

SERFF Tracking Number: FDLT-128212984 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
Company Tracking Number: R-02995
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Group Advanced Diagnostic Test Indemnity Benefit Rider
Project Name/Number: Group Advanced Diagnostic Test Indemnity Benefit Rider/Group Advanced Diagnostic Test Indemnity Benefit Rider / R-02995

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Group Advanced Diagnostic Test Indemnity Benefit Rider SERFF Tr Num: FDLT-128212984 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-
Closed State Tr Num:

Sub-TOI: H21.000 Health - Other

Co Tr Num: R-02995

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Jennifer Glaser, Kelly
Humiston, Teresa Saling, Kirsten
Farmer

Disposition Date: 04/02/2012

Date Submitted: 03/30/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Advanced Diagnostic Test Indemnity Benefit Rider

Status of Filing in Domicile: Pending

Project Number: Group Advanced Diagnostic Test Indemnity Benefit Rider / R-02995

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association

Overall Rate Impact:

Filing Status Changed: 04/02/2012

State Status Changed: 04/02/2012

Deemer Date:

Created By: Kirsten Farmer

Submitted By: Kirsten Farmer

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

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Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Group Health Insurance

R-02995 – Group Advanced Diagnostic Test Indemnity Benefit Rider

We respectfully submit the above form for your review and approval to be used with any group Health product available in your state. This form is new and does not replace any forms previously filed with your state.

This filing is for coverage sold via one-on-one direct agent sales to eligible groups.

This is an optional benefit rider that provides a limited flat indemnity benefit per test for either one or two specified advanced outpatient diagnostic tests per Benefit Period. Benefits are payable in addition to benefits provided under a policy to which the rider is attached. This rider may be sold as a benefit to cover injuries only or for injuries and sickness. It does not cover routine wellness screens and tests.

All benefit elections are made by the group policyholder.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. The variables will not be adjusted to be less favorable than your state allows.

If you have any questions or require additional information, please feel free to telephone me at (800) 648-8624, extension 1276, or Email me at tsaling@fslins.com.

State Narrative:

Company and Contact

Filing Contact Information

Teresa Saling, Contract Analyst

3130 Broadway

Kansas City, MO 64111-2406

tsaling@fslins.com

800-648-8624 [Phone] 1276 [Ext]

816-751-6026 [FAX]

Filing Company Information

Fidelity Security Life Insurance Company

3130 Broadway

Kansas City, MO 64111-2406

(800) 648-8624 ext. [Phone]

CoCode: 71870

Group Code: 451

Group Name:

FEIN Number: 43-0949844

State of Domicile: Missouri

Company Type: Life & Health

State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 x 1 form = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$50.00	03/30/2012	57608818

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/02/2012	04/02/2012

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Disposition

Disposition Date: 04/02/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *FDLT-128212984* State: *Arkansas*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Certification	Approved-Closed	Yes
Form	Group Advanced Diagnostic Test Indemnity Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: R-02995AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/02/2012	R-02995AR	Policy/Cont ract/Fratern al	Group Advanced Diagnostic Test Indemnity Benefit Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	R-02995AR.pdf



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

ADVANCED DIAGNOSTIC TEST INDEMNITY BENEFIT RIDER

Outpatient Only for Injury {or Sickness}

By attachment of this Rider, the {Policy} {/}{Certificate} is amended by the following:

DEFINITIONS

{**Accident** means an event occurring by chance or unintentionally after the effective date of coverage.}

Advanced Diagnostic Test means a {Computerized Axial Tomography (CT or CAT) Scan, Magnetic Resonance Imaging (MRI) Scan, Magnetic Resonance Angiogram (MRA) Scan, {or} Positron Emission Tomography (PET) Scan,} {Ultrasound, Mammogram, Stress Test, Electroencephalogram (EEG) Test, Electrocardiogram (EKG) test or Echocardiogram}.

Benefit Period means the period of time when benefits are payable. Unless stated otherwise in the Schedule of Benefits, a Benefit Period is a Calendar Year.

Benefit Period Maximum means the maximum aggregate amount of benefits payable for an Insured Person for Advanced Diagnostic Tests. This amount is shown in the Schedule of Benefits.

