



## USING YOUR BENEFITS

**SYMETRA  
SELECT BENEFITS  
LIMITED BENEFIT  
MEDICAL INSURANCE**

### WHAT IS SELECT BENEFITS?

Select Benefits is a group *limited benefit* medical insurance policy. It is not comprehensive medical coverage nor a replacement for major medical or any other comprehensive insurance. Instead, your policy pays a preselected fixed dollar amount for covered visits or procedures.

If the amount allowed by your policy does not cover the entire cost of the visit or procedure, you will be responsible for any remaining balance of the bill.

### USING BENEFITS

To use the coverage allowed by your policy, follow these simple steps:

- 1 Present your ID card to your provider at the time of service.
- 2 Ask your provider to bill the policy administrator, Select Benefit Administrators (SBA), and accept an assignment of benefits. Your provider may or may not agree to accept the assignment.
- 3 Pay any outstanding balance due. If there is any remaining amount owed, your provider may send you a bill.

*You also have the option of paying for the service yourself and filing a claim with SBA. They will then pay benefits directly to you.*

### YOUR POLICY ADMINISTRATOR

Select Benefit Administrators (SBA) handles the administration of your company's Select Benefits policy. This includes verification of eligibility, billing, and claims payment.

SBA is available to help you understand and use your benefits. Please feel free to contact them with any questions or concerns.

#### **Select Benefit Administrators (SBA)**

*Customer Service Hours: Monday through Friday, 6:30 a.m. to 5 p.m., CT*

Toll-free phone: 1-800-497-3699

Email: SYMSBA@Symetra.com

Fax: (715) 682-5919

PO Box 440

Ashland, WI 54806

## FREQUENTLY ASKED QUESTIONS

### **Whom do I contact if I have questions about my benefits?**

Contact Select Benefit Administrators (SBA) at 1-800-497-3699 or SYMSBA@Symetra.com. Customer service representatives are available Monday through Friday, 6:30 a.m. to 5:00 p.m., CT.

### **How do I submit a claim?**

Present your Select Benefits ID card at the time of service and ask your provider to file the claim with SBA and accept an assignment of benefits. Your provider may or may not agree to accept the assignment. SBA will process the claim and send payment to your provider. A few weeks later you will be mailed an *Explanation of Benefits* showing what was paid.

### **What if my provider won't submit insurance information?**

File the claim with SBA, and they will pay benefits based upon the amount covered by your Select Benefits plan. For faster response, please request a copy of the itemized bill from the provider listing dates of service and procedure and diagnosis codes. Ask for *Health Care Financing Administration (HCFA)* forms for doctor's office visits and *Universal Billing (UB92)* forms for hospital care.

#### **Mail or fax claim forms to:**

Select Benefit Administrators  
Attention: Claims Department  
PO Box 440  
Ashland, WI 54806  
Fax: (715) 682-5919

### **How can I request a new Select Benefits ID card?**

Contact SBA at 1-800-497-3699 or SYMSBA@Symetra.com.

### **How do I add dependents?**

If your policy includes dependent coverage, fill out a new enrollment form within 31 days of the eligibility date and give it to your policyholder.

### **If I want to use my coverage and have not yet received my insurance card, what information do I need to give my provider?**

Ask SBA for the Select Benefits case number before your visit. At the office, give your provider this number along with the SBA customer service phone number, 1-800-497-3699.

### **Whom do I contact if I have a change in my name or address, or if there is an error on my Select Benefits ID card?**

Contact SBA at 1-800-497-3699 or SYMSBA@Symetra.com.

**SYMETRA**<sup>®</sup>

FINANCIAL

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

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To find out more about how Select Benefits can help protect you, talk to your Select Benefits representative.

Select Benefits is not a replacement for a major medical policy or any other comprehensive coverage. Instead it pays a fixed dollar amount for covered benefits up to a calendar year maximum. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Select Benefits is insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004.

Select Benefit Administrators, located in Ashland, Wisconsin, is a division of Symetra Life Insurance Company.

