



USING YOUR BENEFITS

**SYMETRA
SELECT BENEFITS
LIMITED BENEFIT
MEDICAL INSURANCE**

WHAT IS SELECT BENEFITS?

Select Benefits is a group *limited benefit* medical insurance policy. It is not comprehensive medical coverage nor a replacement for major medical or any other comprehensive insurance. Instead, your policy pays a preselected fixed dollar amount for covered visits or procedures.

If the amount allowed by your policy does not cover the entire cost of the visit or procedure, you will be responsible for any remaining balance of the bill.

USING BENEFITS

To use the coverage allowed by your policy, follow these simple steps:

- 1 Present your ID card to your provider at the time of service.
- 2 Ask your provider to bill the policy administrator, Select Benefit Administrators (SBA), and accept an assignment of benefits. Your provider may or may not agree to accept the assignment.
- 3 Pay any outstanding balance due. If there is any remaining amount owed, your provider may send you a bill.

You also have the option of paying for the service yourself and filing a claim with SBA. They will then pay benefits directly to you.

YOUR POLICY ADMINISTRATOR

Select Benefit Administrators (SBA) handles the administration of your company's Select Benefits policy. This includes verification of eligibility, billing, and claims payment.

SBA is available to help you understand and use your benefits. Please feel free to contact them with any questions or concerns.

Select Benefit Administrators (SBA)

Customer Service Hours: Monday through Friday, 6:30 a.m. to 5 p.m., CT

Toll-free phone: 1-800-497-3699

Email: SYMSBA@Symetra.com

Fax: (715) 682-5919

PO Box 440

Ashland, WI 54806

FREQUENTLY ASKED QUESTIONS

Whom do I contact if I have questions about my benefits?

Contact Select Benefit Administrators (SBA) at 1-800-497-3699 or SYMSBA@Symetra.com. Customer service representatives are available Monday through Friday, 6:30 a.m. to 5:00 p.m., CT.

How do I submit a claim?

Present your Select Benefits ID card at the time of service and ask your provider to file the claim with SBA and accept an assignment of benefits. Your provider may or may not agree to accept the assignment. SBA will process the claim and send payment to your provider. A few weeks later you will be mailed an *Explanation of Benefits* showing what was paid.

What if my provider won't submit insurance information?

File the claim with SBA, and they will pay benefits based upon the amount covered by your Select Benefits plan. For faster response, please request a copy of the itemized bill from the provider listing dates of service and procedure and diagnosis codes. Ask for *Health Care Financing Administration (HCFA)* forms for doctor's office visits and *Universal Billing (UB92)* forms for hospital care.

Mail or fax claim forms to:

Select Benefit Administrators
Attention: Claims Department
PO Box 440
Ashland, WI 54806
Fax: (715) 682-5919

How can I request a new Select Benefits ID card?

Contact SBA at 1-800-497-3699 or SYMSBA@Symetra.com.

How do I add dependents?

If your policy includes dependent coverage, fill out a new enrollment form within 31 days of the eligibility date and give it to your policyholder.

If I want to use my coverage and have not yet received my insurance card, what information do I need to give my provider?

Ask SBA for the Select Benefits case number before your visit. At the office, give your provider this number along with the SBA customer service phone number, 1-800-497-3699.

Whom do I contact if I have a change in my name or address, or if there is an error on my Select Benefits ID card?

Contact SBA at 1-800-497-3699 or SYMSBA@Symetra.com.

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Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004
www.symetra.com

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To find out more about how Select Benefits can help protect you, talk to your Select Benefits representative.

Select Benefits is not a replacement for a major medical policy or any other comprehensive coverage. Instead it pays a fixed dollar amount for covered benefits up to a calendar year maximum. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Select Benefits is insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004.

Select Benefit Administrators, located in Ashland, Wisconsin, is a division of Symetra Life Insurance Company.

Skipping your prescriptions?

Your Symetra Select Benefits prescription drug coverage can help.

There's a solid reason behind every prescription you have and getting them filled should be a top priority. That's why it's good to know you'll have help with the costs before heading to the pharmacy counter.



