



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

POLICY NUMBER: VC-19
POLICYHOLDER: State of North Carolina dba NC Flex
STATE OF ISSUE: North Carolina
POLICY EFFECTIVE DATE: January 1, 2018
POLICY ANNIVERSARY DATE: January 1 of the following year and each January 1 thereafter

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

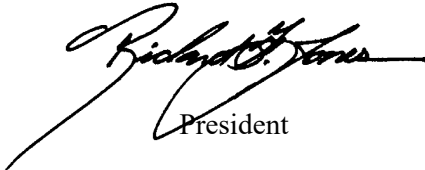
The Policy is issued in consideration of the Policyholder's application (a copy of which is attached) and receipt by the Company of the premiums.

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

The Policy may be modified by mutual agreement between the Policyholder and the Company.

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

FIDELITY SECURITY LIFE INSURANCE COMPANY


Richard D. Jones
President


Bradford R. Jones
Secretary

**This insurance Policy is a legal contract between the Policyholder and the Company.
IMPORTANT CANCELLATION INFORMATION - PLEASE READ THE PROVISION ENTITLED,
"TERMINATION OF POLICY," FOUND ON PAGE 4.**

THIS POLICY IS RENEWABLE AT THE OPTION OF THE COMPANY.

**GROUP VISION INSURANCE POLICY
THIS IS A LIMITED BENEFIT POLICY
*Please read the Policy carefully.***

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PREMIUMS

Premiums are payable in arrears by the Policyholder. The first premium is due on the effective date of the Policy. Subsequent premiums are due on the first day of each calendar month thereafter.

The required premium due on each premium due date is the sum of the premiums for all Insureds and their Dependents covered under the Policy. The premiums due will be determined by applying the premium rates then in effect for each plan provided by the Policy to the number of Insured Persons. All premiums are payable to the Company at the Company's home office or to any of the Company's authorized agents.

The premium due may be adjusted due to a change in insurance as requested by the Policyholder or as required by the Company as follows:

1. if an amount of insurance is added or increased during a calendar month, premiums will be increased as of the date the change becomes effective, unless otherwise mutually agreed;
2. if an amount of insurance is deleted or decreased during a calendar month, premium will cease or be decreased at the end of the calendar month in which the deletion or decrease occurred, unless otherwise mutually agreed;
3. if the Policyholder's contribution percentage is changed, premium will be adjusted at the end of the calendar month in which the change occurred, unless otherwise mutually agreed; or

If premiums are due the Company, or premium refunds are due the Policyholder as a result of clerical error or delay in the reporting of dates and/or data to the Company, all premiums or refunds will be calculated at the current rate of premium payment and are limited to a maximum period of three months.

Premium Rate Change. The Company has the right to change the premium rate on any premium due date on or after the fourth Policy Anniversary Date, but no more frequently than once every six months, based on at least 12 months of experience. The Company will provide written notice at least 45 days before the date of change.

Grace Period. A grace period of 90 days will be allowed to the Policyholder for the payment of each premium due after the first premium. The Policy will remain in force during the grace period. If the required premium is not paid by the end of the 31-day period, the Policy will terminate. The Policyholder will be required to pay premium for the grace period.

Return of Premium. The Company reserves the right to rescind the coverage for one or all Insureds due to misrepresentation or fraud on the Policyholder's application or an Insured's enrollment form, if such misrepresentation materially affected the acceptance of the risk.

If, on the date coverage is rescinded, no claims have been paid under the Policy, the Company will return all premiums paid for such coverage to the Policyholder.

If, on the date coverage is rescinded, claims have been paid under the Policy, the Company reserves the right to deduct an amount equal to the amount of such claims paid from the premiums to be returned to the Policyholder.

TERMINATION OF POLICY

The Policyholder or the Company may terminate or cancel the Policy on the earliest of the following:

1. on any date on or after the fourth Policy Anniversary Date. Written notice must be provided to the other party at least 45 days prior to termination;
2. the date the required premium has not been paid, except as provided in the Grace Period provision; or
3. the date 100% of the eligible employees are not covered when a contribution is not required by the employee.

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

CERTIFICATES

The Company will furnish a Certificate to the Policyholder which will set forth the essential features of the insurance coverage.

ADDITIONAL INSUREDS

Insured Persons may be added at any time if they meet the eligibility requirements stated in the Policyholder's application, complete an enrollment form, if required, and pay any required premium.

INCORPORATION PROVISION

The provisions of the attached Certificate and all Rider(s) issued to amend the Policy after the Policy Effective Date are made a part of the Policy.



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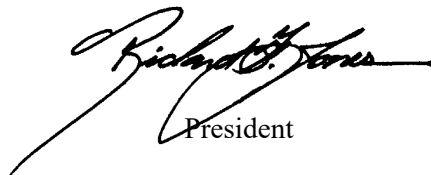
AMENDMENT RIDER

By attachment of this Rider, the third paragraph of the **PREMIUMS** section in the Policy is amended to add the following:

5. if a government action, including fees, taxes and assessments, or change in law or regulation materially affects the Company's risk, premium may be adjusted, but no more frequently than once every six months, based on at least 12 months of experience and will be effective upon written notification from the Company at least 45 days before the date of change.

This Rider takes effect on the effective date of the Policy to which it is attached. This Rider terminates concurrently with the Policy to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY


Richard C. Jones
President


Bradford R. Jones
Secretary



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UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL: (1) CAUSE THE CANCELLATION OR NON-RENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53, CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

FACTS

WHAT DOES Fidelity Security Life Insurance Company, Fidelity Security Life Insurance Company of New York (NY Only) and Affiliates DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and transaction history
- medical information and insurance claim information
- assets and checking account information

When you are no longer our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Fidelity Security Life Insurance Company and Affiliates choose to share; and whether you can limit this sharing.

| Reasons we can share your personal information | Does Fidelity Security Life share? | Can you limit this sharing? |
|---|------------------------------------|-----------------------------|
| For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes | No |
| For our marketing purposes – to offer our products and services to you | Yes | No |
| For joint marketing with other financial companies | Yes | No |
| For our affiliates' everyday business purposes – information about your transactions and experiences | Yes | No |
| For our affiliates' everyday business purposes – information about your creditworthiness | No | We don't share |
| For our affiliates to market to you | No | We don't share |
| For nonaffiliates to market to you | No | We don't share |

Questions?

