AGENT GUIDE

GROUP HOSPITAL CONFINEMENT
SUPPLEMENTAL INDEMNITY INSURANCE

NexStep

THE LEADING EDGE
BENEFITS SOLUTION

Underwritten and administered by Fidelity Security Life Insurance Company

For agent information only. Not for public use.

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SECTION 1: PLAN DESCRIPTION

Benefit Partners Group has partnered with Fidelity Security Life Insurance Company to bring you NexStep.

Fidelity Security Life Insurance Company, headquartered in Kansas City, Missouri, specializes in niche insurance market products. The company has been rated A- (Excellent), based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry.

NexStep is designed to complement major medical insurance plans by helping to cover out-of-pocket expenses— such as deductibles, copays and other amounts not covered by that insurance. The NexStep base plan offers benefits to help cover hospital confinement stays. Outpatient, physician and wellness riders also are available, allowing employers to customize a plan for their employees.

NexStep may be sold to any employer group that has a major medical or comprehensive health insurance plan in place for employees. This supplemental policy covers portions of the expenses employees and their families incur under their major medical or comprehensive health insurance.

Underlying Major Medical/Comprehensive Policy coverage is required.

Basic Product Features:

- Expenses must be covered by the insured's comprehensive medical plan to be covered under this product.

- Provides first dollar coverage for eligible out-of-pocket expenses related to the insured's comprehensive medical plan's co-insurance, co-pays and deductibles up to the maximum benefit selected.
- Includes a range of benefit maximums available to allow plan designs that correspond with the insured's comprehensive medical plan out-of-pocket expenses.

- Basic product benefits pay for in-hospital charges only, including emergency room treatment for an injury or sickness. Optional outpatient, physician office visits and wellness benefits may be added via rider.

- Uses primary medical plan's EOB (explanation of benefits) as a basis for determining what is covered.

This product does not pay 100% of out-of-pocket expenses. See Benefits and Limitations/Exclusions section for details.

SECTION 2: BASE POLICY

Inpatient hospital confinement

In order for the hospital confinement benefit to be paid, the expense must be covered by the insured's medical plan.

Benefits include:

- Coverage for in-hospital charges, including emergency room treatment for an injury or
- sickness.
- First-dollar coverage for eligible out-of-pocket expenses.

Benefits are limited based on the per-calendar-year and per-covered-person maximums and should coincide with the deductibles/copays established with major medical coverage.

Benefit Amount Options:		
$500	$1,750	$4,000
$750	$2,000	$5,000
$1,000	$2,500	$6,000
$1,250	$3,000	$7,000
$1,500	$3,500	$10,000

Note:NexStep may not cover 100% of out-of-pocket expenses.

Employee buy-up option

An employer may purchase a NexStep plan with a maximum inpatient benefit amount that is less than the major medical plan's total out-of-pocket expense. In this case, the employer may choose to include a buy-up option for employees.

The employer must pay the entire premium for a minimum inpatient benefit of $500 for all employees covered by its group medical plan(s). The employer may then select an additional inpatient hospital amount for employees to purchase. This amount, when combined with the employer-paid plan's maximum benefit amount, may not exceed the insured person's total out-of-pocket exposure under the major medical plan.

The buy-up amount must apply uniformly to each gap-eligible employee and cannot vary by individual within the group.

If the employer has more than one group major medical plan, or has variations of deductibles and copays within a single plan, each medical plan or coverage level can have a different buy-up amount. However, this amount cannot vary by individual within each plan or variation of coverage.

The buy-up option is available only during the annual enrollment period, subject to participation requirements. If participation is not met, the buy-up option is not available.

Pregnancy benefits

Pregnancy is treated the same as any other illness for the employee and covered spouse. Pregnancy for a child is not covered, unless mandated by state regulation.

Out-of-country care

If a covered person has to be hospitalized or see a physician while out of the United States, benefits will be paid under the NexStep plan if the benefits are not excluded under the major medical or comprehensive medical plan and there is an Explanation of Benefits (EOB) from the major medical or comprehensive medical plan.