{**Confined/Confinement** means the Insured Person is admitted to a facility as a registered bed patient for a period of 24 consecutive hours or longer. Confinement does not include treatment received in the Outpatient department of the Hospital.}

{**Injury** means bodily Injury caused by an Accident. The Accident must happen while the Insured Person is covered by the Policy. The Injury must be the direct cause of loss, independent of Sickness or other causes. All Injuries to an Insured Person in a single Accident are treated as one Injury.}

{**Inpatient** means the Insured Person is Hospital Confined when covered services are received.}

{**Outpatient** means the Insured Person is not Hospital Confined when covered services are received.}

{**Sickness** means a bodily disorder, disease or illness that begins while the Insured Person's coverage is in force, including {Pregnancy and} Complications of Pregnancy. {Sickness does not include Mental or Nervous Disorder, alcoholism or Substance Abuse.}}

{**Hospital** means a legally authorized and operated institution for the care or treatment of sick or injured persons. It must have graduate registered nurses (R.N.) on 24-hour call and organized facilities for diagnosis and surgery under the full-time supervision of a Physician, 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, that is used mainly as a facility for rest, nursing care, convalescent care, care of the aged or for remedial education or training.

BENEFIT

Benefits are payable as shown in the Schedule of Benefits {below} {in the Certificate} if the Insured Person receives an Advanced Diagnostic Test due to an Injury {or Sickness}. The Advanced Diagnostic Test must be ordered by a Physician and must be performed in an Outpatient facility or, if performed in a Hospital, performed while the Insured Person is an Outpatient. Benefits are subject to the Benefit Period Maximum shown in the Schedule of Benefits.

This benefit is in addition to any benefits in the {Policy} {/}{Certificate}.

{SCHEDULE OF BENEFITS}

Benefit Period: {Month Day – Month Day}

Advanced Diagnostic Tests – Outpatient Only	Benefit Amount
{CT Scan, MRI Scan, MRA Scan or PET Scan	{ \$250 - \$1,000 } per test
{Ultrasound, Mammogram, Stress Test, EEG Test, EKG Test or Echocardiogram	{ \$50 - \$200 } per test

Benefit Period Maximum: {1 Test} {2 Tests}

EXCLUSIONS

In addition to the Limitations and Exclusions listed for the Policy, the Advanced Diagnostic Test Benefit will not be paid for any of the following:

1. Advanced Diagnostic Tests performed while the Insured Person is an Inpatient;
2. routine wellness scans and tests; or
3. Advanced Diagnostic Tests not due to an Injury {or Sickness}.

This Rider takes effect on the {later of the} effective date {of the {Policy} {/}{Certificate} to which it is attached} {or {Month Day, Year}} {shown in the Certificate Schedule}. This Rider terminates concurrently with the {Policy} {/}{Certificate} to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the {Policy} {/}{Certificate} except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY



Richard C. Jones
President



David R. Smith
Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/02/2012
Comments: See Attached.		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	04/02/2012
Bypass Reason: N/A, filing includes Rider only.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	04/02/2012
Bypass Reason: N/A.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	04/02/2012
Bypass Reason: N/A.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	04/02/2012
Bypass Reason: N/A.		
Comments:		

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Item Status:

Status

Date:

Satisfied - Item: Certification

Approved-Closed

04/02/2012

Comments:

See Attached.

Attachment:

Certification - signed.pdf

FIDELITY SECURITY LIFE INSURANCE COMPANY
Kansas City, Missouri

I, AN OFFICER OF Fidelity Security Life, certify that the Flesch reading ease score for policy form(s) _____* meets the minimum requirements of the NAIC Policy Language Model Simplification Act.

In accordance with the NAIC Model Act, certain language has been excepted. Such language includes the following: (a) name and address of Fidelity Security Life Insurance Company; name, number and title of the policy; index page; captions and subcaptions; specifications pages, schedules and tables; (b) all words defined in the policy; and (c) medical terminology, if applicable.

* R-02995AR

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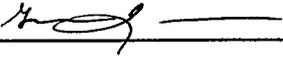
Martha E. Madden
Vice President and General Counsel

March 30, 2012

Date

FIDELITY SECURITY LIFE INSURANCE COMPANY
Kansas City, Missouri

Arkansas Certification

Certification	
I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with Regulation 19 s 10 B. and all applicable requirements for the state of Arkansas.	
Print Name: Geri Davies	Title: Manager, Contracts & Legal
Signature: 	Date: March 29, 2012

3/29/12
