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.

Hospital Indemnity Insurance

Build your financial safety net for the unexpected

An injury or illness can land you in the hospital for a night or two—or even longer. If that happens, unexpected costs from deductibles, copays or coinsurance, as well as non-medical expenses like child care or transportation, could take a serious toll on your family's financial health. That's where hospital indemnity insurance comes in. It's offered through your work and can reduce the burden of a hospital stay by helping cover the cost.

Why hospital indemnity insurance?

If you end up in the hospital, you probably want to focus more on your recovery than your medical bills. Hospital indemnity insurance can help with the cost of your stay, giving you and your family some financial peace of mind.

How it works

Hospital indemnity insurance pays a fixed dollar amount per day for services and supplies you receive during a hospital stay, up to a maximum number of days each year. Stays in a mental health, substance abuse or nursing facility are also covered.

There are no preexisting condition limitations, no health questions to answer and no medical tests to take.[1] You're paid the full per-day benefit no matter what other insurance you have.

What's covered

Hospital indemnity insurance pays a fixed dollar amount for each day of a hospital stay lasting 24 hours or more. Benefits are paid until you reach the maximum number of days stated in your policy. Your plan also has an initial-day confinement benefit (admission benefit), which pays a higher benefit amount for your first day of a hospitalization.

In addition to hospitals, benefits are paid for stays in intensive care units (ICUs) and other eligible facilities. Each facility has its own per-day benefit and calendar-year maximum.

Hospital **Intensive care unit (ICU)** **Substance abuse facility** **Mental health facility** **Nursing facility***

*Nursing facility benefits are paid only if following a covered hospital stay of at least three consecutive days.

Newborn benefit

Your plan pays daily benefits for a hospital stay if you or your covered spouse is hospitalized due to childbirth, even for a routine delivery. You'll also receive daily benefits for the newborn or newly adopted child, even if you're the only one enrolled on the plan. This automatic coverage for the newborn or adopted child continues for the first 31 days from birth or adoption.[2]

> **DID YOU KNOW?**
>
> **Hospital indemnity benefits** are compatible with a health savings account (HSA).[5]

Injuries and illnesses that result in hospital stays can lead to expensive, unexpected costs

Financial planning for health care is important, especially considering these facts:

73%

73% of adults reported they are either "very" or "somewhat worried" about being able to afford unexpected medical bills, including out-of-pocket costs not covered by insurance.[3]

50%

It's estimated that nearly **50%** of an average person's health care expenses are from hospital services.[4]

25%

25% of adults say that in the past 12 months they have skipped or postponed getting health care they needed because of the cost.[3]

Claim examples

Meet Herman

During flu season Herman falls seriously ill with pneumonia and spends five days in the ICU. Fortunately, Herman has Symetra Hospital Indemnity Insurance, which he enrolled in at work. It pays an initial-day confinement benefit (admission benefit), followed by a per-day benefit starting on day two.

Herman's hospital stay	Benefits paid
Initial-day confinement (admission) benefit	$1,000 (first day only)
Per-day ICU stay, days 2+	$400 per day
5-day total	**$2,600**

> Herman's plan pays a **$2,600** benefit he can use to cover anything he needs, such as out-of-pocket medical expenses, child care and transportation.

Meet Anita and William

Anita gives birth to William, and they both spend three days in the hospital. Fortunately, both Anita and William receive a benefit from their Symetra Hospital Indemnity Insurance plan, since William is automatically covered for his first 31 days after birth.[2]

Anita's hospital stay	Benefits paid
Initial-day confinement (admission) benefit	$1,000 (first day only)
Per-day hospital stay, days 2+	$200 per day
3-day total	**$1,400**

William's hospital stay	Benefits paid
Initial day confinement (admission) benefit	$1,000 (first day only)
Per-day hospital stay, days 2+	$200 per day
3-day total	**$1,400**

> Anita's plan pays a **$2,800** benefit she can use to cover anything she needs, such as out-of-pocket medical expenses, child care and transportation.

These examples are for illustrative purposes only and are meant to provide a general overview of how coverage works. Any resemblance to actual persons is purely coincidental. Please refer to your complete set of enrollment materials or contact your benefits representative for benefit amounts, costs and complete details of the coverage.

Frequently asked questions

Will I receive reduced benefits from Symetra if another insurance plan covers my medical costs?
No. We'll still pay your full benefit, even if another insurance plan has already picked up some or all of the bill.

Is it easy to use my supplemental health benefits?
Yes! Watch this **brief video** to learn how to make the most of your benefits.

Why should I enroll during annual enrollment?
If you don't enroll in coverage during annual enrollment, you'll have to wait until the following year's annual enrollment, unless you have a qualifying life event like a marriage, divorce or birth of a child.

If I enroll now, will I be automatically reenrolled in the plan next year?
It depends, based on how your employer sets up annual enrollment. You may need to review all your selections and reelect coverage. The other option automatically reenrolls your current selections. Be sure to review your enrollment instructions and connect with your benefits representative if you have questions.

Once I'm enrolled, how will I file a claim?
You'll have access to a user-friendly online portal where you can submit claims in just a few minutes. And if you have other group coverage with Symetra, we'll automatically check to see if you're eligible for additional benefits.

Why Symetra?

Symetra provides employee benefits, life insurance and annuities that have helped people live with financial security and confidence for more than 65 years. We're committed to providing value to our customers, supporting our communities, providing a great place to work for our employees, and promoting diversity, equity and inclusion in everything we do.

To learn more about our company, products and services, visit www.symetra.com.

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

Fixed-Payment Indemnity policies (also known as "Hospital Indemnity policies"), insured by Symetra Life Insurance Company (est. 1957), 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They are designed to provide benefits at a preselected, fixed dollar amount. 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-01505 6/20.

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

[1] A pregnancy limitation period may apply.

[2] You must enroll your child as a dependent on your plan within 30 days of birth or adoption in order for coverage to continue beyond the first 31 days. In Washington, newborn and newly adopted child coverage is automatic for the first 60 days. For coverage to continue, you must notify Symetra of the birth or adoption and pay the required premium within the 60 days.

[3] "Americans' Challenges with Health Care Costs," KFF, published March 1, 2024, https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs.

[4] "2023 Milliman Medical Index," Milliman Research Report, May 2023.

[5] This plan is designed to be compatible with health savings accounts (HSAs). Please consult with a tax professional and/or your benefits representative to determine which supplemental benefits may be used with an HSA.