

Policyholder: NAPA Transportation, Inc.
Policy Issue State: PA
Hospital Indemnity Plan
Insured by Symetra Life Insurance Company



IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Summary of Benefits

Hospital Indemnity

Inpatient Hospital Benefits 500 days lifetime maximum unless otherwise noted	Plan 1
Hospital Confinement	\$1,000 first day, \$100 day 2+, 365 incident(s) pp/pcy
Intensive Care Unit	\$1,000 first day, \$500 day 2+, 30 incident(s) pp/pcy
Substance Abuse Facility	\$100 per day, 30 day(s) pp/pcy
Mental Health Facility	\$100 per day, 30 day(s) pp/pcy
Nursing Facility This benefit is paid only if following a covered hospital stay of at least three consecutive days.	\$100 per day, 30 day(s) pp/pcy
Wellness Screening	\$75 per day, 1 day(s) pp/pcy
Pregnancy Limitation Period	None
Plan is HSA Compatible	Yes
Portability	Included
Monthly Premium	Plan 1
Employee	\$18.93
Employee + Spouse	\$43.54
Employee + Child(ren)	\$26.15
Family	\$52.27

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

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.

Description of Benefits for:

13131000 - NAPA Transportation, Inc.

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.

Substance Abuse Facility

Benefits are paid on the first day of a covered substance abuse facility stay. 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.

Mental Health Facility

Benefits are paid on the first day of a covered mental health facility stay. 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.

Nursing Facility

Benefits are paid on the first day of a covered nursing facility stay which follows a covered hospital stay of 3 consecutive days or more. 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

This Rider provides a benefit if an Insured receives 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

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (except Dependent Life, Group Accident, and Critical Illness) 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.

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: NAPA Transportation, Inc.
Policy Issue State: PA
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.

¹Regardless of where the policy is issued.

²Review your Summary of Plan Benefits to determine whether or not your plan includes a Pregnancy Exclusion/Limitation period and its duration.

*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.

- 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
 - c. For treatment of Substance Abuse Disorders
 - d. For refractions, eyeglasses, or hearing aids or their fitting
 - e. 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.
 - iii. Inciting or taking part in any form of public violence. (N/A for policies issued in NH or for residents of NH¹.)
 - iv. Intentionally self-inflicted Injury, while sane or insane. (N/A for policies issued in MI)

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

This benefit is always included for policies issued in DC. This benefit is not available for policies issued in CA, CO, NH, and when the majority of the group resides in NY¹. 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.

The following additional exclusion will also apply to the Inpatient Hospital Benefit ONLY in the rare event that the plan includes a Pregnancy Limitation (Exclusion) Period²:

Inpatient Hospital Benefits will not be paid when services or supplies are received for Care received in a Hospital or Healthcare Facility due to normal pregnancy or childbirth during the Pregnancy Limitation Period.

¹Regardless of where the policy is issued.

²Review your Summary of Plan Benefits to determine whether or not your plan includes a Pregnancy Exclusion/Limitation period and its duration.

*Check with your employer if you want more information about the number of employees in certain states.

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.

Wellness Screening Rider

This benefit is not available for policies issued in CO, ID, MI, MN, NH, NJ, NM, or NY.

Portability

This benefit is not available for policies issued in CO, KY, LA, MN, NH, NJ, NM, NY, NV, OR, TX, UT, VT, WA or WV, and for residents of the following states: ID¹, LA¹, NY¹, MN¹, NH¹, VT¹, WV¹.

Ambulance Benefit

This benefit is not available for policies issued in CO. This benefit will always be included for policies issued in DC.

Emergency Room Benefit

This benefit is not available for policies issued in CO. This benefit will always be included for policies issued in DC.

Home Health Care Benefit

This benefit is not available for policies issued in NY. This benefit will always be included for policies issued in CT and for CT residents under any policy where the majority of the group resides within CT.*

Second Opinion Benefit

This benefit will always be included for policies issued in MD or for MD¹ 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.

¹Regardless of where the policy is issued.

²Review your Summary of Plan Benefits to determine whether or not your plan includes a Pregnancy Exclusion/Limitation period and its duration.

*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.

Plan Summary for:

13131000 - NAPA Transportation, Inc.



Summary of Benefits

Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS	Plan 1
Ambulance - Ground 1 trip(s) per covered accident	\$400 pp/pa
Ambulance - Air 1 trip(s) per covered accident	\$2,000 pp/pa
Emergency Room 1 trip(s) per covered accident	\$400 pp/pa
Major Diagnostic Testing (MRI, CT Scan, EEG) 1 exam(s) per covered accident	\$200 pp/pa
X-Ray 1 test(s) per covered accident	\$175 pp/pa
Pain Management/Epidural 1 visit(s) per covered accident	\$100 pp/pa
Initial Doctor's Visit	\$100 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS	
Hospital Admission	\$2,000 pp/pa
ICU Admission	\$2,000 pp/pa
Hospital Confinement Up to 365 day(s) per accident	\$400 per day
ICU Up to 15 day(s) per accident	\$800 per day
Rehabilitation/Skilled Nursing Facility Up to 30 day(s) per accident	\$300 per day
Blood/Plasma/Platelets	\$300 pp/pa
Surgery - Open Abdominal, Thoracic	\$1,000 per surgery
Surgery - Cranial	\$5,000 per surgery
Surgery - Hernia	\$500 per surgery
Surgery - Exploratory or Without Repair	\$200 per surgery
Outpatient/Miscellaneous Surgery	\$200 per surgery

Transportation Up to 3 trip(s) per accident	\$500 per trip
Family Lodging Up to 30 nights	\$400 per night
Coma After 7 day duration	\$5,000 pp/pa
FOLLOW UP CARE	
Follow Up Doctor's Visit 6 visit(s) per covered accident	\$175 pp/pa
Physical Therapy Up to 10 visits per accident	\$100 per visit
Chiropractic Visit Up to 10 visits per accident	\$100 per visit
Medical Equipment 1 appliance(s) per covered accident	\$400 pp/pa
Prosthetic Device 1 device per covered accident	\$1,750 pp/pa
COMMON INJURIES	
Burns Second Degree: 20 - 100 square centimeters Second Degree: 101 - 225 square centimeters Second Degree: More than 225 square centimeters Third Degree: 20 - 100 square centimeters Third Degree: 101 - 225 square centimeters Third Degree: More than 225 square centimeters Skin Grafts	\$100 pp/pa \$250 pp/pa \$1,000 pp/pa \$1,000 pp/pa \$5,000 pp/pa \$25,000 pp/pa 25% of burn benefit
Paralysis Quadriplegia Paraplegia Hemiplegia Uniplegia	\$40,000 pp/pa \$20,000 pp/pa \$20,000 pp/pa \$10,000 pp/pa
Lacerations Not requiring sutures Under 3 inches, required sutures 3 to 6 inches, requires sutures Over 6 inches, requires sutures	\$50 pp/pa \$100 pp/pa \$200 pp/pa \$1,000 pp/pa
Emergency Dental Work Crown Repair Extraction	\$400 pp/pa \$100 pp/pa
Eye Injuries Removal of Foreign Object Surgical Repair	\$200 pp/pa \$200 pp/pa
Specific Injuries Ruptured Disc	\$500 pp/pa

