



Employee Group Life & Health Benefit Plan

from

SYMETRA Select Benefits

Information & Enrollment Kit

Important Employee NOTICE

The following pages include information regarding certain life, health and welfare benefits supplied to Linda Weston Personnel employees on this project that are covered by a federal Service Contract Act wage determination. It is important that you be aware of the following:

- These benefits, underwritten by SYMETRA Select Benefits, include a number of medical and non-medical (vision, life, dental, disability) coverages. **THESE COVERAGES**, however, **ARE NOT UNLIMITED**, and contain non-catastrophic limits. It is important to read the following pages, so that you are aware of these coverages and limitations.
- These benefits are not the same as those supplied to direct government employees, managers, and permanent professional staff, partially due to Service Contract Act funding directives. Direct government employee benefits are not implemented by Linda Weston Personnel or SYMETRA Select Benefits.
- There is included in these medical coverages a Preferred Provider Network that you are encouraged, but not required, to utilize. Should you elect to utilize caregivers that are in-network, you will generally receive variable service discounts, thereby extending the value of your benefits and greatly streamlining the claims paying process. Additional detail regarding same is included within this information kit.
- These coverages will, except for disability, be extended to all of your eligible dependents, so long as you include them on the enclosed enrollment form. This will not result in any cost to you. **THE ENTIRE COST OF THESE COVERAGES IS FUNDED BY Linda Weston Personnel.**
- There is no “coordination of benefits” clause in this plan. It will pay to the limits of the policy, regardless of any other coverage you may have or wish to acquire. Do not cancel any existing coverage you may have until consulting a licensed insurance professional.
- When and where ever available, Linda Weston Personnel may provide to you (but at your added expense) access to a full coverage major medical plan. Should you wish to investigate this additional employee option, please contact PJP Insurance Agency (888-549-8533) for this information. Please note that this full coverage major medical plan option, as opposed to this included insurance, is not guaranteed issue. As with any individual plan, you must answer several medical questions on the application and be approved by the insurer.
- This benefit plan is being funded for all eligible employees on the above referenced work assignment in a mandated and non-discriminatory manner. You are invited and encouraged – but not required – to utilize and acknowledge same.
- The attached coverages are obligated to be irrevocably funded by Linda Weston Personnel based on a \$3.24 per hour benefit wage determination from the Department of Labor. There is no “cash-out” option alternative included in this benefit plan.

Linda Weston Personnel
THREE LEVEL BENEFIT PLAN
From
SYMETRA Insurance Company
SELECT BENEFITS
SERVICE CONTRACT ACT PROJECT

The three level benefit plan being utilized on this Linda Weston Personnel project is designed to comply with Federal Regulations for Service Contract Act designated projects utilizing a fringe wage determination. Below are the basic features of this plan and its administration.

ADMINISTRATION

Your coverage in a given month will be determined by the number of hours worked the immediately preceding fiscal month. For instance, if you worked less than 91 hours in May, you will be eligible to utilize the benefits included in **Level I** in June. If you were to work between 91 and 130 hours in June, you may utilize **Level II** benefits in July, and more than 130 hours in July would make you eligible for full **Level III** benefits in August. Should your service hours fluctuate up or down, your benefit level may be affected up or down from month to month, but you will always qualify for one of these levels if you perform any hours at all. Attached is the schedule of benefits for each level.

THE ADMINISTRATOR

Select Benefit Administrators, Inc. is the administrator for SYMETRA Insurance Company. Any employee may call Select Benefits at any time to determine their coverage status, or for claims/customer service assistance at:

(1-800-497-3699)

Except for emergencies, try not to make inquiries the 1st week of each month, so as to allow Linda Weston Personnel and Select Benefits several days to deliver and receive the premium that will determine your coverage level, as mentioned above. Please refer to **Linda Weston Personnel**, plus your name and social security number, when making inquiries about your benefits. The Kelly account number for this medical plan is 80161-009.

MISCELLANEOUS

Covered employees on this project will be eligible to utilize their appropriate level of benefits on the first of the month following their initial month of employment, eligibility and Linda Weston Personnel premium payment. Coverage will extend from the 1st day of the month through the last day. Coverage eligibility for the following month will again commence on the 1st day of the new month, but the benefit level for each and every month will be determined by hours worked the previous fiscal month.

All covered employees will receive summary plan booklets and medical cards, usually 4 to 6 weeks after their effective date. In the meanwhile, you may access your effective coverage by contacting the Administrator with claim detail and information, using the same phone number and account number cited previously above.

