

**Employer Plan Summary for:**  
**12676000 - Woods Services, Inc.**

## Critical Illness

<b>Coverage Details</b>	
Symetra's voluntary Critical Illness insurance provides a lump sum payment if a covered condition is diagnosed after coverage takes effect for the individual. Covered conditions include critical illnesses and/or conditions, as specified below.	
<b>Core Benefits</b>	Invasive Cancer: 100%, Minor Cancer: 25%, Heart Attack: 100%, Stroke: 100%, Coronary Artery Disease Needing Surgery or Angioplasty: 25%, Major Organ Failure: 100%, Occupational HIV: 100%, End-Stage Renal Failure: 100%, Loss of Sight: 100%, Loss of Speech: 100%, Loss of Hearing: 100%, Paralysis: 100% (Covers Sickness and Accident), Severe Burns: 100%
<b>Neurological Conditions</b>	Coma: 100% (Covers Accident and Sickness), Benign Brain Tumor: 100%
<b>Childhood Conditions</b>	Major Congenital Structural Anomaly: 100%, Congenital Metabolic Disorder: 100%, Congenital Chromosomal Abnormality: 100%, Chronic Medical Condition Commonly Diagnosed in Childhood: 100%
<b>Other Benefits</b>	Infectious Disease: 100% (Minimum Hospital Stay: 5 Days)
<b>Additional Occurrences</b>	If you are diagnosed with a Covered Critical Illness, and you are then, at least one day later, diagnosed with a different Covered Critical Illness, we will also pay the additional Critical Illness benefit for the second covered condition.
<b>Options</b>	
<b>Health Screening Benefit</b>	Pays an annual benefit amount of \$50 for x-ray and laboratory tests only incurred by the employee, spouse, or child.
<b>Recurrence Benefit</b>	Pays an additional benefit of 100% of the critical illness benefit when a specific critical illness recurs more than 6 month(s) after the first diagnosis. Each condition is payable an unlimited number of times unless otherwise specified in the certificate.
<b>Waiver of Premium</b>	None
<b>Rate Guarantee</b>	3 Years
<b>Employee Benefit Amount(s)</b>	
Critical Illness Employee Benefit: \$5,000, \$15,000, \$20,000, or \$30,000	
Guaranteed Issue Benefit: Up To \$5,000, \$15,000, \$20,000, or \$30,000	
<b>Dependent Benefit Amount(s)</b>	
Spouse Benefit: \$2,500, \$5,000, or \$15,000, Guaranteed Issue Benefit: \$2,500, \$5,000, or \$15,000, Child Benefit: \$2,500 or \$5,000, Guaranteed Issue Benefit: \$2,500 or \$5,000	

<b>Definitions</b>	
<b>Guaranteed Issue</b>	Guaranteed issue is the benefit amount available without the need for evidence of insurability at the time an individual is first eligible for coverage.
<b>Evidence of Insurability</b>	The guaranteed issue benefit amounts in our offering are available with no medical underwriting. EOI will not be required at initial open or annual enrollment. Outside of selecting coverage during an enrollment period, EOI will not be required during the plan year when an employee pursues coverage as a new employee or as an existing employee following an approved change in life status when said elections are made within 30 days of eligibility under the plan or the change in status.
<b>Age-Based Benefit Amount Reductions</b>	The benefit amount for employee, spouse and child is reduced by 50 percent on the policy anniversary date that follows the employee's 70th birthday.
<b>Lifetime Maximum Benefit Payout</b>	No lifetime maximum
<b>Benefit Waiting Period</b>	NoneNo benefit (or benefit increase) is payable for a critical illness that is diagnosed during the benefit waiting period. No benefit waiting period for individuals that reside in Idaho.
<b>Pre-Existing Condition</b>	None
<b>Portability</b>	Included

If/when Critical Illness coverage is currently offered through a different carrier: The current participants of an existing plan will receive credit for time served under that policy as part of the Continuity with Prior Coverage feature found in Critical Illness policy offered by the Symetra Life Insurance Company. Symetra will rely on the Policyholder to confirm existing coverage status.

State variations may apply.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

**Description of Benefits for:**  
**12676000 - Woods Services, Inc.**

## **Critical Illness**

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### **Critical Illness Benefit**

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect.

### **Invasive Cancer**

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of neighboring tissue that is supported by histological evidence of malignancy. Invasive Cancer includes Leukemia, Lymphoma, Sarcoma, Malignant melanoma greater than 1mm in thickness, any type of breast cancer, or Multiple myeloma. Invasive Cancer must be diagnosed by a Specialist according to a Pathological or Clinical Diagnosis.

