

SYMETRA.

FINANCIAL

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

EXCESS LOSS SCHEDULE OF BENEFITS

A. Participating Employer: City of Gainesville

Policy Number: 16-009585-00

Effective Date of Coverage: January 1, 2003

Participating Employer Anniversary Date: January 1st of each year beginning in 2004

Premium Due Date: Premium is due on the Effective Date of Coverage and the first of each month beginning with February 1, 2003.

Enrollment (at the beginning of the Policy Period):

Composite Billed 2,591

Composite Contract 2,591

B. This Schedule of Benefits applies to the Policy Period: from 01-01-2014 to 01-01-2015

C. Individual Excess Loss Insurance Yes No

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

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.

5. Individual Lifetime Reimbursement Maximum:
Unlimited per Covered Unit

Policy Period Reimbursement Maximum:
Unlimited per Covered Unit

6. Premium Rates

Covered Units

Billed

Contract

Composite

\$21.47

\$30.67

EXCESS LOSS SCHEDULE OF BENEFITS

Applies to Policy Period: from 01-01-2014 to 01-01-2015

7. Reimbursement Option:

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

Run-in Period Unlimited months Run-in Limit \$ Unlimited
 Run-out Period 0 months Run-out Limit \$ N/A

8. Individual Excess Loss Terminal Provision applicable? Yes No

9. Individual Excess Loss Advantage Provision applicable? Yes No

10. Individual Advantage Deductible applies toward the Aggregate Attachment Point? Yes No

11. Individual Excess Loss Transplant Provision Yes No

D. Aggregate Excess Loss Insurance Yes No

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
N/A	_____	_____
_____	_____	_____