SECTION 3: OPTIONAL RIDERS

Outpatient benefit rider I

This benefit is payable for expenses incurred for medically necessary out-patient treatment of an Injury or Sickness. Benefits are limited to the difference between the benefit paid by the group Major Medical/Comprehensive Policy and the actual out-patient expenses incurred, including Deductibles and Coinsurance. Benefits include treatment under the regular care and attendance of a Physician at a Hospital, an out-patient surgical or emergency facility, or a diagnostic testing facility or similar facility that is licensed to provide out-patient treatment.

Benefi ts are "per Sickness or Injury", subject to a maximum of four occurrences per person/family per Calendar Year. The Employer can choose a "per occurrence" maximum of $200, $500, $750, $1,000, $1,500 or $2,000 however, the maximum out-patient benefi t chosen cannot exceed the amount of the base Hospital Confinement benefit. Same or related conditions will apply to the same Injury or Sickness, unless separated by a period of 90 treatment-free consecutive days or more.
If an Employer chooses to include this Out-Patient benefi t option in his plan design, the Emergency Room coverage afforded under the base Hospital Confinement benefi t is no longer available, and treatment otherwise covered by the Policy will be included under the Out-Patient benefit instead.

Physician benefit rider

This rider pays benefits for physician's services for treatment of an injury or sickness. Services must be received in a physician's office, hospital, emergency facility or outpatient facility.
The employer may choose from the following two benefit amounts:

- $15 per visit (up to $120 or 8 visits per family, per calendar year)
- $20 per visit (up to $240 or 12 visits per family, per calendar year)

This rider pays in addition to the base policy.

Note: Benefits for outpatient treatment performed in a physician's office may be payable under both the Outpatient Benefit Rider and Physician Benefit Rider. The intent of the Outpatient Benefit Rider is to cover **treatment, supplies and other non-physician related outpatient charges**, while the Physician Benefit Rider covers the physician's services (office visit). It has been determined that the term "similar facility" in the Outpatient Benefit Rider can include a physician's office. Therefore, it is possible to pay benefits for outpatient treatment under both riders.

The Outpatient Benefit Rider does not, however, cover the office visit charge which typically results in a $15 -$25 co-pay. In order to have this type of charge covered, the Physician Benefit Rider would need to be issued with the Policy.

Wellness benefit rider

This rider pays benefits for routine health or checkup exams, charges incurred in relation to these exams and routine well-child visits. Benefits covered include services performed at a laboratory or diagnostic testing facility.

The employer may choose from the following benefit amounts:

- $100 per family, per calendar year
- $200 per family, per calendar year
- $500 per family, per calendar year

SECTION 3: OPTIONAL RIDERS Continued

Outpatient benefit rider II

The outpatient benefit rider pays up to the maximum benefit selected for outpatient treatment of an injury or sickness under the regular care and attendance of a physician at a hospital, physician's office, outpatient surgical or emergency facility, or diagnostic testing facility licensed to provide outpatient treatment. This rider pays benefits in addition to the NexStep base policy. It covers treatment, supplies and other non physician related outpatient charges.

Maximum benefit that may be issued: 50% of the inpatient hospital confinement benefit

Benefit maximums per person/per calendar year: $250, $500, $750, $1,000, $1,250, $1,500, $1,750, $2,000, $2,250 or $2,500

Maximum per family/per calendar year: 2 times the per person/per calendar year maximum

> **Example:** If an employee has a $2,000 hospital confinement benefit and a $1,000 outpatient benefit, the maximum amount payable for an outpatient procedure is $1,000 (50% of inpatient benefit).

Physician benefit rider

This rider pays benefits for physician's services for treatment of an injury or sickness. Services must be received in a physician's office, hospital, emergency facility or outpatient facility. The employer may choose from the following two benefit amounts:

- $15 per visit (up to $120 or 8 visits per family, per calendar year)
- $20 per visit (up to $240 or 12 visits per family, per calendar year)

This rider pays in addition to the base policy.

