

Plan Summary for:  
12739000 - Advantive, LLC

Hospital Indemnity

Inpatient Hospital Benefits	Plan 1	Plan 2	Plan 3
500 days lifetime maximum unless otherwise noted			
Hospital Confinement	\$500 first day, \$100 day 2+, 30 incident(s) pp/pcy	\$1,000 first day, \$150 day 2+, 30 incident(s) pp/pcy	\$1,500 first day, \$200 day 2+, 30 incident(s) pp/pcy
Intensive Care Unit	\$500 first day, \$200 day 2+, 30 incident(s) pp/pcy	\$1,000 first day, \$300 day 2+, 30 incident(s) pp/pcy	\$1,500 first day, \$400 day 2+, 30 incident(s) pp/pcy
Wellness Screening	\$50 per day, 1 day(s) pp/pcy	\$50 per day, 1 day(s) pp/pcy	\$50 per day, 1 day(s) pp/pcy
Plan is HSA Compatible	Yes	Yes	Yes
Portability	Included	Included	Included
Monthly Premium	Plan 1	Plan 2	Plan 3
Employee	\$7.49	\$12.51	\$17.54
Employee + Spouse	\$15.97	\$26.67	\$37.37
Employee + Child(ren)	\$12.28	\$20.51	\$28.75
Family	\$22.23	\$37.13	\$52.03

pp/pcy= per person, per calendar year  
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.

Hospital Indemnity 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. Hospital Indemnity 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 generic policy form number SBC-00500.

**Description of Benefits for:**

**12739000 - Advantive, LLC**

## **Hospital Indemnity Insurance**

---

### **Inpatient Hospital/Intensive Care Unit First Day**

Benefits are paid on the first day of a covered hospital stay (whether that is a regular hospital bed or ICU) of 24 hours or more. The benefit is paid one time per hospital stay, regardless of whether the insured is moved from the regular bed to ICU, or vice versa.

### **Inpatient Hospital/Intensive Care Unit Day 2+**

Benefits are paid beginning the second day of a covered stay. ICU 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.

### **Wellness Screening: Not available to residents of MN**

This Rider provides a benefit if an Insured incurs an expense as a result of receiving any of the screening tests described in this Rider. There is a specified calendar year maximum number of screening tests for which a benefit will be paid. Please refer to your Plan Summary for details. Included tests:

- Abdominal aortic aneurysm ultrasonography
- Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides
- Bone density screening
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- CA 15-3 blood test for breast cancer
- CA 125 blood test for ovarian cancer
- Carotid Doppler
- CEA blood test for colon cancer
- Chest X-ray
- Child sports physicals
- Colonoscopy or virtual colonoscopy
- CT angiography
- Electrocardiogram
- Fasting blood glucose test
- Flexible sigmoidoscopies
- Mammograms
- Pap smears
- Prostate-specific antigen (PSA) test
- Serum cholesterol test to determine level of HDL and LDL
- Stress test on a bicycle or treadmill
- Testicular ultrasound
- Thermography
- ThinPrep Pap Test

**Portability/Extension of Coverage**

Allows coverage to continue following termination of employment or loss of eligibility. Review the certificate of coverage to understand the full details of this provision.

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

Hospital Indemnity 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. Hospital Indemnity 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 generic policy form number SBC-00500.

**Policyholder: Advantive, LLC**  
**Policy Issue State: FL**  
**Hospital Indemnity Plan**  
**Insured by Symetra Life Insurance Company**

**Exclusions**

**No benefit will be paid when the Insured does not incur a cost for services or supplies. In addition, benefits will not be paid when costs are incurred for services or supplies:**

- a. For which there is no legal obligation to pay.
- b. Received before the **Insured** is covered for the benefit.
- c. Received after Termination of Coverage, except as provided under the **Policy**.
- d. Which are not furnished or prescribed by a **Doctor**.
- e. Received for **Experimental or Investigative** treatment, procedures for research purposes, or practices when not generally recognized as accepted medical practices.
- f. That are not approved or accepted as essential to the treatment of an **Illness or Injury** by any of the following:
  - a. The American Medical Association
  - b. The U.S. Surgeon General
  - c. Department of Public Health
  - d. The National Institute of Health
- g. Related to cosmetic surgery or dental care done to beautify an **Insured** without medical or dental indication of **Injury or Illness**.
- h. Related to elective medical, dental, or surgical procedures done without medical or dental indication of **Illness or Injury**.
- i. For reversal procedures in connection with previous male or female sterilization.
- j. In the nature of educational or vocational testing or training.
- k. For outpatient food, food supplements, or vitamins.
- l. For radial keratotomies.
- m. For physical therapy, occupational therapy, speech therapy or chiropractic manipulations or modalities.
- n. In connection with treatment of male or female infertility, in vitro and in vivo fertilization of an ovum, or artificial insemination.
- o. For **Durable Medical Equipment**.
- p. For **Custodial Care**.
- q. For surgical **Anesthesia**.
- r. For **Ancillary Services** in connection with surgery or other **Illness**, except as stated in the **Schedule of Benefits**.
- s. Related to smoking cessation.
- t. For the treatment of the following:
  - a. **Codependency**
  - b. Social, occupational, or religious maladjustments
  - c. **Compulsive Gambling**
  - d. Chronic marital or family problems when not related to the primary focus of treatment that must be a diagnosable **Mental Disorder**
- u. For the treatment of obesity, weight reduction, or dietetic control, except for morbid obesity or disease etiology.
- v. For the following, except as specifically stated in the **Schedule of Benefits** section of the **Policy**:
  - a. For dental treatment and oral surgery
  - b. For treatment of **Mental Disorders**