Should you encounter an out-of-network care giver who does not recognize or wish to process your medical claim for you, you may file your claim directly with the administrator. In that case, payment would then be tendered directly to you. This information kit, and your summary plan booklet will contain additional information on proper claims procedure, or you may contact Select Benefits for same. Formal claim forms, while helpful, are not mandatory. Provider bills and/or receipts are usually adequate.

FREQUENTLY ASKED QUESTIONS & ANSWERS

ABOUT THE PROGRAM

This Linda Weston Personnel insurance program has been designed as an enhancement to your employment, as well as a compliant means of satisfying Service Contract Act and Department of Labor mandates on this particular project.

The provider under this plan is **SYMETRA Insurance Company** and their administrator **Select Benefit Administrators, Inc.** They were selected, at least in part, because of their sensitive, courteous and professional claims and customer servicing record. We expect that they will provide Linda Weston Personnel employees with prompt, efficient and friendly help when using these benefits. Linda Weston Personnel management invites employees to take advantage of this program, because it has been developed for you, our family of valued staffing associates.

HOW DOES THE Linda Weston Personnel 3-LEVEL PLAN WORK?

Your coverage in a given month will be determined by the number of hours worked the immediately preceding fiscal month. For instance, if you worked less than 91 hours in May, you will be eligible to utilize the benefits included in Level I in June. If you were to work between 91 and 130 hours in June, you may utilize Level II benefits in July, and more than 130 hours in July would make you eligible for full Level III benefits in August. Should your service hours fluctuate up or down, your benefit level may be affected up or down from month to month, but you will always qualify for one of these levels if you perform any hours at all. On page 6 you will find the schedule of benefits for each level.

What is the cost to the employee?

There is **no cost** to you regarding enrollment and access to this benefit plan. The \$3.24 per hour expense is paid 100% by Linda Weston Personnel. Department of labor rules mandate that a compliant benefit plan be supplied for all paid work hours and all workers on this project.

How do I access my benefits?

Select Benefit Administrators, Inc. is the administrator under this plan for SYMETRA Insurance Company. Any employee may call Select Benefits, as needed, to determine their coverage status, or for claims/customer service assistance at:

(1-800-497-3699)

Covered employees on this project will be eligible to utilize their appropriate level of benefits on the first of the month following their initial month of employment or eligibility. Coverage will extend from the 1st day of the month through the last day. Coverage the following month will again commence on the 1st day of the new month, but the benefit level for each and every month will be determined by hours worked the previous fiscal month.

Please refer to the Linda Weston Personnel \$3.24 plan, plus your name and social security number, when making inquiries about your benefits.

What type of coverage will I and my dependents have?

This plan includes certain health and welfare coverages, detailed herein. None have deductibles, and most have no co-pays. There are no pre-existing conditions limitations, except for the critical illness benefit, nor do you need to answer medical questions to qualify. You may utilize any legitimate care giver you wish. You may also choose to select an "in-network" caregiver within the included Beech Street Preferred Provider Organization to affect additional provider discounts and help implement the claims paying process. There is no penalty otherwise, in choosing an out-of-network provider. You will (in approximately 6 weeks) receive a medical card, but can access your coverage in the meanwhile by

contacting the administrator for claims and coverage questions. While these coverages are not catastrophic or unlimited in nature, they will provide you and your family with useful and very inexpensive benefits that should prove most useful and valuable on a day-to-day basis. Your office will be able to supply you with more complete written benefit detail.

How do I file a claim?

You may present your medical card to any physician for claims processing. Should you encounter an out-of-network care giver who does not recognize or wish to process your medical claim for you, you may file your claim directly with the administrator. In that case, payment would then be tendered directly to you. Your summary plan booklet will contain information on proper claims procedure, or you may contact Select Benefits for same. When filing your claim directly with Select Benefits, formal claim forms, while helpful, are not mandatory. Provider bills and/or receipts are usually adequate. Page 15 & 16 of this kit also contain very helpful guidance regarding in network claims procedures.

Symetra Life Insurance Company

Select Benefits Limited Benefit Medical Plan

Description of Benefits

Doctor's Office Visit Indemnity Benefit

Doctor's office visits are payable at a selected dollar benefit per visit, up to a calendar year maximum. No deductible. Excludes routine exams and injections.

- \$65 per visit/\$300 per person, per calendar year maximum

Outpatient Diagnostic X-Ray and Lab (DXL) Indemnity Benefit

Diagnostic X-ray and lab (DXL) tests ordered or performed by a doctor are payable at a selected dollar benefit per visit up to a calendar year maximum when a hospital confinement is not required. No deductible.

