

MediBridge

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

*Imagine spending less
for your health insurance.*

With MediBridge you can...

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

MediBridge is...

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

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

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



MediBridge: The health

Now you have the power to manage your

Here's how it WORKS:

First: Lower your existing insurance premium by increasing your deductible and coinsurance limit.

Next: Add the MediBridge plan to help pay your deductible and other out-of-pocket charges if you or a covered family member is hospitalized. Select a benefit closest to your total deductible and copayment exposure.

In some cases you will realize up to 100% coverage for inpatient and many outpatient services, while reducing your current health insurance premiums. And MediBridge even pays for prior non-related deductible and coinsurance expenses when a covered person is hospitalized.

Emergency Room Benefit

Emergency room treatment for injury and sickness is a covered expense up to your selected maximum benefit amount.

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

Optional Outpatient Rider Available

Expand your protection—and your savings with the optional Outpatient Rider. The rider provides for outpatient treatment of injury or sickness at a hospital, outpatient surgery or emergency facility, or diagnostic testing facility. Choose an annual benefit amount from \$200 to \$1,000, payable for a maximum of four occurrences, per family, per year. The Emergency Room benefits provided by this rider are paid in addition to those provided by the Inpatient Hospital benefit. In group sales situations, this benefit option choice is made by the employer, not the employee.

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

Example:* *Meet Jim and Kay*



Jim and Kay are paying \$505 a month for their major medical policy. It has a \$500 deductible with 80/20 coinsurance to \$5,000. In addition, their policy has a doctor visit copay that doesn't apply to their deductible. Their total out of pocket cost for a hospital stay would be \$1,500 per person.

By increasing their deductible to \$2,500 and maintaining their doctor visit copay their premium would be reduced to \$257.

With the MediBridge solution their monthly premium would be \$48.00 for \$3,500 of inpatient hospital coverage as well as emergency room coverage for accidents at any hospital. Coverage for sickness is an eligible expense if hospital confined within 24 hours of emergency room treatment. And MediBridge pays for prior non-related deductible and coinsurance expenses when a covered person is hospitalized.

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

What does this do for Jim and Kay?

- They saved \$200.00 per month.
- They now have 100% coverage for inpatient hospital visits and accident or injury related emergency room visits. Without MediBridge they each had \$1,500 of out-of-pocket, for a total of \$3,000 per year.
- They maintained their doctor visit copay and the deductible does not apply.

What will Jim and Kay SAVE?

	Major Med \$500 Ded	Major Med \$2,500 Ded	Major Med** \$2,500 Ded + MediBridge	THEY SAVE
Monthly Payment	\$505	\$257	\$305	\$200.00 per month
Deductible (per person)	\$500	\$2,500	\$0	
Coinsurance (per person)	\$1000	\$1,000	\$0	
Out-of-Pocket Costs if both Jim and Kay are hospitalized:	\$3,000	\$7,000	\$0	\$7,000 paid by MediBridge

** Based on MediBridge benefits of \$3,500 for individual and spouse, ages 37 and 35.

Healthcare revolution has begun...

your healthcare costs.

MediBridge HIGHLIGHTS:

- Choose the benefit level that you need, from \$500 to \$10,000, per person
- Guaranteed issue to insured of any age. Spouse under age 65
- Emergency room benefits
- Benefits payable for out-of-network providers
- Available to individuals and groups.
- HSA/MSA and large deductible compatible
- Optional outpatient rider available
- Portable, so if you change your major medical carrier, MediBridge goes with you

What does MediBridge cover?

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

- Inpatient hospital services provided for hospitalization lasting at least 15 consecutive hours.
- Hospital emergency room treatments for injuries and illnesses. Illnesses must result in hospitalization within 24 hours of emergency room treatment.
- MediBridge may also apply to prior non-related deductible and coinsurance expenses. If you have satisfied any portion of your major medical deductible/coinsurance amount prior to hospitalization, your MediBridge plan pays benefits once you become hospital confined. Benefits are payable even if the condition requiring hospitalization is unrelated to the prior expenses.

