

SERFF Tracking Number: SYMT-126439505 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 44469
Company Tracking Number: LGC-8786AR-SOB 8/09
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Select Benefits
Project Name/Number: Alternate Summary of Benefits/LGC-8786SOB

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: Select Benefits

SERFF Tr Num: SYMT-126439505 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity

SERFF Status: Closed-Approved-Closed
State Tr Num: 44469

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: LGC-8786AR-SOB 8/09

State Status: Approved-Closed

Filing Type: Form

Author: Mary Ellen Mckendry
Date Submitted: 01/04/2010

Reviewer(s): Rosalind Minor
Disposition Date: 01/05/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Alternate Summary of Benefits

Project Number: LGC-8786SOB

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer, Association, Trust

Filing Status Changed: 01/05/2010

Explanation for Other Group Market Type:

State Status Changed: 01/05/2010

Deemer Date:

Created By: Mary Ellen Mckendry

Submitted By: Mary Ellen Mckendry

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find copies of the above-referenced Summary of Benefits ("Summary") hereby submitted in final print form for filing and approval. This Summary is not intended to replace the Summary of Benefits currently used in the Select Benefits Indemnity Insurance Policy LGC-8786AR 2/03, which was approved by your department on September 15, 2003. Rather, it is intended for use as an alternate version of the Summary. Variable information is indicated by brackets []. The alternate Summary has not been previously filed in Arkansas. We intend to issue either the enclosed Summary or the previously approved version, depending on the package selected by the policyholder. This alternate version of the Summary offers prospective policyholders an additional option to choose from various pre-designed

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medical benefit packages available under the Select Benefits Indemnity Insurance Policy LGC-8786AR 2/03. The current Summary continues to allow prospective policyholders to choose each specific medical benefit they want, thereby designing their own package. The originally approved benefit options, dollar amounts, and calendar year maximums are still available both as a separate plan design and in this alternate version of the Summary.

The alternate Summary also includes an increase in the benefit range amounts from the fixed payments originally filed. The benefits in the packages will aggregate to a combined calendar year maximum of \$10,000, \$15,000, \$25,000, \$50,000, \$75,000 or \$100,000. The fixed payment benefits available in this Alternate Summary option are limited to the following:

- Inpatient Hospital Benefit
- Inpatient Hospital Admission Benefit
- Surgical Benefit
- Surgical Anesthesia Benefit
- Outpatient Surgical Facility Benefit
- Doctor's Office Visit
- Outpatient Diagnostic X-Ray and Laboratory Benefit
- Emergency Room Benefit
- Accident Benefit

Also part of this package option, there are two additional benefit changes. One, the Outpatient Diagnostic X-Ray and Laboratory Benefit and two, the Surgical Anesthesia Benefit. The Outpatient Diagnostic X-Ray and Laboratory Benefit payment structure is modified to classify all the covered diagnostic tests into three tiers. Each tier provides an exclusive benefit level. A document showing the classifications is included with this filing. The Surgical Anesthesia Benefit is modified to pay a fixed dollar benefit. It is no longer related to the Surgical Schedule classifications.

As an example of how the Alternate Summary option works, an employer may choose a benefit package which includes:

Inpatient Hospital Benefit
\$650 daily hospital/\$1,300 daily ICU
Doctors Office Visit Benefit
\$65 per visit
Outpatient Diagnostic X-Ray and Lab Benefit
Class A \$200 per person/visit
Class B \$35 per person/visit
Class C \$10 per person/visit

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Emergency Room Benefit \$100 per visit

These four benefits are available to the employee with no restrictions to the number of visits and aggregate to a \$15,000 Calendar Year Maximum.

The employer may also choose to offer any of the other benefits available in the group policy as part of the complete package selected.

Aside from Alternate Summary policy design option and the modification of the Outpatient Diagnostic X-Ray and Laboratory Benefit and the Surgical Anesthesia Benefit, there are no other changes to the Select Benefits Indemnity Insurance Policy LGC-8786AR 2/03.

