

## SCHEDULE OF BENEFITS (Who Pays What)

Information about Your plan, who is eligible for coverage, and the benefits We provide.

### POLICY INFORMATION

*Your coverage is provided as part of the Policy arranged by the Policyholder. If You need information about that Policy, You can find it here.*

**Policyholder:** Snooze Import Export LLC

**Participating Organization:** Snooze an A.M. Eatery

**Policy Number:** LB-100

**Policy Effective Date:** 01/01/2026

**Policy Issue State:** Colorado

### ELIGIBLE CLASSES

*Your eligibility for coverage depends on Your group status. Review the classes below. If You are a member of one of these classes, You can be covered by this plan. See the Conditions of Coverage provision for more information and details about coverage for Your Spouse and Children, if selected.*

Class 1: All full-time Employees who are Active at Work

### BENEFIT SCHEDULE

*The benefit amounts are shown below. There are three benefit levels based on the severity of the condition as assigned in the Conditions List. Different benefit amounts are payable for each. You can view what tier Your condition falls under by reading the Conditions List attached to Your Certificate or by using The Ansel App.*

<b><u>Benefit</u></b>	<b><u>Benefit Amount</u></b>
Catastrophic Condition Benefit	\$1,000 – \$5,000
Severe Condition Benefit	\$500 – \$3,000
Moderate Condition Benefit	\$200 – \$500

**BENEFIT WAITING PERIOD**

An Insured that is not enrolled in coverage within 31 days after becoming eligible, must complete the Benefit Waiting Period before becoming eligible for benefits. Benefits for a Covered Condition diagnosed during the Benefit Waiting Period are not payable.

A Benefit Waiting Period will also apply to any increase in benefits or Benefit Amounts.

This provision doesn't apply to any newborn, newly adopted, or newly fostered Child(ren).

**AGE REDUCTION**

The benefit amounts for each Insured will be reduced by 50% on the Policy anniversary the Insured attains age 70 or on the next Policy anniversary if the Insured attains age 70 between Policy anniversaries.

# LIMITED BENEFIT INSURANCE CERTIFICATE

This Certificate provides information about Your coverage under the limited benefit insurance Policy issued to the Policyholder for the benefit of each Participating Organization.

The Policy was delivered to the Policyholder in the Policy Issue State and is governed by that state's laws.

Your coverage is administered by Renaissance Life & Health Insurance Company of America on Our behalf. If You have questions about Your coverage, You can contact Renaissance Life & Health Insurance Company of America at:

**Renaissance Life & Health Insurance Company of America**

2093 Philadelphia Pike #2496

Claymont, DE 19703

1-844-987-1070

support@joinansel.com

www.joinansel.com

This Certificate provides evidence of Your coverage under the Policy and the benefits offered. Everything contained in this Certificate is subject to the provisions in the Policy. The Policyholder has a copy of the Policy and You may review it at any reasonable time. Only one of Our executive officers may authorize a change to the Policy. If there is any conflict between the terms and conditions of the Policy and this Certificate, the Policy controls. However, Your rights and benefits will never be less than those stated in this Certificate.

This Certificate replaces all previous certificates and certificate riders, if any.

**THIS IS A LIMITED BENEFIT HEALTH COVERAGE CERTIFICATE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. READ IT CAREFULLY.**

**THIS COVERAGE IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT MEDICARE SUPPLEMENT INSURANCE. INSUREDS ELIGIBLE FOR MEDICARE SHOULD REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM US.**

FIDELITY SECURITY LIFE INSURANCE COMPANY



President



Secretary

## **CONTACT US**

Contact us at the information below with any questions or concerns:

Fidelity Security Life Insurance Company®

3130 Broadway

Kansas City, Missouri 64111-2406

Phone: 800-648-8624

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## **ELIGIBILITY**

*Read this section to determine how You become eligible for coverage and when it starts. You can also cover Your Spouse and Children.*

### **ELIGIBILITY**

If You're a member of an Eligible Class (see the Summary of Coverage), You can be covered by this plan. Your Spouse and Child(ren) are also eligible for coverage subject to the provisions below.

### **YOUR COVERAGE EFFECTIVE DATE**

Your coverage will start on the latest to occur of the following:

1. the date You become eligible, if You enroll on or before that date;
2. the first day of January that coincides with or next follows the last day of the annual enrollment period, if You enroll during an annual enrollment period; or
3. the first day of the month after You enroll if You do so within 31 days from the date You are eligible.

