

# WHAT CAN YOU BUY FOR

# \$100

That daily cup of coffee?



The weekly tank of gas?



Would you believe that employers could offer their employees a group medical plan for only \$100 a month?

**SELECT BENEFITS**, a limited benefit medical insurance policy, insured by Symetra Life Insurance Company is an option:

- ▶ **For those employers** struggling with the cost of major med.\*
- ▶ **For those employees** who want access to basic benefits when they — or their dependents — need to go to the doctor.
- ▶ **For those brokers** who want to give their clients a way to prevent their employees from being classified as the “working uninsured.”

## POLICY FEATURES:

- ▶ No Preexisting Conditions Limitations
- ▶ No Medical Underwriting
- ▶ No Deductibles or Co-Pays
- ▶ Dependent Coverage Available

Since each plan is customized to accommodate the needs of the group, you may find it hard to visualize a typical plan design. We've created three different plans at the popular price point of \$100 to show you the variety of benefits that can be chosen.

To see what \$23 a week can buy an employee — or \$57 a week for the entire family — take a look at these three distinctly different plans.

## To customize a plan for your clients, contact your Select Benefits representative.

**SYMETRA**  
FINANCIAL

Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, WA 98004  
[www.symetra.com](http://www.symetra.com)

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\* **Select Benefits is not comprehensive medical coverage or a replacement for major medical.** It is designed to cover benefits at a preselected fixed payment amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions.

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# 3 LIMITED BENEFIT POSSIBILITIES FOR



EMPLOYEE ONLY

## Select Benefits Plan Possibilities

|   | Possible Outpatient Care Plan                        | Possible Outpatient + Inpatient Plan                 | Possible Precautionary Plan                          |
|---|--|--|--|
| <b>Combination Doctor's Office Visit, Diagnostic X-Ray &amp; Lab, &amp; Preventive Care Benefit</b> | \$80 per visit<br>20 visits pp/pcy <sup>1</sup> max. | \$65 per visit<br>10 visits pp/pcy <sup>1</sup> max. | \$65 per visit<br>10 visits pp/pcy <sup>1</sup> max. |
| <b>Major Diagnostic Testing Benefit</b>   | \$200 per test<br>2 tests pp/pcy max.                | \$200 per test<br>1 test pp/pcy max.                 | \$200 per test<br>1 test pp/pcy max.                 |
| <b>Emergency Room Benefit</b>   | \$150 per visit<br>\$300 pp/pcy max.                 | \$75 per visit<br>\$150 pp/pcy max.                  | \$75 per visit<br>\$150 pp/pcy max.                  |
| <b>Inpatient Hospital Benefits</b><br>10 days pp/pcy, 500 days per lifetime unless noted            |  |  |  |
| <b>Hospital Stay</b>  | --   | \$500 per day  | \$600 per day  |
| <b>Intensive Care Unit</b>  |  | \$1,000 per day                                      | \$1,200 per day                                      |
| <b>Substance Abuse Facility</b>   |  | \$500 per day  | \$600 per day  |
| <b>Mental Health Facility</b><br>180 days lifetime maximum  |  | \$250 per day  | \$300 per day  |
| <b>Nursing Facility</b><br>60 consecutive days per stay maximum                                     |  | \$250 per day  | \$300 per day  |
| <b>Hospital Inpatient Admission Benefit</b><br>Coverage per confinement, Admittances                | \$2,000, 1 pp/pcy max.                               | --   | \$1,000, 1 pp/pcy max.                               |
| <b>Surgical Benefit (Schedule A)</b>  | --   | \$2,000 pp/pcy max.                                  | --   |
| <b>Surgical Anesthesia Benefit (Schedule A)</b>   | --   | \$500 pp/pcy max.                                    | --   |
| <b>Ambulance Transportation Benefit</b>   |  |  |  |
| Coverage per ground trip /air trip  | \$500 / \$1000                                       | --   | \$250 / \$500  |
| Trips   | 5 pp/pcy max.  |  | 5 pp/pcy max.  |
| <b>Employee Life/AD&amp;D<sup>2</sup> Insurance Benefit</b>   | --   | --   | \$5,000 / \$5,000                                    |
| <b>Generic Drug Benefit</b>   |  | \$20 co-pay, no pp/pcy <sup>1</sup> max.             |  |
| <b>Group Accident Benefit</b>   | \$4,000 pp/pcy max.                                  | \$2,000 pp/pcy max.                                  | \$2,000 pp/pcy max.                                  |
| <b>Critical Illness Benefit</b><br>Per first diagnosis covered critical illness condition           |  |  | \$5,000 (Employee)                                   |

FAMILY COVERAGE IS AVAILABLE FOR AN ADDITIONAL \$150

<sup>1</sup> Per person, per calendar year

<sup>2</sup> Accidental Death & Dismemberment



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Insurance benefits are provided under the Select Benefits Indemnity Policy, form number LGC-8786 2/03, and/or Critical Illness Policy, form number LGC-9095 2/07, and/or Outpatient Prescription Drug Policy, form number LGC-8787 2/03, and/or Group Accident Policy, form number LGC-9072 11/05. Select Benefits is insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004.