We trust that with all this information you will be able to approve this filing. We hope to make these forms effective upon your approval. Should you have any questions please contact me at 1-800-426-7784 X68835, or my direct line at 425-256-8835. My email address is maryellen.mckendry@symetra.com.

Company and Contact

Filing Contact Information

Mary Ellen McKendry, Contract Analyst maryellen.mckendry@symetra.com
777 108th Avenue N.E., Suite 1200 425-256-8835 [Phone]
Bellevue, WA 98004

Filing Company Information

Symetra Life Insurance Company CoCode: 68608 State of Domicile: Washington
777 108th Ave NE, Suite 1200 Group Code: 1129 Company Type: Insurance
Bellevue, WA 98004-5135 Group Name: State ID Number:
(800) 796-3872 ext. [Phone] FEIN Number: 91-0742147

Filing Fees

SERFF Tracking Number: SYMT-126439505 State: Arkansas
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Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: 1 summary of Benefits x \$20.00 = \$20.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$20.00	01/04/2010	33228879

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/05/2010	01/05/2010

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Disposition

Disposition Date: 01/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	X-Ray and Lab classifications	Approved-Closed	Yes
Supporting Document	cover letter	Approved-Closed	Yes
Form	Alternate Summary of Benefits	Approved-Closed	Yes

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Form Schedule

Lead Form Number: LGC-8786AR-SOB 8/09

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/05/2010	LGC-8786AR-SOB 8/09	Schedule Pages	Alternate Summary of Benefits	Other	Other Explanation:		ARAlternate SOB.pdf

Symetra Life Insurance Company

SELECT BENEFITS INDEMNITY POLICY

ALTERNATE SUMMARY OF BENEFITS

[
[Employer]:

Policy Number:

[Employer] Effective Date:

Policy Anniversary:

Eligible Classes of [Employees]

[All eligible [Employees] of the [Employer] who are defined as follows:]

Class	Description
[]

Hourly [Employees]

Benefit amounts are based on:

The following Levels and the amount of coverage selected by the [Employer] for each Level.

[Level 1:	1-90 Hours of Work per month]
[Level 2:	91-130 Hours of Work per month]
[Level 3:	131+ Hours of Work per month]

The Level of coverage for which an **Insured** is eligible during the current month will be based on the number of hours worked in the prior month.

Service Waiting Period

[The first of the month following the date of employment.]

[[Employee] Only Benefits

[Life Insurance Benefits] [\$5,000, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$35,000, \$40,000, \$45,000, \$50,000]

Benefit amounts reduce by 35% at age 65 and by an additional 35% each five-year period thereafter.]

[Accidental Death and Dismemberment Benefits] [\$5,000, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$35,000, \$40,000, \$45,000, \$50,000]

Benefit amounts reduce by 35% at age 65 and by an additional 35% each five-year period thereafter.]

[Disability Weekly Benefit] 66 2/3% of **Basic Weekly Earnings** to a Maximum Amount of [\$100, \$300, \$400, \$500] per week

Elimination Period: [7, 14, 30] days, **Benefits** begin on the [8, 15, 31st] day

Maximum Benefit Period: 26 weeks]]

[Dependent Only Benefits]

[Life Insurance Benefits]

Eligible Dependents:

Spouse [or domestic partner]:

[\$2,500, \$5,000, \$7,500, \$10,000, \$12,500]

Child: 14 days to 6 months [\$200, \$400, \$600, \$800, \$1,000]
6 months to [19] years
[\$1,250, \$2,500, \$3,750, \$5,000, 1` \$6,250]]

THE FOLLOWING BENEFITS ARE SELECTED ON A PER VISIT BASIS UP TO A CALENDAR YEAR MAXIMUM OR UP TO THE ANNUAL MAXIMUM STATED IN THE ALTERNATE SUMMARY OF BENEFITS.