Tendons/Ligaments 1 tear with surgical repair	\$500 pp/pa
Tendons/Ligaments 2 or more tears with surgical repair	\$750 pp/pa
Tendons/Ligaments Arthroscopic surgery with no repair	\$200 pp/pa
Torn Knee Cartilage Exploratory surgery with no repair	\$200 pp/pa
Torn Knee Cartilage Surgical repair	\$500 pp/pa
Concussion	\$150 pp/pa
Dislocations (Closed Reduction) 3 dislocation benefits per person, per accident maximum	
Hip	\$6,000
Knee (except patella)	\$1,200
Shoulder	\$1,200
Foot/Ankle	\$1,200
Wrist	\$1,200
Lower Jaw	\$1,200
Elbow	\$1,200
Bones of the Hand (except fingers)	\$600
Collarbone	\$600
1 finger or toe	\$100
2 or more fingers (regardless of total # of fingers dislocated)	\$200
2 or more toes (regardless of total # of toes dislocated)	\$200
Open Reduction	200% of dislocation benefit
Partial Dislocation	25% of dislocation benefit
Fractures (Closed Reduction) 3 fracture benefits per person, per accident maximum	
Skull	\$6,000
Hip/Thigh	\$3,000
Vertebral Body (excluding vertebral processes)	\$3,000
Pelvis	\$3,000
Arm (upper)	\$2,000
Shoulder Blade	\$2,000
Leg	\$2,000
Upper Jaw	\$1,200
Vertebral Processes	\$1,200
Knee Cap	\$1,200
Collarbone	\$1,200
Forearm	\$1,200
Foot/Ankle	\$1,200
Hand/Wrist	\$1,000

Lower Jaw	\$1,000
Facial Bones or Nose	\$500
1 rib, finger, or toe	\$200
Ribs (2 or more, regardless of total # of ribs fractured)	\$500
Coccyx	\$200
Open Reduction	200% of fracture benefit
Bone Chip	25% of fracture benefit
CATASTROPHIC ACCIDENT BENEFITS	
Accidental Death¹	\$50,000
Common Carrier Accidental Death¹	\$100,000
AD&D Benefits¹	
Double Dismemberment	
Loss of both hands, both feet or sight in both eyes	\$50,000
Loss of Speech or Hearing in both ears	\$25,000
Loss of 1 hand and 1 foot	\$50,000
Loss of 1 eye	\$25,000
Loss of 1 hand or 1 foot	\$25,000
Loss of 2 or more fingers or toes	\$12,500
Loss of 1 finger or toe	\$5,500
Wellness Screening Benefit	\$75 pp/pcy
1 screening(s) per insured, per calendar year	
Coverage Type	Non-Occupational
Portability	Included
Monthly Premium	Plan 1
Single	\$8.33
Employee + Spouse	\$14.08
Employee + Child(ren)	\$15.14
Family	\$20.89

¹Benefit Amounts: Employee 100%, Spouse 50%, Child 25%

²pp/pa = per person/per accident

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.

Description of Benefits for:

13131000 - NAPA Transportation, Inc.

Scheduled Benefit Accident



EMERGENCY CARE & DIAGNOSTICS

Ambulance Transportation Benefit

This benefit pays for ground or air ambulance transportation as shown in the Schedule of Benefits. It will be paid for transportation by a licensed ground or air ambulance transportation service from the place of injury to the nearest accredited hospital where adequate treatment facilities are available. Air ambulance transportation must be within 96 hours of the accident. Ground transportation must be within 90 days of the accident.

Emergency Room Benefit

The benefit amount shown in the Schedule of Benefits will be paid for treatment in an emergency room for an injury. Emergency room services must be incurred within 30 days from the Accident.

Major Diagnostic Testing Benefit

The benefit amount shown in the Schedule of Benefits will be paid if for any of the following major diagnostic tests as the result of the injury. Tests must be administered by a provider within 365 days of the accident. If multiple tests are performed, only one benefit will be paid. The following tests are covered: magnetic resonance imaging (MRI), computed tomography (CT, Cat Scan), electrocardiogram (EKG) and electroencephalogram.

X-Ray Benefit

The benefit amount shown in the Schedule of Benefits will be paid if an x-ray is performed as a result of the injury. The x-ray must be performed by a provider within 365 days of the accident.

Pain Management/Epidural Benefit

The benefit amount shown in the Schedule of Benefits will be paid if medical pain management services, including the application of epidural injections, are administered for treatment of injury. Services must be administered by a provider within 365 days of the accident. Services may be provided at the doctor's office, outpatient hospital clinic or urgent care facility.

Initial Doctor Visit Benefit

The benefit amount shown in the Schedule of Benefits will be paid for the first day of treatment from a doctor for an injury. The initial visit must occur within 365 days of the accident. Services must be provided at the doctor's office, an outpatient hospital clinic or urgent care facility. This benefit is payable once per person, per accident.

ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS

Hospital Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to a hospital as the result of an injury for a minimum of 24 consecutive hours or if a charge is made for room and board. Hospital admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other hospital benefits available.

Intensive Care Unit (ICU) Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to an ICU as the result of an injury for a minimum of 24 consecutive hours or a charge is made for room and board. ICU admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other ICU benefits available.

Hospital Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a hospital for treatment of injury. Hospital confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident.

Intensive Care Unit (ICU) Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to an ICU for treatment of injury. ICU confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident.

Rehabilitation/Skilled Nursing Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a rehabilitation facility or skilled nursing facility for treatment of an injury. Confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident.

Blood/Plasma/Platelets Benefit

This benefit will pay the amount shown in the Schedule of Benefits for transfusion of blood, plasma or platelets for a surgical procedure. This benefit is paid one time per person, per accident.

Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits based on the type of surgical procedure performed. Surgery must be performed within 365 days of date of the accident. If more than one surgical procedure is performed on the same day, the benefit paid will be based on the surgery that provides the largest benefit amount.

Outpatient/Miscellaneous Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits for an outpatient surgical procedure or an inpatient surgical procedure not otherwise covered. Surgery must be required due to injury and performed within 365 days of the accident. This benefit is payable once per person, per accident.

Transportation Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day an insured must travel to or from a health care facility more than 50 miles away from the primary residence for treatment of injury. Travel must occur within 365 days after the accident.

Family Lodging Benefit

This benefit will pay the amount shown in the Schedule of Benefits each day an expense is incurred for lodging by an adult family member or companion accompanying the insured who is confined as the result of an injury more than 50 miles away from the primary residence. This benefit is payable up to 30 nights per accident.

Coma Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an insured lapses into a coma as the result of an injury. The coma must occur within 365 days of injury and last for a minimum of 7 days.

FOLLOW UP CARE**Follow Up Doctor's Visit Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for a follow up visit with a doctor for the treatment of an injury. Treatment must be provided at a doctor's office, an outpatient hospital facility or urgent care facility and occur after initial treatment in a doctor's office or emergency room.

Physical Therapy Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any day the insured receives physical therapy in a health care facility as the result of an injury. Physical therapy must begin within 365 days after the accident. This benefit is payable for up to 10 visits per accident.

Chiropractic Visit Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day the insured receives chiropractic care as the result of an injury. Chiropractic care must begin within 365 days after the date of the accident. This benefit is payable for up to 10 visits per accident.

Medical Equipment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured rents or buys durable medical equipment as the result of an injury. The medical equipment must be prescribed by a doctor within 365 days after the injury occurs.

Prosthetic Device Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured purchases a prosthetic device as the result of an injury. The prosthetic device must be prescribed by a doctor within 365 days after the injury occurs.

COMMON INJURIES**Burn Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for second or third degree burns sustained due to an accident. Benefits are based on the severity of the burn. Only one benefit is payable per person, per accident. If multiple burns are sustained as the result of the same accident, the highest eligible benefit will be paid.

Paralysis Benefit

This benefit will pay the amount shown in the Schedule of Benefits for paralysis due to an accident. The benefit amount is based on the type of paralysis. Paralysis must be diagnosed by a doctor within 365 days of the accident. This benefit is payable only once per person, per accident.

Laceration Benefit

This benefit will pay the amount shown in the Schedule of Benefits for lacerations sustained as the result of an accident. The benefit amount is based on the type of laceration. Lacerations must be repaired within 96 hours after an accident. Only one laceration benefit will be paid per person, per accident. If multiple lacerations are sustained, the benefit amount applicable to the total length of all lacerations will be paid.

Emergency Dental Work Benefit

This benefit will pay the amount shown in the Schedule of Benefits if emergency dental treatment is required as the result of an accident. This includes the repair of a broken sound, natural tooth or crown and the extraction of a broken sound, natural tooth. The benefit amount is based on the type of procedure. Dental work must occur within 365 days after the accident. This benefit will be paid once per person, per accident regardless of the number of teeth involved.

Eye Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an eye injury is sustained as the result of an accident. The injury must require surgery or removal of a foreign object by a doctor within 365 days after the accident. One eye injury benefit is payable per person per accident.

Specific Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if one of the specific injuries listed is sustained as the result of an accident. Benefit amounts are based on the type of injury sustained. The injury must require surgery or medical treatment within 365 days after the accident. Only one benefit is payable per person per accident.

Dislocations Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a dislocation is sustained as the result of an accident. Benefit amounts are based on the type of dislocation sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 dislocations per person per accident.

Fractures Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a fracture is sustained as the result of an accident. Benefit amounts are based on the type of fracture sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 fractures per person per accident.

CATASTROPHIC ACCIDENT BENEFITS**Accidental Death Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

Common Carrier Accidental Death Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life while on or occupying a common carrier. The loss must be a direct result of an accident, independent of all other causes and occur within 365 days of the accident. This benefit is payable in lieu of the Accidental Death benefit.

Accidental Dismemberment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in a loss as described in the Schedule of Benefits. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

Wellness Screening Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any of the wellness screening tests listed.

Screening Tests

Abdominal aortic aneurysm ultrasonography
Baseline testing for Concussion
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
Thin Prep 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.

Scheduled Benefit Accident insurance policies are for accident only insurance and do not provide coverage for sickness. Select Benefits 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. Select Benefits 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 policy form number SBC-03510.

Policyholder: NAPA Transportation, Inc.
Policy Issue State: PA
Scheduled Benefit Accident Plan
Insured by Symetra Life Insurance Company



Exclusions

We will not pay benefits for any loss treated outside the United States, Canada or Mexico; dental treatment except as a result of accident; or for any injury that results from or is caused by:

- a. War or act of war;
- b. Aviation or aerial navigation, except as a paying passenger on a regularly scheduled commercial passenger flight;
- c. Motor vehicle acrobatic stunts, acrobatic/stunt flying on aircraft, endurance tests, or racing;
- d. Professional or semi-professional organized sports;
- e. Active duty service or training in the military for more than 31 days;
- f. Disease, bodily/mental illness or degenerative process;
- g. Suicide, attempted suicide, or intentionally self-inflicted injury (N/A for policies issued in MI);
- h. Participation in bungee jumping, hang gliding, parachuting, parakiting, parasailing, sail gliding, or skydiving;
- i. Voluntary intoxication or being under the influence of any narcotic, drug or controlled substance (N/A for policies issued in MD, SD, VT or WA, or for residents of MD¹, SD¹, VT¹ or WA¹.);
- j. Voluntary intoxication through use of poison, gas, or fumes (N/A for policies issued in MD, NJ, SD or WA, or for residents of MD¹, SD¹ or WA¹. Also, N/A for CT residents covered under any policy where the majority of the group resides in CT*); or
- k. Committing assault or a felony, or voluntary participation in a riot or insurrection (N/A for policies issued in MD, CT, IL, MI, NE, NJ, or UT, or for residents of MD¹. Also, N/A for CT residents covered under any policy where the majority of the group resides in CT*).

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 for details.

Hospital Confinement, ICU and Rehabilitation or Skilled Nursing Facility Benefits will not be paid for care in an emergency room, an outpatient hospital facility or clinic, an urgent care facility or in any other portion of a hospital which provides services that do not require confinement; or inpatient or outpatient surgical procedures.