- \$65 per visit/\$300 per person, per calendar year maximum

Preventive Care Indemnity Benefit

Routine exams, medical treatment and injections are payable at selected dollar benefit per visit up to a calendar year maximum. No deductible.

- \$75 per visit/\$300 per person, per calendar year maximum

Hospital Indemnity Benefit

Covered expenses for inpatient hospital services are payable at a selected dollar per day of confinement up to a maximum number of days per calendar year.

- \$800 per day, per person; 30 days maximum per calendar year
- \$800 per day, per person for stays in a substance abuse facility; 30 days maximum per calendar year
- \$1,600 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- \$400 per day, per person for stays in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- \$400 per day, per person for stays in a skilled nursing facility (only if following a covered hospital stay of at least three consecutive days and the person is less than age 65); maximum 60 consecutive days per stay
- 500 days lifetime maximum for each benefit per person (except for stays in a mental health facility)
- Benefits become payable on the first day of coverage confinement
- Maternity care is covered as any other condition
- No deductible
- No co-payment

Surgical Benefit

Eligible expenses for surgeries performed by a doctor and incurred in connection with an illness or injury will be paid up to the selected calendar year maximum. No deductible.

- \$2,000 per person, per calendar year maximum

Prescription Drug Benefit

Covered out-of-hospital prescription drugs will be paid up to the calendar year maximum, after the prescription drug co-payment has been paid. Prescription drugs must be ordered by a doctor and dispensed by a licensed pharmacist for the care and treatment of the patient.

- \$500 per person, per calendar year maximum, \$1,000 per family per calendar year maximum.
Co-Pay: Generic: \$10; Name Brand: \$20

Additional Accident Benefit

Covered charges are paid for services furnished by a doctor or hospital within 90 days after an accident. No deductible.

- \$500 per person, per calendar year maximum

Vision Care Benefit

Covered vision care expenses are paid at 80%. Maximum benefit is \$300 per person, per calendar year. No deductible. No additional charge for eligible dependents.

Covered vision care expenses are limited to the following services:

- One routine eye exam by an eye doctor each 12 consecutive months
- One pair of eyeglass lenses and frames or one pair of contact lenses each 24 consecutive months when prescribed by an eye doctor
- \$300 per person, per calendar year maximum

Dental Benefit

After satisfaction of the calendar year deductible this pays 80% of preventive and regular dental care and 50% of special dental care. Pre-authorization is recommended for dental claims exceeding \$250.

- \$25 deductible per person, per calendar year, \$75 deductible per family per calendar year, \$350 calendar year maximum per person, \$1,500 periodontal lifetime maximum per person, \$175 orthodontia lifetime maximum per person

Employee Nonoccupational Disability Weekly Benefit

Benefits are paid beginning on the eighth calendar day following a nonoccupational injury or illness. There is a 26-week benefit period. Maternity is covered as any other condition. Dependents are not eligible for this benefit.

- 66 2/3% of basic weekly earnings to a maximum amount of \$300 per week

Employee Life/Accidental Death and Dismemberment Insurance Benefits (AD&D)

Amounts are reduced by 35% at age 65 and by an additional 35% each five-year period thereafter.

- \$30,000 Life and \$30,000 AD&D

Dependent Life

- \$10,000 Spouse, \$5,000 Child (6 months - 19 years or to 26 years if a full-time student), \$800 Infant (14 days - 6 months)

Life coverage on a spouse terminates when the employee's insurance coverage terminates. Life coverage on a child terminates when the child ceases to be an eligible dependent or when the employee's insurance coverage terminates.

Pharmacy Discount Program

A discount off usual and customary charges may be given to the eligible person when prescriptions are purchased through a contracting pharmacy. There is no additional premium charge for this benefit.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (other than dependent life) without premium payments for two years after the employee's death, as long as the employer's plan remains in force and the covered dependent meets the eligibility requirements in the policy. There is no additional premium charge for this benefit.

Select Benefits is not a replacement for a major medical policy or other comprehensive policy. It is designed to cover benefits used on a routine basis at a preselected, fixed dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Exclusions, limitations, definitions, and benefits may vary by state. Please see the policy for details. Select Benefits is insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA, 98004. Symetra® is a registered service mark of Symetra Life Insurance Company.

