



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

EXCESS LOSS SCHEDULE OF BENEFITS

A. Policyholder: City of Vancouver

Policy Number: 16-013831-00

Effective Date of Coverage: January 1, 2019

Policyholder Anniversary Date: January 1st of each year beginning in 2020.

Premium Due Date: Premium is due on the Effective Date of Coverage and the first of each month beginning with February 1, 2019.

Enrollment (at the beginning of the Policy Period):

Single 160 Family 351

Retirees covered under Excess Loss: ☒ Yes ☐ No
Individual and Aggregate coverages

B. This Schedule of Benefits applies to the Policy Period: from 01-01-2020 to 01-01-2021

Revised date: 01-21-2020

Effective date: 01-01-2020

C. Individual Excess Loss Insurance: ☒ Yes ☐ No

1. Individual Deductible per Covered Unit: \$250,000

Note: The minimum Individual Deductible is \$100,000 or 5% of expected claims, whichever is less.

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.

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EXCESS LOSS SCHEDULE OF BENEFITS

Applies to Policy Period: from 01-01-2020 to 01-01-2021
Revised date: 01-21-2020 Effective date: 01-01-2020

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

6. Premium Rates:

Covered Units

Single	\$39.20
Family	\$116.77

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: \$2,000,000

5. Monthly Aggregate Accommodation Provision applicable? ☐ Yes ☒ No

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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.

Note: The minimum Aggregate Attachment Point may not be less than 120% of expected claims.

8. Monthly Aggregate Attachment Factors:

Covered Units

Single	\$889.44
Family	\$2,153.56

9. Aggregate Excess Loss Terminal Provision applicable? ☐ Yes ☒ No

10. Aggregate Excess Loss premium: \$6.15

Paid: per employee per month

11. Net Claim Limit: \$250,000 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.

City of Vancouver has been identified as an Alera/BAN client subject to the Alera/BAN-Symetra 2018 Stop Loss Agreement.

H. Associated Companies:

Name	Effective Date	Termination Date
<u>Vancouver Housing Authority</u>	<u>01-01-2019</u>	<u></u>
<u>Fire Marshall's Office</u>	<u>12-01-2019</u>	<u></u>