Follow up Doctor's Visit Benefits will not be paid for care in an emergency room, physical therapy, chiropractic care, inpatient or outpatient surgical procedures or diagnostic X-ray and laboratory tests.

Prosthetic Device Benefits will not be paid for hearing aids, wigs, dental aids, including false teeth; or the repair or replacement of prosthetic devices unless the prosthetic device is damaged during an Accident.

Lead/Hazardous Chemical Accidental Poisoning Benefits will not be paid for alcohol poisoning resulting from ingestion of alcoholic beverages or carbon monoxide poisoning. (Carbon monoxide poisoning benefits may be payable if a separate Carbon Monoxide benefit is included in your plan.)

¹ 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.

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.

Portability

- Not available to residents of CO, KY, LA, MN, NV, NH, NM, OR, UT, or VT. In this situation, residents of these states will be offered the option to continue their coverage via the "Extension of Coverage" provision within the certificate.

Home Health Care Benefit

Included for policies issued in CT and for CT residents under any policy where the majority of the group resides in CT*.

Congenital Anomaly Benefit - \$1,000 per dependent child

Always included if dependent coverage is selected, for policies issued in ID and for ID1 residents. Benefit only pays for reconstructive or cosmetic surgery required to repair a functional defect and prescribed within 90 days of birth or placement for adoption.

Second Opinion Benefit

Always included for policies issued in MD and for MD¹ residents.

Surgical, Burn, Suture/Laceration, Dental, Eye Injury, and Blood/Plasma/Platelet Benefits

Always included for policies issued in NH and for NH¹ residents.

Accidental Death and Double Dismemberment minimum benefit of \$10,000, Single Dismemberment of Limb benefit of \$50,000, and Dismemberment of Digit benefit of \$1,000 per person

Included for policies issued in NH and for NH¹ residents with Catastrophic Accident Benefits coverage.

Parental Caregivers Benefit(s) Rider

If attached, the benefits under this rider do not include the following: Wellness Screening Benefits Rider; Wellbeing Assistance Benefit; (Child) Organized Sport Activity Benefits Rider; Catastrophic/Enhanced Catastrophic Accident Benefits/Dismemberment Benefits; Family Care Benefit Rider; First Responder Benefits; Health Care Worker Benefits; and/or Health Systems Additional Benefit Rider.

THE POLICY IS AN ACCIDENT INSURANCE POLICY. IT DOES NOT PAY BENEFITS FOR LOSSES CAUSED BY SICKNESS. 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.

¹ 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.

Critical Illness Insurance

Including coverage for childhood conditions

For the critical moments in your life



Whether you're stepping into your first job or looking toward retirement, you never know when you may experience a health challenge. That's why Symetra Critical Illness Insurance is designed to provide financial support whenever you're faced with an unexpected medical event.



Why critical illness insurance?

An unexpected diagnosis usually leads to unexpected expenses. And many of these—such as additional needs for transportation, child care, help around the house and more—aren't covered by major medical insurance. Symetra Critical Illness Insurance can help pay for these expenses through a lump-sum benefit paid directly to you, so you can focus on your recovery, rather than your finances.



How it works

If you and/or a covered dependent are diagnosed with a covered condition after the policy is in effect, you'll receive a lump-sum benefit payment based on the terms of your policy and the diagnosis. This benefit is paid to you regardless of any other insurance coverage you may have.

[Continued >](#)

What's covered

Your coverage includes benefits for the following conditions. Please refer to your enrollment materials for a complete list of conditions and details, including information on who is considered an eligible dependent.¹

Covered conditions include:²

- Invasive cancer
- Minor cancer (in situ*)
- Heart attack (myocardial infarction)
- Stroke
- Coronary artery disease needing surgery or angioplasty
- Major organ failure
- Occupational HIV
- End-stage renal failure
- Loss of sight
- Loss of speech
- Loss of hearing
- Paralysis due to accident or illness³
- Severe burns
- ALS (amyotrophic lateral sclerosis)/Lou Gehrig's disease

Other motor neuron diseases are also covered, including primary lateral sclerosis, progressive bulbar palsy and spinal muscular atrophy.

- Advanced Alzheimer's disease
- Parkinson's disease
- Advanced multiple sclerosis (MS)
- Coma due to accident or illness³

Childhood conditions

If you enroll your dependent child on the plan, they may be eligible for a benefit if they're diagnosed with a covered condition under one of these categories. Please note that only dependent children are eligible for these benefits, and the condition must be diagnosed while the coverage is in effect.

- Major congenital structural anomaly
Examples: cleft lip/palate, clubfoot, complex congenital heart disease
- Congenital chromosomal abnormality
Examples: Down syndrome, sickle cell disease, hemophilia
- Congenital metabolic disorder
Examples: cystic fibrosis, Gaucher's disease, Tay-Sachs
- Chronic medical condition commonly diagnosed in childhood
Examples: severe asthma, Type 1 diabetes, epilepsy



DID YOU KNOW?

If you or a covered dependent are later diagnosed with a second covered condition, you'll receive the full benefit amount for that condition.¹ Please refer to your enrollment materials for complete details of the coverage.

¹ Eligible dependents may include your spouse or domestic partner (as defined by state or federal law) and your biological children, adoptive children or stepchildren. Contact your benefits representative to determine eligibility for dependent coverage.

² In NH, occupational HIV is not covered, stroke is referred to as severe stroke and advanced Alzheimer's disease is referred to as Alzheimer's disease.

³ May vary by state.

* The term "in situ" refers to abnormal (cancerous) cells that have not spread.

Simple coverage when you need it the most



You're diagnosed with a covered condition.



Symetra approves your claim.



A lump-sum benefit is paid directly to you.

Claim examples

Meet Kristen, Eric and Lexi

In addition to their major medical insurance, Kristen and Eric both enroll in Symetra Critical Illness Insurance. They have the option to add a dependent to the plan, so Eric enrolls his daughter Lexi, too.

See how the benefits they receive help each of them after they're diagnosed with covered conditions.



Kristen

Kristen goes in for treatment after doctors discover she has breast cancer. They use a combination of surgery and radiation therapy treatment.

Since Symetra considers any stage of breast cancer to be invasive cancer, Kristen receives the higher benefit amount typically associated with an invasive cancer diagnosis. She uses her critical illness benefit to help pay for her deductible and coinsurance, as well as other expenses while she's recovering.

Cancer benefit paid:

100% of policy benefit amount = **\$10,000**

Kristen uses her benefit dollars on related medical costs, child care and transportation, then puts the rest in savings.

