

State: District of Columbia **Filing Company:** Fidelity Security Life Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group
Product Name: Group Supplemental Medical Expense Insurance
Project Name/Number: Group Supplemental Medical Expense Insurance/Rate Filing/M-9136

Rate Information

Rate data applies to filing.

Filing Method: Initial
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
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Fidelity Security Life Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								0
Policy Holders:								0

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Rate Review Detail

COMPANY:

Company Name: Fidelity Security Life Insurance Company
HHS Issuer Id: 00000
Product Names: Group Hospital/Surgical/Medical Expense
Trend Factors:

FORMS:

New Policy Forms: M-9136DC, C-9136DC, S-9136, PA-00027
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

SERFF Tracking #:

FDLT-128784711

State Tracking #:**Company Tracking #:**

M-9136 - RATES

State:

District of Columbia

Filing Company:

Fidelity Security Life Insurance Company

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group

Product Name:

Group Supplemental Medical Expense Insurance

Project Name/Number:

Group Supplemental Medical Expense Insurance/Rate Filing/M-9136

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		RateManual-FSLGap-M9136	M-9136DC, C-9136DC, S-9136, PA-00027	New		RateManual-FSLGap-M9136.pdf

Traditional Gap Deductible: \$0
 Family Deductible Limit: N/A
 Deductible Applies To: N/A

Rate Exhibit
 Fidelity Security Life Insurance Company
 Group Supplemental Medical Expense Insurance for Hospital Confinement
 Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

inpatient max	Insured-Only Net Monthly Rates: Age Under 40								Insured-Only Net Monthly Rates: Age 40-49								Insured-Only Net Monthly Rates: Age 50+							
	outpatient max percent of inpatient max								outpatient max percent of inpatient max								outpatient max percent of inpatient max							
	0%	20%	30%	40%	50%	60%	70%		0%	20%	30%	40%	50%	60%	70%		0%	20%	30%	40%	50%	60%	70%	
\$500	\$2.32	\$3.88	\$4.48	\$5.00	\$5.47	\$5.90	\$6.30	\$3.21	\$5.38	\$6.21	\$6.94	\$7.59	\$8.18	\$8.73	\$5.18	\$8.69	\$10.02	\$11.20	\$12.25	\$13.21	\$14.10			
\$750	\$3.06	\$5.30	\$6.09	\$6.77	\$7.38	\$7.93	\$8.43	\$4.25	\$7.35	\$8.45	\$9.39	\$10.23	\$10.99	\$11.69	\$6.86	\$11.86	\$13.63	\$15.16	\$16.52	\$17.75	\$18.88			
\$1,000	\$3.77	\$6.64	\$7.60	\$8.42	\$9.14	\$9.80	\$10.40	\$5.22	\$9.20	\$10.54	\$11.68	\$12.68	\$13.59	\$14.42	\$8.43	\$14.86	\$17.01	\$18.85	\$20.47	\$21.94	\$23.29			
\$1,250	\$4.44	\$7.93	\$9.05	\$10.00	\$10.83	\$11.59	\$12.28	\$6.16	\$10.99	\$12.55	\$13.86	\$15.02	\$16.07	\$17.03	\$9.95	\$17.75	\$20.25	\$22.38	\$24.25	\$25.94	\$27.49			
\$1,500	\$5.12	\$9.20	\$10.47	\$11.54	\$12.48	\$13.33	\$14.11	\$7.10	\$12.75	\$14.52	\$16.01	\$17.31	\$18.49	\$19.57	\$11.46	\$20.59	\$23.44	\$25.84	\$27.95	\$29.85	\$31.59			
\$1,750	\$5.77	\$10.44	\$11.86	\$13.05	\$14.10	\$15.04	\$15.90	\$8.00	\$14.48	\$16.44	\$18.10	\$19.55	\$20.86	\$22.05	\$12.92	\$23.38	\$26.55	\$29.22	\$31.56	\$33.67	\$35.60			
\$2,000	\$6.42	\$11.68	\$13.23	\$14.54	\$15.69	\$16.72	\$17.67	\$8.90	\$16.19	\$18.35	\$20.17	\$21.76	\$23.19	\$24.50	\$14.37	\$26.14	\$29.63	\$32.56	\$35.13	\$37.44	\$39.55			
\$2,500	\$7.50	\$13.75	\$15.54	\$17.04	\$18.35	\$19.53	\$20.60	\$10.41	\$19.07	\$21.55	\$23.63	\$25.45	\$27.09	\$28.56	\$16.80	\$30.79	\$34.79	\$38.15	\$41.09	\$43.73	\$46.11			
\$3,000	\$8.53	\$15.73	\$17.74	\$19.42	\$20.89	\$22.19	\$23.37	\$11.83	\$21.82	\$24.60	\$26.94	\$28.97	\$30.78	\$32.41	\$19.10	\$35.22	\$39.72	\$43.49	\$46.77	\$49.69	\$52.32			
\$3,500	\$9.53	\$17.67	\$19.89	\$21.75	\$23.35	\$24.78	\$26.04	\$13.22	\$24.50	\$27.58	\$30.16	\$32.39	\$34.36	\$36.12	\$21.35	\$39.56	\$44.53	\$48.69	\$52.28	\$55.47	\$58.31			
\$4,000	\$10.51	\$19.56	\$21.99	\$24.01	\$25.75	\$27.27	\$28.62	\$14.57	\$27.12	\$30.49	\$33.30	\$35.70	\$37.82	\$39.70	\$23.52	\$43.78	\$49.23	\$53.76	\$57.64	\$61.06	\$64.09			
\$4,500	\$11.44	\$21.40	\$24.03	\$26.21	\$28.07	\$29.69	\$31.12	\$15.87	\$29.67	\$33.33	\$36.35	\$38.93	\$41.17	\$43.16	\$25.61	\$47.91	\$53.81	\$58.68	\$62.85	\$66.47	\$69.68			
\$5,000	\$12.18	\$22.91	\$25.71	\$28.01	\$29.96	\$31.65	\$33.11	\$16.90	\$31.78	\$35.66	\$38.84	\$41.55	\$43.89	\$45.92	\$27.28	\$51.30	\$57.57	\$62.71	\$67.08	\$70.85	\$74.14			
\$5,500	\$12.88	\$24.36	\$27.32	\$29.73	\$31.76	\$33.50	\$34.98	\$17.86	\$33.79	\$37.89	\$41.23	\$44.05	\$46.45	\$48.51	\$28.84	\$54.55	\$61.17	\$66.57	\$71.11	\$75.00	\$78.32			
\$6,000	\$13.53	\$25.75	\$28.86	\$31.37	\$33.48	\$35.25	\$36.73	\$18.76	\$35.71	\$40.02	\$43.50	\$46.42	\$48.89	\$50.94	\$30.29	\$57.65	\$64.60	\$70.23	\$74.95	\$78.93	\$82.24			
\$6,500	\$14.15	\$27.10	\$30.35	\$32.96	\$35.12	\$36.92	\$38.40	\$19.63	\$37.58	\$42.08	\$45.70	\$48.70	\$51.20	\$53.26	\$31.68	\$60.67	\$67.94	\$73.78	\$78.63	\$82.65	\$85.98			
\$7,000	\$14.73	\$28.38	\$31.77	\$34.47	\$36.69	\$38.49	\$39.95	\$20.42	\$39.36	\$44.06	\$47.80	\$50.88	\$53.37	\$55.41	\$32.97	\$63.55	\$71.14	\$77.17	\$82.14	\$86.17	\$89.45			
\$7,500	\$15.27	\$29.64	\$33.15	\$35.94	\$38.19	\$39.99	\$41.42	\$21.18	\$41.10	\$45.97	\$49.83	\$52.96	\$55.46	\$57.44	\$34.19	\$66.35	\$74.22	\$80.45	\$85.49	\$89.54	\$92.73			
\$8,000	\$15.79	\$30.86	\$34.49	\$37.36	\$39.63	\$41.42	\$42.81	\$21.90	\$42.79	\$47.83	\$51.80	\$54.95	\$57.45	\$59.37	\$35.36	\$69.08	\$77.22	\$83.63	\$88.72	\$92.74	\$95.84			
\$8,500	\$16.29	\$32.04	\$35.80	\$38.73	\$41.02	\$42.78	\$43.92	\$22.59	\$44.43	\$49.64	\$53.71	\$56.88	\$59.33	\$60.91	\$36.47	\$71.74	\$80.15	\$86.71	\$91.83	\$95.78	\$98.33			
\$9,000	\$16.77	\$33.21	\$37.08	\$40.07	\$42.36	\$44.09	\$44.86	\$23.26	\$46.05	\$51.42	\$55.57	\$58.74	\$61.15	\$62.22	\$37.56	\$74.35	\$83.01	\$89.71	\$94.84	\$98.72	\$100.44			
\$9,500	\$17.23	\$34.34	\$38.32	\$41.36	\$43.65	\$45.32	\$45.76	\$23.90	\$47.63	\$53.15	\$57.35	\$60.53	\$62.85	\$63.45	\$38.58	\$76.89	\$85.80	\$92.59	\$97.73	\$101.46	\$102.44			
\$10,000	\$17.68	\$35.46	\$39.55	\$42.61	\$44.88	\$46.28	\$46.60	\$24.52	\$49.17	\$54.84	\$59.09	\$62.24	\$64.17	\$64.62	\$39.58	\$79.39	\$88.54	\$95.40	\$100.48	\$103.60	\$104.32			
\$10,500	\$18.11	\$36.56	\$40.74	\$43.83	\$46.08	\$47.14	\$47.41	\$25.11	\$50.70	\$56.50	\$60.78	\$63.90	\$65.38	\$65.74	\$40.54	\$81.85	\$91.21	\$98.12	\$103.17	\$105.55	\$106.14			
\$11,000	\$18.53	\$37.64	\$41.91	\$45.03	\$47.25	\$47.99	\$48.20	\$25.70	\$52.20	\$58.12	\$62.45	\$65.52	\$66.55	\$66.84	\$41.48	\$84.27	\$93.83	\$100.82	\$105.77	\$107.44	\$107.92			
\$11,500	\$18.94	\$38.70	\$43.07	\$46.20	\$48.32	\$48.79	\$48.97	\$26.26	\$53.67	\$59.73	\$64.06	\$67.01	\$67.66	\$67.91	\$42.40	\$86.65	\$96.42	\$103.42	\$108.19	\$109.23	\$109.63			
\$12,000	\$19.34	\$39.76	\$44.21	\$47.33	\$49.19	\$49.57	\$49.72	\$26.82	\$55.14	\$61.30	\$65.64	\$68.22	\$68.74	\$68.95	\$43.30	\$89.02	\$98.97	\$105.97	\$110.14	\$110.98	\$111.31			
\$12,500	\$19.72	\$40.79	\$45.31	\$48.42	\$50.00	\$50.32	\$50.44	\$27.35	\$56.57	\$62.83	\$67.15	\$69.34	\$69.79	\$69.94	\$44.16	\$91.33	\$101.43	\$108.41	\$111.95	\$112.67	\$112.92			
\$13,000	\$19.89	\$41.38	\$45.91	\$48.98	\$50.26	\$50.53	\$50.61	\$27.58	\$57.38	\$63.66	\$67.93	\$69.70	\$70.07	\$70.18	\$44.53	\$92.64	\$102.78	\$109.67	\$112.53	\$113.13	\$113.31			
\$13,500	\$20.04	\$41.94	\$46.48	\$49.51	\$50.49	\$50.72	\$50.77	\$27.79	\$58.16	\$64.45	\$68.66	\$70.02	\$70.33	\$70.41	\$44.87	\$93.90	\$104.06	\$110.85	\$113.04	\$113.55	\$113.67			
\$14,000	\$20.19	\$42.49	\$47.02	\$50.00	\$50.69	\$50.88	\$50.92	\$27.99	\$58.92	\$65.21	\$69.34	\$70.30	\$70.56	\$70.61	\$45.19	\$95.12	\$105.28	\$111.94	\$113.49	\$113.92	\$114.00			
\$14,500	\$20.32	\$43.01	\$47.55	\$50.37	\$50.88	\$51.03	\$51.05	\$28.18	\$59.64	\$65.94	\$69.85	\$70.55	\$70.76	\$70.80	\$45.49	\$96.29	\$106.46	\$112.77	\$113.90	\$114.24	\$114.30			
\$15,000	\$20.44	\$43.51	\$48.04	\$50.61	\$51.04	\$51.16	\$51.18	\$28.35	\$60.33	\$66.62	\$70.18	\$70.78	\$70.94	\$70.97	\$45.76	\$97.41	\$107.55	\$113.30	\$114.27	\$114.54	\$114.58			