:

[Employee] [and Dependent] Benefits

[Accident Benefit

[\$20, \$30, \$35, \$40, \$45, \$50, \$55, \$60, \$80, \$100] per visit/per person up to a maximum of either:

- [[\$100, \$150, \$300, \$400, \$500] per person/per **Calendar Year** maximum]
- [OR]
- the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page ____]

[Emergency Room Benefit

[\$50, \$75, \$100, \$125, \$150, \$200] per visit/per person up to a maximum of either:

- [[\$150, \$300, \$500, \$600] per person/per **Calendar Year**]
- [OR]
- the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page ____]

[Inpatient Hospital Benefits

Hospital:

[\$100 , \$200, \$300, \$400, \$500, \$600, \$700, \$750, \$800, \$900, \$1,000, \$1,100, \$1,200, \$1,300, \$1,400, \$1,500, \$1,600, \$1,700, \$1,800, \$1,900, \$2,000] per day/per person, up to a maximum of either:

- [[10, 15, 30, 60, 90] days per person/per **Calendar Year** and 500 days per lifetime/per person]

[OR

the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page _____.]

Intensive Care

[\$200, \$400, \$600, \$800, \$1,000, \$1,200, \$1,400, \$1,500, \$1,600, \$1,800, \$2,000, \$2,200, \$2,400, \$2,600, \$2,800, \$3,000, \$3,200, \$3,400, \$3,600, \$3,800, \$4,000] per day/per person, up to a maximum of either:

- [[10, 15, 30, 60, 90] days per person/per **Calendar Year** and 500 days per lifetime/per person]

[OR

- the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page _____.]

Substance Abuse Facility:

[\$100 , \$200, \$300, \$400, \$500, \$600, \$700, \$750, \$800, \$900, \$1,000, \$1,100, \$1,200, \$1,300, \$1,400, \$1,500, \$1,600, \$1,700, \$1,800, \$1,900, \$2,000] per day/per person, up to a maximum of either:

- [[10, 15, 30, 60, 90] days per person/per **Calendar Year** and 500 days per lifetime/per person]

[OR

- the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page _____.]

Mental Health Facility:

[\$50, \$100, \$150, \$200, \$250, \$300, \$350, \$375, \$400, \$450, \$500, \$550, \$600 \$650, \$700, \$750, \$800, \$850, \$900, \$950, \$1,000] per day/per person, up to a maximum of either:

- [[10, 15, 30, 60, 90] days per person/per **Calendar Year** and 180 days per lifetime/per person]

[OR

- the benefit and the annual maximum as shown in the **Alternate Summary of Benefits** on Page ____].

Nursing Facility:

[\$50, \$100, \$150, \$200, \$250, \$300, \$350, \$375, \$400, \$450, \$500, \$550, \$600 \$650, \$700, \$750, \$800, \$850, \$900, \$950, \$1,000] per day/person of either:

- [only if immediately following a covered **Hospital** stay, at least 3 consecutive days, and if the **Insured** is less than age 65 up to a maximum of 60 consecutive days per stay/per person and 500 days per lifetime/per person]

[OR

- the benefit and the annual maximum as shown in the **Alternate Summary of Benefits** on Page ____].]

[Hospital Inpatient Admission Benefit

[\$500, \$750, \$1,000, \$1,500, \$2,000] per **Confinement** per person up to a maximum of either:

- [[1, 2, 3] admittances per **Calendar Year** to a **Healthcare Facility**]

[OR

- the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page ____].

[Doctor's Office Visit, Urgent Care and
Outpatient Hospital Benefit

[\$15, \$20, \$30, \$35, \$40, \$45, \$50, \$55, \$60, \$65, \$70, \$75, \$80, \$85] per visit/per person up to a maximum of either:

- [[\$300, \$400, \$500, \$600, \$700] per person/per **Calendar Year**

[OR

- the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page ____].

[Outpatient Diagnostic X-Ray & Lab Benefit

[\$20, \$30, \$35, \$40, \$45, \$50, \$55, \$60, \$65, \$70, \$75, \$80, \$90, \$100] per visit/per person up to a maximum of either:

- [[\$300, \$400, \$500, \$600] per person/per **Calendar Year**

[OR

- the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page ____].

[Surgical Benefit

[Schedule of Surgical Procedures A; B; C; D; E; F; G]

A maximum of either:

- [[\$400, \$500, \$800, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$4,000, \$5,000, \$6,000, \$7,500] per person/per **Calendar Year** when Surgeries are performed by a **Doctor** and are paid

according to the Schedule of Surgical Procedures]

[OR

- the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page ____].]

