



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 \$3.35 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 inquires 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**, account number 88704-005, plus your name and social security number, when making inquiries about your benefits.

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 \$3.35 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 **Linda Weston Personnel**, account number 88704-005, 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 20 & 21 of this kit also contain very helpful guidance regarding in network claims procedures.

Select Benefits Plan Design

Linda Weston Staffing (88704-005) - \$3.35

Doctor's Office Visit Indemnity Benefit	\$65 per visit \$300 per person, per calendar year maximum
Outpatient Diagnostic X-Ray and Lab Indemnity Benefit	\$65 per visit \$300 per person, per calendar year maximum
Preventive Care Indemnity Benefit	\$75 per visit \$300 per person, per calendar year maximum
Hospital Indemnity Benefits	500 days per lifetime unless otherwise noted
Hospital Stay	\$800 per day 30 days per person, per calendar year maximum
Intensive Care Unit	\$1,600 per day 30 days per person, per calendar year maximum
Substance Abuse Facility	\$800 per day 30 days per person, per calendar year maximum
Mental Health Facility	\$400 per day 30 days per person, per calendar year maximum
180 days lifetime maximum	
Skilled Nursing Facility	\$400 per day
60 consecutive days per stay maximum. This benefit is only paid if following a covered hospital stay of at least three consecutive days and the insured is under age 65.	
Surgical Indemnity Benefit	\$2,000 per person, per calendar year maximum
Prescription Drug Benefit	\$10 co-pay for generic; \$20 co-pay for brand \$500 per person, per calendar year maximum \$1,000 per family, per calendar year maximum
Additional Accident Benefit	\$500 per person, per calendar year maximum
Vision Care Benefit	Paid at 80 percent \$300 per person, per calendar year maximum
Dental Benefit	\$25 deductible per person, per calendar year \$75 deductible per family, per calendar year Regular care: 80 percent after deductible Special care: 50 percent after deductible \$350 per person, per calendar year maximum \$1,500 periodontal lifetime maximum per person \$175 orthodontia lifetime maximum per person

Employee Nonoccupational Disability Weekly Benefit	66 2/3% of basic weekly earnings to a maximum of \$300 per week 7 day elimination period 26 weeks maximum benefit period
Employee Life Insurance	\$30,000 Life
Accidental Death & Dismemberment (AD&D)	\$30,000 AD&D
Dependent Life Benefit	\$10,000 for spouse \$5,000 per child \$800 per infant
Critical Illness Benefit For first ever diagnosis of covered conditions.	\$10,000 for employee \$10,000 for spouse \$2,500 for children
PPO Network Option	Included

A Pharmacy Discount Program is included at no additional cost. This program is administered by a prescription benefit manager, RESTAT, 724 Elm Street, West Bend, WI 53095. This discount program is not an insured benefit.

Select Benefits Description of Benefits for Linda Weston Staffing (88704-005) - \$3.35

Doctor's Office Visit Indemnity Benefit

Benefits are paid at a preselected fixed dollar amount per visit up to a calendar year maximum. This benefit excludes routine exams and injections.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

This benefit pays a preselected fixed dollar amount for one or more diagnostic X-ray or lab tests performed by a doctor during a *single* visit to a provider. Benefits are subject to a calendar year maximum and will be paid when hospital confinement is not required.

Preventive Care Indemnity Benefit

This benefit pays a preselected fixed dollar amount per visit up to a calendar year maximum for routine exams, immunizations and medical treatments.

Hospital Indemnity Benefit

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

Surgical Indemnity Benefit

This pays 100 percent of eligible expenses up to a calendar year maximum for surgeries performed by a doctor.

Prescription Drug Benefit

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

Additional Accident Benefit

This benefit pays 100% of eligible expenses, up to a calendar year maximum for covered charges provided by a doctor or hospital within 90 days after an accident.

Vision Care Benefit

Covered vision care expenses are paid at 80 percent up to an annual maximum benefit of \$300. Benefits include one routine eye exam by an eye doctor each 12 consecutive months and either one pair of eyeglass lenses and frames *or* one pair of contact lenses each 24 consecutive months when prescribed by an eye doctor.

Dental Benefit

This pays 80 percent of preventive and regular dental care and 50 percent of special dental care *after* the calendar year deductible is met, up to a calendar year maximum. Pre-authorization is recommended for dental claims exceeding \$250. Please refer to your Plan Summary for details.