# Select Benefits Plan Summary for Indiana State School Bus Drivers Association

<b>Indemnity Policy</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
<b>Combination Doctor's Office Visit, Diagnostic X-Ray &amp; Lab, &amp; Preventive Care Benefit</b>	\$65 per visit, 10 visits pp/pcy <sup>1</sup> max.	\$80 per visit, 20 visits pp/pcy <sup>1</sup> max.	\$80 per visit, 20 visits pp/pcy <sup>1</sup> max.
<b>Outpatient Major Diagnostic Testing Benefit</b>	--	--	\$200 per test 3 tests pp/pcy max.
<b>Emergency Room Benefit</b>	\$100 per visit \$300 pp/pcy max.	\$150 per visit \$300 pp/pcy max.	\$200 per visit \$500 pp/pcy max.
<b>Inpatient Hospital Benefits</b> 500 days per lifetime unless noted			
<b>Hospital Stay</b>	\$500 per day, 10 days pp/pcy	\$1,500 per day, 10 days pp/pcy	\$1,500 per day, 60 days pp/pcy
<b>Intensive Care Unit</b>	\$1,000 per day, 10 days pp/pcy	\$3,000 per day, 10 days pp/pcy	\$3,000 per day, 60 days pp/pcy
<b>Substance Abuse Facility</b>	\$500 per day, 10 days pp/pcy	\$1,500 per day, 10 days pp/pcy	\$1,500 per day, 60 days pp/pcy
<b>Mental Health Facility</b> 180 days lifetime maximum	\$250 per day, 10 days pp/pcy	\$750 per day, 10 days pp/pcy	\$750 per day, 60 days pp/pcy
<b>Nursing Facility</b> 60 consecutive days per stay maximum. This benefit is paid only if following a covered hospital stay of at least three consecutive days and the insured is under age 65.	\$250 per day	\$750 per day	\$750 per day
<b>Hospital Inpatient Admission Benefit</b> Coverage per confinement Admittances	\$1,000 1 pp/pcy max.	\$1,500 2 pp/pcy max.	\$2,000 3 pp/pcy max.
<b>Surgical Benefit</b>	\$1,000 pp/pcy max. Schedule D	\$2,500 pp/pcy max. Schedule D	\$10,000 pp/pcy max. Schedule D
<b>Outpatient Surgical Facility Benefit</b>	\$250 per surgery 1 surg. pp/pcy max.	\$400 per surgery 2 surg. pp/pcy max.	\$500 per surgery 3 surg. pp/pcy max.
<b>Surgical Anesthesia Benefit</b>	\$200 pp/pcy max. Schedule D	\$1,000 pp/pcy max. Schedule D	\$4,000 pp/pcy max. Schedule D
<b>Ambulance Transportation Benefit</b> Coverage per ground trip Coverage per air trip Trips	--	--	\$1,000 \$2,000 5 pp/pcy max.
<b>Generic Prescription Drug Policy</b>			
<b>Generic Prescription Drug Benefit</b> Unlimited pp/pcy Discount on brand name	\$15 co-pay	\$10 co-pay	\$5 co-pay
<b>Group Accident Policy</b>			
<b>Group Accident Benefit</b>	--	--	\$1,000 pp/pcy max.
<b>Critical Illness Policy</b>			
<b>Critical Illness Benefit</b> Per first diagnosis covered critical illness condition			
<b>Certificateholder</b>	--	--	\$5,000
<b>Spouse</b>			\$5,000
<b>Child</b>			\$1,250
<b>PPO Network Option</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
Network	Multiplan	Multiplan	Multiplan
<b>Patient Advocacy Services</b>	Included	Included	Included
<b>Pharmacy Discount Program</b>	Included	Included	Included

<b>Monthly Premium</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
<i>Certificateholder</i>	\$112.80	\$205.79	\$295.92
<i>Certificateholder + Spouse</i>	\$234.73	\$432.92	\$623.94
<i>Certificateholder + Children</i>	\$181.72	\$334.17	\$479.47
<i>Certificateholder + Family</i>	\$324.87	\$600.80	\$863.17

pp/pcy=per person, per calendar year

**\*Premiums shown above do not include an additional \$5.00 per Certificateholder per month Administrative Fee payable to Argent Insurance Corporation for services related to payment processing.**

Patient advocacy services are included at no additional cost. These services are provided by Health Advocate, Inc., 3043 Walton Road Suite 150.

A Pharmacy Discount Program is included at no additional cost. This program is administered by a prescription benefit manager, RESTAT, 11900 W Lake Park Drive, Milwaukee, WI 53224. This discount program is not an insured benefit.