[Surgical Anesthesia

[[20%, 30%, 40%] of each covered surgical procedure performed as listed in the Schedule of Surgical Procedures when performed by an anesthesiologist or anesthetist up to a maximum of either [\$80 - \$2,000] per person per **Calendar Year.**]

[OR

- the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page ____].]

[Outpatient Surgical Facility

[\$250, \$300, \$350, \$400, \$450, \$500] per surgery per person up to either a maximum:

- [of [1, 2, 3, 4, 5] surgeries per **Calendar Year** for the use of an outpatient surgical facility.]

[OR

the benefit and the annual maximum as shown in the Alternate Summary of Benefits on Page ____].]

THE FOLLOWING BENEFITS ARE SELECTED ON A PER VISIT BASIS UP TO A CALENDAR YEAR MAXIMUM AND MAY NOT BE INCLUDED IN THE ALTERNATE SUMMARY OF BENEFITS.

[Preventive Care Benefit

[\$50, \$75, \$100, \$150] per visit/per person up to a maximum of [\$100, \$300, \$450] per person/per **Calendar Year]**

[Doctor's Office Visit, Diagnostic X-Ray and Laboratory, and Preventive Care Benefit

[\$65, \$70, \$75, \$80] per visit per person up to [10, 15, 20] visits per person per **Calendar Year]**

[Major Diagnostic Testing Benefit
[\$75, \$ 100, \$125, \$150, \$175, \$200]
per test up to a maximum of [1, 2, 3, 4,
5] tests per person per **Calendar Year.**]

[Ambulance Transportation Benefit
[\$250, \$500, \$750, \$1,000] per ground
ambulance service.
Air ambulance services will be paid at 2
times the ground services benefit
amount.
Ground and air ambulance services
have a combined maximum of 5 trips
per person per **Calendar Year.**]

Dental Benefit

Type I & II
[\$50, \$75, \$100] per visit/per person
Type II Periodontal Benefit lifetime maximum
[\$1,500]
Type III
[\$200, \$300, \$400] per visit/per person
The **Calendar Year** Maximum applies to:
the combined amounts of Types I, II, and III:
Type IV
[\$150, \$200, \$250] per visit per/person
up to a maximum of [\$250 - \$750] per
lifetime/per person]

Vision Care Benefit

Exam: \$50 per exam/per person limited
to one exam per person/per **Calendar
Year**
Glasses: \$100 per pair/per person every
2 consecutive **Calendar Years**
OR
Contact Lenses: \$75 per person every 2
consecutive **Calendar Years]]**

[Alternate Summary of Benefits with a [\$10,000, \$15,000, \$25,000, \$50,000, \$75,000, \$100,000] Calendar Year Maximum

BENEFITS MAY BE SELECTED EITHER ON A PER BENEFIT BASIS WITH APPLICABLE PER VISIT MAXIMUMS OR AS ON A PACKAGE BASIS AS SHOWN BELOW.

Payments will aggregate to a combined [\$10,000, \$15,000, \$25,000, \$50,000, \$75,000, \$100,000] Calendar Year Maximum

[Accident **Benefit** [\$50 or \$100] per visit]

[Emergency Room **Benefit** [\$60, \$70, \$80, \$90, \$95, \$100, \$200, \$250, \$300, \$325, \$350, \$400, \$500] per visit]

[**Inpatient Hospital Benefit** - [\$200, \$400, \$500, \$600, \$700, \$800, \$900, \$1,000, \$1,200, \$1,250, \$1,500, \$1,600, \$1,800, \$2,000, \$2,300, \$2,400, \$2,500, \$3,000, \$3,200, \$3,500] daily hospital. ICU is 2 times the daily hospital amount.]

