



# Critical Illness

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*[Watch Video >](#)*

## Critical Illness Insurance

# For the critical moments in your life



Whether you're stepping into your first job or looking toward retirement, you never know when a critical event may happen. That's why Symetra's critical illness insurance is designed to provide financial support whenever you're faced with an unexpected health challenge.



### How it works

If you are diagnosed with a covered condition after the policy is in effect, you will receive a lump-sum benefit payment based on the terms of your policy and the diagnosis.

Benefits are paid directly to you, regardless of any other insurance coverage you may have.



### Why critical illness insurance?

Critical illness insurance can provide some financial relief during a serious medical condition or life event.

Benefits can be used for anything—whether it's transportation, child care or other expenses—helping you focus on your recovery rather than your finances.

[Continued >](#)

## How Symetra Critical Illness Insurance can continuously help

Our broad definitions of medical conditions make it easy for you to qualify for benefits. The process is simple: submit a claim by either calling Symetra and speaking to one of our customer service representatives, or by answering just a few questions on our convenient digital platform My Group Online (MyGO).

We also understand that you can experience more than one critical event during your lifetime. If you're later diagnosed with a second covered condition, you'll receive the full benefit amount for that condition as shown in your certificate.<sup>1</sup>

Please refer to your certificate for complete details of the coverage.



You are diagnosed with a covered condition



Symetra approves your claim



Lump-sum benefit paid directly to you

## Critical events are more common than you may think and can lead to unexpected costs

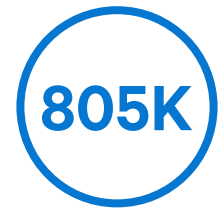
Financial planning for unexpected medical events is important, especially considering these facts:



Men and women in the U.S. have nearly a **40%** chance of developing cancer during their lifetime.<sup>2</sup>



In 2019, **56%** of adults in the U.S. reported medical financial hardship.<sup>3</sup>



Each year, approximately **805,000** people in the U.S. have a heart attack.<sup>4</sup>



### SPOUSE AND CHILD COVERAGE

Spouse and dependent benefits may be available. Please refer to your enrollment materials for specific details.

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## Claim examples

### Meet Kristen and Robert

In addition to their health insurance, Kristen and Robert are both enrolled in Symetra Critical Illness Insurance. Their policy includes coverage for cancer diagnoses and heart attacks.



### Kristen

Kristen went in for treatment after doctors discovered she had breast cancer. They used a combination of surgery and radiation therapy treatment. Kristen used her critical illness benefit to help pay for her deductible and coinsurance, as well as other expenses while she was recovering.

#### Cancer

**Benefit paid:**

100% of benefit amount = **\$10,000**

**How Kristen used her benefit dollars:**

Related medical costs: \$4,500

Child care: \$300

Transportation: \$200

Remaining benefit amount put in savings: \$5,000

This example is for illustrative purposes only and is meant to provide a general overview of how coverage works. Any resemblance to actual persons is purely coincidental. Refer to your complete set of enrollment materials for your plan's benefit amounts.



### Robert

After Robert suffered a heart attack, he had more than just his medical condition on his mind. With two days spent in the hospital and another three months recovering at home, he welcomed the financial support the critical illness benefit provided to help with a variety of related health costs.

#### Heart attack

**Benefit paid:**

100% of benefit amount = **\$10,000**

**How Robert used his benefit dollars:**

Related medical costs: \$5,500

Remaining benefit amount put in savings: \$4,500

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**Each policy includes coverage for different conditions and life events.  
Please refer to your certificate for complete details.**

*Continued >*

## Why enroll?

A critical medical event usually leads to unknown and unexpected costs. And many of these—such as additional needs for transportation, child care, help around the house and more—aren't covered by health insurance. Symetra Critical Illness Insurance can help pay for these additional expenses while you focus on your recovery.

Signing up for Symetra Critical Illness Insurance also means you can enjoy:

- **A simple enrollment process without any required medical questions or exams.<sup>5</sup>**
- **An easy and flexible claims process.**
- **Responsive and empathetic customer service representatives at a U.S.-based call center.**

**Don't miss your opportunity to enroll in this valuable coverage.  
To get started, talk to your benefits representative.**

**Note:** Any critical illness benefits totaling more than the costs incurred for medical care are generally taxable if the employee or employer paid the premium on a pre-tax basis. It is also important to note that critical illness benefits may affect eligibility for public assistance like federal, state or local welfare programs. For specific information, please consult a tax professional and/or your benefits representative.