Note: Benefits for outpatient treatment performed in a physician's office may be payable under both the Outpatient Benefit Rider and Physician Benefit Rider. The intent of the Outpatient Benefit Rider is to cover **treatment, supplies and other non-physician related outpatient charges**, while the Physician Benefit Rider covers the physician's services (office visit). It has been determined that the term "similar facility" in the Outpatient Benefit Rider can include a physician's office. Therefore, it is possible to pay benefits for outpatient treatment under both riders.

The Outpatient Benefit Rider does not, however, cover the office visit charge which typically results in a $15 -$25 co-pay. In order to have this type of charge covered, the Physician Benefit Rider would need to be issued with the Policy.

Wellness benefit rider

This rider pays benefits for routine health or checkup exams, charges incurred in relation to these exams and routine well-child visits. Benefits covered include services performed at a laboratory or diagnostic testing facility.

The employer may choose from the following benefit amounts:

- $100 per family, per calendar year
- $200 per family, per calendar year
- $500 per family, per calendar year

OUT-PATIENT BENEFIT RIDER II (Claim Examples)

EXAMPLES:

Insured Only - the max this would pay is $250 per calendar year, regardless of how many claims submitted in the year.

Insured plus Spouse - the max this would pay is $500 (or max of $250 per person per calendar year, regardless of how many claims submitted in the year.

Insured plus Children - the max this would pay is $500 (or max of $250 per person per calendar year, regardless of how many claims submitted in the year.

Insured plus Family - the max this would pay is $500 (or max of $250 per person per calendar year, regardless of how many claims submitted in the year.

Insured plus Children example:

Bob (Employee) & daughters Sue & Beth - Bob has a claim for $150, Sue has two claims totaling $300
Beth has three claims totaling $250 The maximum per person in this example would be $250, so $200 of this would not be eligible for reimbursement.

Regardless of how many claims per person, benefits will be paid as long as they do not exceed the maximum of $500. There are two limits to this benefit: one per person and one per family. In this example, no more than $250 per person will be paid. If the claims were received in the order given above, Bob's $150 claim would be paid; Sue's $250 of Sue's $300 would be paid; $100 of the $250 for Beth would be paid.

Insured plus Family example:

Bob Employee & Spouse Cindy with daughters Sue & Beth - Bob has a claim for $150, Cindy has three claims totaling $300, Sue has one claim totaling $500 and Beth has one claim totaling $50

Regardless of how many claims per person, benefits will be paid as long as they do not exceed the maximum of $250 per person and $500 for the family.

Base Hospital Benefit for Sickness or Accident Emergency Room Treatment

It is understood that under the Hospital Confinement benefit of $1,000 that benefits are also payable for **hospital emergency room treatment for injury & sickness**. Meaning they do not have to be admitted but can receive treatment in an ER and benefits will be paid. Please refer to the policy under "Benefits" and the Product Specifications, Page 8. Both state that benefits for emergency room treatment due to **SICKNESS require hospital confinement within 24 hours of the hospital ER treatment otherwise it would apply to the Outpatient Benefit Rider described above.**

SECTION 4: ELIGIBILITY AND UNDERWRITING GUIDELINES

Who is covered

Four coverage options are offered with NexStep:

- Employee only
- Employee plus spouse
- Employee plus children
- Employee plus family

Newborn children, adopted children and children placed for adoption are covered on their date of birth, date of adoption or placement for adoption for a period of 31 days. Coverage for such child may be extended beyond the initial 31-day period by notifying Fidelity Security Life Insurance Company in writing within 31 days of the child's birth, adoption or placement for adoption. The insured must pay any required additional premium and provide evidence of insurability.

Employer eligibility

Employer groups must meet these criteria in order to offer NexStep to their employees.

They must:

- Be office in or have a clearly defined division in an available state.
- Offer a major medical or comprehensive health insurance to employees that contains out-of-pocket expense responsibilities such as deductibles, coinsurance and/or copay requirements.
- Meet the product's group size and participation requirements.

Groups with fewer than 25 eligible employees must submit a copy of their most recent State Quarterly Wage or Unemployment Withholding Report with their group application to verify each employee's current status (full-time, part-time, terminated, etc.).

Any group expected to generate annualized premium of $2 million or more is subject to home office approval.