Understanding your coverage

Your Select Benefits prescription coverage is a fixed dollar benefit. That means it pays a set dollar amount for each covered prescription, up to a maximum number per person, per calendar year.

Each time a prescription is filled for an eligible participant, you receive a fixed dollar benefit amount, regardless of the cost of the drug.

- When the cost of the prescription is less than the benefit, the participant is entitled to receive the difference. For example, if the benefit is \$10 per prescription and the prescription costs \$5, the participant will receive a payment of \$5 from Symetra Life Insurance Company.
- When the cost is more, the participant pays the difference at the pharmacy.

Covered Prescriptions. Brand and/or generic prescriptions are covered. Prescriptions must be ordered by a physician and dispensed by a licensed pharmacist or physician.

Pharmacy Discount. A discount is given from usual and customary drug charges when prescriptions are purchased through a contracting pharmacy.

What other resources are available?

Health Advocate™, Inc.—a leading independent healthcare advocacy and assistance company—can help participants by:

- Providing information on generic drugs.
- Locating lower-cost sources for prescription drugs.
- Resolving questions between members and pharmacies regarding the amount of product requested and the amount dispensed.



Keeping Your Medicines Well

Some people refer to it as the medicine cabinet. But it's one of the worst places to keep medicine.

Bathroom cabinets tend to be warm and humid, the perfect environment to accelerate a drug's decomposition. Instead, keep medicines in a cool, dry place out of a child's reach.

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To find out more about how Select Benefits prescription drug coverage might work for you, talk to your Select Benefits representative.

The Select Benefits Group Outpatient Prescription Drug Indemnity Policy is insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004, and is not available in all U.S. states or any U.S. territory. Symetra Life Insurance Company and the other subsidiaries under Symetra Financial Corporation are not affiliated with Health Advocate, Inc.



HealthAdvocate™

Your Lifeline for Healthcare Help

Health Advocate benefits are available to enrolled participants and their spouse, dependent children, parents and parents-in-law. 24/7 assistance with a full range of healthcare and insurance-related issues is just a phone call away.

Find healthcare providers

We'll help locate doctors, hospitals, dentists and other leading healthcare providers anywhere in the country.

Contact a registered nurse 24/7

You'll have someone to turn to around-the-clock for trusted advice and information.

Schedule appointments

We can help expedite the earliest appointments with providers, including hard-to-reach specialists, and arrange treatments and tests.

Get cost estimates

You'll receive estimates of common medical procedures in your area to help you make informed decisions.

Work with insurance companies

Our team works on your behalf to obtain appropriate approvals for needed services.

Help resolve insurance claims

Our experts get to the bottom of your issue to assist with negotiating billing and payment arrangements.

Negotiate uncovered medical bills

We work with your providers to lower the balance on uncovered medical or dental bills over \$400.

Assist with eldercare

We address senior issues such as Medicare and related healthcare challenges facing your parents and parents-in-law.

For more information about Health Advocate services or your specific Select Benefits group policy, talk with your company's benefits representative or call Select Benefit Administrators at 1-800-497-3699.

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Health Advocate is not affiliated with any insurance or third party provider. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

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Select Benefits Plan Design for 11122000 - Busco, Inc. dba Arrow Stage Lines

Combination Doctor's Office Visit, Diagnostic X-Ray and Lab, and Preventive Care Benefit	\$80 per visit 15 visits per person, per calendar year maximum
Outpatient Major Diagnostic Testing Benefit	\$200 per test 2 tests per person, per calendar year maximum
Emergency Room Benefit	\$200 per visit \$500 per person, per calendar year maximum
Inpatient Hospital Benefits Hospital Stay Intensive Care Unit Substance Abuse Facility Mental Health Facility 180 days lifetime maximum Nursing Facility 60 consecutive days per stay maximum. This benefit is only paid if following a covered hospital stay of at least three consecutive days and the insured is under age 65.	500 days per lifetime unless otherwise noted \$500 per day 10 days per person, per calendar year maximum \$1,000 per day 10 days per person, per calendar year maximum \$500 per day 10 days per person, per calendar year maximum \$250 per day 10 days per person, per calendar year maximum \$250 per day
Hospital Inpatient Admission Benefit	\$500 per confinement 1 admittance per person, per calendar year maximum
Surgical Benefit - Schedule A	\$2,000 per person, per calendar year maximum
Outpatient Surgical Facility Benefit	\$300 per surgery 1 surgery per person, per calendar year maximum
Surgical Anesthesia Benefit - Schedule A	20% of Surgical procedure benefit, \$400 per person, per calendar year maximum
Outpatient Prescription Drug Indemnity Benefit Brand Name Generic	\$50 per prescription, 24 prescriptions per person, per calendar year maximum \$10 per prescription, 24 prescriptions per person, per calendar year maximum
PPO Network Option	Multiplan