Critical illness policies, insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They provide benefits at a preselected, fixed dollar amount for covered conditions. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate form number is SBC-04535 1/21. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions.

<sup>1</sup> There must be a one-day separation between additional diagnoses. If two or more covered critical illnesses are diagnosed on the same day, only the benefit that provides the largest benefit amount will be paid.

<sup>2</sup> "Cancer Facts & Figures 2021," American Cancer Society, accessed March 19, 2021, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf>.

<sup>3</sup> "Prevalence and Correlates of Medical Financial Hardship in the USA," Journal of General Internal Medicine, published May 1, 2019, <https://link.springer.com/article/10.1007/s11606-019-05002-w#Fig1>.

<sup>4</sup> "Heart Disease Facts," Centers for Disease Control and Prevention, accessed April 27, 2021, <https://www.cdc.gov/heartdisease/facts.htm>.

<sup>5</sup> Late entrants and those who elect coverage over the guaranteed issue amount outlined in the plan design will have to complete a medical questionnaire.



Symetra Life Insurance Company  
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Bellevue, WA 98004-5135

[www.symetra.com](http://www.symetra.com)

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**Employer Plan Summary for:  
12666000 - Sharp Transportation, Inc.**

**Critical Illness**

<b>Coverage Details</b>	
Symetra's voluntary Critical Illness insurance provides a lump sum payment if a covered condition is diagnosed after coverage takes effect for the individual. Covered conditions include critical illnesses and/or conditions, as specified below.	
<b>Core Benefits</b>	Invasive Cancer: 100%, Minor Cancer: 30%, Skin Cancer: \$500, Heart Attack: 100%, Stroke: 100%, Coronary Artery Disease Needing Surgery or Angioplasty: 30%, Major Organ Failure: 100%, End-Stage Renal Failure: 100%, Loss of Sight: 100%, Loss of Speech: 100%, Loss of Hearing: 100%, Paralysis: 100% (Covers Sickness and Accident), Severe Burns: 100%
<b>Neurological Conditions</b>	ALS/Other Motor Neuron Disease: 100%, Advanced Alzheimer's: 100%, Parkinson's Disease: 100%, Advanced Multiple Sclerosis: 50%, Coma: 100% (Covers Accident and Sickness), Huntington's Disease: 50%, Benign Brain Tumor: 75%
<b>Childhood Conditions</b>	Major Congenital Structural Anomaly: 100%, Congenital Metabolic Disorder: 100%, Congenital Chromosomal Abnormality: 100%, Chronic Medical Condition Commonly Diagnosed in Childhood: 100%
<b>Additional Occurrences</b>	If you are diagnosed with a Covered Critical Illness, and you are then, at least one day later, diagnosed with a different Covered Critical Illness, we will also pay the additional Critical Illness benefit for the second covered condition.
<b>Options</b>	
<b>Health Screening Benefit</b>	Pays an annual benefit amount of \$100 for x-ray and laboratory tests only incurred by the employee, spouse, or child.
<b>Recurrence Benefit</b>	Pays an additional benefit of 100% of the critical illness benefit when a specific critical illness recurs more than 6 month(s) after the first diagnosis. Each condition is payable an unlimited number of times unless otherwise specified in the certificate.
<b>Waiver of Premium</b>	None
<b>Employee Benefit Amount(s)</b>	
Critical Illness Employee Benefit: \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$35,000, \$40,000	
Guaranteed Issue Benefit: Up To \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$35,000, \$40,000	
<b>Dependent Benefit Amount(s)</b>	
Spouse Benefit: 100% of the benefit amount, Child Benefit: 50% of the benefit amount	

<b>Definitions</b>	
<b>Guaranteed Issue</b>	time an individual is first eligible for coverage.
<b>Evidence of Insurability</b>	The guaranteed issue benefit amounts in our offering are available with no medical underwriting. EOI will not be required at initial open or annual enrollment. Outside of selecting coverage during an enrollment period, EOI will not be required during the plan year when an employee pursues coverage as a new employee or as an existing employee following an approved change in life status when said elections are made within 30 days of eligibility under the plan or the change in status.
<b>Age-Based Benefit Amount Reductions</b>	None
<b>Lifetime Maximum Benefit Payout</b>	No lifetime maximum
<b>Benefit Waiting Period</b>	None
<b>Pre-Existing Condition</b>	None
<b>Continuation of Coverage</b>	Included

If/when Critical Illness coverage is currently offered through a different carrier: The current participants of an existing plan will receive credit for time served under that policy as part of the Continuity with Prior Coverage feature found in Critical Illness policy offered by the Symetra Life Insurance Company. Symetra will rely on the Policyholder to confirm existing coverage status.

