

Plan Summary for:

13095000 - Bensalem Township School District



Summary of Benefits

Group Accident

Group Accident Policy	Plan 1
Group Accident Benefit	up to \$5,000
Coverage per occurrence	
Occurrences	3 pp/pcy max
Monthly Premium	Plan 1
Employee	\$16.81
Employee + Spouse	\$35.81
Employee + Child(ren)	\$27.55
Family	\$49.86

pp/pcy= per person, per calendar year

To Calculate: Weekly=Monthly cost x 12 ÷52; Bi-Weekly =Monthly cost x 12÷26; Semi-Monthly=Monthly cost x 12 ÷24

These benefits are designed to be offered to those covered under a High-Deductible Health Plan ('HDHP') without the effect of disqualifying a participant from electing an HSA. Please consult with your Benefits Advisor to assist with determination that electing this limited benefit coverage is in fact permitted coverage under the rules applicable to an HSA.

Description of Benefits for:

13095000 - Bensalem Township School District

Group Accident Description of Benefit



Group Accident Benefit

This benefit pays eligible expenses up to the benefit amount selected per accident occurrence. Expenses must be incurred within 52 weeks from the date of the accident with the first expense incurred within 60 days of the date of the accident.

Select Benefits insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Select Benefits policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory.