or more of the following exams, X-rays, laboratory tests are administered to during a Calendar Year. A Health Screening Benefit is payable once per covered Insured during a Calendar Year, regardless of the number of exams, X-rays, laboratory tests administered during that year.

1. Tests to Screen for Cancer:

- (a) Biopsy
- (b) Bone marrow testing
- (c) Breast ultrasound
- (d) CA 125 (blood test for ovarian cancer)
- (e) CA 15-3 (blood test for breast cancer)
- (f) CEA (blood test for colon cancer)
- (g) Colonoscopy
- (h) Flexible sigmoidoscopy
- (i) Hemocult stool specimen
- (j) Mammogram
- (k) Pap test
- (l) PSA (prostate-specific antigen tests)
- (m) Serum protein electrophoresis (blood test for myeloma)
- (n) Thermography

2. Tests to screen for Heart-related Disease

- (a) Blood test for triglycerides
- (b) Chest x-ray
- (c) Serum cholesterol test to determine HDL/LDL level
- (d) Stress test on a bicycle or treadmill

3. Test to screen for Organ-related Disease

- (a) Fasting blood glucose test

Continuation of Coverage During Temporary Absence

Coverage may continue beyond the day it would otherwise cease under the termination provisions if the insured is absent from work due to any of the following reasons. In no event will coverage continue beyond the maximum time shown below for any temporary absence. If the insured is eligible to continue coverage for more than one reason, the periods of continuation will run concurrently. The continuation periods may not be applied consecutively. Continuation of coverage is subject to the payment of required premium.

Illness or Injury

If absent from work due to illness or injury, all coverage may be continued for a period of 6 consecutive months from the date last actively at work.

Personal Leave of Absence

If on a documented leave of absence, all coverage may be continued for up to 2 months following the date last actively at work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Family Medical Leave of Absence

If You are on a leave of absence approved in accordance with the federal Family and Medical Leave Act of 1993 and any amendments to it (FMLA) or a similar state law, all of Your coverage may be continued for up to 3 months following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Military Leave of Absence

If You are on a military leave of absence taken in accordance with the federal Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it (USERRA), all of Your coverage may be continued for up to 12 weeks following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Sabbatical

If You are on an employer-approved sabbatical, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.

Temporary Layoff

If You are temporarily laid off by the Employer due to lack of work, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the layoff becomes permanent, this continuation will cease immediately.

Temporary Production Shutdown

If You are not at work due to a temporary production shutdown by the Employer, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the production shutdown becomes permanent, this continuation will cease immediately.

Labor Strike/Labor Dispute

If You are not at work due to a labor strike or dispute, all of Your coverage may be continued for up to 1 month following the date You were last Actively at Work. If the labor strike or dispute ends earlier, this continuation will cease immediately.

Portability/ Post-Termination Continuation of Coverage:

Allows coverage to continue for an unlimited period of time following termination of employment or loss of eligibility. Review the certificate of coverage to understand full details of this provision.

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

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

Rates for:
12653000 - Saucon Valley School District



Critical Illness

Employee Benefit Amount(s)	
Critical Illness Employee Benefit: \$10,000, \$20,000, or \$30,000	
Guaranteed Issue Benefit: Up To \$10,000, \$20,000, or \$30,000	
Dependent Benefit Amount(s)	
Spouse Benefit: 50% of the benefit amount, Child Benefit: 50% of the benefit amount	

Cost is dependent upon how much coverage is selected and the age of the insured as of the effective date. Because attained age rating applies, premiums may increase due to age changes upon the start of the next policy year.

Monthly 4-Tier Premium Rates--Uni-Tobacco

Employee Attained Age		\$10,000	\$20,000	\$30,000
Employee Only	29 and Under	\$3.79	\$6.14	\$8.50
	30-39	\$6.09	\$10.68	\$15.27
	40-49	\$12.73	\$23.78	\$34.83
	50-59	\$27.36	\$52.57	\$77.79
	60-69	\$53.52	\$104.11	\$154.71
	70 and Over	\$109.03	\$213.70	\$318.36