State variations may apply.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

**Description of Benefits for:****12666000 - Sharp Transportation, Inc.****Critical Illness**

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**Critical Illness Benefit**

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect.

**Invasive Cancer**

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of neighboring tissue that is supported by histological evidence of malignancy. Invasive Cancer includes Leukemia, Lymphoma, Sarcoma, Malignant melanoma greater than 1mm in thickness, any type of breast cancer, or Multiple myeloma. Invasive Cancer must be diagnosed by a Specialist according to a Pathological or Clinical Diagnosis.

**Minor Cancer (In Situ)**

Minor Cancer (In Situ) is defined as a cancer wherein the tumor cells lie within the tissue of origin and have not spread to neighboring tissue. Non-Invasive Cancer includes: chronic lymphocytic leukemia that has not progressed beyond RAI Stage 0; Stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or early prostate cancer classified as T1a or T1b (or equivalent staging) without lymph node or distant metastasis. The diagnosis must be confirmed with a report from a Specialist that includes the pathology report.

**Non-Melanoma Skin Cancer**

Non-Melanoma Skin Cancer is defined as a malignant growth that arises on the surface of the skin that is any of the following: Basal cell carcinoma; Squamous cell carcinoma, or Merkel cell carcinoma. The diagnosis must be made by a Specialist and based on a pathological examination of tissue from skin lesions.

**Heart Attack (Myocardial Infarction)**

Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a Specialist and based on serial measurement of cardiac biomarkers in the blood showing a pattern and to a level consistent with a diagnosis of Heart Attack (Myocardial Infarction) and any other diagnostic criteria to meet the clinically accepted definition for heart attack.

**Stroke**

Stroke is defined as an acute cerebrovascular incident resulting in irreversible death of brain tissue due to intra-cranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel.

This event must result in neurological functional impairment with objective neurological abnormal signs on physical examination by a Specialist and the diagnosis must also be supported by findings on brain imaging and must be consistent with the diagnosis of a new Stroke.

**Coronary Artery Disease Needing Surgery or Angioplasty**

Coronary Artery Disease Needing Surgery or Angioplasty is defined as coronary artery disease with blockages in one or more coronary artery(s) demonstrated on cardiac catheterization coronary angiography that requires the Insured to undergo either coronary artery bypass surgery or coronary angioplasty. The Insured must require coronary bypass or angioplasty surgery intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines, either for prognostic benefit or for symptomatic coronary artery disease that cannot be adequately managed on optimal medical therapy.



**Major Organ Failure**

Major Organ Failure is defined as the permanent failure or loss of one or more of the following organs: heart, liver, lung, or pancreas, that requires a surgical transplant of a human organ. A Specialist must determine that a transplant of one or a combination of the above mentioned organs is necessary to treat organ failure in the Insured and the Insured must be actively engaged in a course of treatment with the goal of eventual transplant. The transplant goal requirement is waived if the Insured is too ill to undergo transplant surgery, but surgery would otherwise be recommended due to the organ failure.

**End Stage Renal Failure (Kidney Failure)**

End Stage Renal Failure (Kidney Failure) is defined as the total and irreversible failure of both kidneys which requires permanent regular renal dialysis or a kidney transplant. A Specialist must confirm that either of the following is necessary: the Insured must undergo regular renal dialysis at least weekly; or the Insured needs a kidney transplant.

**Loss of Sight (Not available to residents of ID)**

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. Loss of Sight is a Covered Critical Illness when it is due to an Accident or cataracts, glaucoma, macular degeneration, or similar disease. Loss of Sight is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. A Specialist must clinically confirm that the Insured's corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

**Loss of Speech (Not available to residents of ID)**

Loss of Speech is defined as permanent loss of the ability to speak to the extent that the Insured is unintelligible to another person with normal hearing. Loss of Speech is a Covered Critical Illness when it is due to an Accident or Guillain Barre syndrome, Huntington's disease chorea, or similar disease. Loss of Speech is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The Insured must be able to demonstrate that the loss has been continuous for at least 180 days. The diagnosis of loss must be made by a Specialist.