Symetra Life Insurance Company Critical Illness Coverage

Description of Benefits

Critical Illness Benefit

Coverage is provided for first diagnosis critical illness conditions. The specific conditions covered under this policy are invasive cancer, heart attack, stroke, end-stage renal disease, major organ transplant, severe burns, paralysis and coma. No other critical illnesses are covered under this policy. Benefits are paid at a preselected fixed dollar amount per first diagnosis critical illness condition. The benefit amount is reduced by 50% at age 65 and above. The child benefit amount is 25% of the employee and spouse benefit amount. An insured can only be paid once during his lifetime for each specific first diagnosis critical illness condition. There is no coverage for covered critical illness conditions diagnosed before an insured's coverage is effective or after an insured's coverage has terminated.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions and may vary by state. Please see the policy, form number LGC-9095 3/07, for details. The policy covers only the specific critical illness conditions that are defined in the Policy. The Critical Illness Policy is insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135. Symetra[®] is a registered service mark of Symetra Life Insurance Company.

Symetra Life Insurance Company

Select Benefits Limited Benefit Medical Plan

Description of Benefits

Doctor's Office Visit Indemnity Benefit

Doctor's office visits are payable at a selected dollar benefit per visit, up to a calendar year maximum. No deductible. Excludes routine exams and injections.

- \$75 per visit/\$400 per person, per calendar year maximum

Outpatient Diagnostic X-Ray and Lab (DXL) Indemnity Benefit

Diagnostic X-ray and lab (DXL) tests ordered or performed by a doctor are payable at a selected dollar benefit per visit up to a calendar year maximum when a hospital confinement is not required. No deductible.

- \$80 per visit/\$400 per person, per calendar year maximum

Preventive Care Indemnity Benefit

Routine exams, medical treatment and injections are payable at selected dollar benefit per visit up to a calendar year maximum. No deductible.

- \$100 per visit/\$300 per person, per calendar year maximum

Hospital Indemnity Benefit

Covered expenses for inpatient hospital services are payable at a selected dollar per day of confinement up to a maximum number of days per calendar year.

- \$1,200 per day, per person; 30 days maximum per calendar year
- \$1,200 per day, per person for stays in a substance abuse facility; 30 days maximum per calendar year
- \$2,400 per day, per person for Intensive Care Unit; 30 days maximum per calendar year
- \$600 per day, per person for stays in a mental health facility; 30 days maximum per calendar year, 180 days per lifetime
- \$600 per day, per person for stays in a skilled nursing facility (only if following a covered hospital stay of at least three consecutive days and the person is less than age 65); maximum 60 consecutive days per stay
- 500 days lifetime maximum for each benefit per person (except for stays in a mental health facility)
- Benefits become payable on the first day of coverage confinement
- Maternity care is covered as any other condition
- No deductible
- No co-payment

Surgical Benefit

Eligible expenses for surgeries performed by a doctor and incurred in connection with an illness or injury will be paid up to the selected calendar year maximum. No deductible.

- \$5,000 per person, per calendar year maximum

Outpatient Surgical Facility Benefit

Coverage for an outpatient surgical facility that is used during surgical procedures not ordinarily performed in a private physician's office, but not requiring inpatient hospitalization. This is as long as the facility is neither a part of a hospital nor the private office of a health care provider who there engages in the lawful practice of surgery.

- \$250 per surgery for use of an outpatient surgical facility, 1 surgery per person, per calendar year maximum.

Surgical Anesthesia

Coverage for anesthesia administered by an anesthesiologist or anesthetist in connection with a covered surgical procedure.

- This benefit pays 25% of each covered surgical procedure for anesthesia when performed by anesthesiologist or anesthetist up to a calendar year maximum of \$1,250

Prescription Drug Benefit

Covered out-of-hospital prescription drugs will be paid up to the calendar year maximum, after the prescription drug co-payment has been paid. Prescription drugs must be ordered by a doctor and dispensed by a licensed pharmacist for the care and treatment of the patient.

- \$1,000 per person, per calendar year maximum, \$2,000 per family per calendar year maximum.
Co-Pay: Generic: \$10; Name Brand: \$20

Additional Accident Benefit

Covered charges are paid for services furnished by a doctor or hospital within 90 days after an accident. No deductible.

- \$1,500 per person, per calendar year maximum

Vision Care Benefit

Covered vision care expenses are paid at 80%. Maximum benefit is \$300 per person, per calendar year. No deductible. No additional charge for eligible dependents.