These examples are for illustrative purposes only and are meant to provide a general overview of how coverage works. Any resemblance to actual persons is purely coincidental. Please refer to your complete set of enrollment materials for your plan's benefit amounts and costs of coverage.



Eric and Lexi

Shortly after enrolling in his coverage, Eric suffers a heart attack and has to spend two days in the hospital. Later that year, Lexi is diagnosed with severe asthma.

Eric receives two critical illness benefits, one for his heart attack and one for Lexi's diagnosis, which help with a variety of related health care costs.

Heart attack benefit paid:

100% of policy benefit amount = **\$10,000**

Severe asthma dependent benefit paid:

50% of policy benefit amount = **\$5,000**

Eric uses these benefits to pay for related medical costs and continue growing Lexi's college fund.

Each policy includes coverage for different conditions and life events. For costs and complete details of the coverage, contact your benefits representative.

Continued >

Frequently asked questions

Will I receive reduced benefits from Symetra if another insurance plan covers my medical costs?

No. We'll still pay your full benefit, even if another insurance plan has already picked up some or all of the bill.

Is it easy to use my supplemental health benefits?

Yes! Watch this [brief video](#) to learn how to make the most of your benefits.



Why should I enroll during annual enrollment?

If you don't enroll in coverage during annual enrollment, you'll have to wait until the following year's annual enrollment, unless you have a qualifying life event like a marriage, divorce or birth of a child.

If I enroll now, will I be automatically reenrolled in the plan next year?

It depends on how your employer sets up annual enrollment. You may need to review all of your selections and reelect coverage, or you may be automatically reenrolled in your current selections. Be sure to review your enrollment instructions and connect with your benefits representative if you have questions.

Once I'm enrolled, how will I file a claim?

You'll have access to a user-friendly online portal where you can submit claims in just a few minutes. And if you have other group coverage with Symetra, we'll automatically check to see if you're eligible for additional benefits.

Note: Any critical illness benefits totaling more than the costs incurred for medical care are generally taxable if the employee or employer paid the premium on a pre-tax basis. It's also important to note that critical illness benefits may affect eligibility for public assistance like federal, state or local welfare programs. For specific information, please consult a tax professional and/or your benefits representative.

Why Symetra?

Symetra provides employee benefits, life insurance and annuities that have helped people live with financial security and confidence for more than 65 years. We're committed to providing value to our customers, supporting our communities, providing a great place to work for our employees, and promoting diversity, equity and inclusion in everything we do.

To learn more about our company, products and services, visit www.symetra.com.

Don't miss your opportunity to enroll in this valuable coverage. To get started, review your enrollment materials or talk to your benefits representative.



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

Symetra® is a registered service mark of Symetra Life Insurance Company.

Critical illness policies, insured by Symetra Life Insurance Company (est. 1957), 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They provide benefits at a preselected, fixed dollar amount for covered conditions. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate form number is SBC-04535 1/21. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions.

¹ There must be a one-day separation between additional diagnoses. If two or more covered critical illnesses are diagnosed on the same day, only the benefit that provides the largest benefit amount will be paid.

Summary of Benefits

Voluntary Long Term Disability (“VLTD”) Insurance

Eligibility for Coverage

All active full-time employees working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States in active employment. Temporary and seasonal workers are not eligible for coverage.

Benefit Amount	Minimum Monthly Benefit	Who's Paying for Coverage?												
<ul style="list-style-type: none">• Benefit: 60% of monthly Pre-disability Earnings• Maximum: \$5,000 per month, reduced by Other Income Amounts	<ul style="list-style-type: none">• \$100	<ul style="list-style-type: none">• You pay for the cost of coverage.												
Maximum Benefit Duration	Definition of Disability	Elimination Period												
2 Years/Reducing Benefit Duration (RBD): <table><tr><td><u>Age at Disability</u></td><td><u>Maximum Payment Duration</u></td></tr><tr><td>Less than age 66</td><td>2 years</td></tr><tr><td>66</td><td>21 months</td></tr><tr><td>68</td><td>18 months</td></tr><tr><td>68</td><td>15 months</td></tr><tr><td>69 and over</td><td>12 months</td></tr></table>	<u>Age at Disability</u>	<u>Maximum Payment Duration</u>	Less than age 66	2 years	66	21 months	68	18 months	68	15 months	69 and over	12 months	24 Month Regular Occupation and a Reasonable Employment Option offered to you by the Employer, with Residual Disability Please refer to the What Does Disability Mean? provision in your Certificate for a complete description of the definition of disability.	<ul style="list-style-type: none">• 180 Days (number of days you must be Disabled before LTD benefits become payable)
<u>Age at Disability</u>	<u>Maximum Payment Duration</u>													
Less than age 66	2 years													
66	21 months													
68	18 months													
68	15 months													
69 and over	12 months													

Enrolling for VLTD Coverage

You may enroll in the VLTD plan coverage within the first 31 days after the date you become eligible. If you enroll after this period, you will be considered a late enrollee and will have to submit satisfactory Evidence of Insurability in order to become covered.

Contact your employer for details on the enrollment process and refer to the Eligibility for Coverage section in your Certificate of coverage.

Active Employment Requirement

If you are not in Active Employment on the date that you become eligible for coverage, your coverage will be delayed until you return to Active Employment. This applies to both initial coverage and increases or additions to coverage. “Active Employment” means working at the Employer’s regular work site, performing the material and substantial duties of your regular occupation, and includes normal non-work days such as vacation, weekends and holidays.

Standard Provisions

- Maternity is covered same as any other condition.
- Temporary Recovery during the Elimination Period and Maximum Benefit Duration: Please refer to your Certificate for the periods allowed for temporary recovery.
- Waiver of premium: Premium payments for coverage are suspended while you are receiving LTD benefit payments under this Policy
- Continuity of coverage is included for employees covered under the Employer's prior plan on the day prior to the Policy effective date.
- Other Income Amounts: Your gross LTD benefit will be reduced by any Other Income Amounts you receive or are eligible to receive, including, but not limited to, any disability or retirement benefits you or your spouse and dependent children receive from Social Security. Refer to your Certificate for a complete list of offsets.
- Cost of living freeze: Except for increases in income earned or received from any form of employment, once Other Income Amounts have been subtracted from the gross LTD benefit, your payment will not be further reduced due to a cost of living increase in that Other Income Amount.
- A Return to Work Incentive is included to encourage disabled individuals to return to work. This means that if you are working while Disabled during the 12 month incentive period, no offset will be taken for Other Income Amounts (which includes income from employment), until the sum of the gross LTD benefit and Other Income Amounts exceeds 100% of your Pre-disability Earnings.
- Vocational Rehabilitation: Provides assistance if you are disabled and receiving an LTD benefit from us. Services may include vocational testing and training, job modifications, job placement, or other services we find reasonably needed to assist you in returning to active employment. If we recommend a vocational rehabilitation program for you but you do not complete your responsibilities under the program, we may discontinue our payments to you, unless there is good cause for the non-participation.
- Social Security Assistance: If you are disabled, we will provide advice and assistance regarding your disability claim and assist you with your application for Social Security disability benefits or an appeal.