Employee eligibility

Employees are required to meet the following criteria to be eligible for coverage.

They must be:

- A W-2 employee of an approved employer group.
- 18 years of age or older.
- Actively at work for at least 20 hours per week on the employee's effective date of coverage.
- Covered under a major medical or comprehensive health insurance (not including limited medical plans).

In order for a spouse or dependent child of an employee to be covered, he or she must:

- Meet the definition of an insured dependent.
- Be covered under a major medical or comprehensive health insurance (not including limited medical plans).
- For a spouse, be 18 years of age or older.
- For a child, meet the issue/eligibility age requirements.
- Be engaged in the dependent's regular and customary activities.

Employees are not eligible for coverage if the plan would exceed the overall inpatient out-of-pocket expenses under their major medical or comprehensive medical plan. 1099 workers are not eligible for coverage.

Eligible industries
All industries are eligible for the NexStep product.

Late enrollees
If an employee does not enroll in the NexStep plan on his or her initial eligibility date, he or she will not be eligible to enroll until the group's next policy anniversary date.

SECTION 5: ADMINISTRATIVE GUIDELINES

Policy issue guidelines
NexStep is a group product consisting of a master contract issued to the employer and certificates issued to participating employees.

Guaranteed issue
NexStep is a guaranteed-issue product. Employer groups must be covered under a major medical/ comprehensive health insurance plan and meet participation rates to qualify. Employers are responsible for selecting a plan that complements their major medical insurance plan. One NexStep plan may be selected for each major medical plan offered by the employer.

Participation requirements
Participation requirements for NexStep vary depending on the size of the group.
- 5–99 eligible employees: 50% participation with a minimum of 5 or 10 enrolled employees*
- 100+ eligible employees: 25% participation with a minimum of 50 enrolled employees

**In California, the minimum group size is 51 employees. In Colorado and Pennsylvania, minimum enrollment is 10 employees.*

For participation purposes, only employees covered under one of the employer's major medical or comprehensive medical plans are considered eligible.

The total number of employees participating in all of the employer's major medical or comprehensive medical plans and NexStep will be considered when determining the participation percentage. Spouses and dependent children do not count toward the eligible lives or participation requirements.

Issue limits
The inpatient maximum benefit cannot exceed the insured's total inpatient out-of-pocket expenses under the major medical insurance plan.

Rates
- Rates for NexStep are age-banded and are based on the employee's attained age.
- NexStep may be sold only to employer groups. The first modal premium must be submitted with the group's application.
- Premiums for the NexStep plan may be employer-paid, employee-paid or any combination. *(In Ohio, premiums must be employee-paid only.)*
- Rates are reviewed on an annual basis.
- For groups of 100 or more eligible employees, composite rates are available. Contact your sales team for details.

Waiver of premium
There is no waiver-of-premium provision for this product.

Pre-existing conditions
This product does not specifically contain a pre-existing condition limitation. However, if a condition is not covered under the major medical plan, no benefit is available under the NexStep plan.

Policy effective dates
The following guidelines apply to the effective date of the policy:
- The application date must be earlier than the coverage effective date.
- All policies take effect on the first day of the month.
- A check for the first month's premium must be received in order for coverage to take effect.

Certificate effective dates
The following guidelines apply to individual certificate effective dates:
- The enrollment form date must be earlier than the coverage effective date.
- All coverage takes effect on the first day of a month.
- A check for the first month's premium must be received in order for coverage to take effect.
- If the individual is confined at home or in a hospital or medical institution or is not engaging his or her regular and customary activities on the day coverage would otherwise begin, coverage will begin the first day of the month following the day he or she is physically able to engage in regular and customary activities.
- In no event will coverage for any person take effect before the effective date of the group policy.

Note: An electronic file may be submitted in lieu of enrollment forms.

Section 125 compatibility
Employers are urged to check with their tax adviser to determine if NexStep is compatible with their IRS Section 125 plan.

Health Savings Account (HSA) compatibility
NexStep is not an HSA-compatible product.

Premium payment
NexStep may be written to payroll groups only. Billing will be provided by Fidelity Security Life Insurance Company.