The optional Outpatient Benefit Rider is available to cover outpatient treatments for up to four occurrences per family, per year.

Benefits are paid directly to you unless you indicate otherwise.

Is my acceptance guaranteed?

Yes, as long as you currently have major medical coverage with deductible and coinsurance features. You cannot be turned down if your occupation is not included in the ineligible industries list (see Limitations); Your spouse (under age 65) and children (under age 19, or age 23 if full-time students) are also eligible.

When will my coverage begin?

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

How long can I keep my MediBridge plan?

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



MediBridge MONTHLY RATES

	ATTAINED AGE UNDER 40				ATTAINED AGE 40-49				ATTAINED AGE 50-64				ATTAINED AGE 65 & OVER			
	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family
	Inpatient				Inpatient				Inpatient				Inpatient			
\$500	4.40	7.95	10.00	13.50	6.40	11.55	12.00	17.10	8.65	15.60	14.25	21.15	13.25	23.85	18.85	29.45
\$750	6.60	11.80	14.85	20.10	9.55	17.20	17.85	25.50	12.80	23.05	21.10	31.35	19.75	35.50	28.00	43.80
\$1,000	8.65	15.60	19.55	26.50	12.50	22.50	23.40	33.40	16.85	30.35	27.75	41.25	25.95	46.65	36.85	57.55
\$1,250	10.70	19.30	24.25	32.80	15.60	28.00	29.10	41.55	20.90	37.65	34.40	51.15	32.15	57.95	45.70	71.45
\$1,500	12.60	22.70	28.45	38.55	18.30	32.90	34.15	48.75	24.60	44.25	40.45	60.10	37.85	68.10	53.70	83.95
\$1,750	14.50	26.15	32.80	44.40	21.00	37.75	39.30	56.05	28.30	50.90	46.60	69.20	43.50	78.30	61.80	96.60
\$2,000	16.40	29.55	37.05	50.20	23.80	42.80	44.40	63.40	32.00	57.55	52.60	78.20	49.20	88.55	69.80	109.20
\$2,500	19.90	35.85	44.95	60.90	28.85	51.90	53.85	76.95	38.85	69.90	63.85	94.95	59.75	107.50	84.75	132.50
\$3,000	23.35	42.00	52.70	71.35	33.85	61.00	63.25	90.35	45.50	81.90	74.85	111.25	70.00	126.05	99.35	155.40
\$3,500	26.65	48.00	60.25	81.60	38.65	69.55	72.25	103.15	52.00	93.60	85.60	127.20	80.00	143.95	113.60	177.55
\$4,000	29.80	53.70	67.40	91.25	43.25	77.85	80.80	115.40	58.10	104.60	95.70	142.15	89.45	161.00	127.05	198.55
\$5,000	36.05	64.85	81.45	110.25	52.25	94.05	97.65	139.45	70.25	126.50	115.70	171.90	108.10	194.60	153.50	240.00
\$6,000	41.90	75.40	94.70	128.20	60.70	109.30	113.50	162.05	81.70	147.10	134.50	199.90	125.70	226.20	178.45	279.00
\$7,000	47.50	85.50	107.30	145.30	68.85	123.85	128.65	183.70	92.60	166.65	152.45	226.50	142.45	256.40	202.25	316.20
\$8,000	52.90	95.25	119.55	161.90	76.65	138.00	143.35	204.70	103.15	185.70	169.80	252.35	158.65	285.60	225.30	352.25
\$10,000	63.25	113.85	142.95	193.60	91.70	165.05	171.45	244.75	123.35	222.00	203.05	301.70	189.75	341.55	269.45	421.25
	Optional Outpatient Rider				Optional Outpatient Rider				Optional Outpatient Rider				Optional Outpatient Rider			
\$200	6.20	11.15	13.40	18.40	8.95	16.05	16.15	23.25	12.05	21.70	19.30	28.55	18.65	33.50	40.25	55.15
\$500	13.30	23.95	28.85	39.45	19.15	34.40	34.60	49.90	25.80	46.40	41.25	61.90	40.00	71.90	86.50	118.40
\$750	16.00	28.75	34.60	47.30	22.95	41.25	41.55	59.80	30.95	55.70	49.55	74.25	47.95	86.20	103.80	141.90
\$1,000	17.60	31.70	38.10	52.15	25.30	45.50	45.75	65.95	34.10	61.35	54.60	81.80	52.80	95.15	114.30	156.50