### **Minor Cancer (In Situ)**

Minor Cancer (In Situ) is defined as a cancer wherein the tumor cells lie within the tissue of origin and have not spread to neighboring tissue. Non-Invasive Cancer includes: chronic lymphocytic leukemia that has not progressed beyond RAI Stage 0; Stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or early prostate cancer classified as T1a or T1b (or equivalent staging) without lymph node or distant metastasis. The diagnosis must be confirmed with a report from a Specialist that includes the pathology report.

### **Heart Attack (Myocardial Infarction)**

Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a Specialist and based on serial measurement of cardiac biomarkers in the blood showing a pattern and to a level consistent with a diagnosis of Heart Attack (Myocardial Infarction) and any other diagnostic criteria to meet the clinically accepted definition for heart attack.

### **Stroke**

Stroke is defined as an acute cerebrovascular incident resulting in irreversible death of brain tissue due to intra-cranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel.

This event must result in neurological functional impairment with objective neurological abnormal signs on physical examination by a Specialist and the diagnosis must also be supported by findings on brain imaging and must be consistent with the diagnosis of a new Stroke.

### **Coronary Artery Disease Needing Surgery or Angioplasty**

Coronary Artery Disease Needing Surgery or Angioplasty is defined as coronary artery disease with blockages in one or more coronary artery(s) demonstrated on cardiac catheterization coronary angiography that requires the Insured to undergo either coronary artery bypass surgery or coronary angioplasty. The Insured must require coronary bypass or angioplasty surgery intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines, either for prognostic benefit or for symptomatic coronary artery disease that cannot be adequately managed on optimal medical therapy.

### **Major Organ Failure**

Major Organ Failure is defined as the permanent failure or loss of one or more of the following organs: heart, liver, lung, or pancreas, that requires a surgical transplant of a human organ. A Specialist must determine that a transplant of one or a combination of the above mentioned organs is necessary to treat organ failure in the Insured and the Insured must be actively engaged in a course of treatment with the goal of eventual transplant. The transplant goal requirement is waived if the Insured is too ill to undergo transplant surgery, but surgery would otherwise be recommended due to the organ failure.

### **Occupational Human Immunodeficiency Virus (HIV)**

Occupational Human Immunodeficiency Virus (HIV) Infection is defined as infection with the human immunodeficiency virus (HIV) resulting from an accidental injury which exposed the Insured to HIV-contaminated blood or bodily fluids during the course of the duties of the Insured's normal occupation. The Accident causing the infection of HIV must have occurred in the United States or its territories and while covered under the Policy. In addition, the Insured must report the Accident to the employer within 24 hours of the Accident.

All of the following conditions must be satisfied:

- a. A blood test showing no HIV or HIV antibodies must be carried out within 14 days of the Accident.
- b. Seroconversion must be proven with another HIV test within 180 days of the Accident, indicating presence of infection by HIV.

### **End Stage Renal Failure (Kidney Failure)**

End Stage Renal Failure (Kidney Failure) is defined as the total and irreversible failure of both kidneys which requires permanent regular renal dialysis or a kidney transplant. A Specialist must confirm that either of the following is necessary: the Insured must undergo regular renal dialysis at least weekly; or the Insured needs a kidney transplant.

### **Loss of Sight**

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. Loss of Sight is a Covered Critical Illness when it is due to an Accident or cataracts, glaucoma, macular degeneration, or similar disease. Loss of Sight is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. A Specialist must clinically confirm that the Insured's corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

### **Loss of Speech**

Loss of Speech is defined as permanent loss of the ability to speak to the extent that the Insured is unintelligible to another person with normal hearing. Loss of Speech is a Covered Critical Illness when it is due to an Accident or Guillain Barre syndrome, Huntington's disease chorea, or similar disease. Loss of Speech is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The Insured must be able to demonstrate that the loss has been continuous for at least 180 days. The diagnosis of loss must be made by a Specialist.

**Loss of Hearing**

Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the Insured is unable to hear sounds at or below 90 decibels. Loss of Hearing is a Covered Critical Illness when it is due to an Accident or bacterial meningitis, Meniere's disease, or similar disease. Loss of Hearing is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The diagnosis must be made by a Specialist as diagnosed by audiometric testing.

**Paralysis**

Paralysis is defined as damage to the brain or spinal cord caused by an [Accident or] Illness that results in quadriplegia, paraplegia, hemiplegia, or diplegia. There must be complete and permanent loss of use of two or more limbs that is present for a continuous period of at least 180 days.

**Severe Burns**

Severe Burns is defined as having sustained third degree burns. The third degree burns must cover at least 20% of the surface area of an insured's body.

**Coma**

Coma is defined as a state of profound unconsciousness from which an Insured cannot be aroused to consciousness by external or internal stimulation, as determined by a Doctor as the result of an [Accident] [or] Illness.

