

**Plan Summary for:**

**12676000 - Woods Services, Inc.**

# Scheduled Benefit Accident

<b>EMERGENCY CARE &amp; DIAGNOSTICS</b>		<b>Plan 1</b>
<b>Ambulance - Ground</b>		\$200 pp/pa
<b>Ambulance - Air</b>		\$750 pp/pa
<b>Emergency Room</b>		\$100 pp/pa
<b>Major Diagnostic Testing</b> (MRI, CT Scan, EEG) 1 exam(s) per covered accident		\$100 pp/pa
<b>X-Ray</b>		\$30 pp/pa
<b>Pain Management/Epidural</b> 1 visit(s) per covered accident		\$50 pp/pa
<b>Initial Doctor's Visit</b>		\$50 pp/pa
<b>ACCIDENT HOSPITALIZATION &amp; SURGICAL BENEFITS</b>		
<b>Hospital Admission</b>		\$750 pp/pa
<b>ICU Admission</b>		\$1,500 pp/pa
<b>Hospital Confinement</b> Up to 365 day(s) per accident		\$150 per day
<b>ICU</b> Up to 30 day(s) per accident		\$300 per day
<b>Rehabilitation/Skilled Nursing Facility</b> Up to 90 day(s) per accident		\$50 per day
<b>Blood/Plasma/Platelets</b>		\$300 pp/pa
<b>Surgery - Open Abdominal, Thoracic</b>		\$1,000 per surgery
<b>Surgery - Cranial</b>		\$1,000 per surgery
<b>Surgery - Hernia</b>		\$625 per surgery
<b>Surgery - Exploratory or Without Repair</b>		\$100 per surgery
<b>Outpatient/Miscellaneous Surgery</b>		\$300 per surgery
<b>Transportation</b> Up to 3 trip(s) per accident		\$500 per trip
<b>Family Lodging</b> Up to 30 nights		\$100 per night
<b>Coma</b> After 7 day duration		\$5,000 pp/pa
<b>FOLLOW UP CARE</b>		
<b>Follow Up Doctor's Visit</b> 6 visit(s) per covered accident		\$25 pp/pa
<b>Physical Therapy</b> Up to 10 visits per accident		\$25 per visit
<b>Chiropractic Visit</b> Up to 10 visits per accident		\$25 per visit
<b>Medical Equipment</b>		\$50 pp/pa
<b>Prosthetic Device</b>		\$1,000 pp/pa
<b>COMMON INJURIES</b>		
<b>Burns</b> Second Degree: 20 - 100 square centimeters		\$800 pp/pa
Second Degree: 101 - 225 square centimeters		\$1,600 pp/pa
Second Degree: More than 225 square centimeters		\$2,000 pp/pa

Third Degree: 20 - 100 square centimeters	\$2,000 pp/pa
Third Degree: 101 - 225 square centimeters	\$14,000 pp/pa
Third Degree: More than 225 square centimeters	\$20,000 pp/pa
Skin Grafts	25% of burn benefit
Quadriplegia	\$20,000 pp/pa
Paraplegia	\$20,000 pp/pa
Hemiplegia	\$20,000 pp/pa
Uniplegia	\$5,000 pp/pa
<b>Lacerations</b>	
Not requiring sutures	\$35 pp/pa
Under 3 inches, required sutures	\$65 pp/pa
3 to 6 inches, requires sutures	\$200 pp/pa
Over 6 inches, requires sutures	\$400 pp/pa
<b>Emergency Dental Work</b>	
Crown Repair	\$200 pp/pa
Extraction	\$50 pp/pa
<b>Eye Injuries</b>	
Removal of Foreign Object	\$200 pp/pa
Surgical Repair	\$200 pp/pa
<b>Specific Injuries</b>	
Ruptured Disc	\$625 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	\$300 pp/pa
Torn Knee Cartilage	
Exploratory surgery with no repair	\$300 pp/pa
Torn Knee Cartilage	
Surgical repair	\$500 pp/pa
Concussion	\$100 pp/pa
<b>Dislocations (Closed Reduction)</b>	
3 dislocation benefits per person, per accident maximum	
Hip	\$2,000 per dislocation
Knee (except patella)	\$1,000 per dislocation
Shoulder	\$300 per dislocation
Foot/Ankle	\$1,000 per dislocation
Wrist	\$300 per dislocation
Lower Jaw	\$300 per dislocation
Elbow	\$300 per dislocation
Bones of the Hand (except fingers)	\$800 per dislocation
Collarbone	\$800 per dislocation
2 or more fingers	\$200 per dislocation
2 or more toes	\$200 per dislocation
1 finger or toe	\$100 per dislocation
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	\$2,500 per fracture
Hip/Thigh	\$1,500 per fracture
Vertebral Body (excluding vertebral processes)	\$800 per fracture
Pelvis	\$800 per fracture
Arm (upper)	\$375 per fracture
Shoulder Blade	\$325 per fracture
Leg	\$800 per fracture
Upper Jaw	\$375 per fracture
Vertebral Processes	\$350 per fracture
Knee Cap	\$325 per fracture
Collarbone	\$325 per fracture
Forearm	\$325 per fracture
Foot/Ankle	\$325 per fracture
Hand/Wrist	\$325 per fracture
Lower Jaw	\$325 per fracture
Ribs (2 or more)	\$500 per fracture
Facial Bones or Nose	\$350 per fracture
1 rib, finger, or toe	\$300 per fracture
Coccyx	\$200 per fracture
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>	\$10,000
<b>AD&amp;D Benefits<sup>1</sup></b>	
Double Dismemberment Loss of both hands, both feet or sight in both eyes	\$10,000
Loss of Speech or Hearing in both ears	\$10,000
Loss of 1 hand and 1 foot	\$10,000
Loss of 1 eye	\$2,500
Loss of 1 hand or 1 foot	\$10,000
Loss of 2 or more fingers or toes	\$2,400
Loss of 1 finger or toe	\$1,000
<b>OPTIONAL BENEFITS</b>	
<b>Wellness Screening Benefit</b>	\$50 pp/pcy
<b>Occupational Coverage</b>	Included
<b>Portability</b>	Included

Monthly Premium	Plan 1
Single	\$7.74
Employee + Spouse	\$11.68
Employee + Child(ren)	\$12.92
Family	\$16.86

<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.**

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.

## Description of Benefits for:

12676000 - Woods Services, Inc.

# Scheduled Benefit Accident

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## 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. One ground ambulance trip and one air ambulance trip are payable per 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. This benefit is payable once per person, per 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. This benefit is payable once per person, per 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. This benefit is payable once per person, per 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. This benefit is paid one time per person, per accident.

### 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. The benefit is paid for each day of confinement up to 365 days.

### **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. The benefit is paid for each day of confinement up to 30 days.

### **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. The benefit is paid for each day of confinement up to 90 days.

### **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 and is payable for up to 3 trips per 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. This benefit is payable one time per person, per accident.

**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. This benefit is payable one time per person, per accident.

**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 RIDERS****Wellness Screening Benefit (Not available in the state of MD.)**

This benefit will pay the amount shown in the Schedule of Benefits for any of the wellness screening tests listed. The benefit will be paid once per person during a calendar year regardless of the number of screening tests administered during that year.

**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.