Limitations

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

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

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

Ineligible industries:

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

Exclusions

Benefits will not be paid for losses from any of the following: declared or undeclared war or any act thereof; suicide or intentionally self-inflicted injury or any such attempt, while sane or insane (in Colorado and Missouri while sane); while in the service of the armed forces of any country, except orders to active military service for training purposes of two months or less; services received in a facility operated by any agency of the United States government, unless you are legally required to pay for the services; services which are not medically necessary or

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

The Outpatient Benefit Rider

Benefits are payable for outpatient treatment for injury or sickness up to the benefit amount selected (\$200, \$500, \$750 or \$1000) per sickness or injury. Benefits are limited to the difference between the benefit paid by the major medical policy and the actual outpatient expenses incurred, which includes any out-of-pocket expenses such as deductible and coinsurance. Same or related conditions will apply to the same sickness or injury unless separated by a period of 90 consecutive days. The calendar year maximum is four outpatient occurrences per family, per calendar year. Outpatient benefits include treatment under the regular care and attendance of a physician at a hospital, an outpatient surgical or emergency facility or a diagnostic testing facility or similar facility that is licensed to provide outpatient treatments.

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

Policy # BB-17A, B, C, D, # BB-25A, B, C, D
Form # M-00212, # M-9054

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

Fidelity Security Life Insurance Company has been rated A- (Excellent), based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry.



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Colorado MediBridge Premium Supplement

This brochure supplement is intended for use in Colorado only. Premium rates in the brochure and other supplements are not valid in the state of Colorado. This supplement contains the correct plan premium rates and pre-existing condition language for use in Colorado. All other plan features remain the same. This supplement must be accompanied by MediBridge brochure #HB-GEN-1103.

The standard Pre-Existing Condition definition reads as follows:

An Injury or Sickness which has been diagnosed by a legally qualified Physician, with consultation, advice or treatment occurring within 6 months immediately prior to an Insured Person's Effective Date of coverage. Such an Injury or Sickness will continue to be a Pre-Existing Condition and not be covered until the expiration of 6 consecutive months beginning with the effective date.

INPATIENT HOSPITAL BENEFIT PLAN

This plan benefit is described in the brochure.

