



Accident

About	2
Summary	6
Wellness Benefit	15
How to File a Claim	17

[*Watch Video >*](#)

Accident Insurance

Your plan for the unexpected



Accidents can happen to anyone, at any time. Could you afford the financial impact if one happened to you or someone in your family? With accident insurance, you can be better prepared for the unexpected.



How it works

Accident insurance can cover out-of-pocket medical expenses related to an accidental injury.

Benefits are paid for injuries resulting from an accident, and they don't interfere or coordinate with your major medical plan.



Why accident insurance?

Even with major medical insurance, your out-of-pocket health care costs can be substantial. Accident insurance can help you offset your deductible, copay or coinsurance requirements while paying little to nothing from your own pocket.

Benefits can also be used to pay for other expenses that may follow an accident, such as medical supplies, help with child care or anything else you may need.

Continued >

What's covered?

Your plan covers several types of accidental injuries, including:

- ✓ Fractures
- ✓ Dislocations
- ✓ Second- and third-degree burns
- ✓ Eye injuries
- ✓ Lacerations
- ✓ Torn ligaments

The plan also pays a benefit for the following services if they're related to a covered injury.

Emergency care and diagnostics

- ✓ Ambulance rides
- ✓ Emergency room admission
- ✓ X-rays

Follow-up care

- ✓ Physical therapy
- ✓ Doctor visits
- ✓ Chiropractic visits
- ✓ Medical equipment
- ✓ Prosthetic devices

Hospitalization and surgical procedures

- ✓ Hospital admission
- ✓ ICU
- ✓ Surgery
- ✓ Rehabilitation



SPOUSE AND CHILD COVERAGE

Spouse and dependent benefits may be available. Please refer to your enrollment materials for specific details.

This is a brief description of available benefits. For a complete description of coverage, please refer to your enrollment materials or contact your benefits representative.



Claim example

Meet Mike



Mike has an active lifestyle, so he knew that enrolling in Symetra Accident Insurance was the right decision. Shortly after signing up, Mike breaks his leg on a hiking trip with friends. After a trip to the emergency room, Mike's able to use his accident insurance to help with his out-of-pocket costs.

Please refer to your complete set of enrollment materials for your plan's benefit amounts and costs of coverage.

Treatment and services

Accident insurance pays:

Emergency room visit:	\$200
X-ray:	\$50
Leg fracture:	\$2,000
Five physical therapy sessions:	\$250
Total benefits received:	\$2,500

Mike's benefits

Because Mike has accident insurance, he now has funds to help pay for:

- Medical expenses.
- Child care during recovery.
- Transportation to physical therapy appointments.

This example is for illustrative purposes only and is meant to provide a general overview of how coverage works. Any resemblance to actual persons is purely coincidental.



DID YOU KNOW?

The Centers for Disease Control and Prevention report that 24.2 million visits to emergency rooms in the U.S. are due to unintentional injuries.¹

[Continued >](#)

Why enroll?

Let's face it, our lives are busy. Whether we're grabbing groceries, taking a road trip, or heading to after-school activities, we're not thinking about things taking an unexpected turn. But if they do, accident insurance can help.

When you sign up for Symetra Accident Insurance, you get:

- **A simple enrollment process without any required medical questions or exams.²**
- **An easy and flexible claims process.**
- **Responsive and empathetic customer service representatives at a U.S.-based call center.**

Don't miss your opportunity to enroll in this valuable coverage. To get started, review your enrollment materials or talk to your benefits representative.



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

www.symetra.com

Symetra® is a registered service mark of
Symetra Life Insurance Company.

Accident coverage, insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004, is not available in all U.S. states or any U.S. territory. It pays a fixed amount and does not cover losses due to sickness, nor does it cover the cost of all hospital and medical services. It is not a replacement for major medical or other comprehensive coverage and does not satisfy the minimum essential coverage requirements of the Affordable Care Act. Certificate form number is SBC-03515 1/18.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, contact your benefits representative.

THIS POLICY IS ISSUED AS AN ACCIDENT-ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY ILLNESS.

¹ "National Hospital Ambulatory Medical Care Survey," Centers for Disease Control and Prevention, accessed March 8, 2023.

² Late entrants and those who elect coverage over the guaranteed issue amount outlined in the plan design will have to complete a medical questionnaire.

Plan Summary for:
12666000 - Sharp Transportation, Inc.

Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS		Plan 1
Ambulance - Ground		\$250 pp/pa
Ambulance - Air		\$1,500 pp/pa
Emergency Room		\$200 pp/pa
Major Diagnostic Testing (MRI, CT Scan, EEG) 1 exam(s) per covered accident		\$200 pp/pa
X-Ray		\$50 pp/pa
Pain Management/Epidural 1 visit(s) per covered accident		\$100 pp/pa
Initial Doctor's Visit		\$100 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS		
Hospital Admission		\$1,250 pp/pa
ICU Admission		\$2,500 pp/pa
Hospital Confinement Up to 365 day(s) per accident		\$250 per day
ICU Up to 30 day(s) per accident		\$500 per day
Rehabilitation/Skilled Nursing Facility Up to 90 day(s) per accident		\$125 per day
Blood/Plasma/Platelets		\$400 pp/pa
Surgery - Open Abdominal, Thoracic		\$1,500 per surgery
Surgery - Cranial		\$1,500 per surgery
Surgery - Hernia		\$500 per surgery
Surgery - Exploratory or Without Repair		\$400 per surgery
Outpatient/Miscellaneous Surgery		\$300 per surgery
Transportation Up to 3 trip(s) per accident		\$500 per trip
Family Lodging Up to 30 nights		\$125 per night
Coma After 7 day duration		\$10,000 pp/pa
FOLLOW UP CARE		
Follow Up Doctor's Visit 1 visit(s) per covered accident		\$75 pp/pa
Physical Therapy Up to 10 visits per accident		\$50 per visit
Chiropractic Visit Up to 10 visits per accident		\$50 per visit
Medical Equipment		\$500 pp/pa
Prosthetic Device		\$1,500 pp/pa
COMMON INJURIES		
Burns		
Second Degree: 20 - 100 square centimeters		\$75 pp/pa
Second Degree: 101 - 225 square centimeters		\$1,000 pp/pa
Second Degree: More than 225 square centimeters		\$2,500 pp/pa
Third Degree: 20 - 100 square centimeters		\$2,000 pp/pa
Third Degree: 101 - 225 square centimeters		\$4,000 pp/pa
Third Degree: More than 225 square centimeters		\$15,000 pp/pa
Skin Grafts		25% of burn benefit
Quadriplegia		\$20,000 pp/pa
Paraplegia		\$20,000 pp/pa
Hemiplegia		\$20,000 pp/pa
Uniplegia		\$3,750 pp/pa

Lacerations	
Not requiring sutures	\$40 pp/pa
Under 3 inches, required sutures	\$70 pp/pa
3 to 6 inches, requires sutures	\$200 pp/pa
Over 6 inches, requires sutures	\$400 pp/pa
Emergency Dental Work	
Crown Repair	\$300 pp/pa
Extraction	\$75 pp/pa
Eye Injuries	
Removal of Foreign Object	\$300 pp/pa
Surgical Repair	\$300 pp/pa
Specific Injuries	
Ruptured Disc	\$500 pp/pa
Tendons/Ligaments	
1 tear with surgical repair	\$500 pp/pa
Tendons/Ligaments	
2 or more tears with surgical repair	\$1,000 pp/pa
Tendons/Ligaments	
Arthroscopic surgery with no repair	\$400 pp/pa
Torn Knee Cartilage	
Exploratory surgery with no repair	\$400 pp/pa
Torn Knee Cartilage	
Surgical repair	\$500 pp/pa
Concussion	\$200 pp/pa
Dislocations (Closed Reduction)	
3 dislocation benefits per person, per accident maximum	
Hip	\$3,000 per dislocation
Knee (except patella)	\$1,625 per dislocation
Shoulder	\$1,600 per dislocation
Foot/Ankle	\$1,000 per dislocation
Wrist	\$1,000 per dislocation
Lower Jaw	\$1,000 per dislocation
Elbow	\$1,000 per dislocation
Bones of the Hand (except fingers)	\$875 per dislocation
Collarbone	\$800 per dislocation
2 or more fingers	\$400 per dislocation
2 or more toes	\$400 per dislocation
1 finger or toe	\$125 per dislocation
Open Reduction	200% of dislocation benefit
Partial Dislocation	25% of dislocation benefit