**Loss of Hearing (Not available to residents of ID)**

Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the Insured is unable to hear sounds at or below 90 decibels. Loss of Hearing is a Covered Critical Illness when it is due to an Accident or bacterial meningitis, Meniere's disease, or similar disease. Loss of Hearing is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The diagnosis must be made by a Specialist as diagnosed by audiometric testing.

**Paralysis (Not available to residents of ID)**

Paralysis is defined as damage to the brain or spinal cord caused by an [Accident or] Illness that results in quadriplegia, paraplegia, hemiplegia, or diplegia. There must be complete and permanent loss of use of two or more limbs that is present for a continuous period of at least 180 days.

**Severe Burns (Not available to residents of ID)**

Severe Burns is defined as having sustained third degree burns. The third degree burns must cover at least 20% of the surface area of an insured's body.

### **Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases**

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases is defined as a definite diagnosis by a Specialist of spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease) or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be permanent functional neurological impairment with objective evidence of motor dysfunction with muscle weakness that has persisted for a continuous period of at least 90 days.

### **Advanced Alzheimer's Disease**

Advanced Alzheimer's Disease is defined as dementia due to Alzheimer's Disease, where there is progressive and permanent deterioration of memory and intellectual capacity.

The diagnosis of Alzheimer's disease must be confirmed by a Specialist and the diagnosis must be supported by clinically accepted standardized cognitive testing and neurological examination. There must be Advanced Alzheimer's Disease where there is significant reduction in mental and social functioning where the Insured is unable to perform independently, at least 2 of the following 6 "Activities of Daily Living" for a continuous period of at least 180 days:

Activities of Daily Living are defined as:

- a. Bathing - washing oneself by sponge bath or in the tub or shower, including the task of getting into or out of the tub or shower.
- b. Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
- c. Eating - feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
- d. Transferring - moving into and out of bed or a wheelchair.
- e. Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- f. Continence - the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

### **Parkinson's Disease**

Parkinson's Disease is defined as an unequivocal diagnosis of idiopathic Parkinson's disease. There must be resting tremor, rigidity, bradykinesia and gait disturbance compatible with the diagnosis of Parkinson's Disease as assessed by a Specialist.

### **Multiple Sclerosis**

Multiple Sclerosis is defined as a diagnosis made by a Specialist of definite Multiple Sclerosis.

Both of the following two (2) criteria must be present:

1. There must be permanent functional neurological impairment with objective evidence of motor or sensory dysfunction, which must have persisted for a continuous period of at least 180 days.
2. The diagnosis must also be confirmed with objective neurological investigations, such as lumbar puncture, evoked visual responses, evoked auditory responses and MRI evidence of lesions of the central nervous system.

**Coma (Not available to residents of ID)**

Coma is defined as a state of profound unconsciousness from which an Insured cannot be aroused to consciousness by external or internal stimulation, as determined by a Doctor as the result of an [Accident] [or] Illness.

This diagnosis must be supported by evidence of all the following:

- a. No response to external stimuli for at least 96 hours.
- b. Life support measures are necessary to sustain life.
- c. Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

**Huntington's Disease**

Huntington's Disease is defined as a neurodegenerative genetic disorder that affects muscle coordination and leads to cognitive decline and psychiatric problems. The diagnosis must be documented by symptoms and verified by the presence of the genetic defect via genetic testing.

**Benign Brain Tumor**

Benign Brain Tumor is defined as a non-malignant tumor that is located in the cranial vault and limited to the brain, meninges, cranial nerves, or pituitary gland. The Benign Brain Tumor must require surgery or radiation treatment or cause irreversible objective neurological deficits.

**Major Congenital Structural Anomaly**

Major Congenital Structural Anomaly is defined as a structural malformation that arises in utero and results in significant medical, social or cosmetic consequences for the affected individual, and requires medical treatment. Examples of Major Congenital Structural Anomalies include, but are not limited to, complex congenital heart disease, spina bifida (excluding occulta), cleft lip/palate, anencephaly, omphalocele, and club foot.

A Major Congenital Structural Anomaly must be diagnosed and named by a Specialist according to clinically accepted diagnostic criteria. The Specialist must establish a treatment plan specific to the condition.

