

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 options.
- 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.

Plan Summary for:

12669000 - TFA Logistics

Hospital Indemnity

Inpatient Hospital Benefits	Plan 1
500 days lifetime maximum unless otherwise noted	
Hospital Confinement	\$1,000 first day, \$150 day 2+, 90 incident(s) pp/pcy
Intensive Care Unit	\$1,000 first day, \$300 day 2+, 30 incident(s) pp/pcy
Substance Abuse Facility	\$150 per day, 30 day(s) pp/pcy
Mental Health Facility	\$150 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.	\$150 per day, 30 day(s) pp/pcy
Wellness Screening	\$100 per day, 1 day(s) pp/pcy
Plan is HSA Compatible	Yes
Portability	Included

pp/pcy= per person, per calendar year

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

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.

Description of Benefits for:

12669000 - TFA Logistics

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 180 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.

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.

Wellness Screening

This Rider provides a benefit if an Insured incurs an expense as a result of receiving 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:

- 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 \$25
- ThinPrep Pap Test

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

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