Covered vision care expenses are limited to the following services:

- One routine eye exam by an eye doctor each 12 consecutive months
- One pair of eyeglass lenses and frames or one pair of contact lenses each 24 consecutive months when prescribed by an eye doctor
- \$300 per person, per calendar year maximum

Dental Benefit

After satisfaction of the calendar year deductible this pays 80% of preventive and regular dental care and 50% of special dental care. Pre-authorization is recommended for dental claims exceeding \$250.

- \$25 deductible per person, per calendar year, \$75 deductible per family per calendar year, \$1,500 calendar year maximum per person, \$1,500 periodontal lifetime maximum per person, \$750 orthodontia lifetime maximum per person

Employee Nonoccupational Disability Weekly Benefit

Benefits are paid beginning on the eighth calendar day following a nonoccupational injury or illness. There is a 26-week benefit period. Maternity is covered as any other condition. Dependents are not eligible for this benefit.

- 66 2/3% of basic weekly earnings to a maximum amount of \$400 per week

Employee Life/Accidental Death and Dismemberment Insurance Benefits (AD&D)

Amounts are reduced by 35% at age 65 and by an additional 35% each five-year period thereafter.

- \$40,000 Life and \$40,000 AD&D

Dependent Life

- \$12,500 Spouse, \$6,250 Child (6 months - 19 years or to 26 years if a full-time student), \$1,000 Infant (14 days - 6 months)

Life coverage on a spouse terminates when the employee's insurance coverage terminates. Life coverage on a child terminates when the child ceases to be an eligible dependent or when the employee's insurance coverage terminates.

Pharmacy Discount Program

A discount off usual and customary charges may be given to the eligible person when prescriptions are purchased through a contracting pharmacy. There is no additional premium charge for this benefit.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (other than dependent life) without premium payments for two years after the employee's death, as long as the employer's plan remains in force and the covered dependent meets the eligibility requirements in the policy. There is no additional premium charge for this benefit.

Select Benefits is not a replacement for a major medical policy or other comprehensive policy. It is designed to cover benefits used on a routine basis at a preselected, fixed dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Exclusions, limitations, definitions, and benefits may vary by state. Please see the policy for details. Select Benefits is insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA, 98004. Symetra® is a registered service mark of Symetra Life Insurance Company.

Symetra Life Insurance Company Critical Illness Coverage

Description of Benefits

Critical Illness Benefit

Coverage is provided for first diagnosis critical illness conditions. The specific conditions covered under this policy are invasive cancer, heart attack, stroke, end-stage renal disease, major organ transplant, severe burns, paralysis and coma. No other critical illnesses are covered under this policy. Benefits are paid at a preselected fixed dollar amount per first diagnosis critical illness condition. The benefit amount is reduced by 50% at age 65 and above. The child benefit amount is 25% of the employee and spouse benefit amount. An insured can only be paid once during his lifetime for each specific first diagnosis critical illness condition. There is no coverage for covered critical illness conditions diagnosed before an insured's coverage is effective or after an insured's coverage has terminated.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions and may vary by state. Please see the policy, form number LGC-9095 3/07, for details. The policy covers only the specific critical illness conditions that are defined in the Policy. The Critical Illness Policy is insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135. Symetra® is a registered service mark of Symetra Life Insurance Company.

Symetra Life Insurance Company

Select Benefits Limited Benefit Medical Plan

Description of Benefits

Doctor's Office Visit Indemnity Benefit

Doctor's office visits are payable at a selected dollar benefit per visit, up to a calendar year maximum. No deductible. Excludes routine exams and injections.

- \$90 per visit/\$600 per person, per calendar year maximum

Outpatient Diagnostic X-Ray and Lab (DXL) Indemnity Benefit

Diagnostic X-ray and lab (DXL) tests ordered or performed by a doctor are payable at a selected dollar benefit per visit up to a calendar year maximum when a hospital confinement is not required. No deductible.

- \$100 per visit/\$600 per person, per calendar year maximum

Preventive Care Indemnity Benefit

Routine exams, medical treatment and injections are payable at selected dollar benefit per visit up to a calendar year maximum. No deductible.

- \$150 per visit/\$450 per person, per calendar year maximum

Major Diagnostic Testing Benefit

Coverage for magnetic resonance imaging (MRI), computed tomography (CT, CAT scan), mammography, stress tests, electrocardiogram (ECG, EKG), ultrasound, bone density, amniocentesis and chromosome analysis. Benefits will be paid at a preselected fixed dollar amount per test up to a maximum of a set number of tests per calendar year.

- \$100 per test up to a maximum of 1 test per calendar year

Hospital Indemnity Benefit

Covered expenses for inpatient hospital services are payable at a selected dollar per day of confinement up to a maximum number of days per calendar year.

