

Employee Plan Design for:
12469000 - Nebraska Methodist Health Systems, Inc.

Fixed-Payment Indemnity Insurance

Inpatient Hospital Benefits	500 Days per lifetime unless otherwise noted
Hospital Stay	\$1,000 initial day \$100 subsequent day 365 Days per person, per calendar year maximum
Intensive Care Unit	\$1,000 initial day \$200 subsequent day 15 Days per person, per calendar year maximum
Portability Continuation	Included

Employee Eligibility: An employee must be actively at work, employed by the eligible group and performing for wage or profit all of the normal duties required of a job.

Class 1 - All other Nebraska Methodist Health System employees working a minimum number of 20 hours/week must be met.

Class 2 - Methodist Jennie Edmundson employees working a minimum number of 16 hours/week must be met.

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 the Portability/Extension provision.

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.

Your plan design and applicable premium amount may include benefits provided under one or more group policies. The plan design has been made available as a complete package and you may not elect to enroll in any policy or benefit separately. If you would like cost details, please contact your company or the plan administrator, Select Benefits Administrators at 1-800-497-3699 or symsba@symetra.com.

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

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

Description of Benefits for:

12469000 - Nebraska Methodist Health Systems, Inc.

Fixed-Payment Indemnity Insurance

Inpatient Hospital Benefit

Benefits are paid on the first 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.

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 Continuation

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

Coverage for the Insured may be continued following termination of employment or loss of eligibility. Review the certificate of coverage to understand the full details of the Portability/Extension provision.

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

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