Rate Exhibit

Traditional Gap Deductible: \$3,500
Family Deductible Limit: 2X
Deductible Applies To: Inpatient and Outpatient

Fidelity Security Life Insurance Company
Group Supplemental Medical Expense Insurance for Hospital Confinement
Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with columns for age groups (0-40, 40-49, 50+) and deductibles (\$500 to \$15,000). Rows list rates for 0%, 20%, 30%, 40%, 50%, 60%, 70% inpatient and outpatient. Sub-headers specify 'insured-only net monthly rates' and 'outpatient max percent of inpatient max'.

Traditional Gap Deductible: \$3,500
Family Deductible Limit: 2X
Deductible Applies To: Outpatient Only

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with columns for age groups (0-40, 40-49, 50+) and deductibles (\$500 to \$15,000). Rows list rates for 0%, 20%, 30%, 40%, 50%, 60%, 70% outpatient. Sub-headers specify 'insured-only net monthly rates' and 'outpatient max percent of inpatient max'.

Traditional Gap Deductible: \$4,000
Family Deductible Limit: 2X
Deductible Applies To: Inpatient and Outpatient

Rate Exhibit
Fidelity Security Life Insurance Company
Group Supplemental Medical Expense Insurance for Hospital Confinement
Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

Table with 21 rows (Inpatient max values) and 21 columns (Age Group, 0%, 20%, 30%, 40%, 50%, 60%, 70%) for three age categories: Age Under 40, Age 40-49, and Age 50+.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Traditional Gap Deductible: \$4,000
Family Deductible Limit: 2X
Deductible Applies To: Outpatient Only

Table with 21 rows (Inpatient max values) and 21 columns (Age Group, 0%, 20%, 30%, 40%, 50%, 60%, 70%) for three age categories: Age Under 40, Age 40-49, and Age 50+.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Traditional Gap Deductible: \$0
 Family Deductible Limit: N/A
 Deductible Applies To: N/A

Rate Exhibit
 Fidelity Security Life Insurance Company
 Group Supplemental Medical Expense Insurance for Hospital Confinement
 Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

