

SERFF Tracking Number: FDLT-128167879 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
Company Tracking Number: M-9121
TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
Product Name: Group Outpatient Prescription Drug
Project Name/Number: Group Outpatient Prescription Drug/Group Outpatient Prescription Drug / M-9121

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Group Outpatient Prescription Drug SERFF Tr Num: FDLT-128167879 State: Arkansas
Drug

TOI: H17G Group Health - Prescription Drug SERFF Status: Closed-Approved State Tr Num:
Sub-TOI: H17G.000 Health - Prescription Drug Co Tr Num: M-9121 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Donna Lambert

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

Date Submitted: 03/30/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 05/09/2012

State Filing Description:

General Information

Project Name: Group Outpatient Prescription Drug
Project Number: Group Outpatient Prescription Drug / M-9121
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Association, Other

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/21/2012

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:
Union

Overall Rate Impact:

Filing Status Changed: 05/09/2012

State Status Changed: 05/09/2012

Deemer Date:

Created By: Kirsten Farmer

Submitted By: Kirsten Farmer

Corresponding Filing Tracking Number: FDLT-127126750

Filing Description:

Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Group Indemnity Outpatient Prescription Drug Insurance

Policyholder: Union/Association Groups

M-9121AR Policy

SERFF Tracking Number: FDLT-128167879 State: Arkansas
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C-9121AR Certificate
S-9121 Schedule of Benefits

We respectfully submit the above forms for your review and approval. These forms are new and do not replace any forms previously filed with your state.

These forms are similar, with the exception of language to identify the different type of group, to the Fidelity Security Life Insurance forms M-9114AR et. al. previously approved in your state on 4/22/2011 under SERFF #FDLT-127126750. This filing is for coverage sold via one-on-one direct agent sales to Union and Association Groups. Application form A-01130 and Enrollment form A-01131 were approved with M-9114AR.

This product provides an indemnity outpatient prescription drug benefits for prescription drugs purchased at retail pharmacies with an optional benefit for prescription drugs purchased by mail order. The tiers of benefits are variable, but the tier 1 level will always be included. Dependent coverage is optional at the Group level.

These forms will be used with National Association for Responsible Health Care, situated in Missouri. This group was previously approved by your state on 5/19/2008 with form M-9040, SERFF #FDLT-125645596.

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 questions or need additional information, please do not hesitate to contact me at 1-800-648-8624 (extension 1143) or e-mail me at jglaser@fslins.com.

State Narrative:

Company and Contact

Filing Contact Information

Jennifer Glaser, Sr. Contract Analyst jglaser@fslins.com
3130 Broadway 800-648-8624 [Phone] 1143 [Ext]
Kansas City, MO 64111-2406 816-751-6026 [FAX]

Filing Company Information

Fidelity Security Life Insurance Company CoCode: 71870 State of Domicile: Missouri
3130 Broadway Group Code: 451 Company Type: Life & Health
Kansas City, MO 64111-2406 Group Name: State ID Number:
(800) 648-8624 ext. [Phone] FEIN Number: 43-0949844

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Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$150.00	03/30/2012	57608830

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	05/09/2012	05/09/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	04/23/2012	04/23/2012	Jennifer Glaser	04/23/2012	04/30/2012
Pending Industry Response	Donna Lambert	04/03/2012	04/03/2012	Jennifer Glaser	04/17/2012	04/17/2012

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Disposition

Disposition Date: 05/09/2012

Implementation Date: 05/09/2012

Status: Approved

Comment: Thank you. I would have approved this sooner, but I've been at a conference in Kansas City.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Redlines 4-17-12	Approved	Yes
Supporting Document	N-00050AR Arkansas Complaint Notice	Approved	Yes
Supporting Document	Redlines 4-23-12	Approved	Yes
Form (<i>revised</i>)	Policy	Approved	Yes
Form	Policy	Replaced	Yes
Form (<i>revised</i>)	Certificate	Approved	Yes
Form	Certificate	Replaced	Yes
Form	Schedule	Approved	Yes
Form	Policy	Replaced	Yes
Form	Certificate	Replaced	Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/23/2012
Submitted Date	04/23/2012
Respond By Date	05/23/2012

Dear Jennifer Glaser,

Thank you so much for the redline versions you attached to the Supporting Documentation tab.