If You don't enroll within 31 days of becoming eligible, You may enroll later but Your coverage will be subject to the Benefit Waiting Period.

### **DEPENDENT COVERAGE EFFECTIVE DATE**

If You have Dependent(s) when You become eligible for coverage and elect Dependent coverage, their coverage will start when Yours begins. If additional premium is required for Your Dependent(s), it must be paid when due for coverage to be valid.

You can add coverage for a new Dependent within 31 days after that person becomes Your Spouse or Child. You must pay the required premium, if any, and the enrollment must be completed. A Spouse's or Child's coverage starts the first day of the month after the enrollment for the Spouse or Child is completed and approved by Us, so long as the initial premium is paid when due.

If You don't enroll Your Dependent(s) within 31 days of becoming eligible, You may enroll them later but their coverage will be subject to the Benefit Waiting Period. For late Spouse or Child enrollees, coverage begins on the first day of the month after the enrollment for the Spouse or Child is completed and approved by Us, so long as the initial premium is paid when due.

There are special rules for Children. Continue reading for more information.

### **NEWBORN CHILD COVERAGE**

Your newborn Child is covered under this plan for days after birth. You may choose to continue coverage for Your newborn Child beyond the<sup>st</sup> day by completing enrollment and paying any required premium.

### **NEWLY ADOPTED CHILD COVERAGE**

Your newly adopted Child is covered under this plan for days from the date You file a petition to adopt. For adoptions of newborn Children, coverage will begin at birth if the enrollment, petition for adoption, and payment of any required premium occur within days after birth. You may choose to continue coverage for Your newly adopted Child beyond the<sup>st</sup> day by completing enrollment and paying any required premium.

### **FOSTER CHILD COVERAGE**

A Child placed with You for foster care while You're covered under this plan is covered for 31 days from the date of placement. You may choose to continue coverage for Your foster Child beyond the 31<sup>st</sup> day by completing enrollment and paying any required premium.

**MEDICAL SUPPORT ORDER**

If Your Child becomes subject to a medical support order while You're covered by this plan, the Child's coverage will begin when We receive notice of the medical support order and it will continue for 31 days. You may choose to continue coverage for Your Child beyond the 31<sup>st</sup> day by completing enrollment and paying any required premium.

**DEFERRED EFFECTIVE DATE**

If You're not Actively at Work on the day Your coverage would have started, it will not start. Instead, Your coverage will begin the first day of the month after You have completed one full day of Active Work. If the day You complete one full day of Active Work is the first day of the month, Your coverage will begin on that day.

## **BENEFITS/COVERAGE (What is Covered)**

*This section describes Your benefits. We pay for Moderate, Severe and Catastrophic Conditions. Review the Conditions List at <https://forms.joinansel.com/Conditions-List-CS-00001.pdf> or The Ansel App for a complete list of Covered Conditions.*

### **MODERATE CONDITION BENEFIT**

We will pay the Moderate Condition Benefit if an Insured is diagnosed with a Moderate Condition by a Medical Professional while covered by the Policy. The benefit amount is shown in the Summary of Coverage. A Moderate Condition Benefit is only payable once per Insured in a 7 day period. If the same Insured is diagnosed with another Moderate Condition within a 7 day period, it isn't covered. The Insured must be alive at the time of diagnosis to receive the benefit.

### **SEVERE CONDITION BENEFIT**

We will pay the Severe Condition Benefit if an Insured is diagnosed with a Severe Condition by a Medical Professional while covered by the Policy. The benefit amount is shown in the Summary of Coverage. A Severe Condition Benefit is only payable once per Insured in a 30 day period. If the same Insured is diagnosed with another Severe Condition within a 30 day period, it isn't covered. The Insured must be alive at the time of diagnosis to receive the benefit.

### **CATASTROPHIC CONDITION BENEFIT**

We will pay the Catastrophic Condition Benefit if an Insured is diagnosed with a Catastrophic Condition by a Medical Professional while covered by the Policy. The benefit amount is shown in the Summary of Coverage. A Catastrophic Condition Benefit is only payable once per Insured in a 90 day period. If the same Insured is diagnosed with another Catastrophic Condition within a 90 day period, it isn't covered. An Insured may only receive this benefit up to 3 times for the same or related Catastrophic Condition during that Insured's lifetime. The Insured must be alive at the time of diagnosis to receive the benefit.

