

# SYMETRA

FINANCIAL

Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, Washington 98004-5135

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## EXCESS LOSS SCHEDULE OF BENEFITS

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A. Participating Employer: City of Hialeah

Policy Number: 16-009799-00

Effective Date of Coverage: January 1, 2003

Participating Employer Anniversary Date: January 1st of each year beginning in 2004

Premium Due Date: Premium is due on the Effective Date of Coverage and the first of each month beginning with February 1, 2003.

Enrollment (at the beginning of the Policy Period):

Single	<u>521</u>
Family	<u>772</u>

B. This Schedule of Benefits applies to the Policy Period: from 01-01-2009 to 01-01-2010  
Revised date: 04-30-2009 Effective date: 01-01-2009

C. Individual Excess Loss Insurance  Yes  No

1. Individual Deductible per Covered Unit \$ 150,000

2. Alternate Individual Deductibles applicable?

Yes (See Excess Loss Alternate Reimbursement Endorsement)  No

3. Covered Expenses

Medical excluding all Prescription Drugs

Medical including Prescription Drugs defined as ONE of the following:

Rx Card and Mail Order  Rx Card Only  Rx Mail Order Only OR

Rx as part of Medical Plan subject to a Deductible and Coinsurance

Other \_\_\_\_\_

4. Symetra's Reimbursement Percentage

100 % of Covered Expenses in excess of the Individual Deductible.

5. Individual Lifetime Reimbursement Maximum:

\$ 850,000 per Covered Unit

6. Premium Rates

Covered Units	
Single	\$24.10
Family	\$54.17

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Applies to Policy Period: from 01-01-2009 to 01-01-2010  
Revised date: 04-30-2009 Effective date: 01-01-2009

7. Reimbursement Option:

Covered Expenses incurred on or after the Policy Effective Date and paid during the Policy Period with:

Run-in Period 0 months Run-in Limit \$ N/A  
Run-out Period 3 months\* Run-out Limit \$ Unlimited

\*See Section G: Additional Information

8. Individual Excess Loss Terminal Provision applicable?  Yes  No

9. Individual Excess Loss Advantage Provision applicable?  Yes  No  
Individual Advantage Deductible \$ 569,000

10. Individual Advantage Deductible applies toward the Aggregate Attachment Point?  Yes  No

11. Individual Excess Loss Transplant Provision  Yes  No

**D. Aggregate Excess Loss Insurance**  Yes  No

1. Covered Expenses:

Medical excluding all Prescription Drugs

Medical including Prescription Drugs defined as **ONE** of the following:

Rx Card and Mail Order  Rx Card Only  Rx Mail Order Only **OR**

Rx as part of Medical Plan subject to a Deductible and Coinsurance

Vision

Dental

Short-Term Disability

Other \_\_\_\_\_

2. Aggregate Attachment Point will be set by Symetra.

3. Symetra's Reimbursement Percentage

100 % of Covered Expenses in excess of the Aggregate Attachment Point.

4. Aggregate Reimbursement Maximum per Policy Period \$ 1,000,000

5. Monthly Aggregate Accommodation Provision applicable?  Yes  No

6. Reimbursement Option:

Covered Expenses incurred on or after the Policy Effective Date and paid during the Policy Period with:

Run-in Period Unlimited months Run-in Limit \$ Unlimited  
Run-out Period 0 months Run-out Limit \$ N/A

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**EXCESS LOSS SCHEDULE OF BENEFITS**

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Applies to Policy Period: from 01-01-2009 to 01-01-2010  
Revised date: 04-30-2009 Effective date: 01-01-2009

7. Minimum Aggregate Attachment Point

90 % of the first Monthly Aggregate Attachment Point × 12

8. Monthly Aggregate Attachment Factors

Covered Units

Single	<u>\$583.38</u>
Family	<u>\$1,282.29</u>

9. Aggregate Excess Loss Terminal Provision applicable?  Yes  No

10. Aggregate Excess Loss premium \$ 4.55  
Paid: per employee per month

E. Medical Conversion Privilege  Yes  No

F. Endorsements Included

- Individual Excess Loss Advance Funding Endorsement  
 Excess Loss Alternate Reimbursement Endorsement

G. Additional Information

\* Run-out Period(s) do not apply if this Policy terminates prior to the end of the Policy Period

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H. Associated Companies

Name	Effective Date	Termination Date
<u>N/A</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>