

Plan Summary for:

12469000 - Nebraska Methodist Health System, Inc.



# Summary of Benefits

## Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS		Plan 1
Ambulance - Ground 1 trip(s) per covered accident		\$500 pp/pa
Ambulance - Air 1 trip(s) per covered accident		\$2,000 pp/pa
Emergency Room 1 trip(s) per covered accident		\$300 pp/pa
Major Diagnostic Testing (MRI, CT Scan, EEG) 1 exam(s) per covered accident		\$150 pp/pa
X-Ray 1 test(s) per covered accident		\$50 pp/pa
Pain Management/Epidural 1 visit(s) per covered accident		\$75 pp/pa
Initial Doctor's Visit		\$300 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS		
Hospital Admission		\$1,500 pp/pa
ICU Admission		\$3,000 pp/pa
Hospital Confinement Up to 365 day(s) per accident		\$300 per day
ICU Up to 30 day(s) per accident		\$600 per day
Rehabilitation/Skilled Nursing Facility Up to 90 day(s) per accident		\$125 per day
Blood/Plasma/Platelets		\$400 pp/pa
Surgery - Open Abdominal, Thoracic		\$2,000 per surgery
Surgery - Cranial		\$2,000 per surgery
Surgery - Hernia		\$1,000 per surgery
Surgery - Exploratory or Without Repair		\$300 per surgery
Outpatient/Miscellaneous Surgery		\$300 per surgery
Transportation Up to 3 trip(s) per accident		\$400 per trip
Family Lodging Up to 30 nights		\$100 per night
Coma After 7 day duration		\$6,000 pp/pa
FOLLOW UP CARE		
Follow Up Doctor's Visit 1 visit(s) per covered accident		\$150 pp/pa
Physical Therapy Up to 10 visits per accident		\$50 per visit
Chiropractic Visit Up to 10 visits per accident		\$50 per visit
Medical Equipment 1 appliance(s) per covered accident		\$250 pp/pa
Prosthetic Device 1 device per covered accident		\$2,000 pp/pa

<b>COMMON INJURIES</b>	
<b>Burns</b>	
Second Degree: 20 - 100 square centimeters	\$75 pp/pa
Second Degree: 101 - 225 square centimeters	\$150 pp/pa
Second Degree: More than 225 square centimeters	\$600 pp/pa
Third Degree: 20 - 100 square centimeters	\$650 pp/pa
Third Degree: 101 - 225 square centimeters	\$4,000 pp/pa
Third Degree: More than 225 square centimeters	\$15,000 pp/pa
Skin Grafts	25% of burn benefit
<b>Paralysis</b>	
Quadriplegia	\$15,000 pp/pa
Paraplegia	\$7,500 pp/pa
Hemiplegia	\$7,500 pp/pa
Uniplegia	\$3,750 pp/pa
<b>Lacerations</b>	
Not requiring sutures	\$40 pp/pa
Under 3 inches, required sutures	\$70 pp/pa
3 to 6 inches, requires sutures	\$125 pp/pa
Over 6 inches, requires sutures	\$300 pp/pa
<b>Emergency Dental Work</b>	
Crown Repair	\$150 pp/pa
Extraction	\$75 pp/pa
<b>Eye Injuries</b>	
Removal of Foreign Object	\$40 pp/pa
Surgical Repair	\$200 pp/pa
<b>Specific Injuries</b>	
Ruptured Disc	\$400 pp/pa
Tendons/Ligaments 1 tear with surgical repair	\$650 pp/pa
Tendons/Ligaments 2 or more tears with surgical repair	\$900 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	\$650 pp/pa
Concussion	\$200 pp/pa
<b>Dislocations (Closed Reduction)</b>	
3 dislocation benefits per person, per accident maximum	
Hip	\$4,000
Knee (except patella)	\$1,600
Shoulder	\$1,600
Foot/Ankle	\$1,600
Wrist	\$1,600
Lower Jaw	\$1,600
Elbow	\$1,600
Bones of the Hand (except fingers)	\$800
Collarbone	\$800
1 finger or toe	\$125
2 or more fingers (regardless of total # of fingers dislocated)	\$300
2 or more toes (regardless of total # of toes dislocated)	\$300
Open Reduction	200% of dislocation benefit
Partial Dislocation	25% of dislocation benefit
<b>Fractures (Closed Reduction)</b>	
3 fracture benefits per person, per accident maximum	
Skull	\$4,000
Hip/Thigh	\$4,000
Vertebral Body (excluding vertebral processes)	\$4,000
Pelvis	\$4,000
Arm (upper)	\$2,500
Shoulder Blade	\$2,500

