

Select Benefits Plan Summary for:  
12537000 - Longbridge Financial, LLC

## Fixed-Payment Indemnity Insurance

Fixed-Payment Indemnity Policy	Plan 1
<b>Inpatient Hospital Benefits</b> 500 days per lifetime unless noted <b>Hospital Stay</b>  <b>Intensive Care Unit</b>  <b>Note: 31 days pp/pcy for Idaho residents</b>	  \$250 per day, 31 days pp/pcy <sup>1</sup> \$250 per day, 31 days pp/pcy
<b>Health Advocacy Services</b>	Included
<b>EAP+Work/Life Program</b>	Included
<b>Wellness Program</b>	Included
<b>Survivor Benefit</b>	Included
<b>Monthly Premium</b>	<b>Plan 1</b>
<i>Employee</i>	\$12.00
<i>Employee + Spouse</i>	\$25.58
<i>Employee + Children</i>	\$19.68
<i>Family</i>	\$35.61

<sup>1</sup>pp/pcy=per person, per calendar year

Patient advocacy services are included at no additional cost. These services are provided by Health Advocate, Inc., 3043 Walton Road Suite 150, Plymouth Meeting, PA 19462. This is not an insured benefit.

EAP+Work/Life and Wellness Programs are included at no additional cost. These programs are provided by Health Advocate, Inc., 3043 Walton Road Suite 150, Plymouth Meeting, PA 19462. This is not an insured benefit.

Refer to the State Variations report for any differences by state for your proposal.

**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.**

**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 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 numbers SBC-00500, SBC-00535, and LGC-10011 or LGC-9072.

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### 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.

### Health Advocacy

Personalized assistance with a full range of health coverage and insurance-related issues such as locating doctors and other providers, scheduling appointments, getting cost estimates and more.

### NurseLine™

Direct access to a registered nurse 24/7 for non-urgent concerns.

### Medical Bill Saver™

Help negotiating with providers for medical and dental bills that are not covered by your insurance.

### EAP+Work/Life

Licensed professional counselors and work/life specialists provide confidential, short-term help with personal, family and work-related issues.

### Wellness Program

Unlimited access to highly trained wellness coaches by telephone, email or instant messaging. Includes a comprehensive, secure wellness website.

### 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.

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

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