Fractures (Closed Reduction)	
3 fracture benefits per person, per accident maximum	
Skull	\$3,000 per fracture
Hip/Thigh	\$3,000 per fracture
Vertebral Body (excluding vertebral processes)	\$3,000 per fracture
Pelvis	\$2,500 per fracture
Arm (upper)	\$1,500 per fracture
Shoulder Blade	\$1,500 per fracture
Leg	\$2,000 per fracture
Upper Jaw	\$1,200 per fracture
Vertebral Processes	\$1,000 per fracture
Knee Cap	\$1,200 per fracture
Collarbone	\$1,200 per fracture
Forearm	\$1,500 per fracture
Foot/Ankle	\$1,200 per fracture
Hand/Wrist	\$1,000 per fracture
Lower Jaw	\$1,200 per fracture
Ribs (2 or more)	\$500 per fracture
Facial Bones or Nose	\$900 per fracture
1 rib, finger, or toe	\$300 per fracture
Coccyx	\$300 per fracture
Open Reduction	200% of fracture benefit
Bone Chip	25% of fracture benefit
CATASTROPHIC ACCIDENT BENEFITS	
Accidental Death¹	\$50,000
Common Carrier Accidental Death¹	\$100,000
AD&D Benefits¹	
Double Dismemberment	
Loss of both hands, both feet or sight in both eyes	\$50,000
Loss of Speech or Hearing in both ears	\$50,000
Loss of 1 hand and 1 foot	\$50,000
Loss of 1 eye	\$25,000
Loss of 1 hand or 1 foot	\$25,000
Loss of 2 or more fingers or toes	\$12,500
Loss of 1 finger or toe	\$2,500
OPTIONAL BENEFITS	
Wellness Screening Benefit	\$100 pp/pcy
Extension of Coverage	Included
Child Organized Sports	Included
Additional 25% of accident benefits	
\$5,000 per person/per accident maximum	

¹Benefit Amounts: Employee 100%, Spouse 50%, Child 25%

²pp/pa = per person/per accident

Please refer to the Description of Benefits included in this packet for additional information on your benefits.

Scheduled Benefit Accident insurance policies are for accident only insurance and do not provide coverage for sickness. 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.

Description of Benefits for:

12666000 - Sharp Transportation, Inc.

Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS

Ambulance Transportation Benefit

This benefit pays for ground or air ambulance transportation as shown in the Schedule of Benefits. It will be paid for transportation by a licensed ground or air ambulance transportation service from the place of injury to the nearest accredited hospital where adequate treatment facilities are available. Air ambulance transportation must be within 96 hours of the accident. Ground transportation must be within 90 days of the accident. One ground ambulance trip and one air ambulance trip are payable per accident.

Emergency Room Benefit

The benefit amount shown in the Schedule of Benefits will be paid for treatment in an emergency room for an injury. Emergency room services must be incurred within 30 days from the Accident. This benefit is payable once per person, per accident.

Major Diagnostic Testing Benefit

The benefit amount shown in the Schedule of Benefits will be paid if for any of the following major diagnostic tests as the result of the injury. Tests must be administered by a provider within 365 days of the accident. This benefit is payable once per person, per accident. If multiple tests are performed, only one benefit will be paid. The following tests are covered: magnetic resonance imaging (MRI), computed tomography (CT, Cat Scan), electrocardiogram (EKG) and electroencephalogram.

X-Ray Benefit

The benefit amount shown in the Schedule of Benefits will be paid if an x-ray is performed as a result of the injury. The x-ray must be performed by a provider within 365 days of the accident. This benefit is payable once per person, per accident.

Pain Management/Epidural Benefit

The benefit amount shown in the Schedule of Benefits will be paid if medical pain management services, including the application of epidural injections, are administered for treatment of injury. Services must be administered by a provider within 365 days of the accident. Services may be provided at the doctor's office, outpatient hospital clinic or urgent care facility. This benefit is paid one time per person, per accident.

Initial Doctor Visit Benefit

The benefit amount shown in the Schedule of Benefits will be paid for the first day of treatment from a doctor for an injury. The initial visit must occur within 365 days of the accident. Services must be provided at the doctor's office, an outpatient hospital clinic or urgent care facility. This benefit is payable once per person, per accident.

ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS

Hospital Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to a hospital as the result of an injury for a minimum of 24 consecutive hours or if a charge is made for room and board. Hospital admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other hospital benefits available.

Intensive Care Unit (ICU) Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to an ICU as the result of an injury for a minimum of 24 consecutive hours or a charge is made for room and board. ICU admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other ICU benefits available.

Hospital Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a hospital for treatment of injury. Hospital confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 365 days.

Intensive Care Unit (ICU) Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to an ICU for treatment of injury. ICU confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 30 days.

Rehabilitation/Skilled Nursing Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a rehabilitation facility or skilled nursing facility for treatment of an injury. Confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 90 days.

