

SYMETRA

FINANCIAL

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

EXCESS LOSS SCHEDULE OF BENEFITS

A. Participating Employer: Lake County Board of County Commissioners

Policy Number: 16-010828-00

Effective Date of Coverage: October 1, 2006

Participating Employer Anniversary Date: October 1st of each year beginning in 2007

Premium Due Date: Premium is due on the Effective Date of Coverage and the first of each month beginning with November 1, 2006.

Enrollment (at the beginning of the Policy Period):

Single	<u>500</u>
Family	<u>660</u>

B. This Schedule of Benefits applies to the Policy Period: from 10-01-2013 to 10-01-2014

C. Individual Excess Loss Insurance Yes No

1. Individual Deductible per per Covered Unit \$ 200,000

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

Single	<u>\$20.65</u>
Family	<u>\$50.28</u>

EXCESS LOSS SCHEDULE OF BENEFITS

Applies to Policy Period: from 10-01-2013 to 10-01-2014

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

	<u>Class 1</u>	<u>Class 2</u>			<u>Class 1</u>	<u>Class 2</u>
Run-in Period	<u>Unlimited</u>	<u>24</u>	months	Run-in Limit	<u>\$ Unlimited</u>	<u>Unlimited</u>
Run-out Period	<u>0</u>	<u>0</u>	months	Run-out Limit	<u>\$ N/A</u>	<u>N/A</u>

8. Individual Excess Loss Terminal Provision applicable? Yes No

9. Individual Excess Loss Advantage Provision applicable? Yes No
Individual Advantage Deductible \$65,000.00

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

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

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

	<u>Class 1</u>	<u>Class 2</u>			<u>Class 1</u>	<u>Class 2</u>
Run-in Period	<u>Unlimited</u>	<u>24</u>	months	Run-in Limit	<u>\$ Unlimited</u>	<u>Unlimited</u>
Run-out Period	<u>0</u>	<u>0</u>	months	Run-out Limit	<u>\$ N/A</u>	<u>N/A</u>

Applies to Policy Period: from 10-01-2013 to 10-01-2014

7. Minimum Aggregate Attachment Point

100 % of the first Monthly Aggregate Attachment Point × 12

8. Monthly Aggregate Attachment Factors

<u>Covered Units</u>	<u></u>
Single	\$542.02
Family	\$1,241.18

9. Aggregate Excess Loss Terminal Provision applicable? Yes No

10. Aggregate Excess Loss premium \$ 1.61
Paid: per employee per month

E. Medical Conversion Privilege Yes No

F. Endorsements Included

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

G. Additional Information

Retirees are covered under Individual Excess Loss Insurance and Aggregate Excess Loss Insurance.

Class 1: All Eligible Lake County Board of County Commissioners Covered Units

Class 2: All Eligible Lake County Clerk of the Courts Covered Units

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>
<u></u>	<u></u>	<u></u>