

Limitations

Pre-existing conditions: Pre-existing condition means an Injury or Sickness which has been diagnosed by a legally qualified Physician, with consultation, advice or treatment occurring within 12 months immediately prior to an Insured Person's Effective Date of coverage. Pre-Existing Condition also means symptoms of a condition that would have led an ordinarily prudent person to seek diagnosis, care or treatment. Such an injury or sickness will continue to be a Pre-Existing Condition and not be covered until the earlier of:

- (a) the expiration of 12 consecutive months beginning with the Effective Date of coverage, for which the Insured Person has not received any medical care, consultation, diagnosis or treatment, or has not taken any prescribed drug or medicine on account of such condition; or
- (b) the expiration of 24 consecutive months, beginning with the Effective Date of coverage.

Pregnancy: Inpatient hospitalization due to pregnancy, non-elective termination of pregnancy and complication of pregnancy are payable if conception occurs after your effective date and the pregnancy is payable under your major medical/comprehensive policy. Benefits under this provision are limited to you or your insured dependent spouse.

Under employer group coverage, pregnancy is treated as any other sickness provided the pregnancy is a covered benefit under the insured's comprehensive major medical policy.

Newborn, infant or child well care is NOT covered under the base policy or the outpatient riders.

Ineligible industries:

- Deep sea divers
- Iron workers
- Mining, quarrying workers
- Professional athletes
- Window washers

Exclusions

Benefits will not be paid for losses from any of the following: declared or undeclared war or any act thereof; suicide or intentionally self-inflicted injury or any such attempt, while sane or insane (in Colorado and Missouri while sane); while in the service of the armed forces of any country, except orders to active military

service for training purposes of two months or less; services received in a facility operated by any agency of the United States government, unless you are legally required to pay for the services; services which are not medically necessary or for dental or vision care; mental or nervous disorders; alcoholism, drug addiction or related complications; an insured person engaging in any act or occupation which is a violation of the law in the jurisdiction where the loss occurred. A violation of the law includes both misdemeanor and felony violation; services which are covered under any Worker's Compensation Law or similar legislation; services covered under any insurance that does not require deductible and coinsurance payment; services for which benefits are not payable under your basic major medical/comprehensive policy; and services if, on the effective date of coverage, you were not covered by a major medical/comprehensive policy; our sole obligation will be to refund all premiums for that insured person.

The Outpatient Benefit Rider I

Benefits are payable for outpatient treatment for injury or sickness up to the benefit amount selected (\$200 to \$2500) per sickness or injury. Benefits are limited to the difference between the benefit paid by the major medical policy and the actual outpatient expenses incurred, which includes any out-of-pocket expenses such as deductible and coinsurance. Same or related conditions will apply to the same sickness or injury unless separated by a period of 90 consecutive days. The calendar year maximum is four outpatient occurrences per family, per calendar year. Outpatient benefits include treatment under the regular care and attendance of a physician at a hospital, an outpatient surgical or emergency facility or a diagnostic testing facility or similar facility that is licensed to provide outpatient treatments.

Expense incurred means the charge made for a service or supply that is covered by the outpatient benefit rider and given to an insured person due to an injury or sickness. The expense incurred must be medically necessary for the condition being treated. An expense or charge is deemed to be incurred on the date the service or supply that causes the expense or charge is given or obtained.

Policy # BB-17A
Form # M-00212

MediBridge

Your Bridge for the Gap in Today's Major Medical Benefits
Group Hospital Confinement Indemnity Insurance Plan

Imagine spending less
for your health insurance.

With
MediBridge you can...

- Keep your existing health insurance—individual or group—AND lower your out-of-pocket costs.
- Reduce your health insurance premiums AND Increase your healthcare benefits.
- Manage your health insurance costs year after year.
- Preserve your hard-earned savings.

MediBridge is...

- Ideal for anyone concerned about the rising cost of insurance premiums: families, individuals and voluntary employee groups.
- Guaranteed issue.

Select benefits from \$500
to \$10,000 with MediBridge

Hospital Emergency Room Treatment for injury is
covered up to your selected maximum benefit.



Home Office
Fidelity Security Life Insurance Company
Kansas City, Missouri

MB-GEN-1113

This brochure contains a summary of benefits, limitations and exclusions. Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence. Not available in all states. For complete information, please refer to the policy. MediBridge is underwritten and administered by Fidelity Security Life Insurance Company, Kansas City, MO, and marketed nationwide by Scott Siepka, c/o Comprehensive Insurance Agency, LLC.

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. For the latest rating, visit www.ambest.com

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MediBridge: The healthcare revolution has begun...

Now you have the power to manage your healthcare costs.