Call 800-648-8624 or go to www.fslins.com or www.ftj.com

| Who we are | |
|---|--|
| Who is providing this notice? | Fidelity Security Life Insurance Company and Affiliates including our Administrative, Insurance and Financial Service Providers. |
| What we do | |
| How does Fidelity Security Life Insurance Company and Affiliates protect my personal information? | <p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>These physical, electronic and procedural safeguards were created to protect your information. We also limit employee access as appropriate.</p> |
| How does Fidelity Security Life Insurance Company and Affiliates collect my personal information? | <p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ■ apply for insurance or pay insurance premiums ■ file an insurance claim or give us your contact information ■ show your driver's license <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p> |
| Why can't I limit all sharing? | <p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ■ sharing for affiliates' everyday business purposes – information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p> |
| Definitions | |
| Affiliates | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Our affiliates include Fidelity Security Life Insurance Company of New York, Forrest T. Jones & Company, Inc., Forrest T. Jones Consulting Company and National Pension & Group Consultants, Inc.</i> |
| Nonaffiliates | <p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Fidelity Security Life Insurance Company does not share with nonaffiliates so they can market to you.</i> |
| Joint marketing | <p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ <i>Our joint marketing partners include insurance agencies, broker dealers and investment advisor firms.</i> |
| Other important information | |
| | |

Application for Vision Care Benefits
Underwritten by Fidelity Security Life Insurance Company
Kansas City, Missouri



I. GROUP INFORMATION

Group Name: State of North Carolina Tax ID#: 56-113095709
DBA Name (If other than above): NC Flex
Business Address: 116 West Jones St. City Raleigh State: NC ZIP: 27669
Mailing Address: 1331 Mail Service Center City Raleigh State: NC ZIP: 27699
Primary Contact: Linda Forsberg Title: State Benefits Manager
Phone Number: (919) 807-4820 Fax Number: ()
E-mail Address: linda.forsberg@nc.gov

Type of Business: Proprietorship Corporation Other (Specify): Government
Service Area: National (United States – does not include Puerto Rico) State Specific (List) _____

PLEASE NOTE THE FOLLOWING TYPE BUSINESSES REQUIRE PRIOR CARRIER APPROVAL:

MEWA PEO Trust Union

If any subsidiary or affiliated companies are to be insured or any Employees/Members are working at a location other than the business address above, please explain. Employees located throughout the United States, but primarily in within the State of North Carolina

Billing Contact Name: Multiple Phone: ()
Billing Address: _____ City: _____ State: _____ ZIP: _____

If you have subsidiaries, affiliated companies, or divisions who use another name and will be covered by this plan, AND require separate billing invoices, please attach the following information on a separate sheet of paper signed by you: • Name • Address • Billing Contact & Phone Number

Will this plan replace any existing coverage? Yes No

If "Yes," indicate name of existing insurer:

Name: Superior

If "Yes," are any Employees/Members on COBRA continuation? Yes No How many? _____

Do you intend to offer Employees/Members COBRA continuation? Yes No

II. PLAN SELECTION

Please refer to the attached proposal page. Services are provided by EyeMed Vision Care.

III. PREMIUMS

Group's Premium Contribution for*: Employees/Members: 20 % Dependents: 20 %

Employee's/Member's Premium Contribution for: Employees/Members: 80 % Dependents: 80 %

Are Employee/Member and Dependent premiums paid through a Section 125 Plan? Yes No

Are Employee/Member and Dependent premiums collected via payroll deduction? Yes No

Premiums shall be payable at the rates included on the attached proposal page.

**If the Group's contribution percentage is changed or the number of eligible Employees/Members increases or decreases, premium may be adjusted as allowed under the Policy. The premium may be adjusted at the end of the calendar month in which the change occurred.*

IV. ELIGIBILITY

Number of Employees/Members: 138,000 Number Applying: 90,000

Number of Dependents: 55,000 Number of Retirees: 0

Are Domestic Partners covered under this Plan*? Yes No

Same Sex**? Yes No Opposite Sex**? Yes No

Dependent Children Covered to Age*: 19 23 26** Other _____

Dependent Children Covered if Full-Time Student*? Yes No

If "Yes," Dependent Full-Time Students Covered to Age*: 23 25 27 Other _____

**Unless state law has different requirements.*

***Dependent Children covered to age 26 regardless of financial dependency, residency, student status or marital status.*

Eligibility Reporting Contact (produces the eligibility file): BenefitFocus

Address (if different from Group): 100 Benefitfocus Way

City: Charleston State: SC ZIP: 29492

E-mail Address: jackie.martis@benefitfocus.com Phone: (855) 221-6400 Fax: ()

Eligibility Authorization Contact (Benefits Administrator or Third Party Administrator responsible for verifying vision election for Employees/Members):

Name: _____ Phone: ()

Days/Hours of Availability: _____ E-mail Address: _____

PROBATIONARY PERIOD

For New Employees/Members: 30 days 60 days 90 days 180 days Other _____

Probationary Period is waived for present Employees/Members: Yes No

Number of Employees/Members who have not yet completed the probationary period: _____

V. EFFECTIVE DATE

This plan will become effective at 12:01 a.m. Local Time at the Group's address herein, on the first day of January 1, 2018, provided all of the following have been completed prior to this effective date:

- A. This application has been received and accepted by the Company (must be submitted 30 days in advance of the effective date).
- B. EyeMed has been furnished a working file of all eligible Employees/Members, according to the layout guidelines. It is understood and agreed that EyeMed may rely on this information to provide services to individuals designated as eligible.