One more small change is necessary.

In the Newborn and Adopted Children Eligibility and Effective Date provision, an adopted child is covered for 90 days after adoption, but the contract states that notice must be given to continue coverage no later than 60 days. The time periods should be consistent with one another.

You may either provide coverage for 60 days and require notice after 60 days, or provide coverage for 90 days and require notice after 90 days. Ninety days is more advantageous to the insured, but only a 60-day coverage period is required for adopted children.

Thank you.

Objection 1

- Flesch Certification (Supporting Document)
- Policy, M-9121AR (Form)

Comment: Thank you so much for the redline versions you attached to the Supporting Documentation tab.

One more small change is necessary.

In the Newborn and Adopted Children Eligibility and Effective Date provision, an adopted child is covered for 90 days after adoption, but the contract states that notice must be given to continue coverage no later than 60 days. The time periods should be consistent with one another.

You may either provide coverage for 60 days and require notice after 60 days, or provide coverage for 90 days and require notice after 90 days. Ninety days is more advantageous to the insured, but only a 60-day coverage period is required for adopted children.

Thank you.

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A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking Number: FDLT-128167879 State: Arkansas
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/23/2012
Submitted Date 04/30/2012

Dear Donna Lambert,

Comments:

Pursuant to your Objection Letter dated 4/23/12, please note:

Response 1

Comments: For compliance with 23-79-129 and 23-79-137, the Newborn and Adopted Children Eligibility and Effective Date section has been revised.

The revised Forms are on the Forms tab and a redline copy on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Flesch Certification (Supporting Document)
- Policy, M-9121AR (Form)

Comment:

Thank you so much for the redline versions you attached to the Supporting Documentation tab.

One more small change is necessary.

In the Newborn and Adopted Children Eligibility and Effective Date provision, an adopted child is covered for 90 days after adoption, but the contract states that notice must be given to continue coverage no later than 60 days. The time periods should be consistent with one another.

You may either provide coverage for 60 days and require notice after 60 days, or provide coverage for 90 days and require notice after 90 days. Ninety days is more advantageous to the insured, but only a 60-day coverage period is required for adopted children.

Thank you.

Changed Items:

SERFF Tracking Number: FDLT-128167879 State: Arkansas
 Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
 Company Tracking Number: M-9121
 TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
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Supporting Document Schedule Item Changes

Satisfied -Name: Redlines 4-23-12
 Comment: See attached.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy	M-9121AR		Policy/Contract/Fraternal Certificate	Initial		50.000	M-9121AR.pdf
Previous Version							
Policy	M-9121AR		Policy/Contract/Fraternal Certificate	Initial		50.000	M-9121AR.pdf
Policy	M-9121AR		Policy/Contract/Fraternal Certificate	Initial		50.000	M-9121AR.pdf
Certificate	C-9121AR		Certificate	Initial		50.000	C-9121AR.pdf
Previous Version							
Certificate	C-9121AR		Certificate	Initial		50.000	C-9121AR.pdf
Certificate	C-9121AR		Certificate	Initial		50.000	C-9121AR.pdf

No Rate/Rule Schedule items changed.

If you have questions, please do not hesitate to contact me.

Sincerely,
 Jennifer Glaser, Kelly Humiston, Kirsten Farmer, Teresa Saling

SERFF Tracking Number: FDLT-128167879 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
Company Tracking Number: M-9121
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Product Name: Group Outpatient Prescription Drug
Project Name/Number: Group Outpatient Prescription Drug/Group Outpatient Prescription Drug / M-9121

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/03/2012
Submitted Date 04/03/2012
Respond By Date 05/05/2012

Dear Jennifer Glaser,

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy, M-9121AR (Form)
- Certificate, C-9121AR (Form)

Comment: Please refer to Bulletin 1491 1(A) concerning handicapped dependents. A TIME LIMIT cannot be established for requiring notice of incapacity. Your contract states that proof MUST be furnished to the company, but no more often than every 12 months.