Blood/Plasma/Platelets Benefit

This benefit will pay the amount shown in the Schedule of Benefits for transfusion of blood, plasma or platelets for a surgical procedure. This benefit is paid one time per person, per accident.

Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits based on the type of surgical procedure performed. Surgery must be performed within 365 days of date of the accident. If more than one surgical procedure is performed on the same day, the benefit paid will be based on the surgery that provides the largest benefit amount.

Outpatient/Miscellaneous Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits for an outpatient surgical procedure or an inpatient surgical procedure not otherwise covered. Surgery must be required due to injury and performed within 365 days of the accident. This benefit is payable once per person, per accident.

Transportation Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day an insured must travel to or from a health care facility more than 50 miles away from the primary residence for treatment of injury. Travel must occur within 365 days after the accident and is payable for up to 3 trips per accident.

Family Lodging Benefit

This benefit will pay the amount shown in the Schedule of Benefits each day an expense is incurred for lodging by an adult family member or companion accompanying the insured who is confined as the result of an injury more than 50 miles away from the primary residence. This benefit is payable up to 30 nights per accident.

Coma Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an insured lapses into a coma as the result of an injury. The coma must occur within 365 days of injury and last for a minimum of 7 days.

FOLLOW UP CARE**Follow Up Doctor's Visit Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for a follow up visit with a doctor for the treatment of an injury. Treatment must be provided at a doctor's office, an outpatient hospital facility or urgent care facility and occur after initial treatment in a doctor's office or emergency room.

Physical Therapy Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any day the insured receives physical therapy in a health care facility as the result of an injury. Physical therapy must begin within 365 days after the accident. This benefit is payable for up to 10 visits per accident.

Chiropractic Visit Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day the insured receives chiropractic care as the result of an injury. Chiropractic care must begin within 365 days after the date of the accident. This benefit is payable for up to 10 visits per accident.

Medical Equipment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured rents or buys durable medical equipment as the result of an injury. The medical equipment must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

Prosthetic Device Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured purchases a prosthetic device as the result of an injury. The prosthetic device must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

COMMON INJURIES**Burn Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for second or third degree burns sustained due to an accident. Benefits are based on the severity of the burn. Only one benefit is payable per person, per accident. If multiple burns are sustained as the result of the same accident, the highest eligible benefit will be paid.

Paralysis Benefit

This benefit will pay the amount shown in the Schedule of Benefits for paralysis due to an accident. The benefit amount is based on the type of paralysis. Paralysis must be diagnosed by a doctor within 365 days of the accident. This benefit is payable only once per person, per accident.

Laceration Benefit

This benefit will pay the amount shown in the Schedule of Benefits for lacerations sustained as the result of an accident. The benefit amount is based on the type of laceration. Lacerations must be repaired within 96 hours after an accident. Only one laceration benefit will be paid per person, per accident. If multiple lacerations are sustained, the benefit amount applicable to the total length of all lacerations will be paid.

Emergency Dental Work Benefit

This benefit will pay the amount shown in the Schedule of Benefits if emergency dental treatment is required as the result of an accident. This includes the repair of a broken sound, natural tooth or crown and the extraction of a broken sound, natural tooth. The benefit amount is based on the type of procedure. Dental work must occur within 365 days after the accident. This benefit will be paid once per person, per accident regardless of the number of teeth involved.

Eye Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an eye injury is sustained as the result of an accident. The injury must require surgery or removal of a foreign object by a doctor within 365 days after the accident. One eye injury benefit is payable per person per accident.

Specific Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if one of the specific injuries listed is sustained as the result of an accident. Benefit amounts are based on the type of injury sustained. The injury must require surgery or medical treatment within 365 days after the accident. Only one benefit is payable per person per accident.

Dislocations Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a dislocation is sustained as the result of an accident. Benefit amounts are based on the type of dislocation sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 dislocations per person per accident.

Fractures Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a fracture is sustained as the result of an accident. Benefit amounts are based on the type of fracture sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 fractures per person per accident.

CATASTROPHIC ACCIDENT BENEFITS**Accidental Death Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

Common Carrier Accidental Death Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life while on or occupying a common carrier. The loss must be a direct result of an accident, independent of all other causes and occur within 365 days of the accident. This benefit is payable in lieu of the Accidental Death benefit.

Accidental Dismemberment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in a loss as described in the Schedule of Benefits. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

OPTIONAL RIDERS**Wellness Screening Benefit (Not available for residents of ID)**

This benefit will pay the amount shown in the Schedule of Benefits for any of the wellness screening tests listed. The benefit will be paid once per person during a calendar year regardless of the number of screening tests administered during that year.