inpatient max	Insured-Only Net Monthly Rates: Age Under 40								Insured-Only Net Monthly Rates: Age 40-49								Insured-Only Net Monthly Rates: Age 50+							
	outpatient max percent of inpatient max								outpatient max percent of inpatient max								outpatient max percent of inpatient max							
	0%	20%	30%	40%	50%	60%	70%		0%	20%	30%	40%	50%	60%	70%		0%	20%	30%	40%	50%	60%	70%	
\$500	\$2.32	\$3.88	\$4.48	\$5.00	\$5.47	\$5.90	\$6.30	\$3.21	\$5.38	\$6.21	\$6.94	\$7.59	\$8.18	\$8.73	\$5.18	\$8.69	\$10.02	\$11.20	\$12.25	\$13.21	\$14.10			
\$750	\$3.06	\$5.30	\$6.09	\$6.77	\$7.38	\$7.93	\$8.43	\$4.25	\$7.35	\$8.45	\$9.39	\$10.23	\$10.99	\$11.69	\$6.86	\$11.86	\$13.63	\$15.16	\$16.52	\$17.75	\$18.88			
\$1,000	\$3.77	\$6.64	\$7.60	\$8.42	\$9.14	\$9.80	\$10.40	\$5.22	\$9.20	\$10.54	\$11.68	\$12.68	\$13.59	\$14.42	\$8.43	\$14.86	\$17.01	\$18.85	\$20.47	\$21.94	\$23.29			
\$1,250	\$4.44	\$7.93	\$9.05	\$10.00	\$10.83	\$11.59	\$12.28	\$6.16	\$10.99	\$12.55	\$13.86	\$15.02	\$16.07	\$17.03	\$9.95	\$17.75	\$20.25	\$22.38	\$24.25	\$25.94	\$27.49			
\$1,500	\$5.12	\$9.20	\$10.47	\$11.54	\$12.48	\$13.33	\$14.11	\$7.10	\$12.75	\$14.52	\$16.01	\$17.31	\$18.49	\$19.57	\$11.46	\$20.59	\$23.44	\$25.84	\$27.95	\$29.85	\$31.59			
\$1,750	\$5.77	\$10.44	\$11.86	\$13.05	\$14.10	\$15.04	\$15.90	\$8.00	\$14.48	\$16.44	\$18.10	\$19.55	\$20.86	\$22.05	\$12.92	\$23.38	\$26.55	\$29.22	\$31.56	\$33.67	\$35.60			
\$2,000	\$6.42	\$11.68	\$13.23	\$14.54	\$15.69	\$16.72	\$17.67	\$8.90	\$16.19	\$18.35	\$20.17	\$21.76	\$23.19	\$24.50	\$14.37	\$26.14	\$29.63	\$32.56	\$35.13	\$37.44	\$39.55			
\$2,500	\$7.50	\$13.75	\$15.54	\$17.04	\$18.35	\$19.53	\$20.60	\$10.41	\$19.07	\$21.55	\$23.63	\$25.45	\$27.09	\$28.56	\$16.80	\$30.79	\$34.79	\$38.15	\$41.09	\$43.73	\$46.11			
\$3,000	\$8.53	\$15.73	\$17.74	\$19.42	\$20.89	\$22.19	\$23.37	\$11.83	\$21.82	\$24.60	\$26.94	\$28.97	\$30.78	\$32.41	\$19.10	\$35.22	\$39.72	\$43.49	\$46.77	\$49.69	\$52.32			
\$3,500	\$9.53	\$17.67	\$19.89	\$21.75	\$23.35	\$24.78	\$26.04	\$13.22	\$24.50	\$27.58	\$30.16	\$32.39	\$34.36	\$36.12	\$21.35	\$39.56	\$44.53	\$48.69	\$52.28	\$55.47	\$58.31			
\$4,000	\$10.51	\$19.56	\$21.99	\$24.01	\$25.75	\$27.27	\$28.62	\$14.57	\$27.12	\$30.49	\$33.30	\$35.70	\$37.82	\$39.70	\$23.52	\$43.78	\$49.23	\$53.76	\$57.64	\$61.06	\$64.09			
\$4,500	\$11.44	\$21.40	\$24.03	\$26.21	\$28.07	\$29.69	\$31.12	\$15.87	\$29.67	\$33.33	\$36.35	\$38.93	\$41.17	\$43.16	\$25.61	\$47.91	\$53.81	\$58.68	\$62.85	\$66.47	\$69.68			
\$5,000	\$12.18	\$22.91	\$25.71	\$28.01	\$29.96	\$31.65	\$33.11	\$16.90	\$31.78	\$35.66	\$38.84	\$41.55	\$43.89	\$45.92	\$27.28	\$51.30	\$57.57	\$62.71	\$67.08	\$70.85	\$74.14			
\$5,500	\$12.88	\$24.36	\$27.32	\$29.73	\$31.76	\$33.50	\$34.98	\$17.86	\$33.79	\$37.89	\$41.23	\$44.05	\$46.45	\$48.51	\$28.84	\$54.55	\$61.17	\$66.57	\$71.11	\$75.00	\$78.32			
\$6,000	\$13.53	\$25.75	\$28.86	\$31.37	\$33.48	\$35.25	\$36.73	\$18.76	\$35.71	\$40.02	\$43.50	\$46.42	\$48.89	\$50.94	\$30.29	\$57.65	\$64.60	\$70.23	\$74.95	\$78.93	\$82.24			
\$6,500	\$14.15	\$27.10	\$30.35	\$32.96	\$35.12	\$36.92	\$38.40	\$19.63	\$37.58	\$42.08	\$45.70	\$48.70	\$51.20	\$53.26	\$31.68	\$60.67	\$67.94	\$73.78	\$78.63	\$82.65	\$85.98			
\$7,000	\$14.73	\$28.38	\$31.77	\$34.47	\$36.69	\$38.49	\$39.95	\$20.42	\$39.36	\$44.06	\$47.80	\$50.88	\$53.37	\$55.41	\$32.97	\$63.55	\$71.14	\$77.17	\$82.14	\$86.17	\$89.45			
\$7,500	\$15.27	\$29.64	\$33.15	\$35.94	\$38.19	\$39.99	\$41.42	\$21.18	\$41.10	\$45.97	\$49.83	\$52.96	\$55.46	\$57.44	\$34.19	\$66.35	\$74.22	\$80.45	\$85.49	\$89.54	\$92.73			
\$8,000	\$15.79	\$30.86	\$34.49	\$37.36	\$39.63	\$41.42	\$42.81	\$21.90	\$42.79	\$47.83	\$51.80	\$54.95	\$57.45	\$59.37	\$35.36	\$69.08	\$77.22	\$83.63	\$88.72	\$92.74	\$95.84			
\$8,500	\$16.29	\$32.04	\$35.80	\$38.73	\$41.02	\$42.78	\$43.92	\$22.59	\$44.43	\$49.64	\$53.71	\$56.88	\$59.33	\$60.91	\$36.47	\$71.74	\$80.15	\$86.71	\$91.83	\$95.78	\$98.33			
\$9,000	\$16.77	\$33.21	\$37.08	\$40.07	\$42.36	\$44.09	\$44.86	\$23.26	\$46.05	\$51.42	\$55.57	\$58.74	\$61.15	\$62.22	\$37.56	\$74.35	\$83.01	\$89.71	\$94.84	\$98.72	\$100.44			
\$9,500	\$17.23	\$34.34	\$38.32	\$41.36	\$43.65	\$45.32	\$45.76	\$23.90	\$47.63	\$53.15	\$57.35	\$60.53	\$62.85	\$63.45	\$38.58	\$76.89	\$85.80	\$92.59	\$97.73	\$101.46	\$102.44			
\$10,000	\$17.68	\$35.46	\$39.55	\$42.61	\$44.88	\$46.28	\$46.60	\$24.52	\$49.17	\$54.84	\$59.09	\$62.24	\$64.17	\$64.62	\$39.58	\$79.39	\$88.54	\$95.40	\$100.48	\$103.60	\$104.32			
\$10,500	\$18.11	\$36.56	\$40.74	\$43.83	\$46.08	\$47.14	\$47.41	\$25.11	\$50.70	\$56.50	\$60.78	\$63.90	\$65.38	\$65.74	\$40.54	\$81.85	\$91.21	\$98.12	\$103.17	\$105.55	\$106.14			
\$11,000	\$18.53	\$37.64	\$41.91	\$45.03	\$47.25	\$47.99	\$48.20	\$25.70	\$52.20	\$58.12	\$62.45	\$65.52	\$66.55	\$66.84	\$41.48	\$84.27	\$93.83	\$100.82	\$105.77	\$107.44	\$107.92			
\$11,500	\$18.94	\$38.70	\$43.07	\$46.20	\$48.32	\$48.79	\$48.97	\$26.26	\$53.67	\$59.73	\$64.06	\$67.01	\$67.66	\$67.91	\$42.40	\$86.65	\$96.42	\$103.42	\$108.19	\$109.23	\$109.63			
\$12,000	\$19.34	\$39.76	\$44.21	\$47.33	\$49.19	\$49.57	\$49.72	\$26.82	\$55.14	\$61.30	\$65.64	\$68.22	\$68.74	\$68.95	\$43.30	\$89.02	\$98.97	\$105.97	\$110.14	\$110.98	\$111.31			
\$12,500	\$19.72	\$40.79	\$45.31	\$48.42	\$50.00	\$50.32	\$50.44	\$27.35	\$56.57	\$62.83	\$67.15	\$69.34	\$69.79	\$69.94	\$44.16	\$91.33	\$101.43	\$108.41	\$111.95	\$112.67	\$112.92			
\$13,000	\$19.89	\$41.38	\$45.91	\$48.98	\$50.26	\$50.53	\$50.61	\$27.58	\$57.38	\$63.66	\$67.93	\$69.70	\$70.07	\$70.18	\$44.53	\$92.64	\$102.78	\$109.67	\$112.53	\$113.13	\$113.31			
\$13,500	\$20.04	\$41.94	\$46.48	\$49.51	\$50.49	\$50.72	\$50.77	\$27.79	\$58.16	\$64.45	\$68.66	\$70.02	\$70.33	\$70.41	\$44.87	\$93.90	\$104.06	\$110.85	\$113.04	\$113.55	\$113.67			
\$14,000	\$20.19	\$42.49	\$47.02	\$50.00	\$50.69	\$50.88	\$50.92	\$27.99	\$58.92	\$65.21	\$69.34	\$70.30	\$70.56	\$70.61	\$45.19	\$95.12	\$105.28	\$111.94	\$113.49	\$113.92	\$114.00			
\$14,500	\$20.32	\$43.01	\$47.55	\$50.37	\$50.88	\$51.03	\$51.05	\$28.18	\$59.64	\$65.94	\$69.85	\$70.55	\$70.76	\$70.80	\$45.49	\$96.29	\$106.46	\$112.77	\$113.90	\$114.24	\$114.30			
\$15,000	\$20.44	\$43.51	\$48.04	\$50.61	\$51.04	\$51.16	\$51.18	\$28.35	\$60.33	\$66.62	\$70.18	\$70.78	\$70.94	\$70.97	\$45.76	\$97.41	\$107.55	\$113.30	\$114.27	\$114.54	\$114.58			

Traditional Gap Deductible: \$1,500
 Family Deductible Limit: 3X
 Deductible Applies To: Inpatient and Outpatient

Rate Exhibit
 Fidelity Security Life Insurance Company
 Group Supplemental Medical Expense Insurance for Hospital Confinement
 Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

inpatient max	Insured-Only Net Monthly Rates: Age Under 40 outpatient max percent of inpatient max							Insured-Only Net Monthly Rates: Age 40-49 outpatient max percent of inpatient max							Insured-Only Net Monthly Rates: Age 50+ outpatient max percent of inpatient max						
	0%	20%	30%	40%	50%	60%	70%	0%	20%	30%	40%	50%	60%	70%	0%	20%	30%	40%	50%	60%	70%
	\$500	\$1.45	\$1.82	\$1.99	\$2.17	\$2.34	\$2.50	\$2.67	\$2.01	\$2.52	\$2.76	\$3.00	\$3.24	\$3.47	\$3.70	\$3.25	\$4.07	\$4.46	\$4.85	\$5.23	\$5.60
\$15,000	\$16.70	\$28.79	\$32.04	\$33.26	\$33.55	\$33.62	\$33.62	\$23.15	\$39.93	\$44.43	\$46.12	\$46.52	\$46.62	\$46.63	\$37.38	\$64.47	\$71.73	\$74.45	\$75.11	\$75.26	\$75.28

Traditional Gap Deductible: \$1,500
 Family Deductible Limit: 3X
 Deductible Applies To: Outpatient Only