Objection 2

- Policy, M-9121AR (Form)
- Certificate, C-9121AR (Form)

Comment: Regarding the Newborn and Adopted Children Eligibility and Effective Date provision, all references to 31 days should be removed. Newborns must be covered for the first 90 days; adopted children must be covered for 60 days. ACA 23-79-129 and ACA 23-79-137 do not allow premium payments to be required before 90 or 60 days, respectively.

Objection 3

- Policy, M-9121AR (Form)
- Certificate, C-9121AR (Form)

Comment: Entire Contract – A statement cannot be used to deny a claim unless contained in a written instrument provided to the insured. The written instrument can also be provided to the beneficiary or designated representative, but it cannot be provided to the beneficiary or designated representative instead of the insured.

Objection 4

- Certificate, C-9121AR (Form)

Comment: The information required by 15-2009 must be provided. It can be added to the certificate or by the attachment of an amendment.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional

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Project Name/Number: Group Outpatient Prescription Drug/Group Outpatient Prescription Drug / M-9121

information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 04/17/2012
 Submitted Date 04/17/2012

Dear Donna Lambert,

Comments:

Pursuant to your Objection Letter dated 4/3/12, please note:

Response 1

Comments: For compliance with Bulletin 14-81, item #4 of the definition of Dependent is revised to remove "but not more than once in any 12-month period."

The revised Policy and Certificate are on the Forms tab and a redline copy on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Policy, M-9121AR (Form)
- Certificate, C-9121AR (Form)

Comment:

Please refer to Bulletin 1491 1(A) concerning handicapped dependents. A TIME LIMIT cannot be established for requiring notice of incapacity. Your contract states that proof MUST be furnished to the company, but no more often than every 12 months.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Redlines 4-17-12

Comment: See attached.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy	M-9121AR		Policy/Contract/Fraternal Certificate	Initial		50.000	M-9121AR.p

SERFF Tracking Number: FDLT-128167879 State: Arkansas
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df

Previous Version

Policy	M-9121AR	Policy/Contract/Fraternal Certificate	Initial	50.000	M-9121AR.p df
Certificate	C-9121AR	Certificate	Initial	50.000	C-9121AR.p df

Previous Version

Certificate	C-9121AR	Certificate	Initial	50.000	C-9121AR.p df
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No Rate/Rule Schedule items changed.

Response 2

Comments: For compliance with 23-79-129 and 23-79-137, the Newborn and Adopted Children Eligibility and Effective Date provision is revised to change references of 31 days to 90 days.

The revised Policy and Certificate are on the Forms tab and a redline copy on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Policy, M-9121AR (Form)
- Certificate, C-9121AR (Form)

Comment:

Regarding the Newborn and Adopted Children Eligibility and Effective Date provision, all references to 31 days should be removed. Newborns must be covered for the first 90 days; adopted children must be covered for 60 days. ACA 23-79-129 and ACA 23-79-137 do not allow premium payments to be required before 90 or 60 days, respectively.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Redlines 4-17-12

Comment: See attached.

SERFF Tracking Number: FDLT-128167879 State: Arkansas
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Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
<i>Policy</i>	M-9121AR		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		50.000	M-9121AR.pdf
Previous Version							
<i>Policy</i>	M-9121AR		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		50.000	M-9121AR.pdf
<i>Certificate</i>	C-9121AR		<i>Certificate</i>	<i>Initial</i>		50.000	C-9121AR.pdf
Previous Version							
<i>Certificate</i>	C-9121AR		<i>Certificate</i>	<i>Initial</i>		50.000	C-9121AR.pdf

No Rate/Rule Schedule items changed.

Response 3

Comments: The Entire Contract provision has been revised for clarification.