- \$1,600 per day, per person; 90 days maximum per calendar year
- \$1,600 per day, per person for stays in a substance abuse facility; 90 days maximum per calendar year
- \$3,200 per day, per person for Intensive Care Unit; 90 days maximum per calendar year
- \$800 per day, per person for stays in a mental health facility; 90 days maximum per calendar year, 180 days per lifetime
- \$800 per day, per person for stays in a skilled nursing facility (only if following a covered hospital stay of at least three consecutive days and the person is less than age 65); maximum 60 consecutive days per stay
- 500 days lifetime maximum for each benefit per person (except for stays in a mental health facility)
- Benefits become payable on the first day of coverage confinement
- Maternity care is covered as any other condition
- No deductible
- No co-payment

Surgical Benefit

Eligible expenses for surgeries performed by a doctor and incurred in connection with an illness or injury will be paid up to the selected calendar year maximum. No deductible.

- \$10,000 per person, per calendar year maximum

Outpatient Surgical Facility Benefit

Coverage for an outpatient surgical facility that is used during surgical procedures not ordinarily performed in a private physician's office, but not requiring inpatient hospitalization. This is as long as the facility is neither a part of a hospital nor the private office of a health care provider who there engages in the lawful practice of surgery.

- \$500 per surgery for use of an outpatient surgical facility, 5 surgeries per person, per calendar year maximum.

Surgical Anesthesia

Coverage for anesthesia administered by an anesthesiologist or anesthetist in connection with a covered surgical procedure.

- This benefit pays 40% of each covered surgical procedure for anesthesia when performed by anesthesiologist or anesthetist up to a calendar year maximum of \$4,000

Prescription Drug Benefit

Covered out-of-hospital prescription drugs will be paid up to the calendar year maximum, after the prescription drug co-payment has been paid. Prescription drugs must be ordered by a doctor and dispensed by a licensed pharmacist for the care and treatment of the patient.

- \$2,000 per person, per calendar year maximum, \$4,000 per family per calendar year maximum.
Co-Pay: Generic: \$15; Name Brand: \$30

Additional Accident Benefit

Covered charges are paid for services furnished by a doctor or hospital within 90 days after an accident. No deductible.

- \$5,000 per person, per calendar year maximum

Vision Care Benefit

Covered vision care expenses are paid at 80%. Maximum benefit is \$300 per person, per calendar year. No deductible. No additional charge for eligible dependents.

Covered vision care expenses are limited to the following services:

- One routine eye exam by an eye doctor each 12 consecutive months
- One pair of eyeglass lenses and frames or one pair of contact lenses each 24 consecutive months when prescribed by an eye doctor
- \$300 per person, per calendar year maximum

Dental Benefit

After satisfaction of the calendar year deductible this pays 80% of preventive and regular dental care and 50% of special dental care. Pre-authorization is recommended for dental claims exceeding \$250.

- \$25 deductible per person, per calendar year, \$75 deductible per family per calendar year, \$1,500 calendar year maximum per person, \$1,500 periodontal lifetime maximum per person, \$750 orthodontia lifetime maximum per person

Employee Nonoccupational Disability Weekly Benefit

Benefits are paid beginning on the eighth calendar day following a nonoccupational injury or illness. There is a 26-week benefit period. Maternity is covered as any other condition. Dependents are not eligible for this benefit.

- 66 2/3% of basic weekly earnings to a maximum amount of \$500 per week

Employee Life/Accidental Death and Dismemberment Insurance Benefits (AD&D)

Amounts are reduced by 35% at age 65 and by an additional 35% each five-year period thereafter.

- \$50,000 Life and \$50,000 AD&D

Dependent Life

- \$12,500 Spouse, \$6,250 Child (6 months - 19 years or to 26 years if a full-time student), \$1,000 Infant (14 days - 6 months)

Life coverage on a spouse terminates when the employee's insurance coverage terminates. Life coverage on a child terminates when the child ceases to be an eligible dependent or when the employee's insurance coverage terminates.

Pharmacy Discount Program

A discount off usual and customary charges may be given to the eligible person when prescriptions are purchased through a contracting pharmacy. There is no additional premium charge for this benefit.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (other than dependent life) without premium payments for two years after the employee's death, as long as the employer's plan remains in force and the covered dependent meets the eligibility requirements in the policy. There is no additional premium charge for this benefit.

