

NexStep™

Companion Plan

UNDERWRITTEN BY:

**FIDELITY SECURITY LIFE INSURANCE COMPANY
Kansas City, Missouri**

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. (For the latest rating, access www.ambest.com.)

ARRANGED BY:

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

This brochure contains a brief description of the plans of insurance offered to qualified employers. The exact provisions governing the insurance are contained in the master policy issued to each group on form number M-9054, policy series MG-100. Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence. This product is not available in all states.

MG100-07-2010

Hospital Confinement Insurance

The Hospital Confinement Insurance pays a calendar year benefit, up to the maximum benefit selected, for each Covered Person who incurs eligible out-of-pocket expenses due to a hospital in-patient confinement.

Benefits available for Hospital Confinement Insurance range from a minimum of \$500 to a maximum of \$10,000.

Expenses eligible under the Hospital Confinement Insurance benefit include:

- In-patient hospital stays;
- In-patient surgeries;
- Physician's in-hospital charges; and
- Hospital emergency room treatment for Injuries and hospital emergency room treatment for Sicknesses if the sickness results in a Hospital Confinement within 24 hours of the Hospital emergency room treatment*

*Covered under Hospital Confinement Insurance only if coverage is not purchased with the Out-Patient Benefit.

Out-Patient I Benefit (Optional)

Out-Patient I benefits range from a minimum of \$200 to a maximum of \$2,500, provided the maximum benefit selected is not greater than the amount of Hospital Confinement Insurance selected.

The Out-Patient I benefit pays on a "per person per Sickness or Injury" basis, up to a maximum of four "occurrences" per family per calendar year. This maximum applies to the entire family unit, regardless of the number of covered persons within the family unit. An "occurrence" is the treatment, or series of treatments, for a specific Sickness or Injury. All expenses related to the treatment of the same or related Sickness or Injury will accrue toward the out-patient maximum for one occurrence, regardless of whether such treatment is received in more than one calendar year period. If, however, a Covered Person is treatment-free, at any time, for at least 90 consecutive days, they may qualify for an additional out-patient maximum benefit if the family maximum per calendar year has not been met.

Out-patient benefits may include, but are not limited to:

- Hospital emergency room treatment of Injury or Sickness
- Out-patient Surgery in an out-patient surgical facility, emergency facility or physician's office;
- Diagnostic testing including, but not limited to, x-rays, diagnostic lab, MRI's, and CT scans;
- Out-patient radiation therapy or chemotherapy; and
- Physical therapy or chiropractic care

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- 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 Colorado and Missouri);
- Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the services of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purposes of 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, any premium paid less any benefits which have been paid, for any period during which the Insured Person is in such;
- Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States 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 which is not medically necessary;
- Confinement or other covered treatment for Dental or Vision care 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 any Worker's 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 that does not require 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 basic Major Medical/Comprehensive 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/Comprehensive Policy. Our sole obligation will then be to refund all premiums paid for that Insured Person;
- An Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations.

LIMITATIONS

Pre-Existing Condition Limitation: This product does not have a pre-existing condition limitation, however, a condition must be covered under the Insured's Major Medical/Comprehensive Medical Plan in order for benefits to be payable under this plan. Therefore, any pre-existing condition limitation applied to the Major Medical/Comprehensive Medical plan would, in effect, limit coverage under this plan.

Pregnancy: Pregnancy is covered the same as any other illness for insured employees and their insured spouses if it is covered under their group Major Medical/Comprehensive Medical plan, but pregnancy (except for complications of pregnancy) is not covered for dependent children, unless required by state law.

TERMINATION OF COVERAGE

Coverage terminates on the earliest date any of the following events occur: For any Insured Person: (a) on the date the policy is terminated; (b) as of the premium due date when the required premium remains unpaid, subject to the grace period; (c) on the premium due date following the date the Insured ceases to be an employee of the policyholder; or (d) on the premium due date following the date the Insured's coverage under a group Major Medical/Comprehensive Policy is no longer in effect. For an Insured dependent spouse: on the premium due date following the date the spouse ceases to be an eligible spouse. For an Insured dependent child: on the premium due date following the date the child ceases to be an eligible child.

DEFINITIONS

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. The following do not qualify as a Hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

Hospital Confinement means the Insured Person is admitted to the facility as an overnight bed patient for a minimum of 15 consecutive hours.

Injury means 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 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. Insured Dependent means any of the following: (a) the lawful spouse of an Insured whose coverage under the policy has become effective and has not terminated; and, (b) the unmarried dependent child or children of an Insured or of an Insured's spouse (including stepchildren, legally adopted children, grandchildren, and foster children) who are under 19 years of age (24 if a full-time student), or such higher ages as approved in writing by the Company.

Major Medical/Comprehensive Policy means any one of the following types of policies or plans which provide benefits for Hospital Confinement for an Insured Person on his/her effective date of coverage, and such policy or plan requires the Insured Person to pay a deductible and/or portion of coinsurance: group or blanket insurance plans; group Blue Cross, Blue Shield or other group prepayment coverage plans; coverage under labor-management trustee plans; union welfare plans; employer organizational plans; employee benefit organizational plans, or other arrangements of benefits for persons of a group. "Major Medical/Comprehensive Policy" does not include Medicare or Medicaid.

Medically Necessary means a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if: (a) it is provided only as a convenience to the Insured Person or provider; (b) it is not appropriate treatment for the Insured Person's diagnosis or symptoms; (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is part of a plan of treatment 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.

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 expenses 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.