The Group hereby makes application to Fidelity Security Life Insurance Company for Vision Care Benefits. The Group agrees to maintain and furnish any records necessary to administer this plan and to forward premiums monthly.

The Group certifies that all the information shown on this application and any attachments are correct and complete as of the date this application is signed. The Group understands that the Company intends to rely on this information in determining whether or not the enrolling Employees/Members and their Dependents may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE COMPANY**; and that no field representative of the Company has the authority to modify any conditions of the application or the Policy by making any promise or representation. It is understood that the insurance as to any Employee/Member will not become effective on the date insurance should otherwise become effective if he or she is not at work on such date performing all duties of his or her occupation and otherwise meets the requirements of the Company.

I hereby represent that I have reviewed the fraud warning notice (if applicable) on the reverse side of this application for the Group's state of domicile.

Dated at: 2:37 pm this 5th day of July, 20 17

Signed for the Group: ▶ Roder Lonsberg Title: State Benefit Manager

VI. COMPANY DISPLAY NAME (Your Group name as it should appear to your employees)

Company Name _____
(Maximum of 30 characters, including punctuation and spacing.)

ATTENTION: THE DEPARTMENT OF INSURANCE REQUIRES THAT ONLY THE BROKER AND/OR GENERAL AGENT WHO SOLD THE PRODUCT AND HOLDS A VALID LIFE AND HEALTH LICENSE MAY COMPLETE THE CERTIFYING STATEMENT

WRITING BROKER'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the applicant, if such information has been provided directly to me for recording purposes, and I am properly licensed in the state in which the Group is domiciled.

Firm Name (print): N/A Tax ID No.: _____

Broker's Name (print): _____ SS#: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____

Primary Contact: _____ Secondary Contact: _____

Title: _____ Title: _____

E-mail Address: _____ E-mail Address: _____

Commission checks payable to: Firm Broker

Broker's Signature: ▶ _____

WRITING GENERAL AGENT'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the applicant, if such information has been provided directly to me for recording purposes, and I am properly licensed in the state in which the Group is domiciled.

Firm Name (print): _____ Tax ID No.: _____

General Agent's Name (print): Dawn Richards SS#: _____

Address: 4017 Mourning Dove Drive City: Weddington State: NC ZIP: 28104

Phone: (704) 847-4084 Fax: ()

Primary Contact: _____ Secondary Contact: _____

Title: Director, National Account Sales Title: _____

E-mail Address: dawn.richards@eyemed.com E-mail Address: _____

Commission checks payable to: Firm General Agent

General Agent's Signature: ► 

| FRAUD WARNING NOTICE | |
|--|---|
| For Groups of all states (except the following:) | Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. |
| Alabama | Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof. |
| Arkansas Rhode Island | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |
| Colorado | It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. |
| Kansas | Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law. |
| Nebraska | Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a materially false or deceptive statement is guilty of insurance fraud. |
| North Carolina | Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties. |
| Oklahoma | WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. |
| Pennsylvania | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. |



| Vision Care Services | Member Cost In-Network | Out-of-Network Reimbursement* |
|---|---|--|
| Exam with Dilatation as Necessary | \$20 Copay | \$44 |
| Retinal Imaging Benefit | Up to \$39 | N/A |
| Complete Pair Eyeglasses Purchase Discounts*: Frame, lenses and lens options must be purchased in same transaction to receive full discount | | |
| Frames*: Any available frame at provider location | 35% off retail price | N/A |
| Standard Plastic Lenses Single Vision Bifocal Trifocal Standard Progressive Lens | \$50 \$50 \$105 \$135 | N/A N/A N/A N/A |
| Lens Options*: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Other Add-Ons | \$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price 20% off Retail Price | N/A N/A N/A N/A N/A N/A N/A N/A |
| Contact Lenses (Discount applied to materials only) Conventional Disposable | 15% off retail price 0% off retail price | N/A N/A N/A |
| Laser Vision Correction Lasik or PRK from U.S. Laser Network | 15% off Retail Price or 5% off promotional price | N/A |
| Amplifon Hearing Health Care | Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids. | N/A |
| Frequency: Examination Lenses or Contact Lenses Frame | Once every 12 months Unlimited Unlimited | |
| Monthly Rate Per Subscriber Per Month (Composite) | \$0.64 | |

*Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

All plans are based on a 48-month contract term and 48-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group
 Rates are valid for groups domiciled in the State of NC.

Fees quoted will be valid until the 1/1/2018 plan implementation date. Date quoted: 3/15/2017.

Rates assume greater than 80% Employer contribution for employees and dependents or that the vision program is bundled with medical/dental benefit.

Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Policy number VC-19/VC-20, form number M-9083

Plan Exclusions:

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If State of North Carolina has chosen this benefit design with the attached supplement, sign here:

Signature _____

Date _____

Linda Rosler
7/5/17



| Vision Care Services | Member Cost In-Network | Out-of-Network Reimbursement* |
|---|---|-------------------------------|
| Exam with Dilatation as Necessary | \$20 Copay | \$44 |
| Retinal Imaging Benefit | Up to \$39 | N/A |
| Contact Lens Fit and Follow-Up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.) | | |
| Standard Contact Lens Fit and Follow-Up: | \$20 Copay, Paid-in-full fit and two follow-up visits | \$44 |
| Premium Contact Lens Fit and Follow-Up: | \$20 Copay, 10% off retail prices, then apply \$55 allowance | \$44 |
| Frames: Any available frame at provider location | \$0 Copay; \$125 Allowance, 20% off balance over \$125 | \$50 |
| Standard Plastic Lenses | | |
| Single Vision | \$0 Copay | \$34 |
| Bifocal | \$0 Copay | \$48 |
| Trifocal | \$0 Copay | \$64 |
| Lenticular | \$0 Copay | \$88 |
| Standard Progressive Lens | \$50 Copay | \$64 |
| Premium Progressive Lens | See attached Fixed Premium Progressive price list | \$64 |
| Lens Options: | | |
| UV Treatment | \$15 | N/A |
| Tint (Solid and Gradient) | \$15 | N/A |
| Standard Plastic Scratch Coating | \$13 Copay | \$2 |
| Standard Polycarbonate - Adults | \$40 | N/A |
| Standard Polycarbonate - Kids under 19 | \$40 | N/A |
| Standard Anti-Reflective Coating | \$45 | N/A |
| Polarized | 20% off Retail Price | N/A |
| Photocromatic / Transitions Plastic | \$75 | N/A |
| Premium Anti-Reflective | See attached Fixed Premium Anti-Reflective Coating list | N/A |
| Other Add-Ons | 20% off Retail Price | N/A |
| Contact Lenses (Contact lens allowance includes materials only) | | |
| Conventional | \$0 Copay; \$120 allowance, 15% off balance over \$120 | \$100 |
| Disposable | \$0 Copay; \$120 allowance, plus balance over \$120 | \$100 |
| Medically Necessary | \$0 Copay, Paid-in-Full | \$210 |
| Laser Vision Correction Lasik or PRK from U.S. Laser Network | 15% off Retail Price or 5% off promotional price | N/A |
| Amplifon Hearing Health Care | Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids. | N/A |
| Additional Pairs Benefit: | Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the | N/A |
| Frequency: | | |
| Examination | Once every 12 months | |
| Lenses or Contact Lenses | Once every 12 months | |
| Frame | Once every 24 months | |
| Monthly Rate | | |
| Subscriber | \$4.76 | |
| Subscriber + Family | \$11.92 | |

All plans are based on a 48-month contract term and 48-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group.

Rates are valid for groups domiciled in the State of NC.

Fees quoted will be valid until the 1/1/2018 plan implementation date. Date quoted: 3/15/2017.

Rates assume Employer contribution of 20% or less for employees and dependents

Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Policy number VC-19/VC-20, form number M-9083

Plan Exclusions:

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If State of North Carolina has chosen this benefit design with the attached supplement, sign here:

Signature _____

Date _____

Sandra K. [Signature]
7/5/17

State of North Carolina

Supplement
Option BASIC

| Progressive Price List* | Member Cost In-Network (Includes Lens Copay) |
|---|---|
| Standard Progressive | \$50 Copay |
| Premium Progressives as Follows: | |
| Tier 1 | \$70 Copay |
| Tier 2 | \$80 Copay |
| Tier 3 | \$95 Copay |
| Tier 4 | \$50 Copay, 20% off retail less \$120 Allowance |
| Anti-Reflective Coating Price List* | Member Cost In-Network |
| Standard Anti-Reflective Coating | \$45 |
| Premium Anti-Reflective Coatings as Follows: | |
| Tier 1 | \$57 |
| Tier 2 | \$68 |
| Tier 3 | 20% off retail |
| Other Add-ons Price List | Member Cost In-Network |
| Photochromic (Plastic) | \$75 |
| Polarized | 20% off Retail |
| EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. | |
| *Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. | |

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>



| Vision Care Services | Member Cost In-Network | Out-of-Network Reimbursement* |
|---|---|-------------------------------|
| Exam with Dilatation as Necessary | \$20 Copay | \$44 |
| Retinal Imaging Benefit | Up to \$39 | N/A |
| Contact Lens Fit and Follow-Up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.) | | |
| Standard Contact Lens Fit and Follow-Up: | \$20 Copay, Paid-in-full fit and two follow-up visits | \$44 |
| Premium Contact Lens Fit and Follow-Up: | \$20 Copay, 10% off retail prices, then apply \$55 allowance | \$44 |
| Frames: Any available frame at provider location | \$0 Copay; \$200 Allowance, 20% off balance over \$200 | \$93 |
| Standard Plastic Lenses | | |
| Single Vision | \$0 Copay | \$34 |
| Bifocal | \$0 Copay | \$48 |
| Trifocal | \$0 Copay | \$64 |
| Lenticular | \$0 Copay | \$88 |
| Standard Progressive Lens | \$50 Copay | \$64 |
| Premium Progressive Lens | See attached Fixed Premium Progressive price list | \$64 |
| Lens Options: | | |
| UV Treatment | \$15 | N/A |
| Tint (Solid and Gradient) | \$15 | N/A |
| Standard Plastic Scratch Coating | \$13 Copay | \$2 |
| Standard Polycarbonate - Adults | \$40 | N/A |
| Standard Polycarbonate - Kids under 19 | \$40 | N/A |
| Standard Anti-Reflective Coating | \$45 | N/A |
| Polarized | 20% off Retail Price | N/A |
| Photocromatic / Transitions Plastic | \$75 | N/A |
| Premium Anti-Reflective | See attached Fixed Premium Anti-Reflective Coating list | N/A |
| Other Add-Ons | 20% off Retail Price | N/A |
| Contact Lenses (Contact lens allowance includes materials only) | | |
| Conventional | \$0 Copay; \$175 allowance, 15% off balance over \$175 | \$117 |
| Disposable | \$0 Copay; \$175 allowance, plus balance over \$175 | \$117 |
| Medically Necessary | \$0 Copay, Paid-in-Full | \$210 |
| Laser Vision Correction Lasik or PRK from U.S. Laser Network | 15% off Retail Price or 5% off promotional price | N/A |
| Amplifon Hearing Health Care | Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids. | N/A |
| Additional Pairs Benefit: | Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the | N/A |
| Frequency: | | |
| Examination | Once every 12 months | |
| Lenses or Contact Lenses | Once every 12 months | |
| Frame | Once every 12 months | |
| Monthly Rate | | |
| Subscriber | \$8.38 | |
| Subscriber + Family | \$20.90 | |

All plans are based on a 48-month contract term and 48-month rate guarantee.
 Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.
 Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.
 After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.
 The contact lens benefit allowance is not applicable to this service.
 Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.
 Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.
 Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group.
 Rates are valid for groups domiciled in the State of NC.
 Fees quoted will be valid until the 1/1/2018 plan implementation date. Date quoted: 6/29/2017.
 Rates assume Employer contribution of 20% or less for employees and dependents
 Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York
 Policy number VC-19/VC-20, form number M-9083