This diagnosis must be supported by evidence of all the following:

- a. No response to external stimuli for at least 96 hours.
- b. Life support measures are necessary to sustain life.
- c. Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

**Benign Brain Tumor**

Benign Brain Tumor is defined as a non-malignant tumor that is located in the cranial vault and limited to the brain, meninges, cranial nerves, or pituitary gland. The Benign Brain Tumor must require surgery or radiation treatment or cause irreversible objective neurological deficits.

**Major Congenital Structural Anomaly**

Major Congenital Structural Anomaly is defined as a structural malformation that arises in utero and results in significant medical, social or cosmetic consequences for the affected individual, and requires medical treatment. Examples of Major Congenital Structural Anomalies include, but are not limited to, complex congenital heart disease, spina bifida (excluding occulta), cleft lip/palate, anencephaly, omphalocele, and club foot.

A Major Congenital Structural Anomaly must be diagnosed and named by a Specialist according to clinically accepted diagnostic criteria. The Specialist must establish a treatment plan specific to the condition.

### **Congenital Metabolic Disorder**

Congenital Metabolic Disorder is defined as a genetic or inherited disorder resulting from an enzyme defect in biochemical and metabolic pathways affecting proteins, fats, carbohydrates metabolism or impaired organelle function presenting as complicated medical conditions involving several human organ systems. Examples of Congenital Metabolic Disorders include, but are not limited to, phenylalanine hydroxylase deficiency, Niemann-Pick, Tay Sachs, Gaucher's Disease, phenylketonuria, and cystic fibrosis.

A Congenital Metabolic Disorder must be diagnosed and named by a Specialist according to clinically accepted diagnostic criteria. The Specialist must establish a treatment plan specific to the condition.

### **Congenital Chromosomal Abnormality**

Congenital Chromosomal Abnormality is defined as a congenital abnormality present at birth in the number or structure of chromosomes, other than those causing Congenital Metabolic Disorders, which leads to conditions requiring medical treatment. Examples of Other Chromosomal Abnormalities include, but are not limited to, Down syndrome, DiGeorge syndrome, Turner syndrome, sickle cell disease, achondroplasia, fragile X, hemophilia, neurofibromatosis, muscular dystrophy, Prader Willi, and glucose-6-phosphate dehydrogenase deficiency (G6PD). The diagnosis of a Congenital Chromosomal Abnormality must be diagnosed and named by a Specialist according to clinically accepted diagnostic criteria. The Specialist must establish a treatment plan specific to the condition.

### **Chronic Medical Condition Commonly Diagnosed in Childhood**

Chronic Medical Condition Commonly Diagnosed in Childhood is defined as a named condition requiring ongoing medical treatment that is expected to persist for at least five years following diagnosis. Examples of Chronic Medical Conditions Commonly Diagnosed in Childhood include, but are not limited to, epilepsy, human growth hormone deficiency, bronchopulmonary dysplasia, cerebral palsy, scoliosis, asthma, and Type 1 Diabetes.

The Chronic Medical Condition Commonly Diagnosed in Childhood must be diagnosed by a Specialist based on the appropriate clinically accepted criteria for the named condition. The condition must be severe, which means the condition meets at least one of the following criteria:

- a. A condition requiring medical treatment for a minimum of 12 consecutive months, where treatment includes prescribed oral, inhaled, injected, or infused medication taken on a regular schedule and excluding antibiotic prophylaxis.
- b. A condition that requires physical, speech, or occupational therapy for a minimum of 12 consecutive months.
- c. A condition that requires bracing or other ongoing prescribed non-surgical treatment for a minimum of 12 consecutive months.
- d. Asthma that requires daily use of inhaled corticosteroids and at least one other long-acting inhaled drug for a minimum of 12 consecutive months.

The Specialist must establish a treatment plan specific to the condition.

## **Infectious Disease**

Infectious Disease is defined as any of the following: a community acquired infection; A nosocomial infection (healthcare-associated or Hospital-acquired), including surgical site infections following Hospital discharge or following the date of a surgical procedure, or Infections in individuals who are immunocompromised.

Infectious Disease includes an infection of any organ or tissue, including but not limited to, subcutaneous tissue, eyes, lungs, central nervous system, bone, muscle, blood (sepsis/bacteremia), liver, urinary tract, gastrointestinal tract.

While the agent(s) responsible for the Infectious Disease cannot always be identified and an Insured may be treated empirically based on the Specialist's clinical assessment of an infection, an Infectious Disease may be caused by bacteria, viruses, fungi, or protozoa. Examples of infectious agents include (COVID-19), staphylococcus aureus (methicillin resistant and methicillin susceptible), streptococcus, enterococcus, anaerobic bacteria, clostridium difficile, Escherichia coli, hepatitis, influenza, candida, aspergillus, and plasmodium, among others. The diagnosis of an Infectious Disease must be confirmed by a Specialist and supported by objective findings in a laboratory test. The Infectious Disease must result in a Hospitalization for the treatment of the Infectious Disease that lasts at least [3-15] consecutive days.