Colorado Inpatient Monthly Premium Rates

BENEFIT Inpatient	ATTAINED AGE UNDER 40				ATTAINED AGE 40-49				ATTAINED AGE 50-64				ATTAINED AGE 65 & OVER			
	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family
\$500	4.10	7.35	9.25	12.50	5.90	10.65	11.10	15.85	8.00	14.40	13.15	19.60	12.25	22.10	17.40	27.25
\$750	6.10	10.90	13.75	18.60	8.85	15.90	16.50	23.60	11.85	21.35	19.50	29.00	18.25	32.85	25.90	40.50
\$1,000	8.00	14.40	18.10	24.50	11.60	20.85	21.65	30.90	15.60	28.10	25.65	38.15	24.00	43.15	34.10	53.25
\$1,250	9.90	17.85	22.40	30.35	14.40	25.90	26.90	38.40	19.35	34.85	31.85	47.35	29.75	53.60	42.25	66.10
\$1,500	11.65	21.00	26.35	35.65	16.90	30.40	31.60	45.10	22.75	40.90	37.40	55.60	35.00	63.00	49.65	77.65
\$1,750	13.40	24.15	30.35	41.10	19.40	34.90	36.35	51.85	26.15	47.10	43.10	64.00	40.25	72.40	57.15	89.35
\$2,000	15.15	27.35	34.25	46.40	22.00	39.60	41.10	58.65	29.60	53.25	48.65	72.35	45.50	81.90	64.60	101.00
\$2,500	18.40	33.15	41.60	56.35	26.65	48.00	49.85	71.15	35.90	64.65	59.10	87.85	55.25	99.40	78.40	122.60
\$3,000	21.60	38.85	48.75	66.00	31.35	56.40	58.50	83.60	42.10	75.75	69.25	102.90	64.75	116.60	91.90	143.75
\$3,500	24.65	44.40	55.75	75.50	35.75	64.35	66.85	95.40	48.10	86.60	79.15	117.65	74.00	133.15	105.10	164.25
\$4,000	27.60	49.65	62.35	84.40	40.00	72.00	74.75	106.75	53.75	96.75	88.50	131.50	82.75	148.90	117.50	183.65
\$5,000	33.35	60.00	75.35	102.00	48.35	87.00	90.35	129.00	65.00	117.00	107.00	159.00	100.00	180.00	142.00	222.00
\$6,000	38.75	69.75	87.60	118.60	56.15	101.10	105.00	149.90	75.60	136.10	124.40	184.90	116.25	209.25	165.10	258.10
\$7,000	43.90	79.10	99.25	134.40	63.65	114.60	119.00	169.90	85.65	154.15	141.00	209.50	131.75	237.15	187.10	292.50
\$8,000	48.90	88.10	110.60	149.75	70.90	127.65	132.60	189.35	95.40	171.75	157.10	233.40	146.75	264.15	208.40	325.85
\$10,000	58.50	105.35	132.25	179.10	84.85	152.65	158.60	226.40	114.10	205.35	187.85	279.10	175.50	315.90	249.25	389.65

Inpatient Hospital Benefit - Forms M-00212 & M-9054

OPTIONAL OUTPATIENT RIDER

This rider is described in the brochure.

The primary base inpatient policy is required in order to apply for this rider.

It can be used alone or in addition to the Wellness Benefit Rider.

This rider is available as an alternative to the Optional Outpatient Rider II discussed below.

You may choose only one of the two Outpatient riders, but you may not have both.

Colorado Outpatient Benefit Rider Premium Rates

BENEFIT Annual Maximum	ATTAINED AGE UNDER 40				ATTAINED AGE 40-49				ATTAINED AGE 50-64				ATTAINED AGE 65 & OVER			
	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family
\$200	5.75	10.35	12.40	17.00	8.25	14.85	14.90	21.50	11.15	20.10	17.85	26.40	17.25	31.00	37.25	51.00
\$500	12.30	22.15	26.65	36.50	17.70	31.85	32.00	46.15	23.85	42.90	38.15	57.25	37.00	66.50	80.00	109.50
\$750	14.80	26.60	32.00	43.75	21.20	38.15	38.40	55.35	28.60	51.50	45.85	68.65	44.35	79.75	96.00	131.25
\$1,000	16.30	29.35	35.25	48.25	23.40	42.10	42.35	61.00	31.55	56.75	50.50	75.65	48.85	88.00	105.75	144.75

Outpatient Benefit Rider - Form R-02797

SEE OTHER SIDE FOR ADDITIONAL RIDERS OPTIONAL OUTPATIENT RIDER II

The primary base inpatient policy is required in order to apply for this rider.

It can be used alone or in addition to the Wellness Benefit Rider.

This rider is available as an alternative to the current Optional Outpatient Rider discussed in the brochure.

You may choose only one of the two Outpatient riders, but you may not have both.

The chosen Outpatient II family benefit amount shall not exceed the Inpatient base plan benefit amount.

Example: With \$1000 Inpatient, choose \$500/\$1000, \$750/\$1250 or \$1000/\$2000 Outpatient II.