## **LIMITATIONS AND EXCLUSIONS (What is Not Covered)**

*This section explains what is not covered and situations when coverage is not provided.*

### **EXCLUSIONS**

We will not pay benefits for any condition that is contributed to, caused by, or resulting from:

1. commission of or attempt to commit a felony, or voluntary participation in a riot or insurrection;
2. incarceration or imprisonment following conviction for a crime;
3. any condition diagnosed outside the United States, Mexico, or Canada, unless the Insured receives confirmation of the diagnosis in the United States, Mexico, or Canada;
4. active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 180 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate;
5. involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer;

In addition, We will not pay benefits for any of the following:

1. a Chronic Condition;
2. a Mental Illness;
3. a Maternity Condition;
4. "Not Covered" conditions as designated in the Conditions List.

## **CLAIM PROCEDURE (How to File a Claim)**

*If You're diagnosed with a Covered Condition, this section explains the process for making a claim.*

### **NOTICE OF CLAIM**

You must provide Us notice of Your claim within 30 days after the diagnosis occurs. If You can't provide notice in this time, You must send it as soon as reasonably possible. Notice received after 30 days will not invalidate or reduce Your claim. Sending Us information that identifies the Insured and the Covered Condition to Renaissance Life & Health Insurance Company of America 2093 Philadelphia Pike #2496 Claymont, DE 19703 or electronically is considered notice to Us.

### **CLAIM FORMS**

Once We receive Your notice of claim, You will be prompted to provide additional information on a claim form. The claim form may be completed electronically. If We don't send You a claim form within 15 days of receiving Your notice, You can satisfy the proof of loss requirements by providing written proof of the diagnosed Covered Condition within the time required for providing proof of loss.

### **PROOF OF LOSS**

You must send Us proof of loss at Renaissance Life & Health Insurance Company of America 2093 Philadelphia Pike #2496 Claymont, DE 19703 or electronically within 90 days after the diagnosis. If it wasn't reasonably possible to provide proof of loss in that time, Your claim will not be invalidated or reduced due to late proof of loss. However, no proof of loss provided later than one year from time of diagnosis will be accepted, unless You didn't have the legal capacity to provide it.

### **TIME OF PAYMENT OF CLAIMS**

Benefits that are payable for a Covered Condition will be paid promptly after Our receipt of the necessary proof of loss.

### **PAYMENT OF CLAIMS**

We will pay all benefits to You. Any benefits payable on or after Your death will be paid to the first of the following living persons:

1. Your spouse;
2. Your children, equally;
3. Your parents, equally; or
4. Your brothers and sisters, equally.

If none of the above persons is living on the date of Your death, then We will pay the benefits to Your estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, We may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by Us in good faith under this provision will fully discharge Us to the extent of the payment.

### **ASSIGNMENT**

You have the absolute right to assign Your interests and obligations under the Policy. This includes, but isn't limited to, the obligation to make contributions to keep the insurance in force and the right to benefits payable. We will recognize an assignment made by You if it is duly executed and a copy of the assignment is provided to Us and acknowledged.

### **OVERPAYMENT**

If, as the result of an error or fraud, We pay You more for a benefit than what was appropriate, We have the right to recover the overpayment. You must reimburse Us for the overpayment. We may reduce or offset against any benefits payable to You until full reimbursement is made, but only to the extent the overpayment was made to You.

**PHYSICAL EXAMINATIONS**

We have the right to have an Insured undergo a physical exam as often as reasonably required while a claim is pending. We also have the right to make an autopsy in the case of an Insured's death, unless the autopsy is prohibited by law. The physical exam or autopsy will be conducted at Our expense.

**LEGAL ACTIONS**

You may not initiate a legal action to recover benefits under Your coverage until 60 days after We receive sufficient proof of loss regarding the claim. No legal action shall be brought after 3 years from the time written proof of loss was required to be provided.

**UNPAID PREMIUMS**

If You owe Us premiums when a claim is made, We may recover the unpaid premium by reducing the benefit amount payable.

## **GENERAL POLICY PROVISIONS**

*The following provisions provide additional information about the coverage provided.*

### **CONFORMITY WITH STATE STATUTES**

Any provision of this Certificate that conflicts with the laws of the state where the Policy is issued on Your coverage effective date is amended to conform to the requirements of the state's laws.