Employee Attained Age		\$10,000	\$20,000	\$30,000
Employee + Spouse	29 and Under	\$6.42	\$9.95	\$13.48
	30-39	\$9.76	\$16.46	\$23.16
	40-49	\$19.84	\$36.21	\$52.58
	50-59	\$43.61	\$82.76	\$121.90
	60-69	\$85.57	\$164.91	\$244.26
	70 and Over	\$156.51	\$305.08	\$453.65

Employee Attained Age		\$10,000	\$20,000	\$30,000
Employee + Child(ren)	29 and Under	\$5.75	\$9.27	\$12.79
	30-39	\$8.05	\$13.81	\$19.56
	40-49	\$14.69	\$26.91	\$39.12
	50-59	\$29.32	\$55.70	\$82.08
	60-69	\$55.48	\$107.24	\$159.00
	70 and Over	\$110.99	\$216.82	\$322.66

Monthly 4-Tier Premium Rates--Uni-Tobacco (Continued)

Employee Attained Age		\$10,000	\$20,000	\$30,000
Family	29 and Under	\$8.85	\$13.84	\$18.82
	30-39	\$12.20	\$20.35	\$28.50
	40-49	\$22.28	\$40.10	\$57.92
	50-59	\$46.05	\$86.65	\$127.24
	60-69	\$88.00	\$168.80	\$249.60
	70 and Over	\$158.95	\$308.97	\$458.99

To Calculate: Weekly=Monthly cost x 12÷52; Bi-Weekly =Monthly cost x 12÷26; Semi-Monthly=Monthly cost x 12÷24

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Insurance

Build a financial safety net for the unexpected



An injury or illness can land you in the hospital for a night or two—or even longer. If that happens, unexpected costs from deductibles, copays or coinsurance, as well as non-medical expenses like child care or transportation, could take a serious toll on your family’s financial health. That’s where hospital indemnity insurance comes in. It’s offered through your work and can reduce the burden of a hospital stay by helping cover the cost.



How it works

Hospital indemnity insurance pays a fixed dollar amount per day for services and supplies you receive during a hospital stay, up to a maximum number of days each year. Stays in a mental health, substance abuse or nursing facility are also covered.

There are no preexisting condition limitations, no health questions to answer and no medical tests to take.^{1,2} You’re paid the full per-day benefit no matter what other insurance you have.



Why hospital indemnity insurance?

If you end up in the hospital, you probably want to focus more on your recovery, not your medical bills. Hospital indemnity insurance can help with the cost of your stay, giving you and your family some financial peace of mind.



[Continued >](#)

What's covered

Hospital indemnity insurance pays a fixed dollar amount for each day of a hospital stay lasting 24 hours or more. Benefits are paid until you reach the maximum number of days stated in your policy. Your plan also has an initial day confinement benefit (admission benefit), which pays a higher benefit amount for your first day of a hospitalization and is compatible with a health savings account (HSA).³



Hospital



**Intensive care unit
(ICU)**

In addition to hospitals, benefits are paid for stays in other eligible facilities. Each facility has its own per-day benefit and calendar-year maximum.



**Substance abuse
facility**



**Mental health
facility**



**Nursing
facility***

*Nursing facility benefits are paid only if following a covered hospital stay of at least three consecutive days.

Newborn benefit

If you have a baby while you're covered under the hospital indemnity plan, not only is your hospital stay covered, but your newborn is automatically covered under this plan from birth through the first 31 days of life.⁴



DID YOU KNOW?

The average cost of a four-day hospital stay is \$11,700. Over 11% of this comes from out-of-pocket costs.⁵

Claim example

Meet Herman



Like most healthy adults, Herman thought the hospital was the last place he'd end up. But this year, he fell seriously ill with pneumonia and spent five days in the hospital.

Herman's hospital stay

Fortunately, Herman has Symetra Hospital Indemnity Insurance, which he purchased through work. It pays an initial day confinement benefit (admission benefit), followed by a per-day benefit starting on day two.

Hospital indemnity insurance provided Herman with additional financial support to help him focus on his recovery.