## **Health Screening Benefit**

The Health Screening Benefit will be paid once per year, per covered Insured, when one or more of the following exams, X-rays, laboratory tests are administered to during a Calendar Year. A Health Screening Benefit is payable once per covered Insured during a Calendar Year, regardless of the number of exams, X-rays, laboratory tests administered during that year.

### 1. Tests to Screen for Cancer:

- (a) Biopsy
- (b) Bone marrow testing
- (c) Breast ultrasound
- (d) CA 125 (blood test for ovarian cancer)
- (e) CA 15-3 (blood test for breast cancer)
- (f) CEA (blood test for colon cancer)
- (g) Colonoscopy
- (h) Flexible sigmoidoscopy
- (i) Hemocult stool specimen
- (j) Mammogram
- (k) Pap test
- (l) PSA (prostate-specific antigen tests)
- (m) Serum protein electrophoresis (blood test for myeloma)
- (n) Thermography

### 2. Tests to screen for Heart-related Disease

- (a) Blood test for triglycerides
- (b) Chest x-ray
- (c) Serum cholesterol test to determine HDL/LDL level
- (d) Stress test on a bicycle or treadmill

### 3. Test to screen for Organ-related Disease

- (a) Fasting blood glucose test

### **Continuation of Coverage During Temporary Absence**

Coverage may continue beyond the day it would otherwise cease under the termination provisions if the insured is absent from work due to any of the following reasons. In no event will coverage continue beyond the maximum time shown below for any temporary absence. If the insured is eligible to continue coverage for more than one reason, the periods of continuation will run concurrently. The continuation periods may not be applied consecutively. Continuation of coverage is subject to the payment of required premium.

### **Illness or Injury**

If absent from work due to illness or injury, all coverage may be continued for a period of 6 consecutive months from the date last actively at work.

### **Personal Leave of Absence**

If on a documented leave of absence, all coverage may be continued for up to 2 months following the date last actively at work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

### **Family Medical Leave of Absence**

If You are on a leave of absence approved in accordance with the federal Family and Medical Leave Act of 1993 and any amendments to it (FMLA ) or a similar state law, all of Your coverage may be continued for up to 3 months following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

### **Military Leave of Absence**

If You are on a military leave of absence taken in accordance with the federal Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it (USERRA ), all of Your coverage may be continued for up to 12 weeks following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

### **Sabbatical**

If You are on an employer-approved sabbatical, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.

### **Temporary Layoff**

If You are temporarily laid off by the Employer due to lack of work, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the layoff becomes permanent, this continuation will cease immediately.

### **Temporary Production Shutdown**

If You are not at work due to a temporary production shutdown by the Employer, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the production shutdown becomes permanent, this continuation will cease immediately.



**Labor Strike/Labor Dispute**

If You are not at work due to a labor strike or dispute, all of Your coverage may be continued for up to 1 month following the date You were last Actively at Work. If the labor strike or dispute ends earlier, this continuation will cease immediately.

**Portability/ Post-Termination Continuation of Coverage:**

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

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

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

Rates for:  
12676000 - Woods Services, Inc.

## Critical Illness

Employee Benefit Amount(s)	
Critical Illness Employee Benefit: \$5,000, \$15,000, \$20,000, or \$30,000	
Guaranteed Issue Benefit: Up To \$5,000, \$15,000, \$20,000, or \$30,000	
Dependent Benefit Amount(s)	
Spouse Benefit: \$2,500, \$5,000, or \$15,000, Guaranteed Issue Benefit: \$2,500, \$5,000, or \$15,000, Child Benefit: \$2,500 or \$5,000, Guaranteed Issue Benefit: \$2,500 or \$5,000	

Cost is dependent upon how much coverage is selected and the age of the insured as of the effective date. Because attained age rating applies, premiums may increase due to age changes upon the start of the next policy year.

### Monthly Premium Rates per \$1,000 Benefit--Uni-Tobacco

	Employee Attained Age	Per \$1,000
Employee Only	24 and Under	\$0.26
	25-29	\$0.30
	30-34	\$0.39
	35-39	\$0.54
	40-44	\$0.82
	45-49	\$1.21
	50-54	\$1.74
	55-59	\$2.45
	60-64	\$3.33
	65-69	\$4.31
	70-74	\$6.28
	75 and Over	\$8.83

	Employee Attained Age	Per \$1,000
Spouse Only	24 and Under	\$0.26
	25-29	\$0.30
	30-34	\$0.39
	35-39	\$0.54
	40-44	\$0.82
	45-49	\$1.21
	50-54	\$1.74
	55-59	\$2.45
	60-64	\$3.33
	65-69	\$4.31
	70-74	\$6.28
	75 and Over	\$8.83

	Employee Attained Age	Per \$1,000
Child Only		
	Child --per \$1,000 Benefit	\$0.40

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

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