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.

A Pharmacy Discount Program is included at no additional cost. This program is administered by a prescription benefit manager, RESTAT, 11900 W Lake Park Drive, Milwaukee, WI 53224. This discount program is not an insured benefit.

Select Benefits Plan Design for 11122000 - Busco, Inc. dba Arrow Stage Lines

Semi-Monthly Premium*	<i>(Semi-Monthly rates are based on 24 pay periods per year)</i>
<i>Employee</i>	\$29.17
<i>Employee + Spouse</i>	\$76.33
<i>Employee + Children</i>	\$74.40
<i>Family</i>	\$110.23

*Premium costs include Employer's contribution

Your plan design and applicable premium amount may include benefits provided under one or more group policies. The plan design has been made available as a complete package and you may not elect to enroll in any policy or benefit separately. If you would like cost details, please contact your company or the plan administrator, Select Benefits Administrators at 1-800-497-3699 or symsba@symetra.com.

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

Insurance benefits are provided under the Select Benefits Indemnity Policy, form number LGC-8786 2/03, and/or Outpatient Prescription Drug Indemnity Policy, form number LGC-10018 10/11, and/or Group Accident Policy, form number LGC-9072 11/05 or LGC-10011 10/11, and/or Critical Illness Policy, form number LGC-9095 2/07. It is insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. The coverage is not a substitute for major medical or other comprehensive coverage. Benefits are paid based on a preselected fixed amount. It may be subject to exclusions, limitation, reductions and terminations of benefits provisions. Please review the description of benefits for additional details. For more information contact your agent.

Select Benefits Description of Benefits for 11122000 - Busco, Inc. dba Arrow Stage Lines

Combination Doctor's Office Visit, Diagnostic X-Ray and Lab, and Preventive Care Benefit

This benefit includes all of the following and is paid at a preselected fixed dollar amount, up to a maximum number of visits per calendar year.

- Visits to a doctor's office, urgent care facility or outpatient hospital.
- Diagnostic X-ray and lab tests ordered or performed by a doctor when hospital confinement is not required.
- Annual physical examinations and well-child care for children up to age six.

Outpatient Major Diagnostic Testing Benefit

Benefits will be paid at a preselected fixed dollar amount up to a calendar year maximum number of tests for the following: magnetic resonance imaging (MRI), computed tomography (CT, CAT scan), mammography, stress test, electrocardiogram, (ECG, EKG), ultrasound, bone density, amniocentesis and chromosome analysis.

Emergency Room Benefit

Benefits will be paid at a preselected fixed dollar amount, up to a calendar year maximum for eligible services or supplies received in an emergency room when the visit results from an accident or illness that occurs while covered under this benefit.

Inpatient Hospital Benefit

Benefits are paid on the first day of a covered stay. ICU, substance abuse, mental health and nursing facility 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.

Hospital Inpatient Admission Benefit

This benefit pays for admission to a healthcare facility for a minimum of 24 hours when confinement is medically necessary and is the result of a nonoccupational illness or injury. This benefit will be paid regardless of any other inpatient hospital benefits available to the insured.

Surgical Benefit

This benefit pays a preselected fixed dollar for surgeries performed by a doctor. Benefits are paid according to the surgical schedule.