Plan Exclusions:

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered,
- and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If State of North Carolina has chosen this benefit design with the attached supplement, sign here:

Signature

Date

Linda Lindberg
 7/5/17

State of North Carolina
Supplement
Option ENHANCED

| Progressive Price List* | Member Cost In-Network (Includes Lens Copay) |
|---|---|
| Standard Progressive | \$50 Copay |
| Premium Progressives as Follows: | |
| Tier 1 | \$70 Copay |
| Tier 2 | \$80 Copay |
| Tier 3 | \$95 Copay |
| Tier 4 | \$50 Copay, 20% off retail less \$120 Allowance |
| Anti-Reflective Coating Price List* | Member Cost In-Network |
| Standard Anti-Reflective Coating | \$45 |
| Premium Anti-Reflective Coatings as Follows: | |
| Tier 1 | \$57 |
| Tier 2 | \$68 |
| Tier 3 | 20% off retail |
| Other Add-ons Price List | Member Cost In-Network |
| Photochromic (Plastic) | \$75 |
| Polarized | 20% off Retail |
| EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. | |
| *Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. | |

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

POLICY NUMBER: VC-19
POLICYHOLDER: State of North Carolina dba NC Flex
POLICY EFFECTIVE DATE: January 1, 2018
POLICY ANNIVERSARY DATE: January 1 of the following year and each January 1 thereafter

Fidelity Security Life Insurance Company represents that the Insured Person is insured for the benefits described on the following pages, subject to and in accordance with the terms and conditions of the Policy.

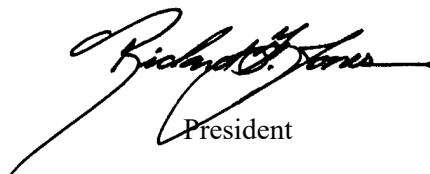
The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Certificate explains the plan of insurance. An individual identification card will be issued to the Insured containing the group number and the Insured's effective date. The Certificate replaces all certificates previously issued to the Insured under the Policy.

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

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

FIDELITY SECURITY LIFE INSURANCE COMPANY



Richard H. Jones
President



Bradford R. Jones
Secretary

GROUP VISION INSURANCE CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
Please read the Certificate carefully.

**IMPORTANT CANCELLATION INFORMATION – PLEASE READ THE PROVISION ENTITLED,
“TERMINATION OF INSURANCE,” FOUND ON PAGE 6.**
THIS CERTIFICATE IS RENEWABLE AT THE OPTION OF THE COMPANY.

THIS PLAN IS NOT MEDICARE SUPPLEMENT. If you are eligible for Medicare, please review “Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare,” available from the Company.

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SCHEDULE OF BENEFITS..... Attached (1A)

DEFINITIONS

Benefit Frequency means the period of time in which a benefit is payable as shown in the Schedule of Benefits.

The Benefit Frequency begins on January 1. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

Co-payment means the designated amount, if any, shown in the Schedule of Benefits each Insured Person must pay to a Provider before benefits are payable for a covered Vision Examination or Vision Materials per Benefit Frequency.

Comprehensive Eye Examination means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under “Eyes-examination items”. Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.

Insured means an employee of the Policyholder who meets the eligibility requirements as shown in the Policyholder’s application, and whose coverage under the Policy is in force and has not ended.

Insured Person means the Insured. Insured Person will also include the Insured’s Dependents, if enrolled.

In-Network Provider means a Provider who has signed a Preferred Provider Agreement with the PPO.

Out-of-Network Provider means a Provider, located within the PPO Service Area, who has not signed a Preferred Provider Agreement with the PPO.

Policy means the Policy issued to the Policyholder.

Policyholder means the Employer named as the Policyholder in the face page of the Policy.

PPO Service Area means the geographical area where the PPO is located.

Preferred Provider Agreement means an agreement between the PPO and a Provider that contains the rates and reimbursement methods for services and supplies provided by such Provider.

Preferred Provider Organization (“PPO”) means a network of Providers and retail chain stores within the PPO Service Area that has signed a Preferred Provider Agreement.

Provider means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing optician.

Vision Examination means any eye or visual examination covered under the Policy and shown in the Schedule of Benefits.

Vision Materials means those materials used to aid in the correction of vision, including, but not limited to, lenses, lens options, frames and contact lenses.

EFFECTIVE DATES

Effective Date of Insured’s Insurance. The Insured’s insurance will be effective as defined by the Policyholder.

BENEFITS

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

Comprehensive Eye Examination. An Insured Person is eligible for one Comprehensive Eye Examination in each Benefit Frequency.

In-Network Provider Benefits. The Insured Person must pay any Co-payment or any cost above the allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company.

Out-of-Network Provider Benefits. The Insured Person must pay the Out-of-Network Provider the full cost at the time the covered service is provided and file a claim with the Company. The Company will reimburse the Insured Person for the Out-of-Network Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits.

LIMITATIONS

Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from:

1. orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
2. medical and/or surgical treatment of the eye, eyes or supporting structures;
3. any Vision Materials;
4. any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
5. services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act, only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement with the North Carolina Workers' Compensation Act;
6. services or materials provided by any other group benefit plan providing vision care; or
7. services rendered after the date an Insured Person ceases to be covered under the Policy, except when the services rendered to the Insured Person are within 31 days from the date of such order.

TERMINATION OF INSURANCE

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

For All Insureds. The Insureds' insurance will cease on the earliest of the following dates:

1. the date the Policy ends;
2. the end of the last period for which any required premium contribution agreed to in writing has been made;
3. the date the Insured is no longer eligible for insurance; or

4. the last day of the month in which the Insured's employment with the policyholder ends.