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

inpatient max	Insured-Only Net Monthly Rates: Age Under 40 outpatient max percent of inpatient max							Insured-Only Net Monthly Rates: Age 40-49 outpatient max percent of inpatient max							Insured-Only Net Monthly Rates: Age 50+ outpatient max percent of inpatient max						
	0%	20%	30%	40%	50%	60%	70%	0%	20%	30%	40%	50%	60%	70%	0%	20%	30%	40%	50%	60%	70%
	\$500	\$2.32	\$2.65	\$2.81	\$2.97	\$3.13	\$3.28	\$3.43	\$3.21	\$3.67	\$3.90	\$4.12	\$4.34	\$4.55	\$4.76	\$5.18	\$5.93	\$6.29	\$6.65	\$7.00	\$7.35
\$15,000	\$20.19	\$30.75	\$33.35	\$33.83	\$33.98	\$34.00	\$34.01	\$28.18	\$43.16	\$46.56	\$47.14	\$47.31	\$47.34	\$47.35	\$45.49	\$69.68	\$75.16	\$76.11	\$76.39	\$76.43	\$76.44

Rate Exhibit

Traditional Gap Deductible: \$3,500
Family Deductible Limit: 3X
Deductible Applies To: Inpatient and Outpatient

Fidelity Security Life Insurance Company
Group Supplemental Medical Expense Insurance for Hospital Confinement
Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 21 rows (benefit amounts from \$500 to \$15,000) and 21 columns (ages 0% to 70%). It is split into three sections: Inpatient and Outpatient for Age Under 40, Inpatient and Outpatient for Age 40-49, and Inpatient and Outpatient for Age 50+. Each section has an 'inpatient max' column and 'outpatient max percent of inpatient max' for each age.

Traditional Gap Deductible: \$3,500
Family Deductible Limit: 3X
Deductible Applies To: Outpatient Only

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 21 rows (benefit amounts from \$500 to \$15,000) and 21 columns (ages 0% to 70%). It is split into three sections: Inpatient and Outpatient for Age Under 40, Inpatient and Outpatient for Age 40-49, and Inpatient and Outpatient for Age 50+. Each section has an 'inpatient max' column and 'outpatient max percent of inpatient max' for each age.

Traditional Gap Deductible: \$0
 Family Deductible Limit: N/A
 Deductible Applies To: N/A

Rate Exhibit
 Fidelity Security Life Insurance Company
 Group Supplemental Medical Expense Insurance for Hospital Confinement
 Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

inpatient max	Insured-Only Net Monthly Rates: Age Under 40								Insured-Only Net Monthly Rates: Age 40-49								Insured-Only Net Monthly Rates: Age 50+							
	outpatient max percent of inpatient max								outpatient max percent of inpatient max								outpatient max percent of inpatient max							
	0%	20%	30%	40%	50%	60%	70%		0%	20%	30%	40%	50%	60%	70%		0%	20%	30%	40%	50%	60%	70%	
\$500	\$2.32	\$3.88	\$4.48	\$5.00	\$5.47	\$5.90	\$6.30	\$3.21	\$5.38	\$6.21	\$6.94	\$7.59	\$8.18	\$8.73	\$5.18	\$8.69	\$10.02	\$11.20	\$12.25	\$13.21	\$14.10			
\$750	\$3.06	\$5.30	\$6.09	\$6.77	\$7.38	\$7.93	\$8.43	\$4.25	\$7.35	\$8.45	\$9.39	\$10.23	\$10.99	\$11.69	\$6.86	\$11.86	\$13.63	\$15.16	\$16.52	\$17.75	\$18.88			
\$1,000	\$3.77	\$6.64	\$7.60	\$8.42	\$9.14	\$9.80	\$10.40	\$5.22	\$9.20	\$10.54	\$11.68	\$12.68	\$13.59	\$14.42	\$8.43	\$14.86	\$17.01	\$18.85	\$20.47	\$21.94	\$23.29			
\$1,250	\$4.44	\$7.93	\$9.05	\$10.00	\$10.83	\$11.59	\$12.28	\$6.16	\$10.99	\$12.55	\$13.86	\$15.02	\$16.07	\$17.03	\$9.95	\$17.75	\$20.25	\$22.38	\$24.25	\$25.94	\$27.49			
\$1,500	\$5.12	\$9.20	\$10.47	\$11.54	\$12.48	\$13.33	\$14.11	\$7.10	\$12.75	\$14.52	\$16.01	\$17.31	\$18.49	\$19.57	\$11.46	\$20.59	\$23.44	\$25.84	\$27.95	\$29.85	\$31.59			
\$1,750	\$5.77	\$10.44	\$11.86	\$13.05	\$14.10	\$15.04	\$15.90	\$8.00	\$14.48	\$16.44	\$18.10	\$19.55	\$20.86	\$22.05	\$12.92	\$23.38	\$26.55	\$29.22	\$31.56	\$33.67	\$35.60			
\$2,000	\$6.42	\$11.68	\$13.23	\$14.54	\$15.69	\$16.72	\$17.67	\$8.90	\$16.19	\$18.35	\$20.17	\$21.76	\$23.19	\$24.50	\$14.37	\$26.14	\$29.63	\$32.56	\$35.13	\$37.44	\$39.55			
\$2,500	\$7.50	\$13.75	\$15.54	\$17.04	\$18.35	\$19.53	\$20.60	\$10.41	\$19.07	\$21.55	\$23.63	\$25.45	\$27.09	\$28.56	\$16.80	\$30.79	\$34.79	\$38.15	\$41.09	\$43.73	\$46.11			
\$3,000	\$8.53	\$15.73	\$17.74	\$19.42	\$20.89	\$22.19	\$23.37	\$11.83	\$21.82	\$24.60	\$26.94	\$28.97	\$30.78	\$32.41	\$19.10	\$35.22	\$39.72	\$43.49	\$46.77	\$49.69	\$52.32			
\$3,500	\$9.53	\$17.67	\$19.89	\$21.75	\$23.35	\$24.78	\$26.04	\$13.22	\$24.50	\$27.58	\$30.16	\$32.39	\$34.36	\$36.12	\$21.35	\$39.56	\$44.53	\$48.69	\$52.28	\$55.47	\$58.31			
\$4,000	\$10.51	\$19.56	\$21.99	\$24.01	\$25.75	\$27.27	\$28.62	\$14.57	\$27.12	\$30.49	\$33.30	\$35.70	\$37.82	\$39.70	\$23.52	\$43.78	\$49.23	\$53.76	\$57.64	\$61.06	\$64.09			
\$4,500	\$11.44	\$21.40	\$24.03	\$26.21	\$28.07	\$29.69	\$31.12	\$15.87	\$29.67	\$33.33	\$36.35	\$38.93	\$41.17	\$43.16	\$25.61	\$47.91	\$53.81	\$58.68	\$62.85	\$66.47	\$69.68			
\$5,000	\$12.18	\$22.91	\$25.71	\$28.01	\$29.96	\$31.65	\$33.11	\$16.90	\$31.78	\$35.66	\$38.84	\$41.55	\$43.89	\$45.92	\$27.28	\$51.30	\$57.57	\$62.71	\$67.08	\$70.85	\$74.14			
\$5,500	\$12.88	\$24.36	\$27.32	\$29.73	\$31.76	\$33.50	\$34.98	\$17.86	\$33.79	\$37.89	\$41.23	\$44.05	\$46.45	\$48.51	\$28.84	\$54.55	\$61.17	\$66.57	\$71.11	\$75.00	\$78.32			
\$6,000	\$13.53	\$25.75	\$28.86	\$31.37	\$33.48	\$35.25	\$36.73	\$18.76	\$35.71	\$40.02	\$43.50	\$46.42	\$48.89	\$50.94	\$30.29	\$57.65	\$64.60	\$70.23	\$74.95	\$78.93	\$82.24			
\$6,500	\$14.15	\$27.10	\$30.35	\$32.96	\$35.12	\$36.92	\$38.40	\$19.63	\$37.58	\$42.08	\$45.70	\$48.70	\$51.20	\$53.26	\$31.68	\$60.67	\$67.94	\$73.78	\$78.63	\$82.65	\$85.98			
\$7,000	\$14.73	\$28.38	\$31.77	\$34.47	\$36.69	\$38.49	\$39.95	\$20.42	\$39.36	\$44.06	\$47.80	\$50.88	\$53.37	\$55.41	\$32.97	\$63.55	\$71.14	\$77.17	\$82.14	\$86.17	\$89.45			
\$7,500	\$15.27	\$29.64	\$33.15	\$35.94	\$38.19	\$39.99	\$41.42	\$21.18	\$41.10	\$45.97	\$49.83	\$52.96	\$55.46	\$57.44	\$34.19	\$66.35	\$74.22	\$80.45	\$85.49	\$89.54	\$92.73			
\$8,000	\$15.79	\$30.86	\$34.49	\$37.36	\$39.63	\$41.42	\$42.81	\$21.90	\$42.79	\$47.83	\$51.80	\$54.95	\$57.45	\$59.37	\$35.36	\$69.08	\$77.22	\$83.63	\$88.72	\$92.74	\$95.84			
\$8,500	\$16.29	\$32.04	\$35.80	\$38.73	\$41.02	\$42.78	\$43.92	\$22.59	\$44.43	\$49.64	\$53.71	\$56.88	\$59.33	\$60.91	\$36.47	\$71.74	\$80.15	\$86.71	\$91.83	\$95.78	\$98.33			
\$9,000	\$16.77	\$33.21	\$37.08	\$40.07	\$42.36	\$44.09	\$44.86	\$23.26	\$46.05	\$51.42	\$55.57	\$58.74	\$61.15	\$62.22	\$37.56	\$74.35	\$83.01	\$89.71	\$94.84	\$98.72	\$100.44			
\$9,500	\$17.23	\$34.34	\$38.32	\$41.36	\$43.65	\$45.32	\$45.76	\$23.90	\$47.63	\$53.15	\$57.35	\$60.53	\$62.85	\$63.45	\$38.58	\$76.89	\$85.80	\$92.59	\$97.73	\$101.46	\$102.44			
\$10,000	\$17.68	\$35.46	\$39.55	\$42.61	\$44.88	\$46.28	\$46.60	\$24.52	\$49.17	\$54.84	\$59.09	\$62.24	\$64.17	\$64.62	\$39.58	\$79.39	\$88.54	\$95.40	\$100.48	\$103.60	\$104.32			
\$10,500	\$18.11	\$36.56	\$40.74	\$43.83	\$46.08	\$47.14	\$47.41	\$25.11	\$50.70	\$56.50	\$60.78	\$63.90	\$65.38	\$65.74	\$40.54	\$81.85	\$91.21	\$98.12	\$103.17	\$105.55	\$106.14			
\$11,000	\$18.53	\$37.64	\$41.91	\$45.03	\$47.25	\$47.99	\$48.20	\$25.70	\$52.20	\$58.12	\$62.45	\$65.52	\$66.55	\$66.84	\$41.48	\$84.27	\$93.83	\$100.82	\$105.77	\$107.44	\$107.92			
\$11,500	\$18.94	\$38.70	\$43.07	\$46.20	\$48.32	\$48.79	\$48.97	\$26.26	\$53.67	\$59.73	\$64.06	\$67.01	\$67.66	\$67.91	\$42.40	\$86.65	\$96.42	\$103.42	\$108.19	\$109.23	\$109.63			
\$12,000	\$19.34	\$39.76	\$44.21	\$47.33	\$49.19	\$49.57	\$49.72	\$26.82	\$55.14	\$61.30	\$65.64	\$68.22	\$68.74	\$68.95	\$43.30	\$89.02	\$98.97	\$105.97	\$110.14	\$110.98	\$111.31			
\$12,500	\$19.72	\$40.79	\$45.31	\$48.42	\$50.00	\$50.32	\$50.44	\$27.35	\$56.57	\$62.83	\$67.15	\$69.34	\$69.79	\$69.94	\$44.16	\$91.33	\$101.43	\$108.41	\$111.95	\$112.67	\$112.92			
\$13,000	\$19.89	\$41.38	\$45.91	\$48.98	\$50.26	\$50.53	\$50.61	\$27.58	\$57.38	\$63.66	\$67.93	\$69.70	\$70.07	\$70.18	\$44.53	\$92.64	\$102.78	\$109.67	\$112.53	\$113.13	\$113.31			
\$13,500	\$20.04	\$41.94	\$46.48	\$49.51	\$50.49	\$50.72	\$50.77	\$27.79	\$58.16	\$64.45	\$68.66	\$70.02	\$70.33	\$70.41	\$44.87	\$93.90	\$104.06	\$110.85	\$113.04	\$113.55	\$113.67			
\$14,000	\$20.19	\$42.49	\$47.02	\$50.00	\$50.69	\$50.88	\$50.92	\$27.99	\$58.92	\$65.21	\$69.34	\$70.30	\$70.56	\$70.61	\$45.19	\$95.12	\$105.28	\$111.94	\$113.49	\$113.92	\$114.00			
\$14,500	\$20.32	\$43.01	\$47.55	\$50.37	\$50.88	\$51.03	\$51.05	\$28.18	\$59.64	\$65.94	\$69.85	\$70.55	\$70.76	\$70.80	\$45.49	\$96.29	\$106.46	\$112.77	\$113.90	\$114.24	\$114.30			
\$15,000	\$20.44	\$43.51	\$48.04	\$50.61	\$51.04	\$51.16	\$51.18	\$28.35	\$60.33	\$66.62	\$70.18	\$70.78	\$70.94	\$70.97	\$45.76	\$97.41	\$107.55	\$113.30	\$114.27	\$114.54	\$114.58			