Exclusions and Limitations

- Coverage is subject to exclusions and limitations, including a Pre-existing Condition exclusion.
- Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 12 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

The plan also includes the following (combined) limitations on benefits:

Mental Illness: 24 months per lifetime
Substance Abuse: 24 months per lifetime
Special Conditions: 24 months per lifetime

Please refer to your Certificate for a complete list of exclusions and limitations.

Additional Provisions

Survivor Benefit
Vocational Rehabilitation Program Benefit

Value-Added Services

Your LTD coverage includes the following Value-Added Services:

- Employee Assistance Program (EAP): The EAP finds the resources you and your household family members need to help with a variety of issues, such as finding child or elder care, managing a serious illness or dealing with work/life issues, and provides access to confidential counseling, financial information and resources, and legal support. It also includes online access to important estate planning tools such as a last will and testament, living will, healthcare power of attorney, financial power of attorney, and final arrangements.
- Health navigation: If you are disabled and receiving STD benefits, health navigation services helps you to become an educated, engaged consumer in your health care by providing administrative and clinical support to help you navigate your medical plan benefits.

Value Add Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. Territory.

Rates for VLTD Plan

Monthly rates per \$100 of covered payroll:

AGE	RATE
Under 25	\$0.080
25-29	\$0.120
30-34	\$0.176
35-39	\$0.240
40-44	\$0.360
45-49	\$0.520
50-54	\$0.768
55-59	\$1.080
60-64	\$1.368
65-69	\$1.440
70-74	\$1.512
75 +	\$1.512

Calculating Your Cost for VLTD Plan Coverage

Employee's Monthly Cost of Coverage:

Monthly Rate Per \$100 of Monthly Covered Payroll

Actual per pay period premiums may differ slightly due to rounding.

How to Calculate Your Monthly Cost:

Step 1: Divide your annual salary by 12 to calculate your monthly earnings

Step 2: Find your Monthly rate (see table to the left)

Step 3: Multiply this rate by your monthly earnings, or \$8,333, whichever is less.

Step 4: Divide the total by 100. The result is your Monthly cost.

Claims Contact Information:

Phone: 1-877-377-6773

Fax: 1-877-737-3650

Mail: **Symetra Life Insurance Company**, Life and Absence Management Center, P.O. Box 1230, Enfield, CT 06083-1230

This summary provides only a brief description of the Voluntary Long Term Disability Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 12/05 policy series. For a complete description of coverage, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-021211-00. We will administer claims according to the terms and conditions of the Group Policy which may be subject to state-required variations and restrictions. If there is a difference between the information in this summary and the information contained in the Group Policy, the terms of the Group Policy will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company

Summary of Benefits

Voluntary Short Term Disability (“VSTD”) Insurance

Eligibility for Coverage

All active full time employees electing 40% benefit, working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States in active employment. Temporary and seasonal workers are not eligible for coverage.

Benefit Amount	Minimum Weekly Benefit	Who’s Paying for Coverage?
<ul style="list-style-type: none"> Benefit: 40% of weekly Pre-disability Earnings Maximum: \$1,500 per week, reduced by Other Income Amounts 	<ul style="list-style-type: none"> \$25 	<ul style="list-style-type: none"> You pay for the cost of coverage.
Maximum Benefit Duration	Elimination Period	Definition of Disability
<ul style="list-style-type: none"> 24 weeks 	<ul style="list-style-type: none"> If Disability is due to Injury: 14 days If Disability is due to Sickness: 14 days <p>(number of days you must be Disabled before VSTD benefits become payable)</p>	Regular Occupation and a Reasonable Employment Option offered to you by the Employer, with Residual Disability

Enrolling for VSTD Coverage

You may enroll in the VSTD plan coverage within the first 31 days after the date you become eligible. If you enroll after this period, you will be considered a late enrollee and will have to submit satisfactory Evidence of Insurability in order to become covered.

Contact your employer for details on the enrollment process and refer to the Eligibility for Coverage section in your Certificate of coverage.

Active Employment Requirement

If you are not in Active Employment on the date that you become eligible for coverage, your coverage will be delayed until you return to Active Employment. This applies to both initial coverage and increases or additions to coverage. “Active Employment” means working at the Employer’s regular work site, performing the material and substantial duties of your regular occupation, and includes normal non-work days such as vacation, weekends and holidays.

Standard Provisions

- Maternity is covered same as any other condition.
- Temporary Recovery during the Elimination Period and Maximum Benefit Duration: Please refer to your Certificate for the periods allowed for temporary recovery.
- Continuity of coverage is included for employees covered under the Employer’s prior plan on the day prior to the Policy effective date.
- Other Income Amounts: Your gross STD benefit will be reduced by any Other Income Amounts you receive or are eligible to receive, including, but not limited to, any disability or retirement benefits you or your spouse and dependent children receive from Social Security. Refer to your Certificate for a complete list of offsets.
- Cost of living freeze: Except for increases in income earned or received from any form of employment, once Other Income Amounts have been subtracted from the gross STD benefit, your payment will not be further reduced due to a cost of living increase in that Other Income Amount.
- A Return to Work Incentive is included to encourage disabled individuals to return to work. This means that if you are working while Disabled and earning more than 20% of Pre-disability earnings but less than the earnings test, no offset will be taken for Other Income Amounts (which includes income from employment), until the sum of the gross STD benefit and Other Income Amounts exceeds 100% of your Pre-disability Earnings.

Exclusions and Limitations

Coverage is subject to exclusions and limitations, including but not limited to an exclusion for an injury arising out of, or in the course of, any work for wage or profit, and a sickness for which you are entitled to benefits under any Workers' Compensation Act, Occupational disease law, Compulsory Benefit Act or law or similar law, unless you are a partner or sole proprietor not covered by any of these acts or laws.

Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 6 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

Value-Added Services

Your VSTD coverage includes the following Value-Added Services:

- **Employee Assistance Program (EAP):** The EAP finds the resources you and your household family members need to help with a variety of issues, such as finding child or elder care, managing a serious illness or dealing with work/life issues, and provides access to confidential counseling, financial information and resources, and legal support. It also includes online access to important estate planning tools such as a last will and testament, living will, healthcare power of attorney, financial power of attorney, and final arrangements.
- **Health navigation:** If you are disabled and receiving VSTD benefits, health navigation services helps you to become an educated, engaged consumer in your health care by providing administrative and clinical support to help you navigate your medical plan benefits.

Value-Added Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. territory.

VSTD Rates

Monthly rates per \$10 of weekly benefit:

Rate = \$0.980

Calculating Your Cost for VSTD Coverage

$$\frac{\$}{\text{(rate)}} \times \frac{\text{(your weekly salary} \times .40 \text{ to a maximum of \$1,500)}}{10} = \frac{\$}{\text{Monthly Voluntary Short Term Disability cost}}$$

Claims Contact Information:

Phone: 1-877-377-6773

Fax: 1-877-737-3650

Mail: **Symetra Life Insurance Company**, Life and Absence Management Center, P.O. Box 1230, Enfield, CT 06083-1230

This summary provides only a brief description of the Voluntary Short Term Disability Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 12/05 policy series. For a complete description of coverage, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-021211-00. We will administer claims according to the terms and conditions of the Group Policy which may be subject to state-required variations and restrictions. If there is a difference between the information in this summary and the information contained in the Group Policy, the terms of the Group Policy will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company

Summary of Benefits

Voluntary Short Term Disability (“VSTD”) Insurance

Eligibility for Coverage

All active full time employees electing 60% benefit, working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States in active employment. Temporary and seasonal workers are not eligible for coverage.

Benefit Amount	Minimum Weekly Benefit	Who’s Paying for Coverage?
<ul style="list-style-type: none">Benefit: 60% of weekly Pre-disability EarningsMaximum: \$1,500 per week, reduced by Other Income Amounts	<ul style="list-style-type: none">\$25	<ul style="list-style-type: none">You pay for the cost of coverage.
Maximum Benefit Duration	Elimination Period	Definition of Disability
<ul style="list-style-type: none">24 weeks	<ul style="list-style-type: none">If Disability is due to Injury: 14 daysIf Disability is due to Sickness: 14 days <p>(number of days you must be Disabled before VSTD benefits become payable)</p>	Regular Occupation and a Reasonable Employment Option offered to you by the Employer, with Residual Disability

Enrolling for VSTD Coverage

You may enroll in the VSTD plan coverage within the first 31 days after the date you become eligible. If you enroll after this period, you will be considered a late enrollee and will have to submit satisfactory Evidence of Insurability in order to become covered.

Contact your employer for details on the enrollment process and refer to the Eligibility for Coverage section in your Certificate of coverage.

Active Employment Requirement

If you are not in Active Employment on the date that you become eligible for coverage, your coverage will be delayed until you return to Active Employment. This applies to both initial coverage and increases or additions to coverage. “Active Employment” means working at the Employer’s regular work site, performing the material and substantial duties of your regular occupation, and includes normal non-work days such as vacation, weekends and holidays.

Standard Provisions

- Maternity is covered same as any other condition.
- Temporary Recovery during the Elimination Period and Maximum Benefit Duration: Please refer to your Certificate for the periods allowed for temporary recovery.
- Continuity of coverage is included for employees covered under the Employer’s prior plan on the day prior to the Policy effective date.
- Other Income Amounts: Your gross STD benefit will be reduced by any Other Income Amounts you receive or are eligible to receive, including, but not limited to, any disability or retirement benefits you or your spouse and dependent children receive from Social Security. Refer to your Certificate for a complete list of offsets.
- Cost of living freeze: Except for increases in income earned or received from any form of employment, once Other Income Amounts have been subtracted from the gross STD benefit, your payment will not be further reduced due to a cost of living increase in that Other Income Amount.
- A Return to Work Incentive is included to encourage disabled individuals to return to work. This means that if you are working while Disabled and earning more than 20% of Pre-disability earnings but less than the earnings test, no offset will be taken for Other Income Amounts (which includes income from employment), until the sum of the gross STD benefit and Other Income Amounts exceeds 100% of your Pre-disability Earnings.

Exclusions and Limitations

Coverage is subject to exclusions and limitations, including but not limited to an exclusion for an injury arising out of, or in the course of, any work for wage or profit, and a sickness for which you are entitled to benefits under any Workers' Compensation Act, Occupational disease law, Compulsory Benefit Act or law or similar law, unless you are a partner or sole proprietor not covered by any of these acts or laws.

Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 6 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

Value-Added Services

Your VSTD coverage includes the following Value-Added Services:

- **Employee Assistance Program (EAP):** The EAP finds the resources you and your household family members need to help with a variety of issues, such as finding child or elder care, managing a serious illness or dealing with work/life issues, and provides access to confidential counseling, financial information and resources, and legal support. It also includes online access to important estate planning tools such as a last will and testament, living will, healthcare power of attorney, financial power of attorney, and final arrangements.
- **Health navigation:** If you are disabled and receiving VSTD benefits, health navigation services helps you to become an educated, engaged consumer in your health care by providing administrative and clinical support to help you navigate your medical plan benefits.

Value-Added Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. territory.

VSTD Rates

Monthly rates per \$10 of weekly benefit:

Rate = \$0.980

Calculating Your Cost for VSTD Coverage

$$\frac{\$}{\text{(rate)}} \times \frac{\text{(your weekly salary} \times .60 \text{ to a maximum of \$1,500)}}{10} = \frac{\$}{\text{Monthly Voluntary Short Term Disability cost}}$$

Claims Contact Information:

Phone: 1-877-377-6773

Fax: 1-877-737-3650

Mail: **Symetra Life Insurance Company**, Life and Absence Management Center, P.O. Box 1230, Enfield, CT 06083-1230

This summary provides only a brief description of the Voluntary Short Term Disability Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 12/05 policy series. For a complete description of coverage, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-021211-00. We will administer claims according to the terms and conditions of the Group Policy which may be subject to state-required variations and restrictions. If there is a difference between the information in this summary and the information contained in the Group Policy, the terms of the Group Policy will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company

Summary of Benefits

Supplemental Life/Accidental Death & Dismemberment (AD&D) Insurance

Eligibility for Coverage

All active full-time employees working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States who is Actively at Work. Temporary, leased, and seasonal workers are not eligible for coverage.

Who's Paying?

You pay for the cost of this coverage.