It's happening to everyone. Insurance premiums are out of control. Fortunately, there is a solution that enables you to manage your health insurance costs year after year. **THE MEDIBRIDGE CONCEPT IS VERY SIMPLE...**

Here's how it WORKS:

- First:** Lower your existing insurance premium by increasing your deductible and coinsurance limit.
- Next:** Add the MediBridge plan to help pay your deductible and other out-of-pocket charges if you or a covered family member is hospitalized. Select a benefit closest to your total deductible and copayment exposure.

In some cases you will realize up to 100% coverage for inpatient and many outpatient services, while reducing your current health insurance premiums.

Hospital Emergency Room Benefit

Treatment in a hospital emergency room for injury or sickness is a covered expense up to your selected maximum inpatient benefit amount.

Coverage for sickness must result in hospital confinement within 24 hours of your emergency room treatment.

Optional Outpatient Rider I Available

Expand your protection—and your savings with the optional Outpatient Rider I. The rider provides for outpatient treatment of injury or sickness at a hospital, outpatient surgery or emergency facility, or diagnostic testing facility. Choose an annual benefit amount from \$200 to \$2500, payable for a maximum of four occurrences, per family, per year. The Emergency Room benefits provided by this rider are paid in addition to those provided by the Inpatient Hospital benefit. In group sales situations, this benefit option choice is made by the employer, not the employee. Benefits are limited to the deductible and/or the coinsurance amount the insured person is required to pay under his/her major medical/comprehensive policy.

MediBridge HIGHLIGHTS:

- Choose the benefit level that you need, from \$500 to \$10,000, per person
- Guaranteed issue
- Hospital emergency room benefits
- Benefits payable for out-of-network providers

- Available to individuals, families and voluntary payroll deduction programs.
- HRA/MSA and large deductible compatible
- Optional outpatient riders available
- Portable. If you change your major medical plan, MediBridge goes with you

What does MediBridge cover?

MediBridge works with your major medical plan to cover the deductible and coinsurance costs you are required to pay for the following services:

- Inpatient hospital services provided for hospitalization lasting at least 15 consecutive hours.
- Hospital emergency room treatments for injuries and sickness. Sickness must result in hospitalization within 24 hours of emergency room treatment.

The optional Outpatient Benefit Rider I will cover outpatient treatments for up to four occurrences per family, per year. Benefits are paid directly to you unless you indicate otherwise.

Is my acceptance guaranteed?

Yes, as long as you have major medical coverage with deductible and coinsurance features; and; If you are an individual under age 65, your spouse (if under age 65) and your unmarried children (under age 19 or age 23 if full time students).

When will my coverage begin?

Your MediBridge plan becomes effective on the first day of the month following the receipt of your first premium and approval of your application, provided you are not confined at home, in a hospital or medical institution, and you are engaged in your regular and customary activities. Coverage will not become effective prior to the effective date of your underlying major medical coverage.

How long can I keep my MediBridge plan?

You may continue your coverage as long as you pay your premiums and you continue to have major medical coverage with deductible and coinsurance features. For individual coverage, you and your spouse's coverage terminates at age 65; children's coverage at age 19 (age 23 if full-time student).



Example:* Meet Jim and Kay



Jim and Kay are comparing health plans. They don't want to pay too much, but they are very uncomfortable with the high out of pocket expenses that come with high deductible plans.

They worry about an In-Patient hospital stay, but their main concern is expensive Out-Patient procedures. A high deductible plan would leave them holding the bills for MRI's, ER visits, diagnostic tests and X-rays, Out-Patient surgery and other common services.

They are considering a plan with a \$1500 deductible with \$3500 total out of pocket each, but the premium is \$701 a month. The alternative is a policy with a \$6000 deductible each for \$289 per month. The premium savings are attractive, but the total out of pocket exposure is \$6000 each. Neither plan is attractive.

The solution is MediBridge. Jim and Kay choose the \$6000 deductible plan and add MediBridge coverage. For only \$86 a month Jim and Kay get \$2500 of both In-Patient and Out-Patient 1st dollar coverage.

Their combined premium is \$375 and their out of pocket exposure is reduced to \$3500 each. By using MediBridge Jim and Kay get coverage very similar to the more expensive plan while saving \$326 each month. The choice is obvious. A high deductible plan combined with MediBridge nearly always beats the low deductible high premium alternative.

What will Jim and Kay SAVE?

	Major Med \$1500 Ded	Major Med \$6000 Ded	Major Med** \$6000 Ded + MediBridge	THEY SAVE
Monthly Payment	\$701	\$289	\$375	\$326.00 per month
Total Annual Out of Pocket (per person)	\$3500	\$6000	\$3500	

By choosing MediBridge, Jim and Kay saved \$3512 in annual premiums. Savings that can be used to offset any medical expenses they might incur.