Leg	\$2,500
Upper Jaw	\$1,600
Vertebral Processes	\$1,600
Knee Cap	\$1,600
Collarbone	\$1,600
Forearm	\$1,600
Foot/Ankle	\$1,600
Hand/Wrist	\$1,250
Lower Jaw	\$1,250
Facial Bones or Nose	\$750
1 rib, finger, or toe	\$300
Ribs (2 or more, regardless of total # of ribs fractured)	\$750
Coccyx	\$300
Open Reduction	200% of fracture benefit
Bone Chip	25% of fracture benefit
<b>CATASTROPHIC ACCIDENT BENEFITS</b>	
<b>Accidental Death<sup>1</sup></b>	\$50,000
<b>Common Carrier Accidental Death<sup>1</sup></b>	\$100,000
<b>AD&amp;D Benefits<sup>1</sup></b>	
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	\$10,000
Loss of 1 finger or toe	\$2,500
<b>OPTIONAL BENEFITS</b>	
<b>Enhanced Scheduled Benefit Accident Benefits Rider</b>	
Hospital Observation	\$150 pp/pa
24 hours between accident and use	
Second Opinion Benefit	\$300 per confinement
180 days between accident and use	
Initial Accident	\$70 pp/pa
Anesthesiology Services	\$200 pp/per calendar day
180 days between accident and use	
Joint Replacement Surgery	\$1,000 pp/pa
365 days between accident and use	
<b>Follow-Up Care</b>	
Follow-up Telemedicine Visit	\$40 pp/per injury
180 days between accident and use	
Home Health Care Services	\$150 pp/per calendar day
180 days between accident and use	
Enhanced Outpatient Therapies (Voc., Speech, OT, Respiratory)	\$50 pp/per calendar day
90 days between accident and use	
Acupuncture Therapy	\$50 pp/per calendar day
90 days between accident and use	
<b>Lacerations</b>	
Puncture Wound	\$30 pp/pa
24 hours between accident and use	
<b>Specific Injuries</b>	
Sprain	\$200 pp/pa
30 days between accident and use	
PTSD Due to Covered Accident	\$750 pp/pa
90 days between accident and use	
Electric Shock/Electrocution	\$500 pp/pa
<b>Brain Injuries</b>	
Moderate TBI	\$750 pp/pa
Severe TBI	\$1,000 pp/pa
Intercranial Hemorrhage	\$1,500 pp/pa
<b>Accidental Poisoning</b>	
Carbon Monoxide	\$750 pp/pa
Lead/Hazardous Chemical	\$750 pp/pa
3 days between accident and use	

<b>Crime Victim Benefits</b>	
Carjacking	\$300 pp/pa
Robbery/Aggravated Assault	\$400 pp/pa
24 hours between accident and use	
Gunshot Wound	\$1,500 pp/pa
<b>Bite Wound Benefits</b>	
Animal Bite Wound	\$200 pp/pa
Animal Bite Treatment	\$200 pp/pa
Up to 3 treatment(s)	
<b>Assistive Modifications</b>	
Home/Vehicle Modifications	\$2,000 pp/pa
365 days between accident and use, Up to 1 modification(s)	
<b>Enhanced Wellness Screening Benefit</b>	\$50 pp/pcy
1 screening(s) per insured, per calendar year	
<b>Coverage Type</b>	Non-Occupational
<b>Portability</b>	Included
<b>Insured Organized Sports Rider (All Insureds On Plan)</b>	Included
Additional 25% of accident benefits	
\$5,000 per person/per accident maximum	
<b>Monthly Premium</b>	<b>Plan 1</b>
Single	\$9.90
Employee + Spouse	\$13.02
Employee + Child(ren)	\$14.54
Family	\$23.70

<sup>1</sup>Benefit Amounts: Employee 100%, Spouse 50%, Child 25%

<sup>2</sup>pp/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:****12469000 - Nebraska Methodist Health System, 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.