[**Doctor's Office/Urgent Care/Outpatient Hospital Benefit** [\$40, \$55, \$65, \$70, \$75, \$80, \$85, \$90, \$95, \$100] per visit]

[**Outpatient Diagnostic X-Ray and Laboratory Benefit** Level A [\$200, \$250, \$300, \$350, \$400, \$500, \$550, \$600] Level B [\$35, \$50, \$55, \$60, \$70, \$75, \$80] Level C [\$10, \$15, \$20, \$25, \$30]

[**Surgical Benefit** - Based on Schedules of Surgical Procedures Schedule C or D]

[**Surgical Anesthesia Benefit** - [\$350, \$375, \$400, \$450, \$500, \$550] per Surgery]

[**Outpatient Surgical Facility Benefit** [\$850 or \$900] per Surgery]

[**Hospital Inpatient Admission Benefit** [\$400, \$ 700, \$750, \$800, \$900, \$1,500] per admission]

]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	01/05/2010
Comments:		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	01/05/2010
Bypass Reason: This is adding an alternate summary of benefits to policy LGC-8786 AR 2/03 approved September 15, 2003.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: X-Ray and Lab classifications	Approved-Closed	01/05/2010
Comments:		
Attachment: DiagnosticClassifications.pdf		

	Item Status:	Status Date:
Satisfied - Item: cover letter	Approved-Closed	01/05/2010
Comments:		
Attachment: AR SOB DOI .pdf		

READABILITY CERTIFICATION

I hereby certify on behalf of Symetra Life Insurance Company that the attached form meets the reading ease score established in the Arkansas Policy Language Simplification Act 23-86-203. The Flesh score is 40.3



Michael Fry
Vice President
Symetra Life Insurance Company

Symetra Life Insurance Company - Select Benefits

Outpatient Diagnostic X-ray and Laboratory Benefit

This benefit applies only if it is shown in the summary of benefits. The following outpatient diagnostic x-ray and laboratory procedures are paid according to the class (A, B, or C) listed below. Class A includes chromosome analysis, computed tomography scans, and magnetic resonance imaging; Class B includes amniocentesis, mammograms, stress tests, ultrasound, and radiological services; class C includes cardiovascular tests, bone density tests, electrocardiograms, pathology and laboratory tests, and all other diagnostic tests.

Below are examples of how Symetra classifies diagnostic procedures.

Amniocentesis

HCPCS Code	Description	Class
59000	Amniocentesis, diagnostic	B

Bone Density Tests

HCPCS Code	Description	Class
77080	Dual x-ray absorptiomtery, bone density, axial	C
77081	Dual x-ray absorptiometry, bone density/peripheral	C
77082	Dual x-ray abosrptiometry, bone density, vert fx	C

Cardiovascular

HCPCS Code	Description	Class
94010	Breathing capacity test	C
94150	Vital capacity test	C
94200	Lung function test (MBC/MVV)	C
94250	Expired gas collection	C
94350	Lung nitrogen washout curve	C

Cardiovascular Stress Test

HCPCS Code	Description	Class
93015	Cardiovascular stress test	B
93024	Cardiac drug stress test	B

Chromosome Analysis

HCPCS Code	Description	Class
S3848	Genetic test, Gaucher Disease	A
S3849	Genetic test, Niemann-Pick Disease	A

S3850	Genetic test, sickle cell anemia	A
S3853	Genetic test, myotonic muscular dystrophy	A
S3854	Genetic profile panel for breast cancer	A

Computed Tomography Scans

HCPCS Code	Description	Class
70450	CT scan of head/brain w/o dye	A
72126	CT scan of neck, spine w/dye	A
72128	CT scan of chest, spine w/o dye	A
72193	CT scan of pelvis w/dye	A
74170	CT scan of abdomen w/o & w/dye	A

Electrocardiogram

HCPCS Code	Description	Class
93000	Electrocardiogram, complete	C
93040	Rhythm ECG with report	C

Magnetic Resonance Imaging

HCPCS Code	Description	Class
70336	Magnetic image, jaw joint	A
70551	MRI of brain w/o dye	A
71552	MRI of chest w/o & w/dye	A
72197	MRI of pelvis w/o & w/dye	A
73719	MRI of lower extremity w/dye	A

Mammography

HCPCS Code	Description	Class
77052	Computer screen mammogram add-on	B
77055	Mammogram, one breast	B
77056	Mammogram, both breasts	B