Your plan design and applicable premium amount includes benefits provided under one or more group policies. Your policyholder 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 Benefits Administrators at 1-800-497-3699 or [symsba@symetra.com](mailto:symsba@symetra.com).

**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 Indemnity Policy, form number LGC-8786 2/03, and/or Outpatient Prescription Drug Policy, form number LGC-8787 2/03, and/or Group Accident Policy, form number LGC-9072 11/05, and/or 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, limitation, reductions and terminations of benefits provisions. Please review the description of benefits for additional details. For more information contact your agent

# Select Benefits Description of Benefits for Indiana State School Bus Drivers Association

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## **Plans 1, 2, & 3**

### **Combination Doctor's Office Visit, Diagnostic X-Ray and Lab, and Preventive Care Benefit**

This benefit includes all of the following and is paid at a preselected fixed dollar amount, up to a maximum number of visits per calendar year.

- Visits to a doctor's office, urgent care facility or outpatient hospital.
- Diagnostic X-ray and lab tests ordered or performed by a doctor when hospital confinement is not required.
- Annual physical examinations and well-child care for children up to age six.

## **Plan 3**

### **Outpatient Major Diagnostic Testing Benefit**

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

## **Plans 1, 2, & 3**

### **Emergency Room Benefit**

Benefits will be paid at a preselected fixed dollar amount, up to a calendar year maximum for eligible services or supplies received in an emergency room when the visit results from an accident or illness that occurs while covered under this benefit.

## **Plans 1, 2, & 3**

### **Inpatient Hospital 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.

## **Plans 1, 2, & 3**

### **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.

## **Plans 1, 2, & 3**

### **Surgical Benefit**

This benefit pays a preselected fixed dollar for surgeries performed by a doctor. Benefits are paid according to the surgical schedule.

## **Plans 1, 2, & 3**

### **Outpatient Surgical Facility Benefit**

Benefits will be paid at a preselected fixed dollar amount up to a maximum 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. Outpatient Surgical Facility does not include the private office of a healthcare provider who there engages in the lawful practice of surgery.

## **Plans 1, 2, & 3**

### **Surgical Anesthesia Benefit**

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

### **Plan 3**

#### **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.

### **Plans 1, 2, & 3**

#### **Generic Prescription Drug Benefit**

This pays 100 percent of all generic out-of-hospital prescription drug costs after the co-payment is met. There is no calendar year maximum. Brand name drugs are not covered under this benefit; however, a discount is available through the Pharmacy Discount Program.

### **Plan 3**

#### **Group Accident Benefit**

This benefit pays billed charges up to a calendar year maximum for services and supplies incurred in connection with an accident. Expenses must be incurred within 52 weeks from the date of the accident with the first expense incurred within 60 days from the date of the accident.

### **Plan 3**

#### **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.

### **Plans 1, 2, & 3**

#### **Patient Advocacy Services**

Healthcare advocacy and assistance services provided by Health Advocate, Inc. Health Advocate's Core Advocacy program provides personalized help to resolve healthcare and insurance-related issues. A NurseLine program is integrated with the Core Advocacy program. Additional service available is a Medical Bill Saver program that offers assistance with negotiating payment on uncovered medical bills.

### **Plans 1, 2, & 3**

#### **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.

### **Plans 1, 2, & 3**

#### **Survivor Benefit**

If a certificateholder dies while insured, any covered dependents will be extended benefits (except Dependent Life) without premium payments for up to two years after the certificateholder'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.

**Schedule Of Surgical Procedures**

Schedule D

*This benefit applies only if it is shown in the Summary of Benefits. The following Surgical procedures are paid according to amounts listed, up to the Calendar Year maximum as listed in the Summary of Benefits. If the Calendar Year maximum amount is less than the amount listed on the Surgical Schedule, we will pay the amount of the Calendar Year maximum.*

*For Surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.*

**Auditory System**

Remove impacted ear wax	\$ 100.00
Create eardrum opening	\$ 200.00
Repair eardrum structures	\$ 2,200.00

**Digestive Systems**

Diagnostic anoscopy	\$ 60.00
Sigmoidoscopy, diagnostic	\$ 160.00
Diagnostic colonoscopy	\$ 200.00
Upper gi endoscopy,diagnosis	\$ 600.00
Colonoscopy and biopsy	\$ 800.00