## **OPTIONAL BENEFITS**

### **Enhanced Scheduled Benefit Accident Benefits Rider**

#### **Emergency Care & Diagnostics**

##### **Hospital Observation**

This benefit will pay the amount shown in the Rider if an Insured is held for treatment and/or Observation in an Observation Unit for between 1-24 hours for an Injury that occurs while the Insured is covered for this benefit.

Hospital Observation services must be incurred within a specified period of time from the date of the Accident. The Hospital Observation Benefit is payable 1 times per Accident per Insured. This benefit is not payable for preoperative or post-operative care.

##### **Second Opinion Benefit**

This benefit will pay the applicable Second Opinion Benefit shown in the rider for Hospital or ICU Confinement if an Insured is admitted to a Hospital due to Injuries sustained in a covered Accident, and the Hospital's utilization review program requires a second opinion from a Physician. The second opinion must be provided within a specified period of time. This benefit is payable only once per period of confinement, even if there are multiple Injuries for which a second opinion is sought. This benefit does not pay if the Insured seeks an elective Second Opinion.

## **Accident Hospitalization & Surgical Benefits**

### **Initial Accident Benefit**

This benefit will pay the amount shown in the rider if an Insured sustains any covered injury(ies) as the result of a covered Accident. The Initial Accident Benefit is payable 1 time per Accident per Insured. This benefit may be used in any way the Insured desires but was designed with the intent of defraying incidental costs associated with an Accident, such as over the counter and prescription medications, medical supplies, local transportation, parking, fuel, short-term childcare costs.

### **Anesthesiology Services**

This benefit will pay the amount shown in the rider, once per calendar day that an Insured undergoes an Inpatient or Outpatient surgical procedure requiring Anesthesiology to be performed in connection with an Injury while the Insured is covered under this benefit. Such surgical procedure must be performed within a specified number of days from the date of the Accident.

### **Joint Replacement Surgery**

This benefit will pay the amount shown in the rider, for each day an Insured undergoes Inpatient or Outpatient Surgery procedure to replace one of the following named joints: shoulder, elbow, wrist, hip, knee, or ankle due to an Injury. Other joints not named here are not covered. This benefit is payable only one time per Accident per Insured, regardless of the number of joints that require replacement. The surgery must be performed within a specified number of days from the date of the Accident.

## **Follow-Up Care**

### **TeleMedicine Visit**

This benefit will pay the amount shown in the rider, for each day the Insured has a follow-up TeleMedicine visit with a Doctor for treatment of an Injury. The TeleMedicine Visit must occur after initial treatment in a Doctor's office, Emergency Room or Urgent Care facility for a covered Accident. Benefits are payable for no more than 1 follow-up visits for the same Injury. Follow-up TeleMedicine visits must occur within a specified number of days from the date of the Accident. A TeleMedicine Followup Visit Benefit will be paid for care received in an Emergency Room: physical therapy; chiropractic care; inpatient or outpatient surgical procedures; diagnostic X-ray and laboratory tests; initial injury evaluations done via TeleMedicine.

## **Home Health Care Services**

This benefit will pay the amount shown in the rider, for each day an Insured receives[s] Home Health Care as the result of Injuries sustained in a Covered Accident. We will pay the Home Health Care benefit only if the Insured was confined in a Hospital as a result of Injuries sustained in a Covered Accident, and continued Hospital confinement would otherwise be required if Home Health Care is not provided. The Insured's Home Health Care plan, for the same Injury for which the hospitalization occurred, must be approved in writing by a Physician or advanced practice registered nurse, and must be provided by a Home Health Agency. The Home Health Care plan must be approved and begin within 7 Days of the Date of discharge. The Home Health Care must begin within a specified number of days of a Covered Accident. This benefit is payable for up to 80 days per person per Covered Accident. This Home Health Care Benefit will not be paid for the same day as a Hospital Confinement Benefit, a Physical Therapy Benefit, Enhanced Outpatient Therapy Benefit, Acupuncture Benefit or the Rehabilitation Unit Benefit.