** Based on MediBridge benefits of \$2,500 Inpatient & OutPatient I for individual and spouse, ages 37 and 35.

* The example above is for illustrative purposes. Actual costs may vary depending on your situation.

MediBridge MONTHLY RATES

	Attained Age Under 40				Attained Age 40 - 49				Attained Age 50 - 64			
	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family
	Inpatient				Inpatient				Inpatient			
\$500	4.40	7.95	10.00	13.50	6.40	11.55	12.00	17.10	8.65	15.60	14.25	21.15
\$750	6.60	11.80	14.85	20.10	9.55	17.20	17.85	25.50	12.80	23.05	21.10	31.35
\$1,000	8.65	15.60	19.55	26.50	12.50	22.50	23.40	33.40	16.85	30.35	27.75	41.25
\$1,250	10.70	19.30	24.25	32.80	15.60	28.00	29.10	41.55	20.90	37.65	34.40	51.15
\$1,500	12.60	22.70	28.45	38.55	18.30	32.90	34.15	48.75	24.60	44.25	40.45	60.10
\$1,750	14.50	26.15	32.80	44.40	21.00	37.75	39.30	56.05	28.30	50.90	46.60	69.20
\$2,000	16.40	29.55	37.05	50.20	23.80	42.80	44.40	63.40	32.00	57.55	52.60	78.20
\$2,500	19.90	35.85	44.95	60.90	28.85	51.90	53.85	76.95	38.85	69.90	63.85	94.95
\$3,000	23.35	42.00	52.70	71.35	33.85	61.00	63.25	90.35	45.50	81.90	74.85	111.25
\$3,500	26.65	48.00	60.25	81.60	38.65	69.55	72.25	103.15	52.00	93.60	85.60	127.20
\$4,000	29.80	53.70	67.40	91.25	43.25	77.85	80.80	115.40	58.10	104.60	95.70	142.15
\$5,000	36.05	64.85	81.45	110.25	52.25	94.05	97.65	139.45	70.25	126.50	115.70	171.90
\$6,000	41.90	75.40	94.70	128.20	60.70	109.30	113.50	162.05	81.70	147.10	134.50	199.90
\$7,000	47.50	85.50	107.30	145.30	68.85	123.85	128.65	183.70	92.60	166.65	152.45	226.50
\$8,000	52.90	95.25	119.55	161.90	76.65	138.00	143.35	204.70	103.15	185.70	169.80	252.35
\$10,000	63.25	113.85	142.95	193.60	91.70	165.05	171.45	244.75	123.35	222.00	203.05	301.70
	Optional Outpatient Rider I				Optional Outpatient Rider I				Optional Outpatient Rider I			
\$200	6.20	11.15	13.40	18.40	8.95	16.05	16.15	23.25	12.05	21.70	19.30	28.55
\$500	13.30	23.95	28.85	39.45	19.15	34.40	34.60	49.90	25.80	46.40	41.25	61.90
\$750	16.00	28.75	34.60	47.30	22.95	41.25	41.55	59.80	30.95	55.70	49.55	74.25
\$1,000	17.60	31.70	38.10	52.15	25.30	45.50	45.75	65.95	34.10	61.35	54.60	81.80
\$1,500	22.20	39.95	48.00	65.75	31.85	57.35	57.65	83.10	42.95	77.30	68.80	103.05
\$2,000	25.35	45.65	54.90	75.10	36.40	65.50	65.90	94.95	49.10	88.35	78.60	117.80
\$2,500	27.89	50.20	60.39	82.61	40.03	72.04	72.50	104.43	54.02	97.19	86.45	129.59

Pre-Existing Condition Variations

The following will replace the Policy's descriptions as outlined in the MediBridge Group Hospital Confinement Indemnity Insurance Plan brochures. The pre-existing condition descriptions outlined below are only those that differ from the benefits and provisions described in the brochure and may not include all mandated state benefits and provisions.

Applicable to California Residents

The Definition for Pre-Existing Condition is deleted in its entirety and replaced with the following:

Pre-Existing Condition Pre-Existing Condition means an Injury, Sickness or condition for which medical advice, diagnosis, care or treatment, including use of prescription drugs was recommended or received from a licensed health practitioner during the six (6) month period immediately preceding the Insured Person's Effective Date of coverage. Such an Injury, Sickness or condition will continue to be a Pre-Existing Condition and not be covered until the expiration of six (6) months beginning with the Effective Date of coverage.

In determining whether a Pre-Existing Condition applies to any Insured Person, this plan will credit the time the Insured Person was covered under Qualifying Prior Coverage, provided the Insured Person became eligible for coverage under this plan within 30 days of termination of the Qualifying Prior Coverage, exclusive of any waiting period, and applies for coverage under this plan within the applicable enrollment period.

