



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

EXCESS LOSS SCHEDULE OF BENEFITS

A. Policyholder: City of San Luis Benefit Trust

Policy Number: 16-012222-00

Effective Date of Coverage: July 1, 2012

Policyholder Anniversary Date: July 1st of each year beginning in 2013.

Premium Due Date: Premium is due on the Effective Date of Coverage and the first of each month beginning with August 1, 2012.

Enrollment (at the beginning of the Policy Period):

Single 128 Family 110

Retirees covered under Excess Loss: Yes No

B. This Schedule of Benefits applies to the Policy Period: from 07-01-2019 to 07-01-2020

C. Individual Excess Loss Insurance: Yes No

1. Individual Deductible per Covered Unit: \$50,000

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.

EXCESS LOSS SCHEDULE OF BENEFITS

Applies to Policy Period: from 07-01-2019 to 07-01-2020

5. Individual Lifetime Reimbursement Maximum: Unlimited per Covered Unit
Policy Period Reimbursement Maximum: Unlimited per Covered Unit

6. Premium Rates:

Covered Units

Single	\$88.26
Family	\$266.18

7. Reimbursement Option:

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

Run-in Period	<u>Unlimited</u>	months	Run-in Limit	<u>Unlimited</u>
Run-out Period	<u>0</u>	months	Run-out Limit	<u>N/A</u>

8. Individual Excess Loss Terminal Provision applicable? Yes No

9. Individual Excess Loss Advantage Provision applicable? 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

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Applies to Policy Period: from 07-01-2019 to 07-01-2020

6. Reimbursement Option:

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

Run-in Period	<u>Unlimited</u> months	Run-in Limit	<u>Unlimited</u>
Run-out Period	<u>0</u> months	Run-out Limit	<u>N/A</u>

7. Minimum Aggregate Attachment Point:

100% of the first Monthly Aggregate Attachment Point x 12.

8. Monthly Aggregate Attachment Factors:

<u>Covered Units</u>	
Single	\$322.74
Family	\$802.02

9. Aggregate Excess Loss Terminal Provision applicable? Yes No

10. Aggregate Excess Loss premium: \$3.51
Paid: per employee per month

11. Net Claim Limit: \$50,000 per Covered Unit

E. Medical Conversion Privilege: Yes No

F. Endorsements Included

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

G. Additional Information:

Claims determined to be eligible under the Employee Benefit Plan in final and binding external review by independent review organizations (IROs) will also be deemed Covered Expenses under the Policy. Claim exception requests pending and under IRO review at the end of the Policy Period will continue to be considered for coverage.

H. Associated Companies:

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

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