Rate Exhibit

Traditional Gap Deductible: \$100

Family Deductible Limit: None

Deductible Applies To: Inpatient and Outpatient

Fidelity Security Life Insurance Company
Group Supplemental Medical Expense Insurance for Hospital Confinement
Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 3 main columns: Inpatient, Insured-Only Net Monthly Rates: Age Under 40, Insured-Only Net Monthly Rates: Age 40-49, and Insured-Only Net Monthly Rates: Age 50+. Each column has a header for 'inpatient max' and a grid of rates for various percentages (0% to 70%) across different age groups.

Traditional Gap Deductible: \$100

Family Deductible Limit: None

Deductible Applies To: Outpatient Only

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 3 main columns: Inpatient, Insured-Only Net Monthly Rates: Age Under 40, Insured-Only Net Monthly Rates: Age 40-49, and Insured-Only Net Monthly Rates: Age 50+. Each column has a header for 'inpatient max' and a grid of rates for various percentages (0% to 70%) across different age groups.

Rate Exhibit

Traditional Gap Deductible: \$1,750
Family Deductible Limit: None
Deductible Applies To: Inpatient and Outpatient

Fidelity Security Life Insurance Company
Group Supplemental Medical Expense Insurance for Hospital Confinement
Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 24 columns (Inpatient max, 0%, 20%, 30%, 40%, 50%, 60%, 70%) and 21 rows of benefit amounts. It is divided into three sections: Insured-Only Net Monthly Rates: Age Under 40, Insured-Only Net Monthly Rates: Age 40-49, and Insured-Only Net Monthly Rates: Age 50+.

Traditional Gap Deductible: \$1,750
Family Deductible Limit: None
Deductible Applies To: Outpatient Only

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 24 columns (Inpatient max, 0%, 20%, 30%, 40%, 50%, 60%, 70%) and 21 rows of benefit amounts. It is divided into three sections: Insured-Only Net Monthly Rates: Age Under 40, Insured-Only Net Monthly Rates: Age 40-49, and Insured-Only Net Monthly Rates: Age 50+.

Rate Exhibit

Fidelity Security Life Insurance Company

Group Supplemental Medical Expense Insurance for Hospital Confinement

Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

Traditional Gap Deductible: \$4,000
Family Deductible Limit: None
Deductible Applies To:

Inpatient and Outpatient

Table with columns for Insured-Only Net Monthly Rates: Age Under 40, Insured-Only Net Monthly Rates: Age 40-49, and Insured-Only Net Monthly Rates: Age 50+. Rows list inpatient rates from \$500 to \$15,000.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Traditional Gap Deductible: \$4,000
Family Deductible Limit: None
Deductible Applies To:

Outpatient Only

Table with columns for Insured-Only Net Monthly Rates: Age Under 40, Insured-Only Net Monthly Rates: Age 40-49, and Insured-Only Net Monthly Rates: Age 50+. Rows list inpatient rates from \$500 to \$15,000.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

High Gap Deductible: \$0
Family Deductible Limit: 2X
Deductible Applies To: N/A

Rate Exhibit
Fidelity Security Life Insurance Company
Group Supplemental Medical Expense Insurance for Hospital Confinement
Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