Benefit Amount	Guaranteed Issue	Benefit Reductions
Employee Increments of \$10,000, up to the lesser of \$200,000 or 5 times earnings	Employee \$130,000	Employee Original benefits are reduced to 65% at age 65, 40% at age 70 and to 20% at age 75
Spouse Increments of \$5,000, up to \$100,000 not to exceed 100% of the Employee's Supplemental Life amount	Spouse \$25,000	Spouse Original benefits are reduced to 65% at age 65, 40% at age 70 and to 20% at age 75 (Reductions are based on age of the employee)
Child(ren) \$10,000 Live Birth to 26 Years	Child \$10,000	Child Not applicable

Enrolling for Coverage

If you do not enroll within the first 31 days after the date you become eligible, you may only enroll during an Annual Enrollment Period, if designated by the Policyholder, or within 31 days of the date you have Change in Family Status, and you may have to submit satisfactory Evidence of Insurability in order to become covered.

Contact your HR department or your company intranet for the most current enrollment information

Evidence of Insurability

Evidence of Insurability is required for any Life insurance elected after the initial 31 day eligibility period and for any amount exceeding the Guaranteed Issue amount. Evidence of Insurability is not required for Child Life Insurance. Contact your employer for details on the enrollment process and refer to the Eligibility and Enrollment section in your Certificate of coverage.

Actively at Work Requirement

If you are not Actively at Work on the date that you become eligible for coverage, your coverage will be delayed until you return to being Actively at Work. This applies to both initial coverage and any increases or additions to coverage. "Actively at Work" means working for your Employer on a scheduled workday, performing all the job duties in the usual way for the usual number of hours, and includes regularly scheduled vacation days or holidays.

Dependent Non-Confinement Requirement

If a Dependent is confined, initial coverage, new coverage, and increases in coverage will be delayed until the Dependent is no longer confined and has the ability to engage in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days. This does not apply to newborns or to disabled children who qualify under the definition of Dependent Children. Please refer to your Certificate for additional information.

Additional Provisions

Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee
Conversion	A conversion benefit is available that allows you to convert your group coverage to a permanent, individual policy if certain conditions apply
Portability	This coverage may be continued at group portability rates upon termination of employment for a limited period of time. Certain restrictions apply
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for a period of time for an active employee that becomes totally disabled prior to a certain qualifying age. Certain restrictions, such as an elimination period, apply
AD&D Benefit Riders	Includes Seat Belt, Airbag, Repatriation and more.
Continuity of Coverage	Continuity of coverage is included for employees covered under the Employer's prior plan on the day prior to the Policy effective date.
Exclusions	Supplemental Life coverage is subject to a suicide exclusion. AD&D coverage is subject to exclusions and limitations, including a suicide exclusion
Duplicate Coverage	A person may not be covered as a Dependent if they are covered as an employee under the Policy, and no person can be insured as a Dependent of more than one employee.

Please refer to your employee certificate for additional information.

Value Add Services

Beneficiary Assistance	Support services and compassionate guidance for beneficiaries who have experienced a loss.
Travel Assistance	Pre-trip planning information, medical assistance and transport services, emergency travel services and other assistance due to covered medical issues and emergencies that may occur when the insured or eligible dependent is on a trip 100 miles or more from home lasting 90 days or less.
Identity Theft Assistance	Identity theft assistance offers insureds and eligible dependents peace of mind by providing step-by-step coaching, fraud assistance, and document replacement to help resolve identity theft.
Estate Planning	Provides a simple, secure, and affordable online tool that allows insureds to decide what documents they need, from a last will and testament, living will, healthcare power of attorney, financial power of attorney, and/or final arrangements, for, at most, a minor additional fee.

Value Add Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. Territory.

Rates for Supplemental Life & AD&D Coverage

Supplemental Employee and Spouse Life Rates per \$1,000 of coverage

Employee Age	Employee Rate	Spouse Age	Spouse Rate
Under 25	\$0.130	Under 25	\$0.150
25 - 29	\$0.130	25 - 29	\$0.140
30 - 34	\$0.150	30 - 34	\$0.140
35 - 39	\$0.170	35 - 39	\$0.180
40 - 44	\$0.250	40 - 44	\$0.260
45 - 49	\$0.400	45 - 49	\$0.400
50 - 54	\$0.760	50 - 54	\$0.650
55 - 59	\$1.180	55 - 59	\$1.040
60 - 64	\$1.430	60 - 64	\$1.440
65 - 69	\$2.530	65 - 69	\$2.470
70 - 74	\$2.530	70 - 74	\$2.470
75 +	\$2.530	75 +	\$2.470

*Spouse rates are based on Employee age

Supplemental Child Life Rate per \$1,000 of coverage is \$0.220

Supplemental AD&D Rates per \$1,000 of coverage:

- **Employee:** \$0.020
- **Spouse:** \$0.020
- **Child:** \$0.020

Calculating Your Cost

$$\text{Supplemental Employee Life: } \frac{\text{(volume)}}{\text{(rate)}} \times \frac{\text{(rate)}}{\text{(rate)}} / 1,000 = \$ \text{ Monthly Cost}$$

$$\text{Supplemental Spouse Life: } \frac{\text{(volume)}}{\text{(rate)}} \times \frac{\text{(rate)}}{\text{(rate)}} / 1,000 = \$ \text{ Monthly Cost}$$

$$\text{Supplemental Child Life: } \frac{\text{(volume)}}{\text{(rate)}} \times \frac{0.220}{\text{(rate)}} / 1,000 = \$ \text{ Monthly Cost}$$

$$\text{Supplemental Employee AD\&D: } \frac{\text{(volume)}}{\text{(rate)}} \times \frac{0.020}{\text{(rate)}} / 1,000 = \$ \text{ Monthly Cost}$$

$$\text{Supplemental Spouse AD\&D: } \frac{\text{(volume)}}{\text{(rate)}} \times \frac{0.020}{\text{(rate)}} / 1,000 = \$ \text{ Monthly Cost}$$

$$\text{Supplemental Child AD\&D: } \frac{\text{(volume)}}{\text{(rate)}} \times \frac{0.020}{\text{(rate)}} / 1,000 = \$ \text{ Monthly Cost}$$

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This summary provides only a brief description of the Supplemental Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/06 series Group Life Insurance Policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-021211-00. We will administer claims according to the terms and conditions of the Group Policy which may be subject to state-required variations and restrictions. If there is a difference between the information in this summary and the information contained in the Group Policy, the terms of the Group Policy will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company