## **Enhanced Outpatient Therapies (Vocational, Speech, Occupational, Respiratory)**

This benefit will pay the amount shown in the rider, for any calendar day the Insured receives one of the listed therapies in a Health Care Facility as the result of an Injury that occurs while the Insured is covered for this benefit, up to a specified number of days per accident. The therapy must begin within a specified number of days after the date of the Accident. The Enhanced Outpatient Therapies Benefit will be paid only 1 time per day, regardless of the number of therapy modalities completed on a single day, and is not payable for the same days that a Home Health Care, Follow-Up Doctor's Visit Benefit, Follow Up TeleMedicine Benefit, Acupuncture Therapy, or a Rehabilitation/Skilled Nursing Benefit is paid. Benefit maximum is 10 days per person, per accident.

## **Acupuncture Therapy**

This benefit will pay the amount shown in the rider, for any calendar day the Insured receives Acupuncture therapy in a Health Care Facility as the result of an Injury that occurs while the Insured is covered for this benefit, up to a specified number of days per accident. The therapy must begin within a specified number of days after the date of the Accident. Acupuncture therapy must begin within a specified number of days after the date of the Accident. The Acupuncture Therapy Benefit is not payable for the same days that a Home Health Care, Follow-Up Doctor's Visit Benefit, Follow Up TeleMedicine Benefit, Vocational therapy, Speech Therapy, Behavioral Health Therapy, or a Rehabilitation/Skilled Nursing Benefit is paid. Benefit maximum is 10 days per person, per accident.

## **Lacerations**

### **Puncture Wound**

This benefit will pay the amount shown in the rider, if the Insured sustains a Puncture Wound as the result of an Accident. Only one Puncture Wound Benefit is payable per Accident, per Insured; The Puncture wound must be treated by a Doctor within a specified number of hours after the Accident. This benefit will not be paid for any day for which an Animal Bite Benefit is payable.

## **Specific Injuries**

### **Sprain**

This benefit will pay the amount shown in the rider, if an Insured sustains a sprain to one of the following body parts: ankle, knee, wrist, thumb, or shoulder as the result of an Accident. The sprain must be treated by a Doctor within a specified number of days after the Accident. Sprains to other body parts not named in the rider will not be covered. We will pay no more than 2 sprain benefits per Accident per Insured. If an Insured sustains a sprain to a named body part and a fracture or dislocation due to the same Accident, We will pay benefits as noted for each condition.

## **PTSD**

This benefit will pay the amount shown in the rider if the Insured sustains a new diagnosis of PTSD as the result of a covered Accident. The Insured must be diagnosed with PTSD within a specified number of days after the Accident. Only one Specific Injury Benefit is payable per Accident per Insured. If the Insured sustains multiple Specific Injuries, only the highest benefit will be paid.

## **Electric Shock/Electrocution**

This benefit will pay the amount shown in the rider the Insured is electrocuted or receives an electrical shock as the result of an Accident. The Injury must require surgery or medical treatment within 24 hours after the Accident. Only one Specific Injury Benefit is payable per Accident per Insured. This benefit is not paid if the Insured doesn't survive the electric shock/electrocution injuries. If the Insured sustains multiple Specific Injuries, only the highest benefit will be paid.

## **Brain Injuries**

### **Moderate TBI**

This benefit will pay the amount shown in the rider if the Insured suffers an injury that results in a period of unconsciousness lasting between 30 minutes and 24 hours as the result of an Accident. The Injury must require surgery or medical treatment within 2 days after the Accident. Only one Specific Injury Benefit is payable per Accident per Insured. If the Insured sustains multiple Specific Injuries, only the highest benefit will be paid.

### **Severe TBI**

This benefit will pay the amount shown in the rider if the Insured suffers an injury that results in a period of unconsciousness lasting greater than 24 hours as the result of an Accident. The Injury must require surgery or medical treatment within 3 days after the Accident. Only one Specific Injury Benefit is payable per Accident per Insured. If the Insured sustains multiple Specific Injuries, only the highest benefit will be paid.

## **Intercranial Hemorrhage**

This benefit will pay the amount shown in the rider if the Insured suffers an Intercranial Hemorrhage as the result of an Accident. The Injury must require surgery or medical treatment within 3 days after the Accident. Only one Specific Injury Benefit is payable per Accident per Insured. If the Insured sustains multiple Specific Injuries, only the highest benefit will be paid. However, if the Insured sustains an intracranial hemorrhage as well as a Traumatic Brain Injury, both benefits will be paid.