The revised Policy and Certificate are on the Forms tab and a redline copy on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Policy, M-9121AR (Form)
- Certificate, C-9121AR (Form)

Comment:

Entire Contract – A statement cannot be used to deny a claim unless contained in a written instrument provided to the insured. The written instrument can also be provided to the beneficiary or designated representative, but it cannot be provided to the beneficiary or designated representative instead of the insured.

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Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Redlines 4-17-12

Comment: See attached.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
<i>Policy</i>	<i>M-9121AR</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		<i>50.000</i>	<i>M-9121AR.pdf</i>
Previous Version							
<i>Policy</i>	<i>M-9121AR</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		<i>50.000</i>	<i>M-9121AR.pdf</i>
<i>Certificate</i>	<i>C-9121AR</i>		<i>Certificate</i>	<i>Initial</i>		<i>50.000</i>	<i>C-9121AR.pdf</i>
Previous Version							
<i>Certificate</i>	<i>C-9121AR</i>		<i>Certificate</i>	<i>Initial</i>		<i>50.000</i>	<i>C-9121AR.pdf</i>

No Rate/Rule Schedule items changed.

Response 4

Comments: For compliance with 15-2009, a copy of the Arkansas Complaint Notice is attached to the Supporting Documentation tab, for your reference.

Related Objection 1

Applies To:

- Certificate, C-9121AR (Form)

Comment:

The information required by 15-2009 must be provided. It can be added to the certificate or by the attachment of an amendment.

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Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: N-00050AR Arkansas Complaint Notice

Comment: See attached.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have questions, please do not hesitate to contact me.

Sincerely,

Jennifer Glaser, Kelly Humiston, Kirsten Farmer, Teresa Saling

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Form Schedule

Lead Form Number: M-9121AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 05/09/2012	M-9121AR	Policy/Cont ract/Fratern al Certificate	Policy	Initial		50.000	M-9121AR.pdf
Approved 05/09/2012	C-9121AR	Certificate	Certificate	Initial		50.000	C-9121AR.pdf
Approved 05/09/2012	S-9121	Schedule Pages	Schedule	Initial		50.000	S-9121.pdf



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

POLICY NUMBER: {PD-###}
POLICYHOLDER: {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}
STATE OF ISSUE: Arkansas
POLICY EFFECTIVE DATE: {Month Day, Year}
POLICY ANNIVERSARY DATE: {Month Day, Year and each Month Day thereafter}

Fidelity Security Life Insurance Company ("the Company") agrees to pay benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued by acceptance of the application of the Policyholder (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

The Policyholder may terminate the Policy on any date on or after the date the Company receives the Policyholder's written request for termination. The Company may terminate the Policy on {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date. Written notice must be provided to the Policyholder at least {30-90} days prior to termination.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG POLICY
THIS IS A LIMITED BENEFIT POLICY
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Policy carefully.

CONTENTS

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child will be effective from the moment of birth and will continue until the next premium due date or 90 days, whichever is later. Coverage under the Policy for an adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 60 days, whichever is later. After the premium due date, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.}

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

{POLICY NUMBER:} {PD-###}

{POLICYHOLDER:} {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}

{POLICY EFFECTIVE DATE:} {Month Day, Year}}

The Certificate is issued to Insureds of the {above} Policyholder whose coverage is in effect according to the Company's records.

The Certificate describes the principal provisions of the Policy. Benefits are provided only while coverage is in force for an Insured Person according to the terms of the Policy.

All periods of insurance begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

This Certificate replaces all certificates that may have been previously issued to the Insured under the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Certificate carefully.

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child will be effective from the moment of birth and will continue until the next premium due date or 90 days, whichever is later. Coverage under the Policy for an adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 60 days, whichever is later. After the premium due date, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.}

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

SCHEDULE OF BENEFITS

Policyholder: {"ABC" Association} {"ABC" Union Welfare Benefit {Trust} {Plan}}

{Policy Effective Date: {Month Day, Year}}

Insured Person: {All Members in an Eligible Class} **Policy Number:** {PD-XXX}
 {All Eligible Dependents, if Elected}

{{New Member} Waiting Period {As selected by the Policyholder} {{0 – 90 } days}}

{Open Enrollment Period {As selected by the Policyholder} {Month Day – Month Day}}

