



...spanning the gap in medical benefits

A deductible and coinsurance program paying up to \$5,000 when hospital confined.

Introducing *SISLink*TM

Most health care plans will cover a good portion of the medical expenses incurred during a hospital stay or a physician office visit. The inflating cost of care, however, means that employers must purchase higher deductibles and/or higher out-of-pocket maximums on their group medical coverage. The result? In addition to higher insurance premiums, employees must now bear the burden of paying for higher out-of-pocket expenses.

The *SISLink*TM can help your employees span the gap caused by higher deductibles and higher out-of-pocket maximums.

How does it work?

It's simple! *SISLink*TM provides three basic benefits which are designed to reduce the amount of out-of-pocket expenses your employees may incur.

Hospital Confinement Benefit

Available in increments ranging from \$500 to \$5,000 per Insured Person, this calendar year benefit is designed to reimburse the Insured Person for out-of-pocket expenses resulting from an in-patient hospital confinement that is due to an Injury or Sickness, up to the maximum benefit selected. The expenses must have been covered by the Insured Person's Comprehensive Major Medical policy, and benefits are limited to the deductible and/or coinsurance amount the Insured Person is required to pay under his Major Medical Policy.

Out-Patient Benefit

This benefit pays the difference between the benefit paid by the Insured Person's Major Medical policy and the actual out-patient treatment expenses incurred up to a maximum benefit selected (\$200, \$500, \$750, or \$1000 per Injury or Sickness.) Out-patient benefits include treatment under the regular care and attendance of a physician at a hospital, an out-patient surgical or emergency facility or a diagnostic testing facility or similar facility that is licensed to provide out-patient treatment. This benefit is subject to a maximum of four out-patient occurrences per family per calendar year.

Physician Benefit

This feature reimburses the Insured Person for co-payments required under their Major Medical policy if they receive treatment by a physician in the physician's office, hospital, emergency facility or out-patient facility. There are two options to choose from: (1) up to \$15 per physician visit to a maximum of the lesser of \$120 or 8 visits per family per calendar year; or (2) up to \$20 per physician visit to a maximum of the lesser of \$240 or 12 visits per family per calendar year.



Optional *SISLink™* Benefit

SISLink™ offers, in addition to the other benefits listed, a **Wellness Benefit**. This benefit pays benefits for routine health or check-up examinations, routine well child visits and other charges incurred during the course of a routine physical examination or check-up. Benefits are limited to the difference between the actual expenses incurred and the benefit paid by the Insured Person's Major Medical policy. This benefit can be purchased in increments of \$100, \$200, or \$500 per family per calendar year.

Who is Eligible?

All active full-time employees working at least 20 hours or more per week and engaged in an eligible occupation are eligible for coverage, their lawful spouse, and their unmarried dependent children who are under 25 years of age.

Additionally, in order to be eligible, each person must be covered under a Major Medical/Comprehensive Medical plan that includes coinsurance and deductible.

What Occupations are Ineligible?

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| Attorneys | Explosive Handlers & Manufacturers | Pawn Brokers |
| Amusement Park Workers | Fire Fighters | Physicians (i.e. MD or DO) |
| Bail Bondsmen | Foundry Workers | Police Officers |
| Bar, Tavern, & Lounge Workers | Gambling Casino Employees | Professional Athletes |
| Barbers | Hairdressers | Race Car Drivers |
| Beauticians | Industrial Saw Sharpeners | Race Track Employees |
| Blasters | Interstate Truck Drivers | Rodeo Performers |
| Car Wash Employees | Ironworkers | Roofers |
| Carnival or Circus Workers | Loggers & Sawmill Workers | Sanitary Workers |
| Cosmetologist | Martial Arts Schools | Security Guards |
| Crop Dusters | Massage Parlors | Steeplejacks |
| Deep Sea Divers | Mining & Quarrying | Structural Steel Workers |
| Dock Workers | Oil Well Drilling & Exploration | Window Washers |
| Entertainers & Other Performers, Theatrical Road Crews & Support Personnel | Parking Lot Attendants | |



When is Coverage Effective?

An employee's coverage will be effective as of the first of the month following approval of an eligible person's individual application and payment of the first premium provided he is: a) not confined at home or in a Hospital or medical institution; and b) engaging in his regular and customary activities. If the eligible person is not engaged in his regular and customary activities on the day coverage would otherwise begin, it will begin the first day of the month following the day he is physically able to engage in his regular and customary activities. In no event will coverage for any person become effective prior to the effective date of the Policy, nor will it become effective prior to the date the person becomes covered under a Major Medical/Comprehensive Medical plan.