inpatient max	Insured-Only Net Monthly Rates: Age Under 40							Insured-Only Net Monthly Rates: Age 40-49							Insured-Only Net Monthly Rates: Age 50+						
	outpatient max percent of inpatient max							outpatient max percent of inpatient max							outpatient max percent of inpatient max						
	0%	20%	30%	40%	50%	60%	70%	0%	20%	30%	40%	50%	60%	70%	0%	20%	30%	40%	50%	60%	70%
\$500	\$2.32	\$3.88	\$4.48	\$5.00	\$5.47	\$5.90	\$6.30	\$3.21	\$5.38	\$6.21	\$6.94	\$7.59	\$8.18	\$8.73	\$5.18	\$8.69	\$10.02	\$11.20	\$12.25	\$13.21	\$14.10
\$750	\$3.06	\$5.30	\$6.09	\$6.77	\$7.38	\$7.93	\$8.43	\$4.25	\$7.35	\$8.45	\$9.39	\$10.23	\$10.99	\$11.69	\$6.86	\$11.86	\$13.63	\$15.16	\$16.52	\$17.75	\$18.88
\$1,000	\$3.77	\$6.64	\$7.60	\$8.42	\$9.14	\$9.80	\$10.40	\$5.22	\$9.20	\$10.54	\$11.68	\$12.68	\$13.59	\$14.42	\$8.43	\$14.86	\$17.01	\$18.85	\$20.47	\$21.94	\$23.29
\$1,250	\$4.44	\$7.93	\$9.05	\$10.00	\$10.83	\$11.59	\$12.28	\$6.16	\$10.99	\$12.55	\$13.86	\$15.02	\$16.07	\$17.03	\$9.95	\$17.75	\$20.25	\$22.38	\$24.25	\$25.94	\$27.49
\$1,500	\$5.12	\$9.20	\$10.47	\$11.54	\$12.48	\$13.33	\$14.11	\$7.10	\$12.75	\$14.52	\$16.01	\$17.31	\$18.49	\$19.57	\$11.46	\$20.59	\$23.44	\$25.84	\$27.95	\$29.85	\$31.59
\$1,750	\$5.77	\$10.44	\$11.86	\$13.05	\$14.10	\$15.04	\$15.90	\$8.00	\$14.48	\$16.44	\$18.10	\$19.55	\$20.86	\$22.05	\$12.92	\$23.38	\$26.55	\$29.22	\$31.56	\$33.67	\$35.60
\$2,000	\$6.42	\$11.68	\$13.23	\$14.54	\$15.69	\$16.72	\$17.67	\$8.90	\$16.19	\$18.35	\$20.17	\$21.76	\$23.19	\$24.50	\$14.37	\$26.14	\$29.63	\$32.56	\$35.13	\$37.44	\$39.55
\$2,500	\$7.50	\$13.75	\$15.54	\$17.04	\$18.35	\$19.53	\$20.60	\$10.41	\$19.07	\$21.55	\$23.63	\$25.45	\$27.09	\$28.56	\$16.80	\$30.79	\$34.79	\$38.15	\$41.09	\$43.73	\$46.11
\$3,000	\$8.53	\$15.73	\$17.74	\$19.42	\$20.89	\$22.19	\$23.37	\$11.83	\$21.82	\$24.60	\$26.94	\$28.97	\$30.78	\$32.41	\$19.10	\$35.22	\$39.72	\$43.49	\$46.77	\$49.69	\$52.32
\$3,500	\$9.53	\$17.67	\$19.89	\$21.75	\$23.35	\$24.78	\$26.04	\$13.22	\$24.50	\$27.58	\$30.16	\$32.39	\$34.36	\$36.12	\$21.35	\$39.56	\$44.53	\$48.69	\$52.28	\$55.47	\$58.31
\$4,000	\$10.51	\$19.56	\$21.99	\$24.01	\$25.75	\$27.27	\$28.62	\$14.57	\$27.12	\$30.49	\$33.30	\$35.70	\$37.82	\$39.70	\$23.52	\$43.78	\$49.23	\$53.76	\$57.64	\$61.06	\$64.09
\$4,500	\$11.44	\$21.40	\$24.03	\$26.21	\$28.07	\$29.69	\$31.12	\$15.87	\$29.67	\$33.33	\$36.35	\$38.93	\$41.17	\$43.16	\$25.61	\$47.91	\$53.81	\$58.68	\$62.85	\$66.47	\$69.68
\$5,000	\$12.18	\$22.91	\$25.71	\$28.01	\$29.96	\$31.65	\$33.11	\$16.90	\$31.78	\$35.66	\$38.84	\$41.55	\$43.89	\$45.92	\$27.28	\$51.30	\$57.57	\$62.71	\$67.08	\$70.85	\$74.14
\$5,500	\$12.88	\$24.36	\$27.32	\$29.73	\$31.76	\$33.50	\$34.98	\$17.86	\$33.79	\$37.89	\$41.23	\$44.05	\$46.45	\$48.51	\$28.84	\$54.55	\$61.17	\$66.57	\$71.11	\$75.00	\$78.32
\$6,000	\$13.53	\$25.75	\$28.86	\$31.37	\$33.48	\$35.25	\$36.73	\$18.76	\$35.71	\$40.02	\$43.50	\$46.42	\$48.89	\$50.94	\$30.29	\$57.65	\$64.60	\$70.23	\$74.95	\$78.93	\$82.24
\$6,500	\$14.15	\$27.10	\$30.35	\$32.96	\$35.12	\$36.92	\$38.40	\$19.63	\$37.58	\$42.08	\$45.70	\$48.70	\$51.20	\$53.26	\$31.68	\$60.67	\$67.94	\$73.78	\$78.63	\$82.65	\$85.98
\$7,000	\$14.73	\$28.38	\$31.77	\$34.47	\$36.69	\$38.49	\$39.95	\$20.42	\$39.36	\$44.06	\$47.80	\$50.88	\$53.37	\$55.41	\$32.97	\$63.55	\$71.14	\$77.17	\$82.14	\$86.17	\$89.45
\$7,500	\$15.27	\$29.64	\$33.15	\$35.94	\$38.19	\$39.99	\$41.42	\$21.18	\$41.10	\$45.97	\$49.83	\$52.96	\$55.46	\$57.44	\$34.19	\$66.35	\$74.22	\$80.45	\$85.49	\$89.54	\$92.73
\$8,000	\$15.79	\$30.86	\$34.49	\$37.36	\$39.63	\$41.42	\$42.81	\$21.90	\$42.79	\$47.83	\$51.80	\$54.95	\$57.45	\$59.37	\$35.36	\$69.08	\$77.22	\$83.63	\$88.72	\$92.74	\$95.84
\$8,500	\$16.29	\$32.04	\$35.80	\$38.73	\$41.02	\$42.78	\$43.92	\$22.59	\$44.43	\$49.64	\$53.71	\$56.88	\$59.33	\$60.91	\$36.47	\$71.74	\$80.15	\$86.71	\$91.83	\$95.78	\$98.33
\$9,000	\$16.77	\$33.21	\$37.08	\$40.07	\$42.36	\$44.09	\$44.86	\$23.26	\$46.05	\$51.42	\$55.57	\$58.74	\$61.15	\$62.22	\$37.56	\$74.35	\$83.01	\$89.71	\$94.84	\$98.72	\$100.44
\$9,500	\$17.23	\$34.34	\$38.32	\$41.36	\$43.65	\$45.32	\$45.76	\$23.90	\$47.63	\$53.15	\$57.35	\$60.53	\$62.85	\$63.45	\$38.58	\$76.89	\$85.80	\$92.59	\$97.73	\$101.46	\$102.44
\$10,000	\$17.68	\$35.46	\$39.55	\$42.61	\$44.88	\$46.28	\$46.60	\$24.52	\$49.17	\$54.84	\$59.09	\$62.24	\$64.17	\$64.62	\$39.58	\$79.39	\$88.54	\$95.40	\$100.48	\$103.60	\$104.32
\$10,500	\$18.11	\$36.56	\$40.74	\$43.83	\$46.08	\$47.14	\$47.41	\$25.11	\$50.70	\$56.50	\$60.78	\$63.90	\$65.38	\$65.74	\$40.54	\$81.85	\$91.21	\$98.12	\$103.17	\$105.55	\$106.14
\$11,000	\$18.53	\$37.64	\$41.91	\$45.03	\$47.25	\$47.99	\$48.20	\$25.70	\$52.20	\$58.12	\$62.45	\$65.52	\$66.55	\$66.84	\$41.48	\$84.27	\$93.83	\$100.82	\$105.77	\$107.44	\$107.92
\$11,500	\$18.94	\$38.70	\$43.07	\$46.20	\$48.32	\$48.79	\$48.97	\$26.26	\$53.67	\$59.73	\$64.06	\$67.01	\$67.66	\$67.91	\$42.40	\$86.65	\$96.42	\$103.42	\$108.19	\$109.23	\$109.63
\$12,000	\$19.34	\$39.76	\$44.21	\$47.33	\$49.19	\$49.57	\$49.72	\$26.82	\$55.14	\$61.30	\$65.64	\$68.22	\$68.74	\$68.95	\$43.30	\$89.02	\$98.97	\$105.97	\$110.14	\$110.98	\$111.31
\$12,500	\$19.72	\$40.79	\$45.31	\$48.42	\$50.00	\$50.32	\$50.44	\$27.35	\$56.57	\$62.83	\$67.15	\$69.34	\$69.79	\$69.94	\$44.16	\$91.33	\$101.43	\$108.41	\$111.95	\$112.67	\$112.92
\$13,000	\$19.89	\$41.38	\$45.91	\$48.98	\$50.26	\$50.53	\$50.61	\$27.58	\$57.38	\$63.66	\$67.93	\$69.70	\$70.07	\$70.18	\$44.53	\$92.64	\$102.78	\$109.67	\$112.53	\$113.13	\$113.31
\$13,500	\$20.04	\$41.94	\$46.48	\$49.51	\$50.49	\$50.72	\$50.77	\$27.79	\$58.16	\$64.45	\$68.66	\$70.02	\$70.33	\$70.41	\$44.87	\$93.90	\$104.06	\$110.85	\$113.04	\$113.55	\$113.67
\$14,000	\$20.19	\$42.49	\$47.02	\$50.00	\$50.69	\$50.88	\$50.92	\$27.99	\$58.92	\$65.21	\$69.34	\$70.30	\$70.56	\$70.61	\$45.19	\$95.12	\$105.28	\$111.94	\$113.49	\$113.92	\$114.00
\$14,500	\$20.32	\$43.01	\$47.55	\$50.37	\$50.88	\$51.03	\$51.05	\$28.18	\$59.64	\$65.94	\$69.85	\$70.55	\$70.76	\$70.80	\$45.49	\$96.29	\$106.46	\$112.77	\$113.90	\$114.24	\$114.30
\$15,000	\$20.44	\$43.51	\$48.04	\$50.61	\$51.04	\$51.16	\$51.18	\$28.35	\$60.33	\$66.62	\$70.18	\$70.78	\$70.94	\$70.97	\$45.76	\$97.41	\$107.55	\$113.30	\$114.27	\$114.54	\$114.58

High Gap Deductible: \$1,500
Family Deductible Limit: 2X
Deductible Applies To: Inpatient and Outpatient

Rate Exhibit
Fidelity Security Life Insurance Company
Group Supplemental Medical Expense Insurance for Hospital Confinement
Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 24 columns: Inpatient max, 0%, 20%, 30%, 40%, 50%, 60%, 70% (repeated 3 times for Age Under 40, Age 40-49, and Age 50+). Rows include benefit amounts from \$500 to \$15,000.