Outpatient Surgical Facility Benefit

Benefits will be paid at a preselected fixed dollar amount up to a maximum of surgeries per calendar year for an outpatient surgical facility that is used during surgical procedures not ordinarily performed in a private physician's office but not requiring inpatient hospitalization. Outpatient Surgical Facility does not include the private office of a healthcare provider who there engages in the lawful practice of surgery.

Surgical Anesthesia Benefit

This provides benefits for anesthesia administered by an anesthesiologist or anesthesiologist in connection with a covered surgical procedure. The benefit is a preselected percentage of the benefit payable for the surgical procedure.

Select Benefits Description of Benefits for 11122000 - Busco, Inc. dba Arrow Stage Lines

Outpatient Prescription Drug Indemnity Benefit

Covered prescription drugs will be paid at a preselected fixed dollar amount per prescription, up to a maximum number of Brand Name and Generic prescriptions per person per calendar year. Prescriptions must be ordered by a physician and dispensed by a licensed pharmacist or physician. No benefits will be paid for drugs dispensed while insured is confined as an inpatient in any health care facility.

Patient Advocacy Services

Healthcare advocacy and assistance services provided by Health Advocate, Inc. Health Advocate's Core Advocacy program provides personalized help to resolve healthcare and insurance-related issues. A NurseLine program is integrated with the Core Advocacy program. Additional service available is a Medical Bill Saver program that offers assistance with negotiating payment on uncovered medical bills.

Pharmacy Discount Program

A discount from usual and customary drug charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (except Dependent Life) 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.

Select Benefits is not a replacement for major medical or any other comprehensive policy. It is designed to cover benefits at a preselected, fixed dollar amount. Coverage may be subject to exclusions, limitations, reductions and termination of benefits provisions which may vary by state. Any spousal benefits/rights may be restricted by Internal Revenue Code and the federal Defense of Marriage Act. Please see the policy certificate for details. Select Benefits is insured by Symetra® Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Symetra® is a registered service mark of Symetra Life Insurance Company.

Symetra[®] Life Insurance Company - Select Benefits

Schedule Of Surgical Procedures

Schedule A

This benefit applies only if it is shown in the Summary of Benefits. The following Surgical procedures are paid according to amounts listed, up to the Calendar Year maximum as listed in the Summary of Benefits. If the Calendar Year maximum amount is less than the amount listed on the Surgical Schedule, we will pay the amount of the Calendar Year maximum.

For Surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.

Auditory System

Remove impacted ear wax	\$ 50.00
Create eardrum opening	\$ 100.00
Repair eardrum structures	\$ 1,100.00

Digestive Systems

Diagnostic anoscopy	\$ 30.00
Sigmoidoscopy, diagnostic	\$ 80.00
Diagnostic colonoscopy	\$ 100.00
Upper gi endoscopy,diagnosis	\$ 300.00
Colonoscopy and biopsy	\$ 400.00

Cardiovascular Systems

Insertion of heart pacemaker	\$ 800.00
Coronary artery graft	\$ 2,500.00
Repair of aortic valve	\$ 2,700.00

Endocrine System

Biopsy of thyroid	\$ 80.00
Drain thyroid/tongue cyst	\$ 100.00
Remove thyroid lesion	\$ 900.00
Removal of thyroid	\$ 1,400.00

Eye & Ocular Adnexa

Remove foreign body from eye	\$ 50.00
Repair of eye wound	\$ 200.00
Remove cataract, insert lens	\$ 1,000.00
Corneal transplant	\$ 1,400.00

Female Genital System

Biopsy of uterus lining	\$ 50.00
Biopsy of cervix	\$ 80.00
Dilation and curettage (D&C)	\$ 300.00
Total hysterectomy	\$ 1,300.00

Hemic and Lymphatic Systems

Needle biopsy, lymph node(s)	\$ 100.00
Biopsy/removal,lymph node(s)	\$ 300.00
Repair of ruptured spleen	\$ 1,200.00

Integumentary System

Biopsy of skin lesion	\$ 50.00
Debride infected skin	\$ 50.00
Drainage of skin abscess	\$ 80.00
Removal of nail plate	\$ 80.00
Repair superficial wound(s)	\$ 100.00