Dependent coverage, when selected by an employee, will be effective at the same time as the employee's coverage, if such coverage is selected when the employee initially enrolls in the plan. If the employee selects individual coverage, and later acquires a dependent, he may opt at that time to enroll for dependent coverage. If he does so, dependent coverage will be effective on the first day of the month following approval of the employee's new individual application.

Newborn children, adopted children or children placed for adoption will be covered on their date of birth, adoption or placement for adoption for a period of 31 days. If, during this 31 days, the Insured notifies the Company in writing and pays any premium that may be due, coverage will continue. If notification and premium payment is not received within the first 31 days after birth, adoption, or placement for adoption, evidence of insurability will be required and the pre-existing condition limitation, if any, will apply.

Definitions:

The term "Insured Dependent" means:

- (a) the lawful spouse of an Insured whose coverage under the Policy has become effective and has not terminated; and
- (b) the unmarried dependent children of an Insured or of an Insured's spouse (including stepchildren, legally adopted children, grandchildren, and foster children) who are under 25 years of age.

The term "Hospital" means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (R.N.) on 24 hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis.

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

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



When does Coverage Terminate?

On the earliest date any of the following events occur:

- (1) As to any Insured Person:
 - (a) on the date the Policy is terminated;
 - (b) as of the premium due date when required premium remains unpaid, subject to the grace period;
 - (c) as of the premium due date following the date the Insured ceases to be an employee of the Policyholder;
 - (d) on the premium due date following the date the Insured Person's coverage under a Major Medical / Comprehensive Policy is no longer in effect.
- (2) As to an Insured Dependent spouse:
 - (a) on the premium due date following the date the spouse ceases to be an eligible spouse.
- (3) As to Insured Dependent Children:
 - (a) on the premium due date following the date the child ceases to be an eligible child.

Exclusions/Limitations:

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

- (a) declared or undeclared war or any act thereof;
- (b) suicide or intentionally self-inflicted injury or any attempt thereat, while sane or insane;
- (c) any Hospital Confinement, or other covered treatment for Injury or Sickness, while an Insured Person is in the service of the armed forces of any country. (Orders to active military service for training purposes of two months or less do not, for the purpose of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured, pro-rata, any premium paid, less any benefits which have been paid, for any period during which the insured Person is in such service.);
- (d) confinement in a Hospital, or other covered treatment provided in a facility, operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- (e) confinement, or other covered treatment for Injury or Sickness, which is not medically necessary;
- (f) confinement or other covered treatment for dental or vision care not related to an accidental injury;
- (g) mental or nervous disorders;
- (h) any Hospital Confinement or other covered treatment for injury or Sickness for which compensation is payable under any Worker's Compensation Law, any occupational disease law, the 4800 Time Benefit Plan or similar legislation;
- (i) any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require deductible and/or coinsurance payments by the Insured Person;
- (j) any Hospital Confinement or other covered treatment for Injury or Sickness that for which benefits are not payable under the Insured Person's basic Major Medical/Comprehensive Medical Policy;
- (k) any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Major Medical/Comprehensive Policy (the Company's sole obligation will then be to refund all premiums paid for that Insured Person);
- (l) an Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. (A violation of the law includes both misdemeanor and felony violations.);
- (m) pre-existing conditions (an Injury or Sickness which has been diagnosed by a legally qualified Physician, with consultation, advice or treatment occurring within 12 months immediately prior to an Insured Person's effective date of coverage) until the expiration of 12 consecutive months beginning with the effective date of coverage;
- (n) Hospital Confinements for pregnancy (except that confinements will be payable if medical advice or treatment for the pregnancy was not received during the 12 months prior to the effective date of coverage, and the pregnancy is payable under the Insured Person's major Medical/Comprehensive Policy, and provided the pregnancy is limited to the Insured employee or an Insured Dependent spouse.)





UNDERWRITTEN BY:

FIDELITY SECURITY LIFE INSURANCE COMPANY

Kansas City, Missouri

Rated A - Excellent, based on an analysis of financial position and operating performance, by a A.M. Best Company, an independent analyst of the insurance industry.

ARRANGED BY:

Special Insurance Services, Inc.
6509 Windcrest Drive, Suite 200
Plano, TX 75024
(972) 788-0699 • (800) 767-6811
Fax: (972) 960-0377
Email: marketing@specialinc.com

MARKETED BY:

This brochure contains a brief description of the plans of insurance offered to qualified employers. The exact provisions governing the insurance are contained in the master policy issued to each group on form number M-9051 (TX), policy series BB-13.