### **ENTIRE CONTRACT**

The Policy, the Policyholder's signed application, Your enrollment form, this Certificate, the Conditions List, and any other attached riders, endorsements, or papers make up the entire contract of insurance.

### **TIME LIMIT ON CERTAIN DEFENSES**

After 2 years from Your coverage effective date, no misstatements, except fraudulent misstatements, made by You in the application for coverage will be used to void coverage or deny a claim for a diagnosis occurring after that 2-year period.

### **MISSTATEMENT OF AGE**

If Your age was misstated on the application, We may adjust premiums or benefit amounts to reflect the coverage that would have been provided for the correct age.

### **CHANGES TO THE CONTRACT**

No change to the contract will be valid unless it was approved by Our executive officer and attached in writing. No agent has the authority to change the Policy or Certificate or to waive any of its provisions.

### **STATEMENTS**

Any statement made by an Insured is a representation and not a warranty. No statement made by an Insured will be used to contest coverage unless the statement is in writing and signed, and a copy of the statement is given to the Insured, his or her representative, or beneficiary.

### **WORKERS' COMPENSATION**

The coverage provided by this plan doesn't replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

## **TERMINATION/NONRENEWAL/CONTINUATION**

### **YOUR COVERAGE TERMINATION**

Your coverage ends on the earliest of:

1. the date the Policy terminates;
2. the last day of the month following the date You're no longer part of an Eligible Class, unless contributions for coverage were made in advance, in which case coverage terminates at the end of the period for which premiums have been paid;
3. any premium due date, if full payment isn't made when due, subject to the Grace Period provision;
4. the date the Participating Organization's coverage under the Policy terminates;
5. the date You enter an armed service on full-time active duty. Premium will be returned on a pro-rata basis if the Policyholder notifies Us in writing;
6. the date You request coverage be terminated; or
7. the date You die.

Termination of coverage will not affect a claim that exists on the date of termination and arises from a Covered Condition that was diagnosed while You were covered.

### **DEPENDENT COVERAGE TERMINATION**

Coverage for Your Dependent(s) ends on the earliest of:

1. Your termination date;
2. the date We receive Your written request, in the method prescribed by Us, to terminate coverage under the Policy for Your Dependent; or
3. the date the Dependent is no longer eligible, unless contributions for coverage were made in advance, in which case coverage terminates at the end of the period for which premiums have been paid.

In no case will Dependent coverage end later than Your coverage. Termination of coverage will not affect a claim that exists on the date of termination and arises from a Covered Condition that was diagnosed while the Dependent was covered.

## **APPEALS AND COMPLAINTS**

If a claim for benefits is wholly or partially denied, You will be notified in writing of such denial and of Your right to file a complaint and the procedure to follow. The notice of denial will state the specific reason for the denial of benefits. Within 60 days of receipt of such written notice You may file a complaint and make a written request for review to:

Fidelity Security Life Insurance Company  
3130 Broadway  
Kansas City, Missouri 64111-2406  
Phone 800-648-8624

We will resolve the complaint within 30 calendar days of receiving it. If We are unable to resolve the complaint within that period, the time period may be extended another 30 calendar days if We notify the person who filed the complaint in writing. The notice will include advice as to when resolution of the complaint can be expected and the reason why additional time is needed.

If the complaint is not satisfactorily resolved, You may contact:

Division of Insurance  
Colorado Department of Regulatory Agencies  
1560 Broadway, Suite 850  
Denver, CO 80202  
Phone: 303-894-7499 | 1-800-930-3745

## DEFINITIONS

*Some of the terms used in this Certificate have special meanings. These terms are capitalized throughout and are defined in this section.*

**Actively at Work** means You're performing all the regular duties of Your job for Your employer in the usual way. You must be working at least 10 hours per week and getting paid for the work performed.

**Benefit Waiting Period** means the period of time during which eligibility for benefits is limited. This continuous period of time begins on the later of the Insured's effective date or the effective date of any increase in benefits or Benefit Amounts and ends 0 days later.

**Catastrophic Condition** means the conditions designated as Catastrophic Conditions in the Conditions List attached to this Certificate. These conditions include, but aren't limited to, Malignant Lung Cancer (Malignant neoplasm of upper lobe, left bronchus or lung, C34.12), Parkinson's Disease (G20), Heart Attack (ST elevation (STEMI) myocardial infarction of unspecified site, I21.3). Catastrophic Condition does not include conditions categorized as "Not Covered."