Treatments and services	Plan 1	Plan 2
Initial day confinement benefit (admission benefit)	\$1,000 (first day only)	\$2,000 (first day only)
Per-day hospital stay, days 2+	\$100 per day	\$100 per day
5-day total	\$1,400	\$2,400

This example is for illustrative purposes only and is meant to provide a general overview of how hospital indemnity insurance works. Any resemblance to actual persons is purely coincidental. Refer to your enrollment materials for your plan's benefit amounts.

Why enroll?

Hospital indemnity insurance can provide an extra layer of financial support if you become hospitalized for any reason. There are no copays, deductibles or network requirements, and benefits can be used for anything, including non-medical costs.

Signing up for Symetra Hospital Indemnity Insurance also means:

- **A simple enrollment process without any required medical questions or exams.²**
- **An easy and flexible claims process.**
- **Responsive and empathetic customer service representatives at a U.S.-based call center.**

Don't miss your opportunity to enroll in this valuable coverage. To get started, review your enrollment materials or talk to your benefits representative.



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Fixed-Payment Indemnity policies (also known as "Hospital Indemnity policies"), insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They are designed to provide benefits at a preselected, fixed dollar amount. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate form number is SBC-01505 6/20.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, contact your benefits representative.

¹ A pregnancy limitation period may apply.

² Late entrants may be required to complete a medical questionnaire.

³ This plan is designed to be compatible with health savings accounts (HSAs). Please consult with a tax professional and/or your benefits representative to determine which supplemental benefits may be used with an HSA.

⁴ You must enroll your child as a dependent on your plan within 30 days of birth in order for coverage to continue beyond the first 31 days.

⁵ "Hospital and Surgery Costs," Debt.org, updated October 12, 2021, <https://www.debt.org/medical/hospital-surgery-costs/>.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Plan Summary for:
12653000 - Saucon Valley School District



Hospital Indemnity

Inpatient Hospital Benefits 500 days lifetime maximum unless otherwise noted	Plan 1	Plan 2
Hospital Confinement	\$1,000 first day, \$100 day 2+, 30 incident(s) pp/pcy	\$2,000 first day, \$100 day 2+, 30 incident(s) pp/pcy
Intensive Care Unit	\$1,000 first day, \$200 day 2+, 30 incident(s) pp/pcy	\$2,000 first day, \$200 day 2+, 30 incident(s) pp/pcy
Substance Abuse Facility	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy
Mental Health Facility	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy
Nursing Facility This benefit is paid only if following a covered hospital stay of at least three consecutive days.	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy
Plan is HSA Compatible	Yes	Yes
Portability	Included	Included

Monthly Premium	Plan 1	Plan 2
Employee	\$15.47	\$25.68
Employee + Spouse	\$32.96	\$54.73
Employee + Child(ren)	\$25.36	\$42.10
Family	\$45.90	\$76.20

pp/pcy= per person, per calendar year

To Calculate: Weekly=Monthly cost x 12 ÷52; Bi-Weekly =Monthly cost x 12÷26; Semi-Monthly=Monthly cost x 12 ÷24

Please refer to the Description of Benefits included in this packet for additional information on your benefits.

Hospital Indemnity 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. Hospital Indemnity 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 generic policy form number SBC-00500.

Description of Benefits for:
12653000 - Saucon Valley School District



Hospital Indemnity Insurance

Inpatient Hospital/Intensive Care Unit First Day

Benefits are paid on the first day of a covered hospital stay (whether that is a regular hospital bed or ICU) of 24 hours or more. The benefit is paid one time per hospital stay, regardless of whether the insured is moved from the regular bed to ICU, or vice versa.

Inpatient Hospital/Intensive Care Unit Day 2+

Benefits are paid beginning the second day of a covered stay. ICU stays are included with the hospital stay benefit. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

Substance Abuse Facility

Benefits are paid on the first day of a covered substance abuse facility stay. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

Mental Health Facility

Benefits are paid on the first day of a covered mental health facility stay. Each facility has a calendar year maximum number of days as selected 180 days per lifetime unless otherwise noted in the policy.

Please refer to your Plan Summary for details.

Nursing Facility

Benefits are paid on the first day of a covered nursing facility stay which follows a covered hospital stay of 3 consecutive days or more. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

Portability/Extension of Coverage

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

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

Hospital Indemnity 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. Hospital Indemnity 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 generic policy form number SBC-00500.