**Congenital Metabolic Disorder**

Congenital Metabolic Disorder is defined as a genetic or inherited disorder resulting from an enzyme defect in biochemical and metabolic pathways affecting proteins, fats, carbohydrates metabolism or impaired organelle function presenting as complicated medical conditions involving several human organ systems. Examples of Congenital Metabolic Disorders include, but are not limited to, phenylalanine hydroxylase deficiency, Niemann-Pick, Tay Sachs, Gaucher's Disease, phenylketonuria, and cystic fibrosis.

A Congenital Metabolic Disorder must be diagnosed and named by a Specialist according to clinically accepted diagnostic criteria. The Specialist must establish a treatment plan specific to the condition.

### **Congenital Chromosomal Abnormality**

Congenital Chromosomal Abnormality is defined as a congenital abnormality present at birth in the number or structure of chromosomes, other than those causing Congenital Metabolic Disorders, which leads to conditions requiring medical treatment. Examples of Other Chromosomal Abnormalities include, but are not limited to, Down syndrome, DiGeorge syndrome, Turner syndrome, sickle cell disease, achondroplasia, fragile X, hemophilia, neurofibromatosis, muscular dystrophy, Prader Willi, and glucose-6-phosphate dehydrogenase deficiency (G6PD). The diagnosis of a Congenital Chromosomal Abnormality must be diagnosed and named by a Specialist according to clinically accepted diagnostic criteria. The Specialist must establish a treatment plan specific to the condition.

### **Chronic Medical Condition Commonly Diagnosed in Childhood**

Chronic Medical Condition Commonly Diagnosed in Childhood is defined as a named condition requiring ongoing medical treatment that is expected to persist for at least five years following diagnosis. Examples of Chronic Medical Conditions Commonly Diagnosed in Childhood include, but are not limited to, epilepsy, human growth hormone deficiency, bronchopulmonary dysplasia, cerebral palsy, scoliosis, asthma, and Type 1 Diabetes.

The Chronic Medical Condition Commonly Diagnosed in Childhood must be diagnosed by a Specialist based on the appropriate clinically accepted criteria for the named condition. The condition must be severe, which means the condition meets at least one of the following criteria:

- a. A condition requiring medical treatment for a minimum of 12 consecutive months, where treatment includes prescribed oral, inhaled, injected, or infused medication taken on a regular schedule and excluding antibiotic prophylaxis.
- b. A condition that requires physical, speech, or occupational therapy for a minimum of 12 consecutive months.
- c. A condition that requires bracing or other ongoing prescribed non-surgical treatment for a minimum of 12 consecutive months.
- d. Asthma that requires daily use of inhaled corticosteroids and at least one other long-acting inhaled drug for a minimum of 12 consecutive months.

The Specialist must establish a treatment plan specific to the condition.

### **Health Screening Benefit**

The Health Screening Benefit will be paid once per year, per covered Insured, when one or more of the following exams, X-rays, laboratory tests are administered to during a Calendar Year. A Health Screening Benefit is payable once per covered Insured during a Calendar Year, regardless of the number of exams, X-rays, laboratory tests administered during that year.

#### 1. Tests to Screen for Cancer:

- (a) Biopsy
- (b) Bone marrow testing
- (c) Breast ultrasound
- (d) CA 125 (blood test for ovarian cancer)
- (e) CA 15-3 (blood test for breast cancer)
- (f) CEA (blood test for colon cancer)
- (g) Colonoscopy
- (h) Flexible sigmoidoscopy
- (i) Hemoccult stool specimen
- (j) Mammogram

- (k) Pap test
- (l) PSA (prostate-specific antigen tests)
- (m) Serum protein electrophoresis (blood test for myeloma)
- (n) Thermography

2. Tests to screen for Heart-related Disease

- (a) Blood test for triglycerides
- (b) Chest x-ray
- (c) Serum cholesterol test to determine HDL/LDL level
- (d) Stress test on a bicycle or treadmill

3. Test to screen for Organ-related Disease

- (a) Fasting blood glucose test

**Continuation of Coverage During Temporary Absence**

Coverage may continue beyond the day it would otherwise cease under the termination provisions if the insured is absent from work due to any of the following reasons. In no event will coverage continue beyond the maximum time shown below for any temporary absence. If the insured is eligible to continue coverage for more than one reason, the periods of continuation will run concurrently. The continuation periods may not be applied consecutively. Continuation of coverage is subject to the payment of required premium.