High Gap Deductible: \$1,500
Family Deductible Limit: 2X
Deductible Applies To: Outpatient Only

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 24 columns: Inpatient max, 0%, 20%, 30%, 40%, 50%, 60%, 70% (repeated 3 times for Age Under 40, Age 40-49, and Age 50+). Rows include benefit amounts from \$500 to \$15,000.

Rate Exhibit

High Gap Deductible: \$2,500
Family Deductible Limit: 2X
Deductible Applies To: Inpatient and Outpatient

Fidelity Security Life Insurance Company
Group Supplemental Medical Expense Insurance for Hospital Confinement
Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 21 columns (Age Under 40, Age 40-49, Age 50+) and 21 rows of benefit amounts (\$500 to \$15,000). Includes headers for 'Insured-Only Net Monthly Rates' and 'outpatient max percent of inpatient max'.

High Gap Deductible: \$2,500
Family Deductible Limit: 2X
Deductible Applies To: Outpatient Only

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Table with 21 columns (Age Under 40, Age 40-49, Age 50+) and 21 rows of benefit amounts (\$500 to \$15,000). Includes headers for 'Insured-Only Net Monthly Rates' and 'outpatient max percent of inpatient max'.

Physician Visit Rider Net Monthly Rates

Insured-Only Rates: Age Under 40

Insured-Only Rates: Age 40-49

Insured-Only Rates: Age 50+

The carrier may interpolate between rates for benefit amounts not specifically listed, limited to the published minimums and maximums.

Amount per Visit	Max Number of Visits		
	8	10	12
\$10	\$1.61	\$1.75	\$1.84
\$15	\$2.41	\$2.63	\$2.77
\$20	\$3.22	\$3.50	\$3.69
\$25	\$4.02	\$4.38	\$4.61
\$30	\$4.83	\$5.25	\$5.53
\$35	\$5.63	\$6.13	\$6.45
\$40	\$6.44	\$7.00	\$7.37
\$45	\$7.24	\$7.88	\$8.30
\$50	\$8.05	\$8.76	\$9.22
\$55	\$8.85	\$9.63	\$10.14
\$60	\$9.66	\$10.51	\$11.06
\$65	\$10.46	\$11.38	\$11.98
\$70	\$11.27	\$12.26	\$12.90
\$75	\$12.07	\$13.13	\$13.83
\$80	\$12.88	\$14.01	\$14.75
\$85	\$13.68	\$14.88	\$15.67
\$90	\$14.48	\$15.76	\$16.59
\$95	\$15.29	\$16.63	\$17.51
\$100	\$16.09	\$17.51	\$18.44
\$105	\$16.90	\$18.39	\$19.36
\$110	\$17.70	\$19.26	\$20.28
\$115	\$18.51	\$20.14	\$21.20
\$120	\$19.31	\$21.01	\$22.12
\$125	\$20.12	\$21.89	\$23.04
\$130	\$20.92	\$22.76	\$23.97
\$135	\$21.73	\$23.64	\$24.89
\$140	\$22.53	\$24.51	\$25.81
\$145	\$23.34	\$25.39	\$26.73
\$150	\$24.14	\$26.27	\$27.65

Amount per Visit	Max Number of Visits		
	8	10	12
\$10	\$2.23	\$2.43	\$2.56
\$15	\$3.35	\$3.64	\$3.83
\$20	\$4.46	\$4.86	\$5.11
\$25	\$5.58	\$6.07	\$6.39
\$30	\$6.70	\$7.28	\$7.67
\$35	\$7.81	\$8.50	\$8.95
\$40	\$8.93	\$9.71	\$10.23
\$45	\$10.04	\$10.93	\$11.50
\$50	\$11.16	\$12.14	\$12.78
\$55	\$12.28	\$13.36	\$14.06
\$60	\$13.39	\$14.57	\$15.34
\$65	\$14.51	\$15.78	\$16.62
\$70	\$15.62	\$17.00	\$17.90
\$75	\$16.74	\$18.21	\$19.17
\$80	\$17.85	\$19.43	\$20.45
\$85	\$18.97	\$20.64	\$21.73
\$90	\$20.09	\$21.85	\$23.01
\$95	\$21.20	\$23.07	\$24.29
\$100	\$22.32	\$24.28	\$25.56
\$105	\$23.43	\$25.50	\$26.84
\$110	\$24.55	\$26.71	\$28.12
\$115	\$25.67	\$27.92	\$29.40
\$120	\$26.78	\$29.14	\$30.68
\$125	\$27.90	\$30.35	\$31.96
\$130	\$29.01	\$31.57	\$33.23
\$135	\$30.13	\$32.78	\$34.51
\$140	\$31.25	\$34.00	\$35.79
\$145	\$32.36	\$35.21	\$37.07
\$150	\$33.48	\$36.42	\$38.35

Amount per Visit	Max Number of Visits		
	8	10	12
\$10	\$3.60	\$3.92	\$4.13
\$15	\$5.40	\$5.88	\$6.19
\$20	\$7.21	\$7.84	\$8.25
\$25	\$9.01	\$9.80	\$10.32
\$30	\$10.81	\$11.76	\$12.38
\$35	\$12.61	\$13.72	\$14.45
\$40	\$14.41	\$15.68	\$16.51
\$45	\$16.21	\$17.64	\$18.57
\$50	\$18.02	\$19.60	\$20.64
\$55	\$19.82	\$21.56	\$22.70
\$60	\$21.62	\$23.52	\$24.76
\$65	\$23.42	\$25.48	\$26.83
\$70	\$25.22	\$27.44	\$28.89
\$75	\$27.02	\$29.40	\$30.95
\$80	\$28.83	\$31.36	\$33.02
\$85	\$30.63	\$33.32	\$35.08
\$90	\$32.43	\$35.28	\$37.15
\$95	\$34.23	\$37.24	\$39.21
\$100	\$36.03	\$39.20	\$41.27
\$105	\$37.83	\$41.16	\$43.34
\$110	\$39.64	\$43.12	\$45.40
\$115	\$41.44	\$45.08	\$47.46
\$120	\$43.24	\$47.04	\$49.53
\$125	\$45.04	\$49.00	\$51.59
\$130	\$46.84	\$50.96	\$53.66
\$135	\$48.64	\$52.92	\$55.72
\$140	\$50.45	\$54.88	\$57.78
\$145	\$52.25	\$56.84	\$59.85
\$150	\$54.05	\$58.80	\$61.91

Rate Adjustment for Outpatient Max Multiplier

Family Max at 2X Individual	1.00
Family Max at 3X Individual	1.03

Rate Exhibit
 Fidelity Security Life Insurance Company
 Group Supplemental Medical Expense Insurance for Hospital Confinement
 Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.

Rate Adjustment for Sickness-Only Deductible

gap deductible	applies to inpatient & outpatient	applies to outpatient only
\$100	1.003	1.003
\$250	1.005	1.004
\$500	1.008	1.005
\$750	1.009	1.006
\$1,000	1.011	1.007
\$1,250	1.013	1.008
\$1,500	1.014	1.009
\$1,750	1.016	1.010
\$2,000	1.017	1.011
\$2,500	1.021	1.013
\$3,000	1.024	1.015
\$3,500	1.027	1.016
\$4,000	1.031	1.019
\$4,500	1.034	1.020
\$5,000	1.038	1.026

Rate Tier Factors to Convert Insured-Only Rates

	Age <40	Age 40-49	Age 50+	
2-Tier Basis	Employee Only	1.00	1.00	1.00
	Employee & Family	2.37	2.23	1.93
3-Tier Basis	Employee Only	1.00	1.00	1.00
	Employee & 1 Dependent	1.72	1.62	1.57
	Employee & 2+ Dependents	2.80	2.48	2.33
4-Tier Basis	Employee Only	1.00	1.00	1.00
	Employee & Spouse	1.80	1.80	1.80
	Employee & Child(ren)	2.21	1.84	1.62
	Employee & Family	3.01	2.64	2.42

SERFF Tracking #:

FDLT-128784711

State Tracking #:

Company Tracking #:

M-9136 - RATES

State:

District of Columbia

Filing Company:

Fidelity Security Life Insurance Company

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group

Product Name:

Group Supplemental Medical Expense Insurance

Project Name/Number:

Group Supplemental Medical Expense Insurance/Rate Filing/M-9136

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:	Please see attached.		
Attachment(s):			
Actmemo-FSLGap-M9136-Generic(Final).pdf			

		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	This product would be an excepted benefit from this requirement.		