However, if a person's employment has ended, the availability of health coverage offered through employment or sponsored by an employer has terminated, or an employer's contribution toward health coverage has terminated, this plan will credit the time the Insured Person became eligible for this plan through employment or sponsored by an employer within 180 days, exclusive of any waiting period, and applies for coverage under this plan within the applicable enrollment period.

Applicable to South Carolina Residents

The Definition for Pre-Existing Condition is deleted in its entirety and replaced with the following:

Pre-Existing Condition means an Injury or Sickness which has been diagnosed by a legally qualified Physician, with consultation, advice or treatment occurring within 12 months immediately prior to an Insured Person's Effective Date of coverage. Pre-Existing Condition does not include: (a) genetic information in the absence of a diagnosis of the condition related to such information; or (b) Pregnancy. Such an Injury or Sickness will continue to be a Pre-Existing Condition and not be covered until the expiration of 12 consecutive months, beginning with the Effective Date of coverage.

Applicable to Mississippi Residents

The Definition for Pre-Existing Condition is deleted in its entirety and replaced with the following:

Pre-Existing Condition means an Injury or Sickness which has been diagnosed by a legally qualified Physician, with consultation, advice or treatment occurring within 12 months immediately prior to an Insured Person's Effective Date of coverage. Pre-Existing Condition also means symptoms of a condition that would have led an ordinarily prudent person to seek diagnosis, care or treatment. Such an Injury or Sickness will continue to be a Pre-Existing Condition and not be covered until the expiration of 12 consecutive months, beginning with the Effective Date of coverage.

OPTIONAL OUTPATIENT RIDER II

The primary inpatient policy is required in order to apply for this rider. It can be used alone or in addition to the Wellness Benefit Rider. This rider is available as an alternative to the current Optional Outpatient Rider discussed in the brochure. You may choose one of the Outpatient riders, but you may not have both. The chosen Outpatient II family benefit amount shall not exceed the Inpatient base plan benefit amount. Example: With \$1000 Inpatient, choose \$500/\$1000, \$750/\$1250 or \$1000/\$2000 Outpatient II.

This rider provides for outpatient treatment of injury or sickness at a hospital, outpatient surgical or emergency facility, or diagnostic testing facility. Choose an annual benefit amount from \$1000 to \$5000, per family, per calendar year. This rider will pay up to the total chosen family benefit in a calendar year, not to exceed 50% of the maximum benefit per individual family member. A single individual with no spouse or dependents is eligible for benefits from \$500 to \$2500 per calendar year. The Emergency Room benefits provided by this rider are paid in addition to those provided by the Inpatient Hospital benefit. Benefits are limited to the difference between the benefit paid by the major medical policy and the actual outpatient expenses incurred, which includes any out-of-pocket expenses such as deductible and coinsurance.

Outpatient Rider II Premium Rates

BENEFIT Individual/ + Dependent(s)	ATTAINED AGE UNDER 40				ATTAINED AGE 40-49				ATTAINED AGE 50-64			
	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family
\$500/\$1000	20.90	32.05	33.50	41.80	29.90	45.75	48.30	60.20	40.00	62.00	64.85	81.45
\$750/\$1500	25.95	41.45	43.60	55.15	37.50	59.80	62.70	79.30	50.45	80.35	84.70	107.05
\$1000/\$2000	28.85	47.95	50.10	63.40	41.45	68.45	72.05	90.80	55.85	92.60	97.30	122.50
\$1250/\$2500	31.35	53.35	56.20	71.70	45.05	76.75	80.70	102.70	60.55	103.40	108.85	138.75
\$1500/\$3000	33.85	58.00	60.90	77.50	48.65	83.25	87.20	111.35	65.60	112.05	117.50	149.90
\$1750/\$3500	36.05	61.25	64.50	82.15	51.55	88.30	92.60	117.85	69.55	118.90	124.70	158.90
\$2000/\$4000	38.20	64.85	68.45	87.20	54.75	93.35	98.00	125.05	73.50	126.15	132.25	168.65
\$2250/\$4500	39.65	68.10	71.35	90.80	56.95	97.65	102.35	130.45	77.10	131.55	138.40	176.20
\$2500/\$5000	40.35	69.20	72.80	92.60	58.00	99.45	104.50	132.95	78.20	134.05	140.55	179.45

Outpatient Rider II - Form R-02822

Some provisions, benefits, exclusions or limitations listed herein may vary in your state of residence

Not Available In All States.

This brochure supplement contains a summary of benefits, limitations and exclusions. Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence. Not available in all states. For complete information, please refer to the policy. MediBridge is underwritten and administered by Fidelity Security Life Insurance Company, Kansas City, MO, and marketed nationwide by Scott L. Siepka, c/o Comprehensive Insurance Agency, LLC. 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.

Policy # BB-17A - Form # M-00212