**Illness or Injury**

If absent from work due to illness or injury, all coverage may be continued for a period of 6 consecutive months from the date last actively at work.

**Personal Leave of Absence**

If on a documented leave of absence, all coverage may be continued for up to 2 months following the date last actively at work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

**Family Medical Leave of Absence**

If You are on a leave of absence approved in accordance with the federal Family and Medical Leave Act of 1993 and any amendments to it (FMLA ) or a similar state law, all of Your coverage may be continued for up to 3 months following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

**Military Leave of Absence**

If You are on a military leave of absence taken in accordance with the federal Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it (USERRA ), all of Your coverage may be continued for up to 12 weeks following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

**Sabbatical**

If You are on an employer-approved sabbatical, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.

**Temporary Layoff**

If You are temporarily laid off by the Employer due to lack of work, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the layoff becomes permanent, this continuation will cease immediately.

**Temporary Production Shutdown**

If You are not at work due to a temporary production shutdown by the Employer, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the production shutdown becomes permanent, this continuation will cease immediately.

**Labor Strike/Labor Dispute**

If You are not at work due to a labor strike or dispute, all of Your coverage may be continued for up to 1 month following the date You were last Actively at Work. If the labor strike or dispute ends earlier, this continuation will cease immediately.

**Portability/ Post-Termination Continuation of Coverage:**

Allows coverage to continue for an unlimited period of time following termination of employment or loss of eligibility. Review the certificate of coverage to understand full details of this provision.

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

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

## Accident, Critical Illness and Hospital Indemnity Insurance

# Understanding your health screening and wellness benefits



### Contact us:

Call 1-800-497-3699

Monday–Friday

7:30 a.m. to 6 p.m. ET

[sbclaims@symetra.com](mailto:sbclaims@symetra.com)

[symetra.com/MyGO](https://symetra.com/MyGO)

Mailing address:

P.O. Box 440

Ashland, WI 54806

Fax: 715-682-5919

### Your benefit amount:

Accident:

Critical illness:

Hospital indemnity:

Accident policy #:

Critical illness policy #:

Hospital indemnity policy #:

Policyholder:

Keeping tabs on your overall health can help you prepare for the unexpected. Fortunately, through your Symetra coverage, you can receive a financial benefit for being proactive about your health and your family's.

The chart below shows which screenings are eligible for benefits under each plan. After completing a screening test, just give us a call or send us an email and let us know (1) the name of the insured, (2) the type of screening, and (3) the date the screening was completed.

### Eligible screening tests

	Accident	Critical illness	Hospital indemnity
Abdominal aortic aneurysm ultrasonography	✓		✓
Baseline testing for concussion	✓		
Biopsy		✓	
Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides	✓		✓
Blood test for triglycerides		✓	
Bone density screening	✓		✓
Bone marrow testing	✓	✓	✓
Breast MRI		✓	
Breast ultrasound	✓	✓	✓
CA 125 (blood test for ovarian cancer)	✓	✓	✓
CA 15-3 (blood test for breast cancer)	✓	✓	✓
Carotid Doppler	✓		✓
CEA (blood test for colon cancer)	✓	✓	✓
Chest X-ray	✓	✓	✓
Child sports physicals	✓		✓
Colonoscopy	✓	✓	✓
COVID-19 (PCR, rapid, antibody)	✓	✓	✓

You can also submit claims through My Group Online (MyGO). Simply use the policy information above to self-register and create an account.

[Continued >](#)

	Accident	Critical illness	Hospital indemnity
CT angiography	✓		✓
Electrocardiogram	✓		✓
Fasting blood glucose test	✓	✓	✓
Flexible sigmoidoscopy	✓	✓	✓
Hemoccult stool specimen		✓	
Mammogram	✓	✓	✓
Pap test	✓	✓	✓
Prostate-specific antigen (PSA) test	✓	✓	✓

	Accident	Critical illness	Hospital indemnity
Serum cholesterol test to determine HDL/LDL level	✓	✓	✓
Serum protein electrophoresis (blood test for myeloma)		✓	
Stress test on a bicycle or treadmill	✓	✓	✓
Testicular ultrasound	✓		✓
Thermography	✓	✓	✓
ThinPrep Pap test	✓		✓

## Frequently asked questions

### How do I let Symetra know I had a screening test?

It's easy. Give us a call or send us an email and let us know three things: the name of the insured, the type of screening, and the date the screening was completed.