{Benefit Period {Month Day – Month Day}}

{Benefit Period Maximum
 {per Insured Person} {\$250 – \$250,000}
 {per family{*}} {\$500 – \$500,000}}

{* The total family maximum may only be met by a combination of two or more family members.}}

Prescription Drug Benefit – Retail Pharmacy:	Benefit	
Tier	Generic	{Brand
Tier 1:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{{Tier 2:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}}
{{Tier 3:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}}
{{Tier 4:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}}
{{Tier 5:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}}
{{Tier 6:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}}
{{Tier 7:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}}
{Tier 8:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}}
{Tier 9:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}}
{Tier {10 – 20}:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}}
{Prescription Drug Benefit – Mail Order Pharmacy:	{1 – 3} times Retail Pharmacy Benefit	{{1 – 3} times Retail Pharmacy Benefit} {N/A}}

SERFF Tracking Number: FDLT-128167879 State: Arkansas
 Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
 Company Tracking Number: M-9121
 TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
 Product Name: Group Outpatient Prescription Drug
 Project Name/Number: Group Outpatient Prescription Drug/Group Outpatient Prescription Drug / M-9121

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	05/09/2012
Comments: See attached.		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	05/09/2012
Comments: Applications for this filing were filed with Corresponding Filing Number, FDLT-127126750.		

	Item Status:	Status Date:
Satisfied - Item: Redlines 4-17-12	Approved	05/09/2012
Comments: See attached.		
Attachments: M-9121AR redline 4-17-12.pdf C-9121AR redline 4-17-12.pdf		

	Item Status:	Status Date:
Satisfied - Item: N-00050AR Arkansas Complaint Notice	Approved	05/09/2012
Comments: See attached.		
Attachment: N-00050AR AR Complaint Notice.pdf		

SERFF Tracking Number: FDLT-128167879 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
Company Tracking Number: M-9121
TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
Product Name: Group Outpatient Prescription Drug
Project Name/Number: Group Outpatient Prescription Drug/Group Outpatient Prescription Drug / M-9121

Item Status:

Status

Date:

Satisfied - Item: Redlines 4-23-12

Approved

05/09/2012

Comments:

See attached.

Attachments:

M-9121AR redline 4-23-12.pdf

C-9121AR redline 4-23-12.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.

* M-9121AR
C-9121AR
S-9121
Combined = 50



Martha E. Madden
Vice President and General Counsel

March 16, 2012

Date



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

POLICY NUMBER: {PD-###}
POLICYHOLDER: {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}
STATE OF ISSUE: Arkansas
POLICY EFFECTIVE DATE: {Month Day, Year}
POLICY ANNIVERSARY DATE: {Month Day, Year and each Month Day thereafter}

Fidelity Security Life Insurance Company ("the Company") agrees to pay benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued by acceptance of the application of the Policyholder (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

The Policyholder may terminate the Policy on any date on or after the date the Company receives the Policyholder's written request for termination. The Company may terminate the Policy on {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date. Written notice must be provided to the Policyholder at least {30-90} days prior to termination.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG POLICY
THIS IS A LIMITED BENEFIT POLICY
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Policy carefully.

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company, ~~but not more than once in any 12-month period.~~

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child, adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or ~~90~~31 days, whichever is later. After the premium due date or ~~90~~31 days, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.}

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary}};
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary}};
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary}};
7. {any drug that the FDA has determined to be contraindicated for the specific treatment};
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony};
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces};
10. {any expenses related to the administration of any drug};
11. {needles or syringes{,unless shown in the Formulary}};
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office};
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program};
14. {drugs, medicines or products that are not Medically Necessary}; or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder or, the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder or, the Insured or if the Insured designates, the Insured's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

{POLICY NUMBER:} {PD-###}

{POLICYHOLDER:} {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}

{POLICY EFFECTIVE DATE:} {Month Day, Year}}

The Certificate is issued to Insureds of the {above} Policyholder whose coverage is in effect according to the Company's records.