HOSPITAL CONFINEMENT INDEMNITY (GAP) CLAIM FORM



FIDELITY SECURITY LIFE INSURANCE COMPANY

MAIL TO: SPECIAL INSURANCE SERVICES, INC.
 PO BOX 250349
 PLANO, TX 75025-0349
 (800) 767-6811 – phone; (214) 291-1301 – fax
 Email: customerservice@specialinc.com

CHECKLIST

1. Complete STATEMENT OF INSURED below, answering all questions fully.
2. **ATTACH EXPLANATION OF BENEFITS (EOB) provided by the insurer for your Comprehensive Major Medical Plan, if applicable, to this claim form.**
3. Return this claim form, all itemized bills and EOBs to the address shown above.

STATEMENT OF INSURED

Your Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	
Policy Number		Social Security Number			
Your Address (Number and Street)		City		State	Zip Code
Name of Patient				Date of Birth	
Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Son <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter					
Does Patient have a Medicare Health Insurance Claim Number (HICN)?				If "Yes", please provide HICN #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe Injury or Sickness Completely (<i>If injury, describe how accident occurred</i>)					
Date of Injury or Beginning of Sickness:					
Name and Address of Physician Who First Treated This Condition					Date First Treated
Is Injury or Sickness Due to Employment?			Will You or Your Dependent File for Workers' Compensation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you or your dependent covered under any other insurance plan (including Blue Cross & Blue Shield), Student Accident, Hospital Indemnity or Governmental Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes", please specify insurance carrier's name, address, policy number and daily benefit amount, if applicable, for any other insurance plan that you currently have, or any plan that has terminated since the effective date of your coverage under Hospital Confinement Indemnity plan.					
Name of Company	Address	Coverage Type	Policy Number	Benefit Amount	Termination Date
<p>NOTE TO ALL PARTIES COMPLETING THIS FORM: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p> <p style="text-align: center;">***NOTICE – See State Specific Fraud Notices on Next Page***</p> <p>I certify that the information given by me in support of this claim is true and correct.</p>					
<div style="display: flex; justify-content: space-between; align-items: center;"> ▶ </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> Insured's Signature					<hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> Date

IMPORTANT! PLEASE COMPLETE THE AUTHORIZATION INCLUDED WITH THIS FORM



c/o SPECIAL INSURANCE SERVICES, INC. • P.O. BOX 250349 • PLANO, TX 75025-0349
800-767-6811 • FAX 214-291-1301 • EMAIL customerservice@specialinc.com

AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

I authorize the disclosure of health information regarding, or related to:

Name: _____ Date of Birth _____ Policy No. _____
Claim No. _____

- I authorize the disclosure of any and all information that: (i) is created or received by a health care provider, health plan including health insurer or health insurance agent, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (ii) relates to the past, present, or future physical or mental health or condition of an individual listed above; the provision of health care to an individual listed above; or the past, present, or future payment for the provision of health care to an individual listed above. This Authorization permits the disclosure of all medical records including without limitation those containing information relating to diagnoses, treatments, consultation, care, advice, laboratory or diagnostic tests, physical examinations, recommendations for future care, and prescription drug information.
- I specifically authorize the disclosure of information related to (i) communicable diseases, including HIV, AIDS or AIDS related complex (to the extent permitted by both state and federal law); (ii) drug and alcohol abuse and treatment; (iii) mental illness and treatment; and (iv) genetic conditions including genetic testing (to the extent permitted by both state and federal law). Notwithstanding the above, this Authorization does not authorize the release of psychotherapy notes.
- I authorize any and all health care providers including without limitation physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, pharmacy benefit managers, pharmacies or pharmacy-related facilities; and any and all health plans, insurance companies, insurance support organizations (such as MIB Group, Inc.), business associates of health plans or insurance companies and those persons or entities providing services to such business associates to disclose the information described above.
- I authorize Fidelity Security Life Insurance Company, including its affiliated companies, subsidiaries and business associates, including those persons or entities providing services to its business associates, to receive the disclosure of information authorized herein and use the information disclosed pursuant to this Authorization.
- The purpose of the disclosure authorized herein is to permit Fidelity Security Life Insurance Company, including its affiliated companies, subsidiaries and business associates, including those persons or entities providing services to its business associates, to obtain and use the information described above to administer the above-referenced individual's health insurance coverage.
- This Authorization shall expire twenty-four (24) months after the date on which it is executed below.
- I understand that eligibility for the health plan is conditioned on my execution of this Authorization for the use or disclosure of the information described above for the purpose of making eligibility, underwriting and risk rating determinations. Except as otherwise stated herein, treatment, payment, enrollment in a health plan, or eligibility for benefits is not conditioned on an authorization for the use or disclosure of the information described above.
- I understand that I may revoke this Authorization by sending written notice of my intent to revoke this Authorization to 3130 Broadway, Kansas City, MO 64111, Attention Privacy Officer.
- I understand that there is a possibility of redisclosure of any information disclosed pursuant to this Authorization and that information, once disclosed, may no longer be protected by federal rules governing privacy and confidentiality.
- A copy or facsimile of this Authorization shall be as valid as the original.

Signature of the individual or the individual's personal representative

Date

If signed by the individual's personal representative (e.g. a parent on behalf of a child), describe your authority to sign on behalf of the individual

FRAUD NOTICE: For the states of AZ, AR, CA, CO, DE, DC, FL, IN, KS, KY, LA, MD, ME, NE, NM, OK, OR, PA, RI, TN, TX, VA, WA and WV, please refer to the following fraud notices:

Arizona Fraud Notice: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia Fraud Notice: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Fraud Notice: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Notice: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware Fraud Notice: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DC Fraud Notice: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Notice: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana Fraud Notice: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas, Nebraska, Oregon, Texas Fraud Notice: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky Fraud Notice: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland Fraud Notice: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Washington Fraud Notice: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Mexico Fraud Notice: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Oklahoma Fraud Notice: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Notice: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Virginia Fraud Notice: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.