

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Select Benefits Plan Summary for:
 12940000 - EMR (USA Holdings) Inc.

Fixed-Payment Indemnity Insurance

Fixed-Payment Indemnity Policy	Plan 1
Inpatient Hospital Benefits 500 days per lifetime unless noted	
Hospital Stay	\$100 per day, 60 days pp/pcy ¹
Intensive Care Unit	\$100 per day, 60 days pp/pcy
Hospital Inpatient Admission Benefit	
Coverage per confinement	\$750 first day
Admittances	3 pp/pcy max.
Survivor Benefit	Included
Monthly Premium	Plan 1
<i>Employee</i>	\$11.48
<i>Employee + Spouse</i>	\$24.46
<i>Employee + Children</i>	\$18.82
<i>Family</i>	\$34.06

¹pp/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 NOT designed to be offered to an individual who has elected an HSA.

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. Coverage is provided under generic policy form numbers SBC-00500, SBC-00535, and LGC-10011 or LGC-9072.

Select Benefits Description of Benefits for:
12940000 - EMR (USA Holdings) Inc.

Fixed-Payment Indemnity Insurance

Inpatient Hospital Benefit

Benefits are paid on the first day of a covered stay. ICU stays are included with the hospital stay benefit. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

Hospital Inpatient Admission Benefit

This benefit pays for the first calendar day of confinement as result of a non-occupational illness or injury. This benefit will be paid regardless of any other inpatient hospital benefits available.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (except Dependent Life, Group Accident, and Critical Illness) without premium payments for up to two years after the employee's death. This is as long as the plan remains in force and the covered dependent meets the coverage requirements in the policy.

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

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. Coverage is provided under generic policy form numbers SBC-00500, SBC-00535, and LGC-10011 or LGC-9072.

Policyholder: EMR (USA Holdings) Inc.

Policy Issue State: NJ

Hospital Indemnity Plan

Insured by Symetra Life Insurance Company

Exclusions

No benefit will be paid when the Insured does not incur a cost for services or supplies. In addition, benefits will not be paid when costs are incurred for services or supplies:

- a. For which there is no legal obligation to pay.
- b. Received before the Insured is covered for the benefit.
- c. Received after Termination of Coverage, except as provided under the Policy.
- d. Which are not furnished or prescribed by a Doctor.
- e. Received for Experimental or Investigative treatment, procedures for research purposes, or practices when not generally recognized as accepted medical practices.
- f. That are not approved or accepted as essential to the treatment of an Illness or Injury by any of the following:
 - a. The American Medical Association
 - b. The U.S. Surgeon General
 - c. Department of Public Health
 - d. The National Institute of Health
- g. Related to cosmetic surgery or dental care done to beautify an Insured without medical or dental indication of Injury or Illness.
- h. Related to elective medical, dental, or surgical procedures done without medical or dental indication of Illness or Injury.
- i. For reversal procedures in connection with previous male or female sterilization.
- j. In the nature of educational or vocational testing or training.
- k. For outpatient food, food supplements, or vitamins.
- l. For radial keratotomies.
- m. For physical therapy, occupational therapy, speech therapy or chiropractic manipulations or modalities.
- n. In connection with treatment of male or female infertility, in vitro and in vivo fertilization of an ovum, or artificial insemination.
- o. For Durable Medical Equipment.
- p. For Custodial Care.
- q. For surgical Anesthesia.
- r. For Ancillary Services in connection with surgery or other Illness, except as stated in the Schedule of Benefits. s. Related to smoking cessation.
- t. For the treatment of the following:
 - a. Codependency
 - b. Social, occupational, or religious maladjustments
 - c. Compulsive Gambling
 - d. Chronic marital or family problems when not related to the primary focus of treatment that must be a diagnosable Mental Disorder
- u. For the treatment of obesity, weight reduction, or dietetic control, except for morbid obesity or disease etiology.
- v. For the following, except as specifically stated in the Schedule of Benefits section of the Policy:

¹Regardless of where the policy is issued.

²Review your Summary of Plan Benefits to determine whether or not your plan includes a Pregnancy Exclusion/Limitation period and its duration.

*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.

Policyholder: EMR (USA Holdings) Inc.