Employee Nonoccupational Disability Weekly Benefit

Benefits are paid beginning on the eighth calendar day following a covered nonoccupational injury or illness. Benefits may not exceed 66 2/3 percent of basic weekly earnings and may be reduced by other income amounts for which the insured is eligible, exclusions apply. Maternity is covered like any other condition. The maximum benefit period is 26 weeks.

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

Life insurance and AD&D amounts reduce by 35 percent at age 65 and by an additional 35 percent each five-year period thereafter.

Dependent Life

Life coverage on a spouse or domestic partner 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.

Critical Illness Benefit

Coverage is provided upon the first ever diagnosis of specific conditions covered under the policy. Covered conditions include: invasive cancer, heart attack, stroke, end-stage renal failure, major organ transplant, severe burns, paralysis and coma. No other critical illnesses are covered under this policy. The amount is reduced by 50 percent beginning at age 65. Insureds can only be paid once during their lifetime for each covered condition. Benefits will *not* be paid for conditions diagnosed before coverage is effective or after the insured's coverage has terminated.

Pharmacy Discount Program

A discount from usual and customary drug charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (except Dependent Life) without premium payments for up to two years after the employee's death. This is as long as the plan remains in force and the covered dependent meets the coverage requirements in the policy.

Select Benefits Plan Design

Linda Weston Staffing (88704-005) - \$3.35

Doctor's Office Visit Indemnity Benefit	\$75 per visit \$400 per person, per calendar year maximum
Outpatient Diagnostic X-Ray and Lab Indemnity Benefit	\$80 per visit \$400 per person, per calendar year maximum
Preventive Care Indemnity Benefit	\$100 per visit \$300 per person, per calendar year maximum
Hospital Indemnity Benefits	500 days per lifetime unless otherwise noted
Hospital Stay	\$1,200 per day 30 days per person, per calendar year maximum
Intensive Care Unit	\$2,400 per day 30 days per person, per calendar year maximum
Substance Abuse Facility	\$1,200 per day 30 days per person, per calendar year maximum
Mental Health Facility	\$600 per day 30 days per person, per calendar year maximum
180 days lifetime maximum	
Skilled Nursing Facility	\$600 per day
60 consecutive days per stay maximum. This benefit is only paid if following a covered hospital stay of at least three consecutive days and the insured is under age 65.	
Surgical Indemnity Benefit	\$5,000 per person, per calendar year maximum
Prescription Drug Benefit	\$10 co-pay for generic; \$20 co-pay for brand \$1,000 per person, per calendar year maximum \$2,000 per family, per calendar year maximum
Additional Accident Benefit	\$1,500 per person, per calendar year maximum
Vision Care Benefit	Paid at 80 percent \$300 per person, per calendar year maximum
Dental Benefit	\$25 deductible per person, per calendar year \$75 deductible per family, per calendar year Regular care: 80 percent after deductible Special care: 50 percent after deductible \$1,500 per person, per calendar year maximum \$1,500 periodontal lifetime maximum per person \$750 orthodontia lifetime maximum per person

Employee Nonoccupational Disability Weekly Benefit	66 2/3% of basic weekly earnings to a maximum of \$400 per week 7 day elimination period 26 weeks maximum benefit period
Employee Life Insurance	\$40,000 Life
Accidental Death & Dismemberment (AD&D)	\$40,000 AD&D
Dependent Life Benefit	\$12,500 for spouse \$6,250 per child \$1,000 per infant
Critical Illness Benefit For first ever diagnosis of covered conditions.	\$10,000 for employee \$10,000 for spouse \$2,500 for children
PPO Network Option	Included

A Pharmacy Discount Program is included at no additional cost. This program is administered by a prescription benefit manager, RESTAT, 724 Elm Street, West Bend, WI 53095. This discount program is not an insured benefit.

Select Benefits Description of Benefits for Linda Weston Staffing (88704-005) - \$3.35

Doctor's Office Visit Indemnity Benefit

Benefits are paid at a preselected fixed dollar amount per visit up to a calendar year maximum. This benefit excludes routine exams and injections.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

This benefit pays a preselected fixed dollar amount for one or more diagnostic X-ray or lab tests performed by a doctor during a *single* visit to a provider. Benefits are subject to a calendar year maximum and will be paid when hospital confinement is not required.

Preventive Care Indemnity Benefit

This benefit pays a preselected fixed dollar amount per visit up to a calendar year maximum for routine exams, immunizations and medical treatments.

Hospital Indemnity Benefit

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

Surgical Indemnity Benefit

This pays 100 percent of eligible expenses up to a calendar year maximum for surgeries performed by a doctor.

Prescription Drug Benefit

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

Additional Accident Benefit

This benefit pays 100% of eligible expenses, up to a calendar year maximum for covered charges provided by a doctor or hospital within 90 days after an accident.

Vision Care Benefit

Covered vision care expenses are paid at 80 percent up to an annual maximum benefit of \$300. Benefits include one routine eye exam by an eye doctor each 12 consecutive months and either one pair of eyeglass lenses and frames *or* one pair of contact lenses each 24 consecutive months when prescribed by an eye doctor.

Dental Benefit

This pays 80 percent of preventive and regular dental care and 50 percent of special dental care *after* the calendar year deductible is met, up to a calendar year maximum. Pre-authorization is recommended for dental claims exceeding \$250. Please refer to your Plan Summary for details.

Employee Nonoccupational Disability Weekly Benefit

Benefits are paid beginning on the eighth calendar day following a covered nonoccupational injury or illness. Benefits may not exceed 66 2/3 percent of basic weekly earnings and may be reduced by other income amounts for which the insured is eligible, exclusions apply. Maternity is covered like any other condition. The maximum benefit period is 26 weeks.

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

Life insurance and AD&D amounts reduce by 35 percent at age 65 and by an additional 35 percent each five-year period thereafter.

Dependent Life

Life coverage on a spouse or domestic partner 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.

Critical Illness Benefit

Coverage is provided upon the first ever diagnosis of specific conditions covered under the policy. Covered conditions include: invasive cancer, heart attack, stroke, end-stage renal failure, major organ transplant, severe burns, paralysis and coma. No other critical illnesses are covered under this policy. The amount is reduced by 50 percent beginning at age 65. Insureds can only be paid once during their lifetime for each covered condition. Benefits will *not* be paid for conditions diagnosed before coverage is effective or after the insured's coverage has terminated.

Pharmacy Discount Program

A discount from usual and customary drug charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (except Dependent Life) without premium payments for up to two years after the employee's death. This is as long as the plan remains in force and the covered dependent meets the coverage requirements in the policy.

Select Benefits Plan Design

Linda Weston Staffing (88704-005) - \$3.35

Doctor's Office Visit Indemnity Benefit	\$85 per visit \$600 per person, per calendar year maximum
Outpatient Diagnostic X-Ray and Lab Indemnity Benefit	\$100 per visit \$600 per person, per calendar year maximum
Preventive Care Indemnity Benefit	\$150 per visit \$450 per person, per calendar year maximum
Hospital Indemnity Benefits	500 days per lifetime unless otherwise noted
Hospital Stay	\$1,600 per day 90 days per person, per calendar year maximum
Intensive Care Unit	\$3,200 per day 90 days per person, per calendar year maximum
Substance Abuse Facility	\$1,600 per day 90 days per person, per calendar year maximum
Mental Health Facility	\$800 per day 90 days per person, per calendar year maximum
180 days lifetime maximum	
Skilled Nursing Facility	\$800 per day
60 consecutive days per stay maximum. This benefit is only paid if following a covered hospital stay of at least three consecutive days and the insured is under age 65.	
Hospital Inpatient Admission Benefit	\$500 per confinement 1 admittance per person, per calendar year maximum
Surgical Indemnity Benefit	\$10,000 per person, per calendar year maximum
Outpatient Surgical Facility Benefit	\$500 per surgery 5 surgeries per person, per calendar year maximum
Surgical Anesthesia Benefit	\$4,000 per person, per calendar year maximum
Prescription Drug Benefit	\$5 co-pay for generic; \$10 co-pay for brand \$1,500 per person, per calendar year maximum \$3,000 per family, per calendar year maximum
Additional Accident Benefit	\$4,000 per person, per calendar year maximum
Ambulance Transportation Benefit	\$500 per ground trip \$1,000 per air trip 5 trips per person, per calendar year maximum