		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form		
Bypass Reason:	Initial Filing		

FIDELITY SECURITY LIFE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

**Group Supplemental Medical Expense Insurance for Hospital Confinement
Policy Forms: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.**

1. **Scope and Purpose:** I, Timothy K. Robinson, am a Partner with Windsor Strategy Partners, LLC (“WSP”). I have been a Member of the American Academy of Actuaries since 1994 and a Fellow of the Society of Actuaries since 1998. I have been retained by Fidelity Security Life Insurance Company (“FSL”) to provide an actuarial memorandum in support of its rate filing for Group Supplemental Medical Expense Insurance for Hospital Confinement. The purpose of this memorandum is to justify the rates to be charged, as required by applicable state law. This filing is for a new product using new policy forms. This rate filing is not intended to be used for any other purpose. This is a new product filing.

2. **Benefit Description:**

The following benefits are payable for injury or sickness if the Insured Person is covered by a Medical Plan when Covered Charges are incurred. Covered Charges are limited to the Deductible, Copayment and Coinsurance amount that the Insured Person is required to pay under the Insured Person’s Medical Plan. Each benefit is subject to the policy’s terms, conditions, limitations, exclusions, benefit maximums and any applicable Benefit Period Deductible selected by the Policyholder:

M-9134: **Hospital Confinement.** Benefits are payable for Covered Charges for Hospital Confinement up to the selected In-Hospital Maximum Benefit (\$500 - \$15,000 per person per benefit period).

Emergency Room. Benefits are payable for Covered Charges for treatment in a Hospital emergency room if the Insured Person is Hospital Confined within 24 hours of the Hospital emergency room treatment; subject to the selected In-Hospital Maximum Benefit.

Durable Medical Equipment. Benefits are payable for Covered Charges for Durable Medical Equipment received by the Insured Person while Hospital Confined; subject to the selected In-Hospital Maximum Benefit.

Ambulance. Benefits are payable for Covered Charges if an Insured Person requires ambulance transportation to a Hospital, and the Insured Person is Hospital Confined within 24 hours of being transported to the Hospital; subject to the selected In-Hospital Maximum Benefit.

FIDELITY SECURITY LIFE INSURANCE COMPANY
Group Supplemental Medical Expense Insurance Policy
For Hospital Confinement
Form Numbers: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.
Actuarial Memorandum
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R-02997: Benefits are payable for Covered Charges for Outpatient treatment; subject to the selected Outpatient Maximum Benefit:

- Per Insured: 20%-70% of the In-Hospital Maximum Benefit per Benefit Period.
- Per Family: 2 times Per Insured Person Outpatient Max; or
3 times Per Insured Person Outpatient Max

This benefit does not include any expenses incurred for an examination during a visit to a Physician's office or Urgent Care Facility.

Emergency Room. Benefits are payable for Covered Charges for treatment in a Hospital emergency room if the Insured Person is not Hospital Confined within 24 hours of the Hospital emergency room treatment; subject to the selected Outpatient Maximum Benefit.

Durable Medical Equipment. Benefits are payable for Covered Charges for Outpatient Durable Medical Equipment received by the Insured Person; subject to the selected Outpatient Maximum Benefit.

Ambulance. Benefits are payable for Covered Charges if an Insured Person requires ambulance transportation to a Hospital, and the Insured Person is not Hospital Confined within 24 hours of being transported to the Hospital; subject to the selected Outpatient Maximum Benefit.

R-02998: Benefits are payable for Covered Charges for an examination of the Insured Person by a Physician in the Physician's office or Urgent Care Facility; subject to the selected Outpatient Physician Office Visit Maximum Benefit. Benefits are not payable for any other service or supply provided in the Physician's Office or Urgent Care Facility.

Outpatient Physician Office Visit Maximum Benefit

- Amount per Visit: Up to \$10 - \$150 per Physician office visit
- Number of Visits: Up to a maximum of 8 – 12 visits per family per benefit period

FIDELITY SECURITY LIFE INSURANCE COMPANY
Group Supplemental Medical Expense Insurance Policy
For Hospital Confinement
Form Numbers: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.
Actuarial Memorandum
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Benefit Period Deductible Options

Deductible options may apply to: Inpatient and Outpatient or Outpatient Only
Accident and Sickness or Sickness Only

Traditional Deductible Option

Benefits are payable for an Insured Person after they have satisfied either the "per Insured Person" deductible or "per family" deductible, whichever comes first. Family Deductibles may be satisfied by one or more Insured Persons.

Per Insured Person	\$100 - \$5,000 per Benefit Period
Per Family	no limit; or 2 times the Per Insured Person Deductible; or 3 times the Per Insured Person Deductible

High Deductible Option

If family coverage is elected, the Family Coverage Deductible must be satisfied before benefits will be paid on any Insured Person. Family Deductibles may be satisfied by one or more Insured Persons.

Employee Only Coverage	\$1,000 - \$5,000 per Benefit Period
Family Coverage	2 times the Employee Only Coverage Deductible (\$2,000 - \$10,000)

- 3. Renewability:** Optionally renewable
- 4. Morbidity:** Expected claim costs were derived from the Actuarial Advisor Healthcare Rating model ("AA Model") developed by and distributed in the health insurance and reinsurance market by Windsor Strategy Partners, LLC (WSP). Assumptions were made within the AA Model regarding the underlying medical plan parameters in order to estimate expected ground-up claims and quantify the gap plan exposure (i.e. the underlying medical out of pocket amounts). Those claims were then run against various gap plan benefit scenarios (i.e. inpatient and outpatient benefit maximums) to determine the gap per-member-per-month (PMPM) claim costs. Per-employee-per-month (PEPM) claim costs were developed by applying a factor to convert the PMPM amounts. Age band factors were then applied, to go from average PEPM claim costs to <40, 40-49, and 50+ age bands. Finally, the rate slope by inpatient maximum was adjusted to approximate anticipated positive selection (lower cost) for lower maximums, and negative selection (higher cost) for higher maximums.
- 5. Expenses:** Expense assumptions used in pricing are based on the Company's expected costs for selling and administering this product. Expense loads will not exceed 55.8% of gross premium for any given group and are expected to be 45.0% of gross premium on average. The minimum pricing loss ratio for this policy is 44.2% with an anticipated loss ratio of 55.0%.

FIDELITY SECURITY LIFE INSURANCE COMPANY
Group Supplemental Medical Expense Insurance Policy
For Hospital Confinement
Form Numbers: M-9136, C-9136, S-9136, R-02997, R-02998 et. al.
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- 6. Marketing Method:** This product will be distributed by independent agents and agencies directly to eligible organizations via one-on-one agent sales. The group must offer a major medical or comprehensive medical plan that contains out-of pocket expense responsibilities such as deductible, coinsurance and/or co-pay requirements.
- 7. Underwriting:** Underwriting is performed at the group level. There is no individual medical underwriting of any group insured member. Participation requirements may apply for certain size groups.
- 8. Premium Classes:** Premiums vary by attained age, benefit plan and family structure.
- 9. Issue Age Range:** Coverage is available at all ages. There is no limiting age. However, this policy is intended for the actively-at-work population. Coverage may end for a Dependent when the Dependent no longer is considered an eligible Dependent, as described in the policy.
- 10. Area Factors:** There is no rate variation based on area.
- 11. Average Annual Premium:** Expected to be \$807 per certificate. The figure is based on the anticipated loss ratio in section 5 of this memorandum and a maximum inpatient benefit of \$2,500; maximum outpatient benefit of \$1,250 per Individual (\$2,500 for Family); and no gap deductible.
- 12. Claim Reserves and Liabilities:** Reserves for claims incurred but not paid will be established using a lag factor approach. This method uses claim payment history to estimate the total amount of claims that have been incurred for a particular time period. From that amount, the known claims are subtracted to determine the appropriate level of liability to be reported.
- 13. Trend Assumptions:** To bring the morbidity data forward to the effective date requested for this filing, trend factors were applied; based on annual trend rates ranging from about 3.5% for physician services to about 7.9% for inpatient hospital services. FSLIC may periodically adjust the premium rates to reflect trend; the adjustment will not exceed 7% per year, unless filed for approval, and will be applied to all new business.
- 14. Proposed Effective Date:** December 1, 2012 or upon approval, if later.

15. Actuarial Certification:

To the best of my knowledge and judgment:

- This Actuarial Memorandum and the entire rate filing are in compliance with the applicable laws of the State and with the rules of the Department of Insurance.
- The filing complies with all applicable Actuarial Standards of Practice, as adopted by the Actuarial Standards Board.
- The benefits provided are reasonable in relation to the proposed premiums.
- The premium schedule is not excessive, inadequate, nor unfairly discriminatory.

A handwritten signature in black ink that reads "Tim Robinson". The signature is written in a cursive, slightly slanted style.

Timothy K. Robinson, FSA, MAAA
Partner
Windsor Strategy Partners, LLC
November 15, 2012