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Symetra Life Insurance Company Critical Illness Coverage

Description of Benefits

Critical Illness Benefit

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Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions and may vary by state. Please see the policy, form number LGC-9095 3/07, for details. The policy covers only the specific critical illness conditions that are defined in the Policy. The Critical Illness Policy is insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135. Symetra[®] is a registered service mark of Symetra Life Insurance Company.

REGARDING CLAIMS PROCEDURES...

Please be advised that you have three ways to address claims issues and process your claims on this benefit plan.

1. Caregiver Claim Submission

This traditional method is to simply provide your caregiver with your SYMETRA Select Benefits card, in which case your physician may simply file your claim for you (usually upon endorsing an “assignment of benefits” form). This is the normal procedure, should you utilize a care provider participant in your Beech Street PPO network. Any amount not covered would normally be billed to you later, after the rest of the claim is paid. Please be advised that you are never required to obtain a doctor referral in order to acquire claims coverage under this plan.

2. Employee Reimbursement

Should you prefer to utilize, or should you encounter an “out of network” caregiver that is unfamiliar with or does not “recognize” your plan, you may be billed or asked to pay immediately after services are rendered. In this case you could file your claim directly with the administrator for reimbursement of covered services. Simply send your claim to:

**Select Benefit Administrators, Inc.
P.O. Box 440
Ashland, WI 54806
ATTENTION: CLAIMS DEPARTMENT, Linda Weston Personnel**

The claims payment would then be sent directly to you, payable to you. While perhaps helpful, formal claim forms are not required. Your bills and/or receipts are normally acceptable for claims payment.

(You may call and request the claims department at 1-800-497-3699 if you have any questions)

3. ** Patient Advocacy **

As part of your new medical insurance through Symetra you also have access to Patient Advocacy, a free service designed to help you understand and best use your health benefits. When you contact Patient Advocacy for assistance they can help you:

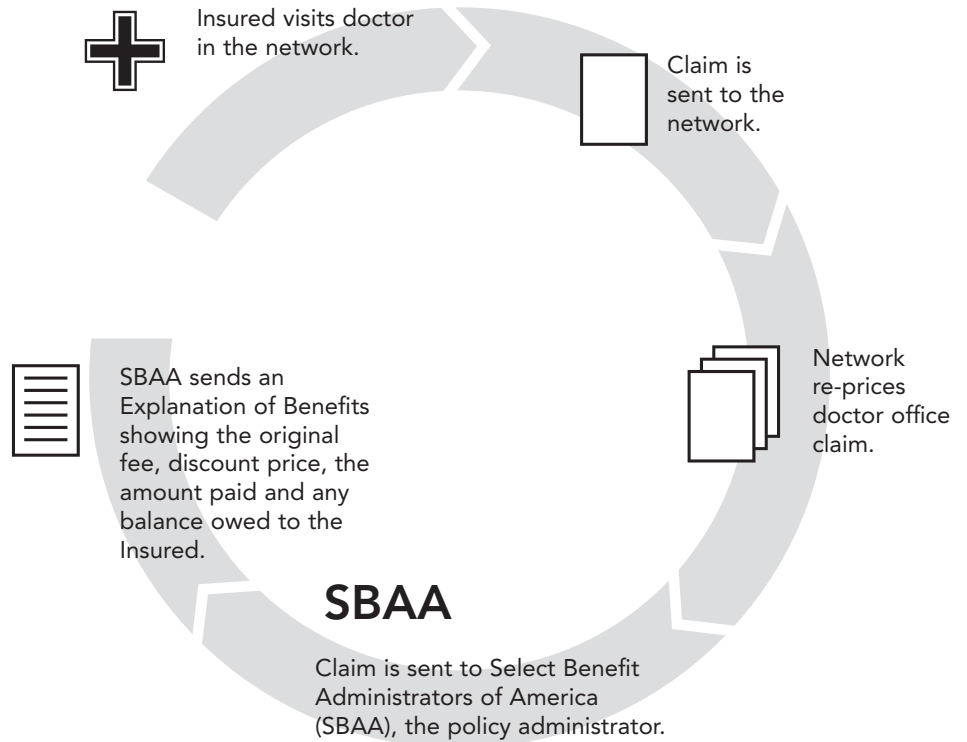
- ♦ Understand your healthcare benefits.
- ♦ Schedule an appointment in a timely manner.
- ♦ Intervene when quality of care issues arise.
- ♦ Find providers whose “costs” help to maximize your current plan benefits.
- ♦ Select a healthcare provider.
- ♦ Resolve medical billing/claims issues.