Vision Care Benefit	Paid at 80 percent \$300 per person, per calendar year maximum
Dental Benefit	\$25 deductible per person, per calendar year \$75 deductible per family, per calendar year Regular care: 80 percent after deductible Special care: 50 percent after deductible \$1,500 per person, per calendar year maximum \$1,500 periodontal lifetime maximum per person \$750 orthodontia lifetime maximum per person
Employee Nonoccupational Disability Weekly Benefit	66 2/3% of basic weekly earnings to a maximum of \$500 per week 7 day elimination period 26 weeks maximum benefit period
Employee Life Insurance	\$50,000 Life
Accidental Death & Dismemberment (AD&D)	\$50,000 AD&D
Dependent Life Benefit	\$12,500 for spouse \$6,250 per child \$1,000 per infant
Critical Illness Benefit For first ever diagnosis of covered conditions.	\$10,000 for employee \$10,000 for spouse \$2,500 for children
PPO Network Option	Included

A Pharmacy Discount Program is included at no additional cost. This program is administered by a prescription benefit manager, RESTAT, 724 Elm Street, West Bend, WI 53095. This discount program is not an insured benefit.

Hourly Rates

Employee and Eligible Dependents

Your plan design and applicable premium amount includes benefits provided under one or more group policies. Your employer has purchased this as a complete package. You may not elect to purchase any policy or benefit separately. If you would like cost details, please contact your company or the plan administrator, Select Benefit Administrators of America at 1-800-497-3699 or sbaa@selectbenefit.net.

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

Insurance benefits are provided under the Select Benefits Trust Policy, form number LGC-3000 2/99 and/or the Critical Illness Policy, form number LGC-9095 2/07. It is insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. The coverage is not a substitute for major medical or other comprehensive coverage. Benefits are paid based on a preselected fixed amount. It may be subject to exclusions, limitations, reductions, and termination of benefits provisions.

Select Benefits Description of Benefits for Linda Weston Staffing (88704-005) - \$3.35

Doctor's Office Visit Indemnity Benefit

Benefits are paid at a preselected fixed dollar amount per visit up to a calendar year maximum. This benefit excludes routine exams and injections.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

This benefit pays a preselected fixed dollar amount for one or more diagnostic X-ray or lab tests performed by a doctor during a *single* visit to a provider. Benefits are subject to a calendar year maximum and will be paid when hospital confinement is not required.

Preventive Care Indemnity Benefit

This benefit pays a preselected fixed dollar amount per visit up to a calendar year maximum for routine exams, immunizations and medical treatments.

Hospital Indemnity Benefit

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

Hospital Inpatient Admission Benefit

This benefit pays for admission to a healthcare facility for a minimum of 24 hours when confinement is medically necessary and is the result of a nonoccupational illness or injury. This benefit will be paid regardless of any other inpatient hospital benefits available to the insured.

Surgical Indemnity Benefit

This pays 100 percent of eligible expenses up to a calendar year maximum for surgeries performed by a doctor.

Outpatient Surgical Facility Benefit

Benefits will be paid at a preselected fixed dollar amount up to a maximum number of surgeries per calendar year 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 provided the facility is neither part of a hospital nor the private office of a healthcare provider who there engages in the lawful practice of surgery.

Surgical Anesthesia Benefit

This provides benefits for anesthesia administered by an anesthesiologist or anesthesiologist in connection with a covered surgical procedure. The benefit is a preselected percentage of the benefit payable for the surgical procedure.

Prescription Drug Benefit

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

Additional Accident Benefit

This benefit pays 100% of eligible expenses, up to a calendar year maximum for covered charges provided by a doctor or hospital within 90 days after an accident.

Ambulance Transportation Benefit

This benefit pays a preselected fixed dollar amount up to a maximum number of trips per calendar year for transport of insureds by a licensed ground or air ambulance service to the nearest accredited hospital where adequate facilities for treatment are available. No other expenses for travel will be covered.

Vision Care Benefit

Covered vision care expenses are paid at 80 percent up to an annual maximum benefit of \$300. Benefits include one routine eye exam by an eye doctor each 12 consecutive months and either one pair of eyeglass lenses and frames *or* one pair of contact lenses each 24 consecutive months when prescribed by an eye doctor.

Dental Benefit

This pays 80 percent of preventive and regular dental care and 50 percent of special dental care *after* the calendar year deductible is met, up to a calendar year maximum. Pre-authorization is recommended for dental claims exceeding \$250. Please refer to your Plan Summary for details.