Policy Issue State: NJ

Hospital Indemnity Plan

Insured by Symetra Life Insurance Company

- a. For dental treatment and oral surgery
- b. For treatment of Mental Disorders
- c. For treatment of Substance Abuse Disorders
- d. For refractions, eyeglasses, or hearing aids or their fitting
- e. For routine physicals or general health exams, routine immunizations and vaccinations
- w. For treatment of Temporomandibular Joint Dysfunction (TMJ) pain syndrome, orofacial, or myofascial syndrome whether medical or dental in scope.
- x. For an Illness or Injury caused wholly or partly, directly or indirectly by:
 - i. Declared or undeclared war or act of war when serving in the military or an auxiliary unit thereto.
 - ii. Committing or attempting to commit an assault or felony.
 - iii. Inciting or taking part in any form of public violence. (N/A for policies issued in NH or for residents of NH¹.)
 - iv. Intentionally self-inflicted **Injury**, while sane or insane. (N/A for policies issued in MI)

If the benefits below are included in your plan, some variation of the following exclusions & limitations may apply; please see your plan's enrollment material to determine if these exclusions apply.

Emergency Room Benefit

This benefit is always included for policies issued in DC. This benefit is not available for policies issued in CA, CO, NH, and when the majority of the group resides in NY¹.

Emergency Room Benefits will not be paid when services or supplies are received for:

- a. Drugs, supplies or additional Ancillary Services that may be required for a particular emergency treatment.
- b. Doctor visits (including Emergency Room Doctors, who bill separately for their services).
- c. Diagnostic X-ray and laboratory tests.

Inpatient Hospital Benefit

Inpatient Hospital Benefits will not be paid when services or supplies are received for:

- a. Care received in an Emergency Room.
- b. Care received in an outpatient Hospital facility or clinic or Urgent Care facility.
- c. Care received in a Hospital for Observation Services lasting less than 24-48 hours.
- d. Care received in any other portion of a Hospital which provides services that do not require Confinement.

¹Regardless of where the policy is issued.

²Review your Summary of Plan Benefits to determine whether or not your plan includes a Pregnancy Exclusion/Limitation period and its duration.

*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.

Policyholder: EMR (USA Holdings) Inc.
Policy Issue State: NJ
Hospital Indemnity Plan
Insured by Symetra Life Insurance Company

The following additional exclusion will also apply to the Inpatient Hospital Benefit ONLY in the rare event that the plan includes a Pregnancy Limitation (Exclusion) Period²:

Inpatient Hospital Benefits will not be paid when services or supplies are received for Care received in a Hospital or Healthcare Facility due to normal pregnancy or childbirth during the Pregnancy Limitation Period.

State-Specific Benefit Disclosures

If the benefits below are included in your plan, the following state requirements may apply, depending on the state where you live or the policy issue state (as shown above). Apart from any state requirements, please see your plan's enrollment material to determine if these benefits are available.

Wellness Screening Rider

This benefit is not available for policies issued in CO, ID, MI, MN, NH, NJ, NM, or NY.

Portability

This benefit is not available for policies issued in CO, KY, LA, MN, NH, NJ, NM, NY, NV, OR, TX, UT, VT, WA or WV, and for residents of the following states: ID¹, LA¹, NY¹, MN¹, NH¹, VT¹, WV¹.

Ambulance Benefit

This benefit is not available for policies issued in CO. This benefit will always be included for policies issued in DC.

Emergency Room Benefit

This benefit is not available for policies issued in CO. This benefit will always be included for policies issued in DC.

Home Health Care Benefit

This benefit is not available for policies issued in NY. This benefit will always be included for policies issued in CT and for CT residents under any policy where the majority of the group resides within CT.*

Second Opinion Benefit

This benefit will always be included for policies issued in MD or for MD¹ residents.

THE POLICY IS A FIXED-PAYMENT INSURANCE POLICY. IT PROVIDES FIXED-PAYMENT LIMITED MEDICAL BENEFITS. YOUR COVERAGE UNDER THE POLICY IS NOT COMPREHENSIVE MEDICAL COVERAGE AND IS NOT INTENDED TO COVER THE COST OF ALL HOSPITAL OR OTHER MEDICAL SERVICES. THE POLICY DOES NOT SATISFY THE MINIMUM ESSENTIAL COVERAGE REQUIREMENTS OF THE AFFORDABLE CARE ACT.

¹Regardless of where the policy is issued.

²Review your Summary of Plan Benefits to determine whether or not your plan includes a Pregnancy Exclusion/Limitation period and its duration.

*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.