Male Genital System

Circumcision	\$ 100.00
Biopsy of prostate	\$ 100.00
Removal of hydrocele	\$ 500.00
Removal of prostate	\$ 1,400.00

Maternity & Delivery

Fetal non-stress test	\$ 20.00
Antepartum care only	\$ 200.00
Obstetrical care	\$ 700.00
Cesarean delivery	\$ 900.00

Musculoskeletal System

Strapping of ankle	\$ 30.00
Inj tendon/ligament/cyst	\$ 50.00
Drain/inject joint/bursa	\$ 50.00
Treat fracture radius/ulna	\$ 200.00
Knee arthroscopy/surgery	\$ 800.00

Respiratory System

Diagnostic laryngoscopy	\$ 50.00
Insert emergency airway	\$ 200.00

Nervous Systems

Spinal fluid tap, diagnostic	\$ 100.00
Repair of spinal herniation	\$ 1,500.00
Biopsy/excise spinal tumor	\$ 2,300.00

Urinary System

Treatment of bladder lesion	\$ 100.00
Cystoscopy	\$ 200.00
Removal of kidney stone	\$ 1,400.00

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**SELECT BENEFITS
ENROLLMENT FORM**

Mail completed forms to:
Select Benefit Administrators
118 3rd Street East or PO Box 440
Ashland, WI 54806
1-800-497-3699

This Election for Coverage Cannot Be Processed Unless all Questions Are Answered and the Form Is Signed and Dated.

PART I - TO BE COMPLETED BY THE CERTIFICATEHOLDER

Certificateholder's Name (Last, First, Middle)		Social Security #	Date of Birth / /
Certificateholder's Home Address	City	State	Zip Code
Home Phone #			
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Policyholder's Name	Date of Hire	

DEPENDENT INFORMATION - Complete if you Are Applying for Family Coverage

No person can be insured under this policy as both a Certificateholder and a dependent, or as a dependent of more than one Certificateholder. Please complete the following information for each family member you wish to cover.

Dependent Name (Last, First, Middle)	Sex	Date of Birth	Relationship to Certificateholder	Full-Time Student
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY DESIGNATION - Complete if Your Policy has a Life Insurance Benefit

PRIMARY (P) - The person(s) you want to receive the life insurance benefit if you die. If more than one primary beneficiary is named, and a specific percentage is not designated, each receives an equal share of the benefit.

CONTINGENT (C) - The person(s) you want to receive the life insurance benefit if you die and no primary beneficiary is alive on that date.

If more than one contingent beneficiary is named, and a specific percentage is not designated, each receives an equal share of the benefits.

NOTE: The Group Policyholder may not be named as a Beneficiary.

BENEFICIARY DESIGNATION

Full Name & Address	Date of Birth	Relationship	Primary (P) Contingent (C)	% of Benefit

YES, I DO WANT THIS COVERAGE

- I elect coverage for insurance for which I am eligible under the terms of the group policy, or policies, issued to the policyholder by Symetra Life Insurance Company.
- I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance.
(Not applicable if the Policyholder pays 100% of the required contribution.)
- I designate the beneficiary(ies) named on this form to receive any benefits payable in the event of my death.
- All information submitted by me on this form is true and complete to the best of my knowledge and belief.

Certificateholder Signature

Date Signed

A Change in Enrollment Status Form must be completed for any changes such as marriage/divorce, name change, beneficiary change, birth or adoption of a child. This new form must be dated and signed.

PART II - TO BE FILLED OUT BY THE POLICYHOLDER

New Certificateholder Late Entrant Enrollee Open Enrollment Effective Date of Coverage ____/____/____

Case Number _____

**Select Benefits
Declination of Group Insurance**

I have been given the opportunity to enroll in the Select Benefits group insurance policy provided by Busco Inc. dba Arrow Stage Lines. I have decided **not** to elect this coverage.

I understand that if I decide to enroll in this group insurance policy at a later date, satisfactory proof of insurability may be required.

Employee Name (Please Print)

Employee signature

Date signed

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