<sup>1</sup> 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: Advantive, LLC**

**Policy Issue State: FL**

**Hospital Indemnity Plan**

**Insured by Symetra Life Insurance Company**

For treatment of **Substance Abuse Disorders**

- c. For refractions, eyeglasses, or hearing aids or their fitting
- d. For routine physicals or general health exams, routine immunizations and vaccinations
- w. For treatment of **Temporomandibular Joint Dysfunction (TMJ)** pain syndrome, orofacial, or myofascial syndrome whether medical or dental in scope.
- x. For an **Illness** or **Injury** caused wholly or partly, directly or indirectly by:
  - i. Declared or undeclared war or act of war when serving in the military or an auxiliary unit thereto.
  - ii. Committing or attempting to commit an assault or felony. Inciting or taking part in any form of public violence. (N/A for policies issued in NH or for residents of NH<sup>1</sup>.)
  - iii. Intentionally self-inflicted **Injury**, while sane or insane. (N/A for policies issued in MI.)
- y. Benefits will not be provided for services or injuries or diseases related to your job to the extent you are covered, required to be covered, or for which benefits are paid by the Workers' Compensation law. If you enter into a settlement giving up your right to recover future medical benefits under a Workers' Compensation law, the Policy will not pay those medical benefits that would have been payable in absence of that settlement.

## **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 to determine if these exclusions apply.**

**Emergency Room Benefit** (Not available for policies issued in CA, CO, NH, or NY; for residents of NH and NY<sup>1</sup>; or for policies issued in CA if the majority of the group resides within CA.\*)

Emergency Room Benefits will not be paid when services or supplies are received for:

- a. Drugs, supplies or additional **Ancillary Services** that may be required for a particular emergency treatment.
- b. **Doctor** visits (including **Emergency Room Doctors**, who bill separately for their services).
- c. Diagnostic X-ray and laboratory tests.

### **Inpatient Hospital Benefit**

Inpatient Hospital Benefits will not be paid when services or supplies are received for:

- a. Care received in an **Emergency Room**.
- b. Care received in an outpatient **Hospital** facility or clinic or **Urgent Care** facility.
- c. Care received in a **Hospital** for **Observation Services** lasting less than 24-48 hours.
- d. Care received in any other portion of a **Hospital** which provides services that do not require **Confinement**.
- e. Care received in a Hospital or Healthcare Facility due to normal pregnancy or childbirth during the Pregnancy Limitation Period, if elected.
- f. Inpatient or Outpatient surgical procedures.

## **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.**

<sup>1</sup> 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: Advantive, LLC**  
**Policy Issue State: FL**  
**Hospital Indemnity Plan**  
**Insured by Symetra Life Insurance Company**

**Wellness Screening Rider**

Not available for policies issued in CO, ID, MI, MN, NH, NJ, NM, or NY, or for residents of the following states: ID<sup>1</sup>, IN<sup>1</sup>, MN<sup>1</sup>, or NH<sup>1</sup>.

**Portability**

Not available for policies issued in CO, KY, LA, MN, NH, NJ, NM, NY, NV, OR, TX, UT, VT, WA or WV, or for residents of the following states: ID<sup>1</sup>, LA<sup>1</sup>, NY<sup>1</sup>, MN<sup>1</sup>, NH<sup>1</sup>, VT<sup>1</sup>, WV<sup>1</sup>.

**Home Health Care Benefit (Not available for policies issues in NY or for residents of NY<sup>1</sup>.)**

This benefit will always be included for policies issued in CT or for CT residents under any policy where the majority of the group resides within CT.\*

**Second Opinion Benefit-Maryland Only**

This benefit will be included for policies issued in MD or for MD<sup>1</sup> residents.

**THE POLICY IS A FIXED-PAYMENT INSURANCE POLICY. IT PROVIDES FIXED-PAYMENT LIMITED MEDICAL BENEFITS. 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.**

<sup>1</sup> 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.