Child Organized Sports Benefit

Provides an additional 25% benefit (up to a specified cap), for benefits payable under the Policy, if the Accident occurred while an Insured Dependent child is participating in an organized sport. The child must be insured by the Policy on the date the Accident occurred.

Screening Tests

Abdominal aortic aneurysm ultrasonography
Baseline testing for Concussion
Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides
Bone density screening
Bone marrow testing
Breast MRI
Breast ultrasound
CA 15-3 blood test for breast cancer
CA 125 blood test for ovarian cancer
Carotid Doppler
CEA blood test for colon cancer
Chest X-ray
Child sports physicals
Colonoscopy or virtual colonoscopy
CT angiography
Electrocardiogram
Fasting blood glucose test
Flexible sigmoidoscopies
Mammograms
Pap smears
Prostate-specific antigen (PSA) test
Serum cholesterol test to determine level of HDL and LDL
Stress test on a bicycle or treadmill
Testicular ultrasound
Thermography
Thin Prep Pap Test

Portability/Extension of Coverage

Allows coverage to continue following termination of employment or loss of eligibility. Review the certificate of coverage to understand the full details of this provision.

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

Scheduled Benefit Accident insurance policies are for accident only insurance and do not provide coverage for sickness. 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.

Accident, Critical Illness and Hospital Indemnity Insurance

Understanding your health screening and wellness benefits



Contact us:

Call 1-800-497-3699

Monday–Friday

7:30 a.m. to 6 p.m. ET

sbclaims@symetra.com

symetra.com/MyGO

Mailing address:

P.O. Box 440

Ashland, WI 54806

Fax: 715-682-5919

Your benefit amount:

Accident:

Critical illness:

Hospital indemnity:

Accident policy #:

Critical illness policy #:

Hospital indemnity policy #:

Policyholder:

Keeping tabs on your overall health can help you prepare for the unexpected. Fortunately, through your Symetra coverage, you can receive a financial benefit for being proactive about your health and your family's.

The chart below shows which screenings are eligible for benefits under each plan. After completing a screening test, just give us a call or send us an email and let us know (1) the name of the insured, (2) the type of screening, and (3) the date the screening was completed.

Eligible screening tests

	Accident	Critical illness	Hospital indemnity
Abdominal aortic aneurysm ultrasonography	✓		✓
Baseline testing for concussion	✓		
Biopsy		✓	
Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides	✓		✓
Blood test for triglycerides		✓	
Bone density screening	✓		✓
Bone marrow testing	✓	✓	✓
Breast MRI		✓	
Breast ultrasound	✓	✓	✓
CA 125 (blood test for ovarian cancer)	✓	✓	✓
CA 15-3 (blood test for breast cancer)	✓	✓	✓
Carotid Doppler	✓		✓
CEA (blood test for colon cancer)	✓	✓	✓
Chest X-ray	✓	✓	✓
Child sports physicals	✓		✓
Colonoscopy	✓	✓	✓
COVID-19 (PCR, rapid, antibody)	✓	✓	✓

You can also submit claims through My Group Online (MyGO). Simply use the policy information above to self-register and create an account.

[Continued >](#)

	Accident	Critical illness	Hospital indemnity
CT angiography	✓		✓
Electrocardiogram	✓		✓
Fasting blood glucose test	✓	✓	✓
Flexible sigmoidoscopy	✓	✓	✓
Hemoccult stool specimen		✓	
Mammogram	✓	✓	✓
Pap test	✓	✓	✓
Prostate-specific antigen (PSA) test	✓	✓	✓

	Accident	Critical illness	Hospital indemnity
Serum cholesterol test to determine HDL/LDL level	✓	✓	✓
Serum protein electrophoresis (blood test for myeloma)		✓	
Stress test on a bicycle or treadmill	✓	✓	✓
Testicular ultrasound	✓		✓
Thermography	✓	✓	✓
ThinPrep Pap test	✓		✓

Frequently asked questions

How do I let Symetra know I had a screening test?

It's easy. Give us a call or send us an email and let us know three things: the name of the insured, the type of screening, and the date the screening was completed.

You can also submit a claim through **MyGO**. Once you've created an account and logged in, click **Submit my claim** and add any required information. You can also upload any relevant documentation from a desktop computer or mobile device.¹

Is there another way to file my health screening or wellness benefit claim?