You can also submit a claim through **MyGO**. Once you've created an account and logged in, click **Submit my claim** and add any required information. You can also upload any relevant documentation from a desktop computer or mobile device.<sup>1</sup>

### Is there another way to file my health screening or wellness benefit claim?

Yes. You can also send claims by mail or fax. Please use the contact information on the first page and we'll be happy to assist.

### Who can receive a health screening or wellness benefit?

Anyone covered under your plan is eligible for these benefits. Please review your enrollment information for more details.

### How often can I receive a health screening or wellness benefit?

Please refer to your policy information or call Symetra at 1-800-497-3699 to confirm how often you can file a health screening or wellness benefit claim.

### What if I have a screening test that qualifies for benefits under more than one of my Symetra plans?

If you have multiple coverages with Symetra, we'll automatically cross-check to see if you're eligible for more than one benefit and submit the claim on your behalf.

Group benefits policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. They are not available in all states or any U.S. territory. They 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.

Critical illness and fixed-payment (also known as hospital indemnity) coverages provide benefits at a preselected, fixed dollar amount. Base certificate form numbers are SBC-00535-CERT 4/14 and SBC-04535 1/21 and SBC-01505 6/20.

Accident coverage provides benefits up to a preselected, per occurrence amount. Certificate form number is SBC-03515 1/18.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, contact your HR or benefits representative.

**THIS POLICY IS ISSUED AS AN ACCIDENT-ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY ILLNESS.**

<sup>1</sup> If your policy was issued in CA or PA, please upload the actual bill and the Explanation of Benefits (EOB) from your health insurance carrier.



Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, WA 98004-5135  
[www.symetra.com](http://www.symetra.com)

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# How to file a claim

## Critical Illness Insurance

**Policy #:**

**Policyholder:**

When using MyGO for the first time, please use the policy information above to self-register before submitting a claim.

### Option 1

#### Use My Group Online (MyGO)

Initiate a critical illness claim within minutes on MyGO. This secure, user-friendly platform is available 24/7 through your computer or mobile device.

To submit your claim:

- 1 Log in to your account at [www.symetra.com/MyGO](http://www.symetra.com/MyGO) and click “Submit my claim.”
- 2 Fill out a few simple fields and upload documents.
- 3 Hit “Submit.”

### Option 2

#### Contact Symetra

Start your critical illness claim by phone, email or fax. One of our representatives will walk you through the filing steps and send you the necessary documents.

### More with MyGO

On MyGO, you can also:

- Check the status of a claim.
- View an Explanation of Benefits (EOB).
- Submit scans, photos or electronic versions of claim documents.
- Download important forms.
- Set up direct deposit for benefit payments.

### Contact us:

[sbclaims@symetra.com](mailto:sbclaims@symetra.com)  
[www.symetra.com/MyGO](http://www.symetra.com/MyGO)

Call 1-800-497-3699  
Monday through Friday  
7:30 a.m. to 6 p.m. ET  
Fax: (715) 682-5919  
Mailing address:  
P.O. Box 440  
Ashland, WI 54806



If you have multiple coverages with Symetra, we will automatically check to ensure you receive all eligible benefits.

*Continued >*

## Frequently asked questions

### When do I need to submit my claim?

Your claim can be submitted within one year of the date of diagnosis. Please refer to your certificate for complete details.

### When will Symetra make a decision on my claim?

We typically make claims decisions within 10 days of receiving completed claim forms and any additional required information. Depending on the complexity of the claim, this review period may be extended up to an additional 15 days. If your claim is approved, you can expect to receive payment within 7-10 days.

### Can Symetra help me gather any remaining information from my medical provider?

Yes. Additional information such as doctor notes may be requested, and we're happy to help you gather the remaining details after you or a provider initiates a claim. We'll just need you to sign a release of information form so we can contact the provider on your behalf.

### Does the policy have to be effective to receive benefits?

Yes. The diagnosis of a covered health condition must occur while the policy is active.

### Are my critical illness benefits taxable?

Benefits may be taxable and may affect eligibility for public assistance like federal, state or local welfare programs. Any critical illness benefits beyond the costs you incur for medical care may be taxable, depending on whether you or your employer paid the premium, and whether premiums were paid on a pretax or after-tax basis. Consult a tax professional and/or your benefits representative if you have any questions.



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