When you call Patient Advocacy everything within their ability will be done to help you get your question or issue resolved in a speedy and efficient manner. The belief is that this starts by understanding your concerns and questions. They’ll then work with you to get your concerns and questions resolved by either giving you specific answers or by directing you to resources that will help you make well informed decisions. **Advocates are ready to help offer confidential support, education and assistance Monday – Friday, between the hours of 10:00 am – 6:30 pm (CST) at 1-877-447-7435.**

The following page is designed to explain the claims process when utilizing a Beech Street network provider.

USING YOUR NETWORK WITH SELECT BENEFITS

As a participant in your company's Select Benefits insurance plan, you are free to use any doctor you choose. But if you decide to visit one of the doctors within your plan's network, you could **significantly reduce your out-of-pocket expenses.**



To use your network, follow these simple steps:

1. Contact your network at the number on the back of your Select Benefits ID card to find a doctor. →
2. Show the doctor your ID card when you check in.

NOTICE TO: Covered Employees & Dependents
By providing the information shown on this card, you will be assured prompt service.

Mail Claims to: Select Benefit Administrators of America
P.O. Box 440, Ashland, WI 54806

Or Transmit to: Electronic Payer ID# 37282

For PPO Claims, Benefit, or Eligibility Information, call 1-800-xxx-xxxx
Select Benefit Administrators of America is a Division of Employee Benefit Consultants, Inc.

PRESCRIPTION DRUG **BIN#600471** **CARRIER 2943**

TERMS AND CONDITIONS: This card is for identification only; it is not transferable and remains the property of RESTAT. Please carry it with you at all times. Prescription benefits obtained through the use of this card are governed by the conditions of the agreement between RESTAT and the insuring organization. The unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law. This card is void when your eligibility terminates.

RESTAT CUSTOMER SERVICE 1-800-248-1062

This is a sample ID card. Actual information may vary.

If you have questions about using your network, please contact your Human Resources representative or call SBAA at 1-800-497-3699, Monday – Friday, 6:30am to 5pm, Central Time.

SYMETRASM FINANCIAL

Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004
www.symetra.com

SymetraSM and the Symetra Financial logo are service marks of Symetra Life Insurance Company.

Select Benefits is not a replacement for a major medical policy or other comprehensive policy. It is designed to cover benefits used on a routine basis at a preselected fixed dollar amount. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Select Benefits is insured by Symetra Life Insurance Company.

**ENROLLMENT
FORM**

Mail to:
Select Benefit Administrators of America
P.O. Box 440
Ashland, WI 54806
1-800-497-3699

Effective Date of Coverage ___/___/___

PART I – TO BE COMPLETED BY THE EMPLOYEE (See shaded section on the bottom of this page.)

Employee's Name (Last, First, Middle)		Social Security #	Date of Birth / /	Case Number
Employee's Home Address		City	State	Zip Code
Home Phone #				
Employer's Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Employment / /	
Marital Status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> Divorced/Legally Separated				
Do you have an eligible spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of eligible Children:	Indicate eligible dependents you wish to insure: <input type="checkbox"/> None <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Spouse & Children		

DEPENDENT INFORMATION – Complete If You Are Requesting Family Coverage

No person can be insured under this policy as both an employee and a dependent, or as a dependent of more than one employee. Please complete the following information for each family member you wish to cover.

Dependents Name (Last, First, Middle)	Sex	Date of Birth	Relationship to Employee	Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY DESIGNATION (*See Definitions Below)

Full Name & Address	Date of Birth	Social Security Number	Relationship	Primary (P) Contingent (C)	% of Benefit

***BENEFICIARY DESIGNATION**

PRIMARY (P) – The person(s) you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage (%) has not been designated, then each will receive an equal share of the benefit.

CONTINGENT (C) - The person(s) you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage (%) has not been designated, then each will receive an equal share of the benefit.

NOTE: The Group Policyholder (Participating Employer) may not be named as a Beneficiary.

This Is Important – Please Read

A new Enrollment Form must be completed for any changes such as name change, beneficiary change, birth of a child, adoption of a child. The new form must be **dated, signed, and attached** to your original Enrollment Form.

This Request for Coverage Cannot Be Processed Unless All Questions Are Answered And The Form Is Signed And Dated.

- YES,**
- I designate the beneficiary(ies) named on this form to receive any benefits payable in the event of my death.
 - All information submitted by me on this form at Symetra Life Insurance Company's request, to the best of my knowledge and belief, is true and complete.

Employee Signature _____

Date Signed _____