Plan Summary for:

12379000 - The Tarrant County Hospital District dba JPS Health Network

SYMETRA
RETIREMENT | BENEFITS | LIFE

Summary of Benefits

Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS	Plan 1
Ambulance - Ground 1 trip(s) per covered accident	$400 pp/pa
Ambulance - Air 1 trip(s) per covered accident	$2,000 pp/pa
Emergency Room 1 trip(s) per covered accident	$300 pp/pa
Major Diagnostic Testing (MRI, CT Scan, EEG) 1 exam(s) per covered accident	$300 pp/pa
X-Ray 1 test(s) per covered accident	$60 pp/pa
Pain Management/Epidural 1 visit(s) per covered accident	$100 pp/pa
Initial Doctor's Visit	$100 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS	
Hospital Admission	$1,500 pp/pa
ICU Admission	$3,000 pp/pa
Hospital Confinement Up to 365 day(s) per accident	$300 per day
ICU Up to 30 day(s) per accident	$600 per day
Rehabilitation/Skilled Nursing Facility Up to 90 day(s) per accident	$150 per day
Blood/Plasma/Platelets	$500 pp/pa
Surgery - Open Abdominal, Thoracic	$3,000 per surgery
Surgery - Cranial	$3,000 per surgery
Surgery - Hernia	$1,500 per surgery
Surgery - Exploratory or Without Repair	$400 per surgery
Outpatient/Miscellaneous Surgery	$400 per surgery
Transportation Up to 3 trip(s) per accident	$500 per trip
Family Lodging Up to 30 nights	$125 per night
Coma After 7 day duration	$8,000 pp/pa

FOLLOW UP CARE	
Follow Up Doctor's Visit 1 visit(s) per covered accident	$100 pp/pa
Physical Therapy Up to 10 visits per accident	$75 per visit
Chiropractic Visit Up to 10 visits per accident	$75 per visit
Medical Equipment 1 appliance(s) per covered accident	$400 pp/pa
Prosthetic Device 1 device per covered accident	$2,500 pp/pa
COMMON INJURIES	
Burns	
Second Degree: 20 - 100 square centimeters	$100 pp/pa
Second Degree: 101 - 225 square centimeters	$200 pp/pa
Second Degree: More than 225 square centimeters	$800 pp/pa
Third Degree: 20 - 100 square centimeters	$800 pp/pa
Third Degree: 101 - 225 square centimeters	$6,000 pp/pa
Third Degree: More than 225 square centimeters	$20,000 pp/pa
Skin Grafts	25% of burn benefit
Paralysis	
Quadriplegia	$20,000 pp/pa
Paraplegia	$10,000 pp/pa
Hemiplegia	$10,000 pp/pa
Uniplegia	$5,000 pp/pa
Lacerations	
Not requiring sutures	$50 pp/pa
Under 3 inches, required sutures	$80 pp/pa
3 to 6 inches, requires sutures	$150 pp/pa
Over 6 inches, requires sutures	$400 pp/pa
Emergency Dental Work	
Crown Repair	$200 pp/pa
Extraction	$100 pp/pa
Eye Injuries	
Removal of Foreign Object	$60 pp/pa
Surgical Repair	$300 pp/pa
Specific Injuries	
Ruptured Disc	$600 pp/pa
Tendons/Ligaments	$800 pp/pa
1 tear with surgical repair	
Tendons/Ligaments	$1,200 pp/pa
2 or more tears with surgical repair	
Tendons/Ligaments	$300 pp/pa
Arthroscopic surgery with no repair	
Torn Knee Cartilage	$300 pp/pa
Exploratory surgery with no repair	
Torn Knee Cartilage	$800 pp/pa
Surgical repair	

Concussion	$300 pp/pa
Dislocations (Closed Reduction)	
3 dislocation benefits per person, per accident maximum	
Hip	$5,000
Knee (except patella)	$2,000
Shoulder	$2,000
Foot/Ankle	$2,000
Wrist	$2,000
Lower Jaw	$2,000
Elbow	$2,000
Bones of the Hand (except fingers)	$1,000
Collarbone	$1,000
1 finger or toe	$150
2 or more fingers (regardless of total # of fingers dislocated)	$400
2 or more toes (regardless of total # of toes dislocated)	$400
Open Reduction	200% of dislocation benefit
Partial Dislocation	25% of dislocation benefit
Fractures (Closed Reduction)	
3 fracture benefits per person, per accident maximum	
Skull	$5,000
Hip/Thigh	$5,000
Vertebral Body	
(excluding vertebral processes)	$5,000
Pelvis	$5,000
Arm (upper)	$3,000
Shoulder Blade	$3,000
Leg	$3,000
Upper Jaw	$2,000
Vertebral Processes	$2,000
Knee Cap	$2,000
Collarbone	$2,000
Forearm	$2,000
Foot/Ankle	$2,000
Hand/Wrist	$1,500
Lower Jaw	$1,500
Facial Bones or Nose	$1,000
1 rib, finger, or toe	$400
Ribs (2 or more, regardless of total # of ribs fractured)	$1,000
Coccyx	$400
Open Reduction	200% of fracture benefit
Bone Chip	25% of fracture benefit
CATASTROPHIC ACCIDENT BENEFITS	
Accidental Death[1]	$50,000
Common Carrier Accidental Death[1]	$100,000
AD&D Benefits[1]	
Double Dismemberment	
Loss of both hands, both feet or sight in both eyes	$50,000
Loss of Speech or Hearing in both ears	$25,000

Loss of 1 hand and 1 foot	$50,000
Loss of 1 eye	$25,000
Loss of 1 hand or 1 foot	$25,000
Loss of 2 or more fingers or toes	$10,000
Loss of 1 finger or toe	$2,500
Wellness Screening Benefit 1 screening(s) per insured, per calendar year	$100 pp/pcy
Coverage Type	Non-Occupational
Portability	Included
Health Systems Additional Benefit Rider	Not Included
Child Organized Sports Additional 25% of accident benefits $5,000 per person/per accident maximum	Included
Monthly Premium	**Plan 1**
Single	$11.42
Employee + Spouse	$19.85
Employee + Child(ren)	$25.05
Family	$35.45

[1]Benefit Amounts: Employee 100%, Spouse 50%, Child 25%

[2]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.

Description of Benefits for:

12379000 - The Tarrant County Hospital District dba JPS Health Network

Scheduled Benefit Accident

SYMETRA
RETIREMENT | BENEFITS | LIFE

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.

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.

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. 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.

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.

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.

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.

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.

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.

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.

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.

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.

Wellness Screening Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any of the wellness screening tests listed.

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

Child Organized Sports Benefit

Provides an additional 25% benefit (up to a specified cap), for benefits payable under the Policy, if the Accident occurred while an Insured Dependent child is participating in an organized sport. The child must be insured by the Policy on the date the Accident occurred

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.

Policyholder: The Tarrant County Hospital District dba
Policy Issue State: TX
Scheduled Benefit Accident Plan
Insured by Symetra Life Insurance Company

Exclusions

We will not pay benefits for any loss treated outside the United States, Canada or Mexico; or for any Injury that results from or is caused by:

a. War or act of war;
b. Aviation or aerial navigation, except as a paying passenger on a regularly scheduled commercial passenger flight;
c. Motor vehicle acrobatic stunts, acrobatic/stunt flying on aircraft, endurance tests, or racing;
d. Professional or semi-professional organized sports;
e. Active duty service or training in the military for more than 31 days (N/A for policies issued in DE);
f. Disease, bodily/mental illness or degenerative process;
g. Suicide, attempted suicide, or intentionally self-inflicted Injury (N/A for policies issued in MI);
h.Participation in bungee jumping, hang gliding, parachuting, parakiting, parasailing, sail gliding, or skydiving;
i. Voluntary intoxication or being underthe influence of any narcotic, drug or controlled substance (N/A for policies issued in MD, SD, VT or WA, or for residents of MD[1], SD[1], VT[1] or WA[1].);
j. Voluntary intoxication through use of poison, gas, or fumes (N/A for policies issued in MD, NJ, SD or WA, or for residents of MD[1,] SD[1] or WA[1]. Also, N/A for CT residents covered under any policy where the majority of the group resides in CT*); or
k.Committing assault or a felony, or voluntary participation in a riot or insurrection (N/A for policies issued in MD, CT, IL, MI, NE, NJ, or UT, or for residents of MD[1]. Also, N/A for CT residents covered under any policy where the majority of the group resides in CT*).