The Certificate describes the principal provisions of the Policy. Benefits are provided only while coverage is in force for an Insured Person according to the terms of the Policy.

All periods of insurance begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

This Certificate replaces all certificates that may have been previously issued to the Insured under the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Certificate carefully.

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company, ~~but not more than once in any 12-month period.~~

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child, adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or ~~90~~31 days, whichever is later. After the premium due date or ~~90~~31 days, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.}

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder ~~or~~; the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder ~~or~~; the Insured or if the Insured designates, the Insured's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

NOTICE

THIS NOTICE is to advise you that in the event a complaint should arise about this insurance, please contact:

Fidelity Security Life Insurance Company
3130 Broadway
Kansas City, Missouri 64111-2406
800-648-8624

If we at Fidelity Security Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
(501) 371-2640 or (800) 852-5494



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

POLICY NUMBER: {PD-###}
POLICYHOLDER: {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}
STATE OF ISSUE: Arkansas
POLICY EFFECTIVE DATE: {Month Day, Year}
POLICY ANNIVERSARY DATE: {Month Day, Year and each Month Day thereafter}

Fidelity Security Life Insurance Company ("the Company") agrees to pay benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued by acceptance of the application of the Policyholder (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

The Policyholder may terminate the Policy on any date on or after the date the Company receives the Policyholder's written request for termination. The Company may terminate the Policy on {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date. Written notice must be provided to the Policyholder at least {30-90} days prior to termination.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG POLICY
THIS IS A LIMITED BENEFIT POLICY
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Policy carefully.

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child, ~~adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt~~ will be effective from the moment of birth, ~~adoption, placement, or filing of such suit~~ and will continue until the next premium due date or 90 days, whichever is later. ~~Coverage under the Policy for an newborn child, adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 60~~90 days, whichever is later. After the premium due date ~~or 90 days~~, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits. }

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

{POLICY NUMBER:} {PD-###}

{POLICYHOLDER:} {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}

{POLICY EFFECTIVE DATE:} {Month Day, Year}}

The Certificate is issued to Insureds of the {above} Policyholder whose coverage is in effect according to the Company's records.

The Certificate describes the principal provisions of the Policy. Benefits are provided only while coverage is in force for an Insured Person according to the terms of the Policy.

All periods of insurance begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

This Certificate replaces all certificates that may have been previously issued to the Insured under the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Certificate carefully.

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child, ~~adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt~~ will be effective from the moment of birth, ~~adoption, placement, or filing of such suit~~ and will continue until the next premium due date or 90 days, whichever is later. Coverage under the Policy for an adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 60 days, whichever is later. After the premium due date ~~or 90 days~~, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits. }

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits. }

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

SERFF Tracking Number: FDLT-128167879 State: Arkansas
 Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
 Company Tracking Number: M-9121
 TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
 Product Name: Group Outpatient Prescription Drug
 Project Name/Number: Group Outpatient Prescription Drug/Group Outpatient Prescription Drug / M-9121

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/17/2012	Form	Policy	04/23/2012	M-9121AR.pdf (Superceded)
04/17/2012	Form	Certificate	04/23/2012	C-9121AR.pdf (Superceded)
03/13/2012	Form	Policy	04/17/2012	M-9121AR.pdf (Superceded)
03/13/2012	Form	Certificate	04/17/2012	C-9121AR.pdf (Superceded)



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

POLICY NUMBER: {PD-###}
POLICYHOLDER: {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}
STATE OF ISSUE: Arkansas
POLICY EFFECTIVE DATE: {Month Day, Year}
POLICY ANNIVERSARY DATE: {Month Day, Year and each Month Day thereafter}

Fidelity Security Life Insurance Company ("the Company") agrees to pay benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued by acceptance of the application of the Policyholder (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

The Policyholder may terminate the Policy on any date on or after the date the Company receives the Policyholder's written request for termination. The Company may terminate the Policy on {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date. Written notice must be provided to the Policyholder at least {30-90} days prior to termination.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG POLICY
THIS IS A LIMITED BENEFIT POLICY
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Policy carefully.

