Plan Summary for:
12729000 - Clarinda Regional Health Center

Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS	Plan 1
Ambulance - Ground 1 trip(s) per covered accident	$300 pp/pa
Ambulance - Air 1 trip(s) per covered accident	$900 pp/pa
Emergency Room 1 trip(s) per covered accident	$350 pp/pa
Major Diagnostic Testing (MRI, CT Scan, EEG) 1 exam(s) per covered accident	$150 pp/pa
X-Ray 1 test(s) per covered accident	$250 pp/pa
Pain Management/Epidural 1 visit(s) per covered accident	$75 pp/pa
Initial Doctor's Visit	$75 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS	
Hospital Admission	$1,500 pp/pa
ICU Admission	$3,000 pp/pa
Hospital Confinement Up to 365 day(s) per accident	$300 per day
ICU Up to 30 day(s) per accident	$600 per day
Rehabilitation/Skilled Nursing Facility Up to 90 day(s) per accident	$100 per day
Blood/Plasma/Platelets	$400 pp/pa
Surgery - Open Abdominal, Thoracic	$2,000 per surgery
Surgery - Cranial	$2,000 per surgery
Surgery - Hernia	$500 per surgery
Surgery - Exploratory or Without Repair	$300 per surgery
Outpatient/Miscellaneous Surgery	$300 per surgery
Transportation Up to 3 trip(s) per accident	$400 per trip
Family Lodging Up to 30 nights	$100 per night
Coma After 7 day duration	$6,000 pp/pa
FOLLOW UP CARE	
Follow Up Doctor's Visit 2 visit(s) per covered accident	$100 pp/pa
Physical Therapy Up to 10 visits per accident	$60 per visit
Chiropractic Visit Up to 10 visits per accident	$60 per visit
Medical Equipment 1 appliance(s) per covered accident	$400 pp/pa

Prosthetic Device	$2,000 pp/pa
1 device per covered accident	
COMMON INJURIES	
Burns	
Second Degree: 20 - 100 square centimeters	$75 pp/pa
Second Degree: 101 - 225 square centimeters	$150 pp/pa
Second Degree: More than 225 square centimeters	$600 pp/pa
Third Degree: 20 - 100 square centimeters	$650 pp/pa
Third Degree: 101 - 225 square centimeters	$4,000 pp/pa
Third Degree: More than 225 square centimeters	$15,000 pp/pa
Skin Grafts	25% of burn benefit
Quadriplegia	$15,000 pp/pa
Paraplegia	$7,500 pp/pa
Hemiplegia	$7,500 pp/pa
Uniplegia	$3,750 pp/pa
Lacerations	
Not requiring sutures	$60 pp/pa
Under 3 inches, required sutures	$120 pp/pa
3 to 6 inches, requires sutures	$200 pp/pa
Over 6 inches, requires sutures	$400 pp/pa
Emergency Dental Work	
Crown Repair	$150 pp/pa
Extraction	$75 pp/pa
Eye Injuries	
Removal of Foreign Object	$200 pp/pa
Surgical Repair	$200 pp/pa
Specific Injuries	
Ruptured Disc	$1,000 pp/pa
Tendons/Ligaments	$1,000 pp/pa
1 tear with surgical repair	
Tendons/Ligaments	$1,500 pp/pa
2 or more tears with surgical repair	
Tendons/Ligaments	$300 pp/pa
Arthroscopic surgery with no repair	
Torn Knee Cartilage	$300 pp/pa
Exploratory surgery with no repair	
Torn Knee Cartilage	$1,000 pp/pa
Surgical repair	
Concussion	$300 pp/pa
Dislocations (Closed Reduction)	
3 dislocation benefits per person, per accident maximum	
Hip	$3,000 per dislocation
Knee (except patella)	$1,500 per dislocation
Shoulder	$1,500 per dislocation
Foot/Ankle	$1,100 per dislocation
Wrist	$1,100 per dislocation
Lower Jaw	$900 per dislocation
Elbow	$900 per dislocation
Bones of the Hand (except fingers)	$525 per dislocation
Collarbone	$525 per dislocation

2 or more fingers	$300 per dislocation
2 or more toes	$300 per dislocation
1 finger or toe	$150 per dislocation
Open Reduction	200% of dislocation benefit
Partial Dislocation	25% of dislocation benefit
Fractures (Closed Reduction)	
3 fracture benefits per person, per accident maximum	
Skull	$3,000 per fracture
Hip/Thigh	$3,000 per fracture
Vertebral Body	
(excluding vertebral processes)	$2,250 per fracture
Pelvis	$2,250 per fracture
Arm (upper)	$1,350 per fracture
Shoulder Blade	$1,350 per fracture
Leg	$1,350 per fracture
Upper Jaw	$900 per fracture
Vertebral Processes	$900 per fracture
Knee Cap	$900 per fracture
Collarbone	$900 per fracture
Forearm	$900 per fracture
Foot/Ankle	$900 per fracture
Hand/Wrist	$720 per fracture
Lower Jaw	$720 per fracture
Ribs (2 or more)	$540 per fracture
Facial Bones or Nose	$540 per fracture
1 rib, finger, or toe	$300 per fracture
Coccyx	$300 per fracture
Open Reduction	200% of fracture benefit
Bone Chip	25% of fracture benefit
CATASTROPHIC ACCIDENT BENEFITS	
Accidental Death[1]	$60,000
Common Carrier Accidental Death[1]	$120,000
AD&D Benefits[1]	
Double Dismemberment	
Loss of both hands, both feet or sight in both eyes	$60,000
Loss of Speech or Hearing in both ears	$30,000
Loss of 1 hand and 1 foot	$60,000
Loss of 1 eye	$30,000
Loss of 1 hand or 1 foot	$30,000
Loss of 2 or more fingers or toes	$12,000
Loss of 1 finger or toe	$3,000
OPTIONAL BENEFITS	
Occupational Coverage	Included
Portability	Included
Child Organized Sports	Included
Additional 25% of accident benefits	
$5,000 per person/per accident maximum	

Monthly Premium	Plan 1
Single	$12.96
Employee + Spouse	$21.74
Employee + Child(ren)	$25.83
Family	$36.47

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

[2]pp/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:
12729000 - Clarinda Regional Health Center

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.