CLAIMS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of any loss covered by the Policy, or as soon as is reasonably possible. Notice given by or for the Insured Person to the Company at the Company's home office, to the Company's authorized administrator or to any of the Company's authorized agents with sufficient information to identify the Insured Person will be deemed as notice to the Company.

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

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's home office within 180 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately, but not more than 30 days, upon receipt of due written proof of loss.

Payment of Claims. All claims will be paid to the Insured, unless assigned. Any benefits payable on or after the Insured's death will be paid to the Insured's estate.

Right of Recovery. If payment for claims exceeds the amount for which the Insured Person is eligible under any benefit provision or rider of the Policy, the Company has the right to recover the excess of such payment from the Provider or the Insured.

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

GENERAL PROVISIONS

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

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

Entire Contract. The Policy, including any endorsements and riders, the Certificate, the Policyholder's application, which is attached to the Policy when issued, the Insured's individual enrollment form, if any, and the eligibility file, if any, are the entire contract between the parties. A copy of the Policy may be examined at the Office of the Policyholder during normal business hours. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement shall be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's beneficiary or personal representative.

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

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

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

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

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

SCHEDULE OF BENEFITS

Insured Persons have the right to obtain vision care from the Provider of his or her choice. However, payment of benefits varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule of Benefits:

We will pay the amount charged up to the Benefit amount shown below:

| <u>Benefit</u> | <u>In-Network Costs</u> | <u>Out-of-Network Reimbursements</u> | <u>Benefit Frequency</u> |
|--------------------------------------|--------------------------------|---|---------------------------------|
| VISION EXAMINATION | | | |
| Comprehensive Eye Examination | \$20 Co-payment | up to \$44 | 12 months |



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

POLICY NUMBER: VC-19
POLICYHOLDER: State of North Carolina dba NC Flex
POLICY EFFECTIVE DATE: January 1, 2018
POLICY ANNIVERSARY DATE: January 1 of the following year and each January 1 thereafter

Fidelity Security Life Insurance Company represents that the Insured Person is insured for the benefits described on the following pages, subject to and in accordance with the terms and conditions of the Policy.

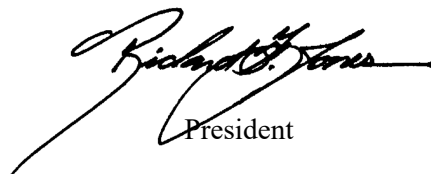
The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Certificate explains the plan of insurance. An individual identification card will be issued to the Insured containing the group number and the Insured's effective date. The Certificate replaces all certificates previously issued to the Insured under the Policy.

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

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

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP VISION INSURANCE CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
Please read the Certificate carefully.

**IMPORTANT CANCELLATION INFORMATION – PLEASE READ THE PROVISION ENTITLED,
“TERMINATION OF INSURANCE,” FOUND ON PAGE 7.**
THIS CERTIFICATE IS RENEWABLE AT THE OPTION OF THE COMPANY.

THIS PLAN IS NOT MEDICARE SUPPLEMENT. If you are eligible for Medicare, please review “Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare,” available from the Company.

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SCHEDULE OF BENEFITS..... Attached (1A)

DEFINITIONS

Benefit Frequency means the period of time in which a benefit is payable as shown in the Schedule of Benefits.

The Benefit Frequency begins on January 1. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

Co-payment means the designated amount, if any, shown in the Schedule of Benefits each Insured Person must pay to a Provider before benefits are payable for a covered Vision Examination or Vision Materials per Benefit Frequency.

Comprehensive Eye Examination means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.

Dependent means any of the following persons whose coverage under the Policy is in force and has not ended:

1. the Insured's lawful spouse;
2. each unmarried child from birth to age 26 who is primarily dependent upon the Insured or the Insured's spouse for support and maintenance; or
3. each unmarried child at least 26 years of age: who is primarily dependent upon the Insured or the Insured's spouse for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap; who was so incapacitated and is an Insured Person under the Policy on his or her 26th birthday; and who has been continuously so incapacitated since his or her 26th birthday.

Child includes stepchild, foster child, legally adopted child, child legally placed in the Insured's home for adoption, child under the Insured's legal guardianship and a child for whom the Insured must provide coverage under court or administrative order.

Formulary means a list, provided by the Company, of Vision Materials covered under the Policy.

Insured means an employee of the Policyholder who meets the eligibility requirements as shown in the Policyholder's application, and whose coverage under the Policy is in force and has not ended.

Insured Person means the Insured. Insured Person will also include the Insured's Dependents, if enrolled.

In-Network Provider means a Provider who has signed a Preferred Provider Agreement with the PPO.

Medically Necessary Contact Lenses means:

1. Keratoconus where the Insured Person is not correctable to 20/30 in either or both eyes using standard spectacle lenses, or the Provider attests to the specified level of visual improvement;
2. High Ametropia exceeding -10D or +10D in spherical equivalent in either eye;
3. Anisometropia of 3D in spherical equivalent or more; or
4. vision for an Insured Person can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle.

Out-of-Network Provider means a Provider, located within the PPO Service Area, who has not signed a Preferred Provider Agreement with the PPO.

Policy means the Policy issued to the Policyholder.

Policyholder means the Employer named as the Policyholder in the face page of the Policy.

PPO Service Area means the geographical area where the PPO is located.

Preferred Provider Agreement means an agreement between the PPO and a Provider that contains the rates and reimbursement methods for services and supplies provided by such Provider.

Preferred Provider Organization (“PPO”) means a network of Providers and retail chain stores within the PPO Service Area that has signed a Preferred Provider Agreement.

Provider means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing optician.

Vision Examination means any eye or visual examination covered under the Policy and shown in the Schedule of Benefits.

Vision Materials means those materials shown in the Schedule of Benefits.

EFFECTIVE DATES

Effective Date of Insured’s Insurance. The Insured’s insurance will be effective as defined by the Policyholder.

Effective Date of Dependents’ Insurance. Coverage for Dependents becomes effective as defined by the Policyholder.