**Certificate** means this document. It explains Your insurance coverage.

**Child** means Your children by birth or adoption. Child also includes Your grandchildren, foster child(ren), stepchildren, a child for whom You are a party to a suit in which You seek to adopt the child, and children for whom You're legally obligated to provide medical support.

To be eligible for coverage, Your child must be unmarried and under age 26. If Your child is older than 26 they still qualify for coverage if:

1. the child is incapable of self-sustaining employment because of a mental or physical disability; and
2. the child is chiefly dependent on You for support and maintenance; and
3. proof is provided of the disability upon Our request. Proof will be required at the time of claim. If We need additional proof, it may only be requested once per year.

**Chronic Conditions** means the conditions identified as "Chronic Conditions" in the Conditions List that are covered if provided by a rider that is attached to and made part of the Policy. These conditions include, but aren't limited to, Diabetes mellitus (Type 1 diabetes mellitus with diabetic nephropathy, E10.21), Cataracts (Cortical age-related cataract, right eye, H25.011), Atherosclerosis (Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris, I25.700). Chronic Conditions does not include conditions categorized as "Not Covered."

**Covered Condition** means the conditions shown in the Conditions List that are categorized as "Moderate Conditions," "Severe Conditions," or "Catastrophic Conditions" and always covered. Covered Condition does not include conditions categorized as "Not Covered."

**Dependent** means Your Spouse and Child.

**Immediate Family** means an Insured or an Insured's spouse, domestic partner, parent, child, grandparent, brother, sister, in-law, or any person residing in the Insured's home.

**Insured** means You and Your covered Spouse and Child(ren).

**Maternity Condition** means the conditions designated as "Maternity Conditions" in the Conditions List that are covered if provided by a rider attached to and made part of the Policy. These conditions include, but aren't limited to, Healthy pregnancy (Encounter for supervision of normal first pregnancy, first trimester, Z34.01), Uncomplicated childbirth (Single live birth, Z37.0), Ectopic pregnancy (Left tubal pregnancy without intrauterine pregnancy, O00.102). Maternity Condition does not include conditions categorized as "Not Covered."

**Medical Professional** means a person, other than a member of an Insured's Immediate Family, who is appropriately licensed to provide medical care and is doing so within the scope of his or her medical license.

**Mental Illness** means the conditions identified as "Mental Illnesses" in the Conditions List that are covered if provided by a rider attached to and made part of the Policy. These conditions include, but aren't limited to, Depression (Major depressive disorder, recurrent, mild, F33.0), Bipolar disorder (Schizoaffective disorder, bipolar type, F25.0), Anorexia nervosa (Anorexia nervosa, unspecified, F50.00). Mental Illness does not include conditions categorized as "Not Covered."

**Moderate Condition** means the conditions designated as "Moderate Conditions" in the Conditions List attached to this Certificate. These conditions include, but aren't limited to, Broken arm (Torus fracture of upper end of right radius, initial encounter for closed fracture, S52.111A), Pneumonia (Adenoviral pneumonia, J12.0), Dehydration (E86.0). Moderate Condition does not include conditions categorized as "Not Covered."

**Not Covered Conditions** means the conditions designated as "Not Covered" in the Conditions List attached to this Certificate. These conditions include, but aren't limited to, Acne (Acne vulgaris, L70.0), Hemorrhoids (Second degree hemorrhoids, K64.1), Abrasions and blisters (Abrasion of right upper arm, initial encounter, S40.811A).

**Participating Organization** means an organization participating in the group established by the Policyholder.

**Policy** means the policy that We issued to the Policyholder under the Policy Number shown in the Summary of Coverage.

**Severe Condition** means the conditions designated as Severe Conditions in the Conditions List attached to this Certificate. These conditions include, but aren't limited to, Appendicitis (Acute appendicitis with generalized peritonitis, without abscess, K35.20), Meningitis (Meningococcal meningitis, A39.0), Inguinal hernia (Bilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent, K40.20). Severe Condition does not include conditions categorized as "Not Covered."

**Spouse** means the person recognized as Your spouse under state law. Spouse also includes a legally recognized civil union or domestic partner.

**We, Us, Our** means Fidelity Security Life Insurance Company.

**You, Your** means an individual that is covered under the Policy and this Certificate as part of one of the Eligible Classes shown in the Summary of Coverage.