Available billing modes are:
- Monthly list bill (minimum 5 employees).
- Monthly ACH/Electronic Funds Transfer (EFT).

Portability
NexStep is not a portable product. When an employee leaves the employer, his or her NexStep coverage will end.

SECTION 6: SUBMITTING BUSINESS

Pre-enrollment requirements

Once the enrollment is completed, you should submit the entire enrollment package to Benefit Partners Worksite agent services in order for your case to be issued.

It is important that all enrollment forms for one group are sent at the same time so the group master policy and all certificates can be provided to the employer in one package. This helps to monitor participation percentages and ensure the business is processed correctly.

Business submission methods

Completed applications and enrollment forms may be submitted via overnight mail, regular mail, fax or e-mail.

Please note: You must provide the original employer application containing the employer's signature even if you are faxing the application package.

Policy delivery

Once the group application has been processed, the group master policy and employee certificates will be mailed, as a group, directly to the employer.

**When completing employee enrollment forms, use the form consistent with the state in which the employer is headquartered.*

Contracted Independent Enrollment Company for Gap and Voluntary Products:

Benefit Partners Group
Sean Jolley
508 West. 800 North.
Orem, UT 84057

Phone: 888-514-5105
E-mail: info@benefitpartnersgroup.com
Web: www.benefitpartnersgroup.com

SECTION 7: LIMITATIONS AND EXCLUSIONS

The following standard limitations and exclusions apply to the NexStep product:

Pre-existing conditions are not excluded under this plan. However, a condition must be covered under the insured's major medical or comprehensive health insurance in order for benefits to be payable under this plan. Therefore, any pre-existing condition limitation applied to the major medical or comprehensive health insurance would limit coverage under this plan.

Pregnancy is covered the same as any other illness for insured employees and their insured spouse. Pregnancy (except for complications of pregnancy) is not covered for dependent children unless required by the state.

This policy/certificate offers no subrogation provision. Any settlement due to an insured from a third party (from a motor vehicle accident, for example) will not reduce the benefit payable. The purpose of this plan is to pay for deductible and coinsurance amounts required by the insured's underlying major medical plan regardless of any applicable third-party settlements.

Benefits will not be paid for loss contributed to, caused by or resulting from any declared or undeclared war or any act thereof; suicide or intentionally self-inflicted injury or any attempt thereat, while sane or insane (while sane in CO and MO); any hospital confinement or other covered treatment for injury or sickness while an insured person is in the service of the armed forces of any country (orders to active military service for training purposes of two months or less do not, for this exclusion, constitute service in the armed forces of any country; upon notification to the company of entering the armed forces of any country, the company will return to the insured pro-rata premium paid, less any benefits paid, for any period during which the insured person is in such service); confinement in a hospital or other covered treatment provided in a facility operated by an agency of the U.S. government or one of its agencies, unless the insured person is legally required to pay for the services; confinement or other covered treatment for injury or sickness that is not medically necessary; confinement or other covered treatment for dental or vision not related to an accidental injury; mental or nervous disorders; alcoholism, drug addiction or complications thereof; any hospital confinement or other covered treatment for injury or sickness for which compensation is payable under Workers' Compensation Law, any Occupational Disease law, the 4800 Time Benefit Plan or similar legislation; any hospital confinement or other covered treatment for injury or sickness that is payable under any insurance not requiring deductible and/or coinsurance payments by the insured person; any hospital confinement or other covered treatment for injury or sickness for which benefits are not payable under the insured person's major medical or comprehensive medical policy (any hospital confinement or other covered treatment for injury or sickness if, on the insured person's effective date of coverage, the insured person was not covered by a major medical or comprehensive medical policy (the company's sole obligation will then be to refund all premiums paid for the insured person); an insured person engaging in any act or occupation that violates the law of the jurisdiction where the loss or cause occurred (a violation of the law includes both misdemeanor and felony violations).

Note: NexStep is not available in all states. Some provisions, benefits and limitations or exclusions listed herein may vary by state.

SECTION 8: COMPENSATION

Commissions will be paid on NexStep business written on any employer group and approved by the home office.