If the benefits below are included in your plan, some variation of the following exclusions & limitations may apply; please see your plan's enrollment material for details.

Hospital Confinement, ICU and Rehabilitation or Skilled Nursing Facility Benefits will not be paid for care in an emergency room, an outpatient hospital facility or clinic, an urgent care facility or in any other portion of a hospital which provides services that do not require confinement; or inpatient or outpatient surgical procedures.

Follow up Doctor's Visit Benefits will not be paid for care in an emergency room, physical therapy, chiropractic care, inpatient or outpatient surgical procedures or diagnostic X-ray and laboratory tests.

Prosthetic Device Benefits will not be paid for hearing aids, wigs, dental aids, including false teeth; or the repair or replacement of prosthetic devices unless the prosthetic device is damaged during an Accident.

Lead/Hazardous Chemical Accidental Poisoning Benefits will not be paid for **a**lcohol poisoning resulting from ingestion of alcoholic beverages or carbon monoxide poisoning. (Carbon monoxide poisoning benefits may be payable if a separate Carbon Monoxide benefit is included in your plan.)

1 Regardless of where the policy is issued.
*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.

State-Specific Benefit Disclosures

If the benefits below are included in your plan, the following state requirements may apply, depending on the state where you live or the policy issue state (as shown above). Apart from any state requirements, please see your plan's enrollment material to determine if these benefits are available.

Portability

• Not available to residents of CO, KY, LA, MN, NV, NH, NM, OR, UT, or VT. In this situation, residents of these states will be offered the option to continue their coverage via the "Extension of Coverage" provision within the certificate.

Home Health Care Benefit

Included for policies issued in CT and for CT residents under any policy where the majority of the group resides in CT*.

Congenital Anomaly Benefit - $1,000 per dependent child

Always included if dependent coverage is selected, for policies issued in ID and for ID1 residents. Benefit only pays for reconstructive or cosmetic surgery required to repair a functional defect and prescribed within 90 days of birth or placement for adoption.

Second Opinion Benefit

Always included for policies issued in MD and for MD[1] residents.

Surgical, Burn, Suture/Laceration, Dental, Eye Injury, and Blood/Plasma/Platelet Benefits

Always included for policies issued in NH and for NH[1] residents.

Accidental Death and Double Dismemberment minimum benefit of $10,000, Single Dismemberment of Limb benefit of $50,000, and Dismemberment of Digit benefit of $1,000 per person

Included for policies issued in NH and for NH[1] residents with Catastrophic Accident Benefits coverage.

Parental Caregivers Benefit(s) Rider

If attached, the benefits under this rider do not include the following: Wellness Screening Benefits Rider; Wellbeing Assistance Benefit; (Child) Organized Sport Activity Benefits Rider; Catastrophic/Enhanced Catastrophic Accident Benefits/Dismemberment Benefits; Family Care Benefit Rider; First Responder Benefits; Health Care Worker Benefits; and/or Health Systems Additional Benefit Rider.

THE POLICY IS AN ACCIDENT INSURANCE POLICY. IT DOES NOT PAY BENEFITS FOR LOSSES CAUSED BY SICKNESS. YOUR COVERAGE UNDER THE POLICY IS NOT COMPREHENSIVE MEDICAL COVERAGE AND IS NOT INTENDED TO COVER THE COST OF ALL HOSPITAL OR OTHER MEDICAL SERVICES. THE POLICY DOES NOT SATISFY THE MINIMUM ESSENTIAL COVERAGE REQUIREMENTS OF THE AFFORDABLE CARE ACT.

1 Regardless of where the policy is issued.

*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.