Yes. You can also send claims by mail or fax. Please use the contact information on the first page and we'll be happy to assist.

Who can receive a health screening or wellness benefit?

Anyone covered under your plan is eligible for these benefits. Please review your enrollment information for more details.

How often can I receive a health screening or wellness benefit?

Please refer to your policy information or call Symetra at 1-800-497-3699 to confirm how often you can file a health screening or wellness benefit claim.

What if I have a screening test that qualifies for benefits under more than one of my Symetra plans?

If you have multiple coverages with Symetra, we'll automatically cross-check to see if you're eligible for more than one benefit and submit the claim on your behalf.

Group benefits policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. They are not available in all states or any U.S. territory. They 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.

Critical illness and fixed-payment (also known as hospital indemnity) coverages provide benefits at a preselected, fixed dollar amount. Base certificate form numbers are SBC-00535-CERT 4/14 and SBC-04535 1/21 and SBC-01505 6/20.

Accident coverage provides benefits up to a preselected, per occurrence amount. Certificate form number is SBC-03515 1/18.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, contact your HR or benefits representative.

THIS POLICY IS ISSUED AS AN ACCIDENT-ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY ILLNESS.

¹ If your policy was issued in CA or PA, please upload the actual bill and the Explanation of Benefits (EOB) from your health insurance carrier.



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

Symetra® is a registered service mark of Symetra Life Insurance Company.

How to file a claim

Accident Insurance

Policy #:
Policyholder:

When using MyGO for the first time, please use the policy information above to self-register before submitting a claim.

Option 1

Use My Group Online (MyGO)

Initiate an accident claim within minutes on MyGO. This secure, user-friendly platform is available 24/7 through your computer or mobile device.

To submit your claim:

- 1 Log in to your account at www.symetra.com/MyGO and click “Submit my claim.”
- 2 Fill out a few simple fields and upload documents.
- 3 Hit “Submit.”

Option 2

Email, mail or fax a claim

- 1 Request an itemized bill (form UB04 or HCFA 1500) from your provider with diagnosis and procedure codes.
- 2 Write a statement describing the date, place and cause of the accident.
- 3 Complete a claim submission form, which can be found on www.symetra.com/MyGO under “Forms.” We can also email, mail or fax this form to you.
- 4 Submit the above information to Symetra by email, mail or fax.

More with MyGO

On MyGO, you can also:

- Check the status of a claim.
- View an Explanation of Benefits (EOB).
- Submit scans, photos or electronic versions of claim documents.
- Download important forms.
- Set up direct deposit for benefit payments.

Contact us:

sbclaims@symetra.com
www.symetra.com/MyGO

Call 1-800-497-3699
Monday through Friday
7:30 a.m. to 6 p.m. ET
Fax: (715) 682-5919

Mailing address:
P.O. Box 440
Ashland, WI 54806



If you have multiple coverages with Symetra, we will automatically check to ensure you receive all eligible benefits.

[Continued >](#)

Frequently asked questions

When do I need to submit my claim?

All claims must be submitted within one year of the date of service. The first expense for an accident claim must be incurred within 60 days after the date of accident.

When will Symetra make a decision on my claim?

Symetra typically makes a decision on a claim within 10 days of receiving completed claim forms and any additional required information. Depending on the complexity of the claim, this review period may be extended up to an additional 15 days. If your claim is approved, you can expect to receive payment within 7-10 days.

Can Symetra help me gather any remaining information from my medical provider?

Yes. Additional information such as doctor notes may be requested, and we're happy to help you gather the remaining details after you or a provider initiates a claim. We'll just need you to sign a release of information form so we can contact the provider on your behalf.

Does the policy have to be effective to receive benefits?

Yes. The accident and medical services received must occur while the policy is active.



Symetra Life Insurance Company
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Bellevue, WA 98004-5135
www.symetra.com

Symetra® is a registered service mark of
Symetra Life Insurance Company.

Accident coverage is insured by Symetra National Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004. Per Occurrence Accident pays benefits up to a preselected, per occurrence amount and does not cover losses due to sickness, nor does it cover the cost of all hospital and medical services. Scheduled Benefit Accident pays a fixed amount and does not cover losses due to sickness, nor does it cover the cost of all hospital and medical services.

THIS POLICY IS ISSUED AS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY ILLNESS.

It is not a replacement for major medical or other comprehensive coverage and does not satisfy the minimum essential coverage requirements of the Affordable Care Act.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. To learn more, contact your benefits representative.