First-year and renewal commissions will be paid upon issue based on a level commission schedule and according to the percentages shown on the schedule of commissions in effect with your marketing agreement.

Agents must be licensed and appointed with Fidelity Security Life Insurance Company to sell the NexStep product.

Commissions are paid weekly via check and are accompanied by a copy of the commission statement for the week.

The minimum commission payment is $25. Commission balances that are less than the minimum payout will accumulate until the minimum is met. At that time, a check will be issued in the next commission cycle.

If you have questions about commissions, please contact Specialty Insurance Services

Marketing: Deals with our customers, assisting them in creating, pricing and selling programs:	
Sarah Cardy	scardy@specialinc.com
Carissa Owen	cowen@specialinc.com

Special Insurance Services, Inc.
6509 Windcrest Drive, Suite 200
Plano, Texas 75024
Phone: (972) 788-0699
(800) 767-6811
Fax: (972) 960-0377

SECTION 9: CLAIM INFORMATION

Claims may be submitted by completing a claim form or by sending a copy of the Explanation of Benefits (EOB) by mail or fax to:

Special Insurance Services, Inc.
6509 Windcrest Drive, Suite 200
Plano, Texas 75024
Phone: (972) 788-0699
(800) 767-6811
Fax: (972) 960-0377

Claim forms are not required but may be obtained by visiting www.Benefit Partnersbizlink.com. The insured should use the claim form associated with the situs state of the employer.

When submitting a claim by EOB, the following information must be included on the EOB:

- Deductible
- Co-pay
- Coinsurance
- Diagnosis and/or procedural codes
- Provider Billing Statements

An insured may follow up on the status of a claim by calling Specialty Insurance Company at (800) 767-6811.

Creation of advertising and marketing materials

Advertising is anything intended to generate interest in a specific insurance product, company or agent. This includes, but is not limited to, the following: Web site information and other online services; product brochures; newsletters; agent recruiting materials; prospecting letters; print, radio, television and all forms of media advertising; illustration or presentation materials; and business cards and stationery.

Do not publish, advertise or promote any material concerning Benefit Partners Insurance Company or Fidelity Security Life Insurance Company or our contracts *unless* we approve and authorize such use *in writing*.

Failure to submit advertising may result in termination of the agent contract.

Please mail or fax materials to:

Marketing: Deals with our customers, assisting them in creating, pricing and selling programs:	
Sarah Cardy	scardy@specialinc.com
Carissa Owen	cowen@specialinc.com

Special Insurance Services, Inc.
6509 Windcrest Drive, Suite 200
Plano, Texas 75024
Phone: (972) 788-0699
(800) 767-6811
Fax: (972) 960-0377

Please plan sufficient time to allow for the review and approval process.

Written approval from Specialty Insurance Services and Fidelity Security Life Insurance Company must be obtained before such material may be published or used in any way. For example, you are authorized to use a comparison statement between a competitor's product and those offered by Fidelity Security Life Insurance Company *only* if that statement has been approved in writing by Benefit Partners Insurance Company and Fidelity Security Life Insurance Company prior to use.

Marketing materials and forms usage

The insurance industry is state-regulated. For that reason, policies issued often vary by state regarding both the availability of a product and the forms required to sell the policy.

If you have any questions regarding product availability or the differences in form requirements, please consult your sales support representative. Under no circumstances should an agent *assume* that policies available in one state are available in another state, or that the required forms are the same.

SECTION 11: POLICY DEFINITIONS

The following policy definitions are used with the NexStep policy. State variations may apply.

Child means the unmarried dependent child or child(ren) of an insured or of an insured's spouse who is under 19 years of age (24 if a full-time student) and whose coverage under the policy has become effective and has not terminated. Dependent children include stepchild(ren), legally adopted and foster child(ren).

Coinsurance means the dollar amount of covered hospital medical expenses, after the deductible, that is not payable under the insured person's major medical or comprehensive medical policy.

Deductible means the dollar amount that applies to all of the covered hospital medical expenses under the insured person's major medical or comprehensive medical policy.

Employer means the policyholder and includes any division, subsidiary or affiliated company wholly owned by the policyholder and named in the policyholder's application.