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

Colorado Outpatient Rider II Premium Rates

BENEFIT Individual/ + Dependent(s)	ATTAINED AGE UNDER 40				ATTAINED AGE 40-49				ATTAINED AGE 50-64				ATTAINED AGE 65 & OVER			
	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family
\$500/\$1000	19.35	29.65	31.00	38.65	27.65	42.35	44.65	55.65	37.00	57.35	60.00	75.35	57.65	88.65	93.00	116.35
\$750/\$1500	24.00	38.35	40.35	51.00	34.65	55.35	58.00	73.35	46.65	74.35	78.35	99.00	72.00	115.35	121.00	153.35
\$1000/\$2000	26.65	44.35	46.35	58.65	38.35	63.35	66.65	84.00	51.65	85.65	90.00	113.35	80.00	132.65	139.35	175.65
\$1250/\$2500	29.00	49.35	52.00	66.35	41.65	71.00	74.65	95.00	56.00	95.65	100.65	128.35	86.65	148.35	156.00	198.65
\$1500/\$3000	31.35	53.65	56.35	71.65	45.00	77.00	80.65	103.00	60.65	103.65	108.65	138.65	94.00	160.65	168.65	215.00
\$1750/\$3500	33.35	56.65	59.65	76.00	47.65	81.65	85.65	109.00	64.35	110.00	115.35	147.00	99.65	170.35	179.00	228.00
\$2000/\$4000	35.35	60.00	63.35	80.65	50.65	86.35	90.65	115.65	68.00	116.65	122.35	156.00	105.65	180.35	189.65	241.65
\$2250/\$4500	36.65	63.00	66.00	84.00	52.65	90.35	94.65	120.65	71.35	121.65	128.00	163.00	110.35	188.65	198.00	252.35
\$2500/\$5000	37.35	64.00	67.35	85.65	53.65	92.00	96.65	123.00	72.35	124.00	130.00	166.00	112.35	192.00	201.65	257.00

Outpatient Rider II - Form R-02822

OPTIONAL WELLNESS BENEFIT RIDER

The primary base inpatient policy is required in order to apply for this rider.

It can be used alone or in addition to either of the Outpatient Riders.

Now you can reduce your out of pocket costs even further. Benefits under this rider are payable for routine health or check-up examinations, routine well child visits and other charges incurred during the course of a routine physical examination or checkup. Choose an annual benefit amount of \$100, \$200 or \$500 per family, per calendar year. Wellness benefits include services performed at a Hospital, outpatient facility, laboratory, diagnostic testing facility or for Physician services. The benefits are limited to the difference between the benefit paid by Your Major Medical/Comprehensive Policy and the actual expenses incurred, which includes any out-of-pocket expenses such as Deductible and Coinsurance. In group sales situations, this benefit option choice is made by the employer, not the employee.

Colorado Wellness Benefit Rider Premium Rates

BENEFIT Annual Maximum	ATTAINED AGE UNDER 40				ATTAINED AGE 40-49				ATTAINED AGE 50-64				ATTAINED AGE 65 & OVER			
	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family	Individual Only	Individual + Spouse	Individual + Children	Individual + Family
\$100	2.35	4.65	11.40	13.15	3.40	5.40	11.85	13.15	4.60	6.35	12.35	13.15	7.00	13.15	13.15	13.15
\$200	4.50	8.90	21.75	25.10	6.40	10.35	22.60	25.10	8.65	12.00	23.50	25.10	13.50	25.10	25.10	25.10
\$500	10.10	20.00	48.60	56.10	14.40	23.15	50.40	56.10	19.40	26.75	52.60	56.10	30.25	56.10	56.10	56.10

Wellness Benefit Rider - Form R-02799

This brochure supplement contains a summary of benefits, limitations and exclusions. Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence. Not available in all states. For complete information, please refer to the policy. MediBridge is underwritten and administered by Fidelity Security Life Insurance Company, Kansas City, MO, and marketed nationwide by Comprehensive Insurance Agency, LLC. Fidelity Security Life Insurance Company has been rated A- (Excellent), based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry.

Policy # BB-17A, D, # BB-25A, D - Form # M-00212, # M-9054