Employee Nonoccupational Disability Weekly Benefit

Benefits are paid beginning on the eighth calendar day following a covered nonoccupational injury or illness. Benefits may not exceed 66 2/3 percent of basic weekly earnings and may be reduced by other income amounts for which the insured is eligible, exclusions apply. Maternity is covered like any other condition. The maximum benefit period is 26 weeks.

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

Life insurance and AD&D amounts reduce by 35 percent at age 65 and by an additional 35 percent each five-year period thereafter.

Dependent Life

Life coverage on a spouse or domestic partner 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.

Critical Illness Benefit

Coverage is provided upon the first ever diagnosis of specific conditions covered under the policy. Covered conditions include: invasive cancer, heart attack, stroke, end-stage renal failure, major organ transplant, severe burns, paralysis and coma. No other critical illnesses are covered under this policy. The amount is reduced by 50 percent beginning at age 65. Insureds can only be paid once during their lifetime for each covered condition. Benefits will *not* be paid for conditions diagnosed before coverage is effective or after the insured's coverage has terminated.

Pharmacy Discount Program

A discount from usual and customary drug charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (except Dependent Life) without premium payments for up to two years after the employee's death. This is as long as the plan remains in force and the covered dependent meets the coverage requirements in the policy.

Select Benefits is not a replacement for major medical or any other comprehensive policy. It is designed to cover benefits at a preselected, fixed dollar amount. Coverage may be subject to exclusions, limitations, reductions and termination of benefits provisions which may vary by state. Any spousal benefits/rights may be restricted by Internal Revenue Code and the federal Defense of Marriage Act. Please see the policy certificate for details. Select Benefits is insured by Symetra[®] Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. 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, acct. 88704-005**

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:

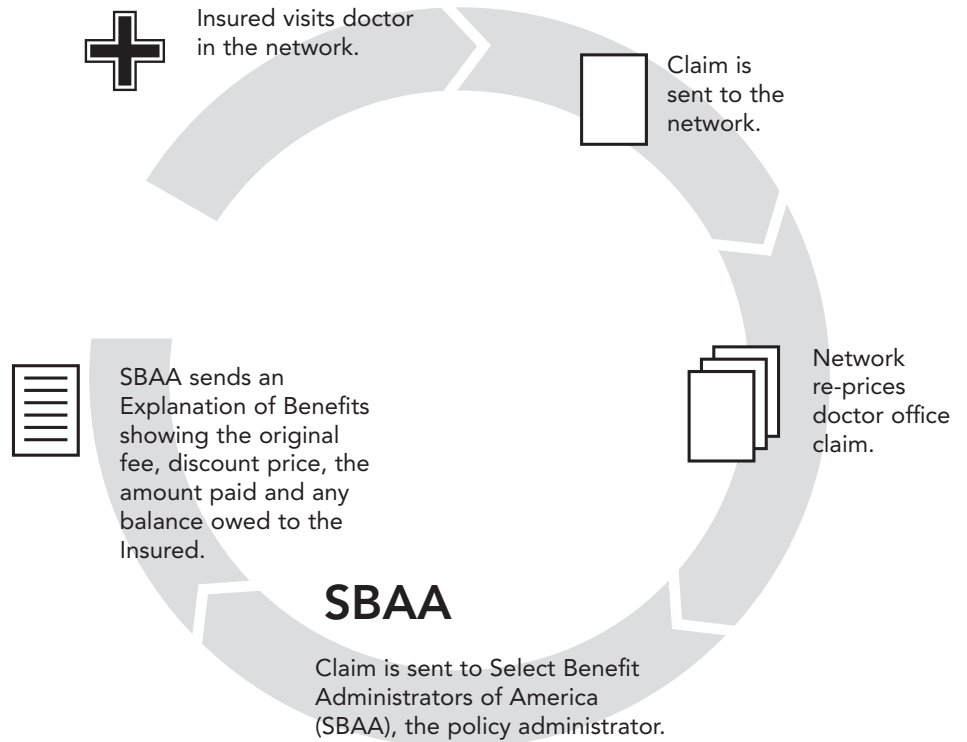
- ♦ Understand your healthcare benefits.
- ♦ Schedule an appointment in a timely manner.
- ♦ Intervene when quality of care issues arise.
- ♦ Find providers whose “costs” help to maximize your current plan benefits.
- ♦ Select a healthcare provider.
- ♦ Resolve medical billing/claims issues.

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 88704-005
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