

Self-Funded Excess Loss Medical

<p>Coverage Description</p>	<p>The Excess Loss Medical plan offers Specific and Aggregate self-funded medical coverage for most self-insured employer groups nationwide. It is designed to give employers looking to self-fund their health benefit plans insurance protection from catastrophic claims above their self-insured retention. This is an effective approach employers have used to significantly reduce costs while maintaining control of their benefit plans. It also provides employers with the flexibility to design their health benefit plans to meet the needs of their own employees.</p>
<p>Marketing</p>	<p>Our Excess Loss Medical contract is available for marketing by experienced full-service Managing General Agents who specialize in providing tailored programs for Employers.</p>
<p>Plan Benefits</p>	<ul style="list-style-type: none"> • Standard Specific and Aggregate maximum benefit limits: \$1,000,000; with options of \$2,000,000 to \$5,000,000 available. • Flexible Medical Excess Loss Contract • Wide range of Contract Claim Basis: 12/12, 12/15, 12/18, 12/24, 18/12, 15/12, and Paid. Other options available provided contract period does not exceed 12 months. • Excess Loss Coverage tailored for nearly any group of 10 lives and up.
<p>Optional Benefits</p>	<ul style="list-style-type: none"> • Monthly Aggregate Accommodation • Aggregate Terminal Liability • Simultaneous Reimbursements • Aggregate Specific Reimbursements

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