If the Insured and the Insured’s spouse are both Insureds, one Insured may request to be a Dependent spouse of the other. A Dependent child may not be covered by more than one Insured.

Newborn Children. A Dependent child born while the Insured’s coverage is in force will be covered from the moment of birth for 31 days or greater, if elected by the Policyholder. If additional premium is required, the Insured must enroll the newborn child, the child placed for adoption, or the adopted child and furnish the required premium within 31 days after birth, placement, or adoption. If premium is not furnished within that period, coverage as to such child will terminate at the end of this 31-day period.

Foster Children. If a Dependent child is placed with the Insured as a foster child while the Insured’s coverage is in force, this child will be covered from the date of placement in the foster home for 31 days or greater, if elected by the Policyholder. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period. If proper notice has been given, coverage will continue unless the child is removed from placement in the foster home.

Adopted Children. If a Dependent child is placed with the Insured for adoption while the Insured’s coverage is in force, this child will be covered from the date of placement for 31 days or greater, if elected by the Policyholder. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

BENEFITS

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

Comprehensive Eye Examination. An Insured Person is eligible for one Comprehensive Eye Examination in each Benefit Frequency.

In-Network Provider Benefits. The Insured Person must pay any Co-payment or any cost above the allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company.

Out-of-Network Provider Benefits. The Insured Person must pay the Out-of-Network Provider the full cost at the time the covered service is provided and file a claim with the Company. The Company will reimburse the Insured Person for the Out-of-Network Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits.

Vision Materials. If a Vision Examination results in an Insured Person needing corrective Vision Materials for the Insured Person's visual health and welfare, those Vision Materials prescribed by the Provider will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- *Lenses* provided one time two times in each Benefit Frequency.
- *Frames* provided one time two times in each Benefit Frequency.
- *Contact Lenses* provided one time two times in each Benefit Frequency in lieu of lenses.

LIMITATIONS

Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from:

1. orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
2. medical and/or surgical treatment of the eye, eyes or supporting structures;
3. any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
4. services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act, only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement with the North Carolina Workers' Compensation Act;
5. plano (non-prescription) lenses;
6. non-prescription sunglasses;
7. two pair of glasses in lieu of bifocals;
8. services or materials provided by any other group benefit plan providing vision care;
9. services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or
10. lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

TERMINATION OF INSURANCE

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

For All Insureds. The Insureds' insurance will cease on the earliest of the following dates:

1. the date the Policy ends;
2. the end of the last period for which any required premium contribution agreed to in writing has been made;
3. the date the Insured is no longer eligible for insurance; or
4. the last day of the month in which the Insured's employment with the Policyholder ends.

For Dependents. A Dependent's insurance will cease on the earlier of:

1. the date the Insured's coverage ends;
2. the end of the month in which the Dependent ceases to be an eligible Dependent as defined in the Policyholder's application; or
3. the end of the last period for which any required premium contribution has been made.

A Dependent child will not cease to be a Dependent solely because of age if the child is:

1. not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and
2. mainly dependent on the Insured for support.

Proof of the eligible Dependent child's incapacity and dependency must be provided to the Company within 31 days of the date the Dependent child would otherwise cease to be covered.

The Company may require the same proof again, but will not ask for it more than once a year after this coverage has been continued for two years. This continued coverage will end:

1. on the date the Policy ends;
2. on the date the incapacity or dependency ends;
3. on the end of the last period for which any required premium contribution for the Dependent child has been made; or
4. 60 days following the date the Company requests proof and such proof is not provided to the Company.

CLAIMS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of any loss covered by the Policy, or as soon as is reasonably possible. Notice given by or for the Insured Person to the Company at the Company's home office, to the Company's authorized administrator or to any of the Company's authorized agents with sufficient information to identify the Insured Person will be deemed as notice to the Company.

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

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's home office within 180 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately, but not more than 30 days, upon receipt of due written proof of loss.

Payment of Claims. All claims will be paid to the Insured, unless assigned. Any benefits payable on or after the Insured's death will be paid to the Insured's estate.

Right of Recovery. If payment for claims exceeds the amount for which the Insured Person is eligible under any benefit provision or rider of the Policy, the Company has the right to recover the excess of such payment from the Provider or the Insured.

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

GENERAL PROVISIONS

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

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

Entire Contract. The Policy, including any endorsements and riders, the Certificate, the Policyholder's application, which is attached to the Policy when issued, the Insured's individual enrollment form, if any, and the eligibility file, if any, are the entire contract between the parties. A copy of the Policy may be examined at the Office of the Policyholder during normal business hours. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement shall be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's beneficiary or personal representative.

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

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

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

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

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

SCHEDULE OF BENEFITS

Insured Persons have the right to obtain vision care from the Provider of his or her choice. However, payment of benefits varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule of Benefits:

We will pay the amount charged up to the Benefit amount shown below:

| <u>Benefit</u> | <u>In-Network Costs</u> | <u>Out-of-Network Reimbursements</u> | <u>Benefit Frequency</u> |
|--|--|--------------------------------------|--------------------------|
| VISION EXAMINATION | | | |
| Comprehensive Eye Examination | \$20 Co-payment | up to \$44 | 12 months |
| Contact Lens Fit and Follow Up | | | |
| Standard | \$20 Co-payment | up to \$44 | |
| Premium | \$20 Co-payment, less \$55 allowance | up to \$44 | |
| VISION MATERIALS | | | |
| Standard Plastic Lenses | | | 12 months |
| Single Vision | \$0 Co-payment | up to \$34 | |
| Bifocal | \$0 Co-payment | up to \$48 | |
| Trifocal | \$0 Co-payment | up to \$64 | |
| Lenticular | \$0 Co-payment | up to \$88 | |
| Frames | \$0 Co-payment, up to \$125 retail allowance | up to \$50 | 24 months |
| Contact Lenses (<i>only one option available per Benefit Frequency</i>) | | | 12 months |
| Conventional | \$0 Co-payment, up to \$120 allowance | up to \$100 | |
| Disposable | \$0 Co-payment, up to \$120 allowance | up to \$100 | |
| Medically Necessary | \$0 Co-payment, Paid in full | up to \$210 | |
| Lens Options | | | 12 months |
| Standard Plastic Scratch Coating | \$13 Co-payment | up to \$2 | |
| Standard Progressive Lenses (add on to Bifocal) | \$50 Co-payment | up to \$64 | |
| Premium Progressive Lenses (add on to Bifocal) | Tier 1 \$70 Co-payment Tier 2 \$80 Co-payment Tier 3 \$95 Co-payment Tier 4 \$50 Co-payment, less \$120 allowance | up to \$64 | |