Pathology and Laboratory Services

HCPCS Code	Description	Class
80050	General health panel	C
80102	Drug confirmation	C
81020	Urinalysis, glass test	C
82143	Amniotic fluid scan	C
82270	Occult blood, feces	C

Radiology Services

HCPCS Code	Description	Class
70030	X-ray eye for foreign body	B

71010	Chest x-ray	B
72010	X-ray exam of spine	B
72170	X-ray exam of pelvis	B
73620	X-ray exam of foot	B

Ultrasound

HCPCS Code	Description	Class
76536	Ultrasound exam of head and neck	B
76604	Ultrasound exam, chest	B
76645	Ultrasound exam, breast(s)	B
76801	Obstetric ultrasound, single fetus, < 14 wks	B
76880	Ultrasound exam, extremity	B

Other

HCPCS Code	Description	Class
59025	Fetal non-stress test	C
92020	Special eye evaluation	C
92502	Ear and throat examination	C
92551	Pure tone hearing test, air	C
G0102	Prostate cancer screening; digital rectal exam	C



January 4, 2010

The State of Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

Re: Symetra Life Insurance Company NAIC # 1129-68608
Select Benefits Indemnity Certificate Alternate Summary of Benefits LGC-8786AR-SOB 8/09

Enclosed please find copies of the above-referenced Summary of Benefits ("Summary") hereby submitted in final print form for filing and approval. This Summary is not intended to replace the Summary of Benefits currently used in the Select Benefits Indemnity Insurance Policy LGC-8786AR 2/03, which was approved by your department on September 15, 2003. Rather, it is intended for use as an alternate version of the Summary. Variable information is indicated by brackets []. The alternate Summary has not been previously filed in Arkansas. We intend to issue either the enclosed Summary or the previously approved version, depending on the package selected by the policyholder. This alternate version of the Summary offers prospective policyholders an additional option to choose from various pre-designed medical benefit packages available under the Select Benefits Indemnity Insurance Policy LGC-8786AR 2/03. The current Summary continues to allow prospective policyholders to choose each specific medical benefit they want, thereby designing their own package. The originally approved benefit options, dollar amounts, and calendar year maximums are still available both as a separate plan design and in this alternate version of the Summary.

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- Emergency Room Benefit
- Accident Benefit

Also part of this package option, there are two additional benefit changes. One, the Outpatient Diagnostic X-Ray and Laboratory Benefit and two, the Surgical Anesthesia Benefit. The Outpatient Diagnostic X-Ray and Laboratory Benefit payment structure is modified to classify all the covered diagnostic tests into three tiers. Each tier provides an exclusive benefit level. A document showing the classifications is included with this filing. The Surgical Anesthesia Benefit is modified to pay a fixed dollar benefit. It is no longer related to the Surgical Schedule classifications.

As an example of how the Alternate Summary option works, an employer may choose a benefit package which includes:

<p>Inpatient Hospital Benefit \$650 daily hospital/\$1,300 daily ICU</p> <p>Doctors Office Visit Benefit \$65 per visit</p> <p>Outpatient Diagnostic X-Ray and Lab Benefit Class A \$200 per person/visit Class B \$35 per person/visit Class C \$10 per person/visit</p> <p>Emergency Room Benefit \$100 per visit</p>

These four benefits are available to the employee with no restrictions to the number of visits and aggregate to a \$15,000 Calendar Year Maximum.

The employer may also choose to offer any of the other benefits available in the group policy as part of the complete package selected.

Aside from Alternate Summary policy design option and the modification of the Outpatient Diagnostic X-Ray and Laboratory Benefit and the Surgical Anesthesia Benefit, there are no other changes to the Select Benefits Indemnity Insurance Policy LGC-8786AR 2/03.

We trust that with all this information you will be able to approve this filing. We hope to make these forms effective upon your approval. Should you have any questions please contact me at 1-800-426-7784 X68835, or my direct line at 425-256-8835. My email address is maryellen.mckendry@symetra.com.

Sincerely,



Mary Ellen McKendry
Senior Contract Analyst