

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	\$50,000 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	\$17.54
Employee + Spouse		\$23.03	\$29.56
Employee + Child(ren)		\$26.59	\$34.26
Family		\$37.78	\$48.72

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:

12658000 - Allentown 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.

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.