SCHEDULE OF BENEFITS

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|---|--|--------------------------------------|--------------------------|
| VISION EXAMINATION | | | |
| Comprehensive Eye Examination | \$20 Co-payment | up to \$44 | 12 months |
| Contact Lens Fit and Follow Up | | | |
| Standard | \$20 Co-payment | up to \$44 | |
| Premium | \$20 Co-payment, less \$55 allowance | up to \$44 | |
| VISION MATERIALS | | | |
| Standard Plastic Lenses | | | 12 months |
| Single Vision | \$0 Co-payment | up to \$34 | |
| Bifocal | \$0 Co-payment | up to \$48 | |
| Trifocal | \$0 Co-payment | up to \$64 | |
| Lenticular | \$0 Co-payment | up to \$88 | |
| Frames | \$0 Co-payment, up to \$200 retail allowance | up to \$93 | 12 months |
| Contact Lenses (only one option available per Benefit Frequency) | | | 12 months |
| Conventional | \$0 Co-payment, up to \$130 allowance | up to \$104 | |
| Disposable | \$0 Co-payment, up to \$130 allowance | up to \$104 | |
| Medically Necessary | \$0 Co-payment, Paid in full | up to \$200 | |
| Lens Options | | | 12 months |
| Standard Plastic Scratch Coating | \$13 Co-payment | up to \$2 | |
| Standard Progressive Lenses (add on to Bifocal) | \$50 Co-payment | up to \$64 | |
| Premium Progressive Lenses (add on to Bifocal) | Tier 1 \$70 Co-payment Tier 2 \$80 Co-payment Tier 3 \$95 Co-payment Tier 4 \$50 Co-payment, less \$120 allowance | up to \$64 | |



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

AMENDATORY RIDER REGARDING REPLACEMENT COVERAGE

The Policy/Certificate to which this Amendment Rider is attached is amended as follows:

The following applies when the Policy serves to replace coverage an Employer previously obtained through another plan or policy. In this provision, that other plan or policy is referred to as the prior plan. An Employer's coverage under the Policy will not be considered as replacement coverage unless the Employer's coverage under the Policy takes effect within 60 days after coverage under the prior plan ends.

In the absence of this provision, an Insured Person who was covered by the prior plan at the date of discontinuance might not qualify for coverage under the Policy because the person is not actively at work or is confined in a Hospital.

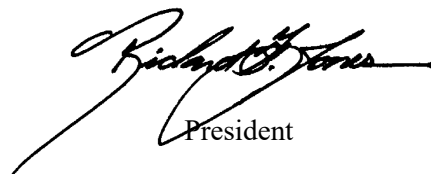
Each such person will be insured under the Policy if:

- (a) the person was insured under the prior plan, including coverage under the prior plan's extension of benefits provision, on the date the Employer's coverage with the prior plan ended;
- (b) the prior plan covered more than fifteen (15) people; and
- (c) the person is in a class of persons eligible for coverage under the Policy.

The benefits payable for the persons described above will be the benefits of the Policy less any amount payable under the prior plan pursuant to any extension of benefits provision.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the terms and conditions of the Policy/Certificate except as stated herein.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

**NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER
THE NORTH CAROLINA LIFE AND HEALTH INSURANCE GUARANTY
ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the North Carolina Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted *in the box* below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

The North Carolina Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in North Carolina. You should not rely on coverage by the North Carolina Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

**The North Carolina Life and Health Insurance Guaranty Association
Post Office Box 10218
Raleigh, North Carolina 27605**

**North Carolina Department of Insurance, Consumer Services Division
1201 Mail Service Center
Raleigh, North Carolina 27699-1201**

The state law that provides for this safety-net coverage is called the North Carolina Life and Health Insurance Guaranty Association Act. *On the back of this page* is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

COVERAGE

Generally, individuals will be protected by the life and health insurance guaranty association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by this association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The association also does **not** provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed the average rate specified in the law;
- dividends;
- experience or other credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals), unless they fund a government lottery or a benefit plan of an employer, association or union, except that unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered.

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the association is obligated to pay out as follows:

- (1) The guaranty association cannot pay out more than the insurance company would owe under the policy or contract.
- (2) Except as provided in (3) and (4) below, the guaranty association will pay a maximum of \$300,000 per individual, per insolvency, no matter the number of policies or types of policies issued by the insolvent company.
- (3) The guaranty association will pay a maximum of \$1,000,000 with respect to the payee of a structured settlement annuity.
- (4) The guaranty association will pay a maximum of \$5,000,000 to any one unallocated annuity contract holder.



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

NOTICE OF ADMINISTRATOR'S CAPACITY

PLEASE READ: This notice advises insured persons of the identity and relationship among the administrator, the policyholder and the insurer:

1. Fidelity Security Life Insurance Company (FSL) has, by agreement, arranged for First American Administrators, Inc. to provide administrative services for your insurance plan. As administrator, First American Administrators, Inc., is authorized to process claim payments, and perform other services, according to the terms of its agreement with the insurance company. First American Administrators, Inc. is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. Fidelity Security Life Insurance Company is liable for the funds to pay your insurance claims.

As First American Administrators, Inc. is authorized to process claims for the insurance company, they will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against First American Administrators, Inc. than would otherwise be afforded to you by law.