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.

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. 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.

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

Policyholder: Clarinda Regional Health Center
Policy Issue State: IA
Scheduled Benefit Accident Plan
Insured by Symetra Life Insurance Company

Exclusions

We will not pay benefits for any loss treated outside the United States, Canada or Mexico; dental treatment except as a result of accident; or for any Injury that results from or is caused by:

a. War or act of war;
b. Aviation or aerial navigation, except as a paying passenger on a regularly scheduled commercial passenger flight;
c. Motor vehicle acrobatic stunts, acrobatic/stunt flying on aircraft, endurance tests, or racing;
d. Professional or semi-professional organized sports;
e. Cosmetic or other elective surgery, other than reconstructive surgery required due to accidental injury;
f. Active duty service or training in the military for more than 31 days;
g. Disease, bodily/mental illness or degenerative process;
h. Suicide, attempted suicide, or intentionally self-inflicted Injury (N/A for policies issued in MI);
i. Participation in base jumping, bungee jumping, cliff jumping, hang gliding, kite surfing, kiteboarding, mountain climbing, parachuting, paragliding, parakiting, parasailing, rock climbing, sail gliding, scuba diving, skydiving, wingsuit flying or other similar extreme sports or high-risk activities;
j. Voluntary intoxication or being under the influence of any narcotic, drug or controlled substance (N/A for policies issued in MD, SD, VT or WA, or for residents of MD[1], SD[1], VT[1] or WA[1].);
k. Voluntary intoxication through use of poison, gas or fumes (N/A for policies issued in MD, NJ, SD or WA, or for residents of MD[1], SD[1] or WA[1]. Also, N/A for CT residents covered under any policy where the majority of the group resides in CT*); or
l. Committing assault or a felony, or voluntary participation in a riot or insurrection (N/A for policies issued in MD, CT, IL, MI, NE, NJ, or UT, or for residents of MD[1]. Also, N/A for CT residents covered under any policy where the majority of the group resides in CT*).

State-Specific Plan Variations

If the benefits below are included in your plan, some variation of the following exclusions & limitations may apply; please see your plan's enrollment material for details.

Hospital Confinement, ICU and Rehabilitation or Skilled Nursing Facility Benefits will not be paid for care in an emergency room, an outpatient hospital facility or clinic, an urgent care facility or in any other portion of a hospital which provides services that do not require confinement; or inpatient or outpatient surgical procedures.

Follow up Doctor's Visit Benefits will not be paid for care in an emergency room, physical therapy, chiropractic care, inpatient or outpatient surgical procedures or diagnostic X-ray and laboratory tests.

Prosthetic Device Benefits will not be paid for hearing aids, wigs, dental aids, including false teeth; or the repair or replacement of prosthetic devices unless the prosthetic device is damaged during an Accident.

State-Specific Benefit Disclosures

If the benefits below are included in your plan, the following state requirements may apply, depending on the state where you live or the policy issue state (as shown above). Apart from any state requirements, please see your plan's enrollment material to determine if these benefits are available.

[1] Regardless of where the policy is issued.
*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.

Policyholder: Clarinda Regional Health Center
Policy Issue State: IA
Scheduled Benefit Accident Plan
Insured by Symetra Life Insurance Company

Wellness Screening Rider

- N/A for policies issued in CA, CO, ID, IN, MD, MI, MN, NH, NM, NY, or ND, or for residents of ID[1], IN[1], MD[1], MN[1], or NH[1].
- Limited to an annual maximum of $100 per insured for policies issued in NJ.
- N/A for CA residents covered under any policy where the majority of the group resides in CA*.

Portability

N/A for policies issued in CO, KY, LA, MN, NH, NV, OR, UT, VT, WA or WV, or for residents of LA[1], MN[1], NH[1], VT[1] or WV[1].

Home Health Care Benefit

Included for policies issued in CT or CT residents under any policy where the majority of the group resides in CT*.

Congenital Anomaly Benefit - $1,000 per dependent child

Included if dependent coverage is selected, for policies issued in ID or ID[1] residents. Benefit only pays for reconstructive or cosmetic surgery required to repair a functional defect and prescribed within 90 days of birth or placement for adoption.

Second Opinion Benefit

Included for policies issued in MD or MD[1] residents.

Surgical, Burn, Suture/Laceration, Dental, Eye Injury, and Blood/Plasma/Platelet Benefits

Included for policies issued in NH or NH[1] residents.

Accidental Death and Double Dismemberment benefit of $10,000, Single Dismemberment of Limb benefit of $50,000, and Dismemberment of Digit benefit of $1,000 per person

Included for policies issued in NH or NH[1] residents.

THE POLICY IS AN ACCIDENT INSURANCE POLICY. IT DOES NOT PAY BENEFITS FOR LOSSES CAUSED BY SICKNESS. YOUR COVERAGE UNDER THE POLICY IS NOT COMPREHENSIVE MEDICAL COVERAGE AND IS NOT INTENDED TO COVER THE COST OF ALL HOSPITAL OR OTHER MEDICAL SERVICES. THE POLICY DOES NOT SATISFY THE MINIMUM ESSENTIAL COVERAGE REQUIREMENTS OF THE AFFORDABLE CARE ACT.

[1] Regardless of where the policy is issued.

*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.