## **Accidental Poisoning**

### **Carbon Monoxide Poisoning**

This benefit will pay the amount shown in the rider if the Insured sustains a carbon monoxide poisoning as the result of an Accident. The Injury must require medical treatment within 1 day after the Accident. Only one Accidental Poisoning Benefit is payable per Accident per Insured. If the Insured sustains multiple Accidental Poisonings, only the highest benefit will be paid.

### **Lead/Hazardous Chemical Poisoning**

This benefit will pay the amount shown in the rider if the Insured sustains a Lead or Hazardous Chemical poisoning as the result of an Accident. The Injury must require medical treatment within a specified number of days after the Accident. Only one Accidental Poisoning Benefit is payable per Accident per Insured. If the Insured sustains multiple Accidental Poisonings, only the highest benefit will be paid.

## **Crime Victim Benefits**

### **Carjacking**

This benefit will pay the amount shown in the rider if the Insured is the victim of a carjacking and sustains a covered injury as a result. The carjacking must be documented via a police report within 24 hours of the incident. The Injury must require medical treatment within 2 days after the Accident.

### **Robbery/Aggravated Assault**

This benefit will pay the amount shown in the rider, if an Insured sustains a robbery/aggravated assault resulting in covered injuries. The robbery/aggravated assault must be reported to Law Enforcement within a specified number of hours of the assault. The Robbery/Aggravated Assault Benefit is payable 1 time per Accident per Insured.

### **Gunshot Wound**

This benefit will pay the amount shown in the rider if, while on or off duty from any occupation except as a first responder, an Insured sustains a gunshot wound resulting in covered injuries. The Gunshot Wound Benefit is payable 1 time per Accident per Insured, regardless of the number of gunshot wounds sustained. This benefit is not paid if the Insured doesn't survive the gunshot wound injuries.

## **Bite Wound Benefits**

### **Animal Bite Wound Benefit**

We will pay the Animal Bite Wound Benefit, as shown in the Schedule of Benefits, if, an Insured sustains an animal bite wound resulting in covered Injuries. The animal bite wound benefit is payable 1 time per Accident per Insured, regardless of the number of animal bite wounds sustained.

### **Animal Bite Treatment Benefit (Tetanus, Rabies, or Anti-Venom)**

We will pay the Animal Bite Treatment Benefit, as shown in the Schedule of Benefits, if, an Insured sustains an animal bite wound resulting in the need for Tetanus, Rabies, or Anti-Venom treatments. The need for the Tetanus, Rabies, or Anti-Venom treatment must be determined by a doctor. This animal bite treatment benefit is payable up to a specified number of times per Accident per Insured, regardless of the number of animal bite treatments required.

## **Assistive Modifications**

### **Home/Vehicle Modifications**

We will pay the Vehicle/Home Modifications Benefit, as shown in the Schedule of Benefits, if the Insured sustains accidental Injuries while the Insured is covered for this benefit which result in the need for permanent modifications to their home or vehicle, The Vehicle/Home Modifications Benefit is payable up to a specified number of times per Accident per Insured, but only once for each location that requires modification. The need for such assistive modifications must be identified within a specified number of days of the Accident.

## **Enhanced Wellness Screening Benefit**

This benefit will pay the amount shown in the rider for any of the wellness screening tests or routine exams 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
- 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

### **Routine Exams**

- Annual Exam
- Biometric Screening
- Child Sports Physicals
- Dental Exam
- Eye Exam
- Immunizations
- Well Child Exam

## **Insured Organized Sports Benefit**

Provides an additional 25% benefit (up to a specified cap), for benefits payable under the Policy, if the Accident occurred while any Insured under the plan is participating in an organized sport. The insured must be covered by the Policy on the date the Accident occurred.

## **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: Nebraska Methodist Health System, Inc.**

**Policy Issue State: NE**

**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 MD<sup>1</sup>, SD<sup>1</sup>, VT<sup>1</sup> or WA<sup>1</sup>);
- 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 MD<sup>1</sup>, SD<sup>1</sup> or WA<sup>1</sup>. 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.)

<sup>1</sup> Regardless of where the policy is issued.

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

## **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 MD<sup>1</sup> residents.

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

Always included for policies issued in NH and for NH<sup>1</sup> 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 NH<sup>1</sup> 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.**

<sup>1</sup> Regardless of where the policy is issued.

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

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.