Employer group means any firm, corporation, partnership or sole proprietorship that is actively engaged in business, is not formed primarily for the purpose of buying health insurance and has established a bona fide employer-employee relationship. The employer is required to be office in, or have a clearly defined division in, an available state.

Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (RN's) on 24-hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis. A hospital is not an institution, or part of it, that is used mainly as a facility for rest, nursing care, convalescent care, care of the aged or for remedial education or training.

Hospital confined means the insured person is admitted to the facility as an overnight bed patient for a minimum of 15 consecutive hours.

Immediate family member means an insured or an insured person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the insured person's home.

Injury is defined as a bodily injury sustained by an insured person caused by an accident, directly and independently of all other causes, that occurs while the policy is in force. All injuries sustained by an insured person in any one accident are considered a single injury.

Insured dependent—See the definition of "child" or "spouse."

Insured person means either an insured or an insured dependent. An insured is an employee of the policyholder whose coverage under the policy has become effective and has not been terminated.

Late enrollee is a person who did not apply for coverage on his or her initial eligibility date.

Major medical/comprehensive policy means any one of the following types of policies or plans that provides benefits for hospital confinement for an insured person on his or her effective date of coverage, and such policy or plan requires the insured person to pay a deductible and/or portion of coinsurance: a group or blanket insurance plan; a group Blue-Cross BlueShield or other group prepayment coverage plan; and coverage under a labor-management trusteed plans, union welfare plan, employer organizational plan, employee benefit organizational plan or other arrangement of benefits for persons of a group. A major medical/comprehensive policy is not Medicare or Medicaid and does not include any limited medical plan.

Medically necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a sickness or injury based on generally accepted current medical practices. A service or supply is not considered medically necessary if it is provided only as a convenience to the insured person or provider; it is not appropriate treatment for the insured person's diagnosis or symptoms; it exceeds (in scope, duration or intensity) the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment; or it is part of a treatment plan that is experimental, unproven or related to a research protocol. The fact that a physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply medically necessary.

Policyholder means the employer in whose name the policy is issued.

Physician means a qualified licensed physician other than an insured person or a member of his immediate family. Physician includes all providers of medical care and treatment to the extent that they are licensed to perform services provided in the policy. This includes, but is not limited to, medical doctors, chiropodists, chiropractors, dentists, optometrists, osteopaths, podiatrists and psychologists.

Pregnancy means a pregnancy that is terminated by childbirth, other than a non-elective cesarean section or an elective abortion. "Complications of pregnancy" means a condition that, while affected by pregnancy, is still classed by accepted medical standards as a sickness, disease or injury apart from the normal bodily changes that accompany pregnancy; a non-elective cesarean section; an extra-uterine or ectopic pregnancy; or a spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

Regular and customary activities are defined as:

- An employee or working insured dependent actively performing the duties of his or her regular occupation for at least 20 hours per week.

- A nonworking insured dependent regularly performing the normal activities of a person of like age.

Sickness means a disease or illness, or more than one disease or illness, resulting from the same or related causes or conditions, including all complications thereof and all related conditions and recurrences resulting in medical expense insured under the policy or otherwise resulting in a claim for benefits while the policy is in force with respect to the insured for whom the claim is made.

Spouse means the insurable person named as spouse on the employee enrollment form.

Underwritten and administered by:
Fidelity Security Life Insurance Company Kansas City, MO 64111

Policy form number: M-9054
Policy number: MG-104

Fidelity Security Life Insurance Company has been rated A- (Excellent), based on an analysis of financial position and operating performance, by A. M. Best Company, an independent analyst of the insurance industry.

Marketed by
Simmons Benefits Group
Idaho

Blake Bennion
blake@simmonsbenefits.com

Simmons Benefit Group
208-227-1651 ph
208-227-1788 fax

Enrollment and Employer Set Up Exclusively provided by Benefit Partners Group:

508 w. 800 n.
Orem, UT 84057

Phone: 888-514-5105
E-mail: info@benefitpartnersgroup.com
Web: www.benefitpartnersgroup.com