**Cardiovascular Systems**

Insertion of heart pacemaker	\$ 1,600.00
Coronary artery graft	\$ 5,000.00
Repair of aortic valve	\$ 5,400.00

**Endocrine System**

Biopsy of thyroid	\$ 160.00
Drain thyroid/tongue cyst	\$ 200.00
Remove thyroid lesion	\$ 1,800.00
Removal of thyroid	\$ 2,800.00

**Eye & Ocular Adnexa**

Remove foreign body from eye	\$ 100.00
Repair of eye wound	\$ 400.00
Remove cataract, insert lens	\$ 2,000.00
Corneal transplant	\$ 2,800.00

**Female Genital System**

Biopsy of uterus lining	\$ 100.00
Biopsy of cervix	\$ 160.00
Dilation and curettage (D&C)	\$ 600.00
Total hysterectomy	\$ 2,600.00

**Hemic and Lymphatic Systems**

Needle biopsy, lymph node(s)	\$ 200.00
Biopsy/removal,lymph node(s)	\$ 600.00
Repair of ruptured spleen	\$ 2,400.00

**Integumentary System**

Biopsy of skin lesion	\$ 100.00
Debride infected skin	\$ 100.00
Drainage of skin abscess	\$ 160.00
Removal of nail plate	\$ 160.00
Repair superficial wound(s)	\$ 200.00

**Male Genital System**

Circumcision	\$ 200.00
Biopsy of prostate	\$ 200.00
Removal of hydrocele	\$ 1,000.00
Removal of prostate	\$ 2,800.00

**Maternity & Delivery**

Fetal non-stress test	\$ 40.00
Antepartum care only	\$ 400.00
Obstetrical care	\$ 1,400.00
Cesarean delivery	\$ 1,800.00
	\$ -

**Musculoskeletal System**

Strapping of ankle	\$ 60.00
Inj tendon/ligament/cyst	\$ 100.00
Drain/inject joint/bursa	\$ 100.00
Treat fracture radius/ulna	\$ 400.00
Knee arthroscopy/surgery	\$ 1,600.00

**Respiratory System**

Diagnostic laryngoscopy	\$ 100.00
Insert emergency airway	\$ 400.00

**Nervous Systems**

Spinal fluid tap, diagnostic	\$ 200.00
Repair of spinal herniation	\$ 3,000.00
Biopsy/excise spinal tumor	\$ 4,600.00

**Urinary System**

Treatment of bladder lesion	\$ 200.00
Cystoscopy	\$ 400.00
Removal of kidney stone	\$ 2,800.00

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**SELECT BENEFITS  
ENROLLMENT FORM**

**This Election for Coverage Cannot Be Processed Unless all Questions Are Answered and the Form Is Signed and Dated.**

**PART I - TO BE COMPLETED BY THE CERTIFICATEHOLDER**

Certificateholder's Name (Last, First, Middle)		Social Security #	Date of Birth / /
Certificateholder's Home Address	City	State	Zip Code
Home Phone #			
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Policyholder's Name <b>Indiana State School Bus Drivers Association</b>	Date of Hire	
<b>Plan Choice: Plan 1 _____ Plan 2 _____ Plan 3 _____</b>			

**DEPENDENT INFORMATION - Complete if you Are Applying for Family Coverage**

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

Dependent Name (Last, First, Middle)	Sex	Date of Birth	Relationship to Certificateholder	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

**YES, I DO WANT THIS COVERAGE**

- I elect coverage for insurance for which I am eligible under the terms of the group policy, or policies, issued to the policyholder by Symetra Life Insurance Company.
- I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance.  
**(Not applicable if the Policyholder pays 100% of the required contribution.)**
- All information submitted by me on this form is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Certificateholder Signature

\_\_\_\_\_  
Date Signed

**A Change in Enrollment Status Form must be completed for any changes such as marriage/divorce, name change, beneficiary change, birth or adoption of a child. This new form must be dated and signed.**

**PART II - TO BE FILLED OUT BY THE POLICYHOLDER**

New Certificateholder  Late Entrant Enrollee  Open Enrollment Effective Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Number 11287000

**Make check payable to:  
Argent Premium Account  
For the 1<sup>st</sup> month's premium and mail to:  
Argent Insurance Corporation  
500 S. Polk St., Suite 18  
Greenwood, IN 46143  
Toll Free: 1-800-229-0297**