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child, adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 90 days, whichever is later. After the premium due date or 90 days, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.}

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

{POLICY NUMBER:} {PD-###}

{POLICYHOLDER:} {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}

{POLICY EFFECTIVE DATE:} {Month Day, Year}}

The Certificate is issued to Insureds of the {above} Policyholder whose coverage is in effect according to the Company's records.

The Certificate describes the principal provisions of the Policy. Benefits are provided only while coverage is in force for an Insured Person according to the terms of the Policy.

All periods of insurance begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

This Certificate replaces all certificates that may have been previously issued to the Insured under the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Certificate carefully.

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child, adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 90days, whichever is later. After the premium due date or 90days, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.}

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

POLICY NUMBER: {PD-###}
POLICYHOLDER: {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}
STATE OF ISSUE: Arkansas
POLICY EFFECTIVE DATE: {Month Day, Year}
POLICY ANNIVERSARY DATE: {Month Day, Year and each Month Day thereafter}

Fidelity Security Life Insurance Company ("the Company") agrees to pay benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued by acceptance of the application of the Policyholder (a copy of which is attached) and receipt by the Company of the premiums.

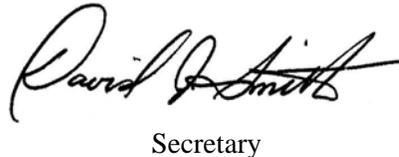
All periods of time under the Policy begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

The Policyholder may terminate the Policy on any date on or after the date the Company receives the Policyholder's written request for termination. The Company may terminate the Policy on {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date. Written notice must be provided to the Policyholder at least {30-90} days prior to termination.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG POLICY
THIS IS A LIMITED BENEFIT POLICY
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Policy carefully.

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{(21-27} years of age if a full-time student)}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company, but not more than once in any 12-month period.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child, adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 31 days, whichever is later. After the premium due date or 31 days, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.}

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

{POLICY NUMBER:} {PD-###}

{POLICYHOLDER:} {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}

{POLICY EFFECTIVE DATE:} {Month Day, Year}}

The Certificate is issued to Insureds of the {above} Policyholder whose coverage is in effect according to the Company's records.

The Certificate describes the principal provisions of the Policy. Benefits are provided only while coverage is in force for an Insured Person according to the terms of the Policy.

All periods of insurance begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

This Certificate replaces all certificates that may have been previously issued to the Insured under the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP INDEMNITY OUTPATIENT PRESCRIPTION DRUG CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Certificate carefully.

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DEFINITIONS

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 benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student}}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company, but not more than once in any 12-month period.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Company's records. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means either an Insured or Dependent.

Legend Drug means any medical substance whose label is required to bear the legend “Caution: Federal Law Prohibits Dispensing Without A Prescription,” or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person’s diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. 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 Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Member means a person who meets the eligibility requirements as shown in the Policyholder’s application.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family.

Policyholder means the {Association} {group} in whose name the Policy is issued, as shown in the Schedule of Benefits.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician’s written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person’s illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered.}

Schedule of Benefits means the page that gives basic information about the Certificate. It includes such important items as the Policy Number, the Insured Persons and benefits.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form, if any, and payment of the first premium.

Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Company's records} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child, adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 31 days, whichever is later. After the premium due date or 31 days, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for Outpatient Prescription Drugs due to injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.

BENEFITS

The following benefits are payable as shown in the Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the Schedule of Benefits.}

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}}

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination; or
2. any date on or after the date the Company receives the Policyholder's written request for termination.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; {or}

4. {{the first day of the month following} the date the Insured is no longer a Member of the Policyholder; } {or}
5. {the date the Insured is no longer in an eligible class;} {or}
6. {for retirees, the date the Insured attains age 65.}

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the premium is paid.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application.}

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's Home Office, or to its authorized administrator{, "ABC" Administrator,} or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's Home Office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. If the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina, five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. The Company will furnish a Certificate {for each Insured} to the Policyholder. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.