

HCC LIFE INSURANCE COMPANY

225 TownPark Drive, Suite 350
Kennesaw, Georgia 30144
800-447-0460

**GROUP SUPPLEMENTAL MEDICAL EXPENSE INSURANCE
LIMITED BENEFIT COVERAGE**

Policyholder:	Alabama Road Builders Association Health Trust
Policy Effective Date	January 1, 2025
Policy Number	HCCMP251721
Policyholder Address:	630 Adams Ave, Montgomery, AL 36104
Associated Companies:	Alabama Road Builders Association Health Trust
First Policy Anniversary	January 1, 2026
Subsequent Policy Anniversaries:	Each January 1
Initial Term:	12 Months
Termination Date:	December 31, 2025
Frequency of Premium Payment:	Monthly
Premium Due Date:	1st
State or Other Jurisdiction of Issue:	Alabama

We agree to insure the Eligible Persons described in the Eligible Classes listed on the Application. We will do this while this Policy stays in force. We agree to pay the benefits of this Policy to the persons insured. Details of the benefits are shown in the Certificate(s) attached to this Policy. Such Certificates form a part of this Policy.

Premiums

The Policyholder has applied for this Policy and understands that the required Premium must be paid to obtain the insurance and keep it in force.

When This Policy Will Take Effect

This Policy will take effect at 12:01 A.M. standard time at the Policyholder's address on the Effective Date above.

Signed for HCC Life Insurance Company



President



Corporate Secretary

**Non-Participating Insurance which can be terminated by Us as described in this Policy.
This is a legal contract between You and Us.**

**THIS IS LIMITED BENEFIT INSURANCE
THIS IS NOT MAJOR MEDICAL INSURANCE**

**THIS IS SUPPLEMENTAL MEDICAL EXPENSE COVERAGE TO THE POLICYHOLDER'S
PRIMARY HEALTH BENEFIT PLAN. IT PAYS LIMITED BENEFITS FOR HOSPITAL
CONFINEMENTS, CERTAIN OUTPATIENT EXPENSES, AND PRESCRIPTION DRUG EXPENSES
OTHERWISE COVERED UNDER THE POLICYHOLDER'S PRIMARY HEALTH BENEFIT PLAN, BUT
NOT PAYABLE DUE TO THE DEDUCTIBLE AND COINSURANCE PROVISIONS OF THAT PLAN.
THIS IS NOT WORKER'S COMPENSATION INSURANCE.**

POLICYHOLDER PROVISIONS

Agency

The Policyholder and any administrator appointed by the Policyholder shall not be considered Our agents for any purpose. We are not liable for any of their acts or omissions.

Entire Contract

The entire contract consists of:

1. this Policy;
2. the Certificate;
3. any Endorsements adding or changing the provisions of this Policy or the Certificate;
4. the Application of the Policyholder.

A copy of the Policyholder's Application is attached to this Policy on the date it is signed. All statements made in the Application and Enrollment Form, in the absence of fraud, are representations and not warranties. No statement made by an Insured Person under this Policy will be used to void insurance or deny a claim unless a copy of the statement is or has been given to that Insured Person.

Individual Certificate

We will make a Certificate available to each Insured Person under this Policy. Certificates will state the insurance Benefit to which a Covered Person is entitled and to whom the Benefits are payable.

Conformity With State Laws

The insurance laws of some states require that certain Policy provisions comply with the law of the state for all permanent residents of the state. Any Policy provision herein which does not conform with such law is hereby modified to the minimum extent necessary to satisfy legal requirements. However, any such provision is modified only for an Insured Person who is a permanent resident of the state at the time Covered Expenses are actually incurred as defined herein.

Misstatements

If any relevant fact as to a Covered Person to whom this insurance relates is found to have been misstated, the true facts will be used to determine whether the Covered Person's insurance is in force under this Policy and in what amount. If the error has an effect on the Premium, an adjustment of the Premium due will be made.

Non-Participating

This Policy is non-participating. This means that it does not share in Our surplus earnings.

Assignment

No assignment of this Policy is binding upon Us unless We agree to it in writing and not until it is filed with Us.

Statements in the Application

Except for material fraudulent misstatements, this Policy will be incontestable, except for non-payment of Premium, after it has been in force for two years.

Clerical Error

Any clerical error by Us in keeping relevant records, or a delay in making any entry, will not void any insurance otherwise validly in force or continue insurance otherwise validly terminated. When a clerical error or delay is found, Premiums and benefits will be adjusted based on the true facts and the provisions of this Policy.

Changes In Policy

The terms of this Policy can be changed only by written agreement between the Policyholder and Us. Agreement for Us can only be made by an officer of the Company. Any changes will be made without the consent of, or notice to, any Insured Person. No agent has authority to contract directly with Us for this Policy or to change, alter, or amend any of its terms or provisions in any way.

Changes in Enrollment

All changes should be reported to the Company on a monthly basis. Retroactive adjustments may be made for any changes to enrollments which are not known at the time of previous billing.

Changes in the Primary Health Benefit Plan

All changes in the Policyholder's Primary Health Benefit Plan must be reported to the Company within 30 days of the effective date.

Policyholder Required Information

Certain facts are needed to administer this Policy. We have the right to decide which facts We need. The Policyholder is required to comply with any reasonable request for information which We deem necessary to administer this Policy. We have the right to inspect any records of the Policyholder that have a bearing on the insurance or Premium under this Policy.

Incorporation Provision

The provisions of the attached Certificate of Insurance, any Rider(s), and any Endorsement(s) including any Rider or Endorsement added after the Supplemental Medical Policy Effective Date, are made a part of this Supplemental Medical Policy. The Certificate(s) and Rider(s) attached to this Policy will control each Covered Person's coverage eligibility, effective date, termination date, benefits, limitations and exclusions.

New Entrants

New persons to the groups or classes eligible for insurance must be added to the groups or classes for which they are eligible.

Workers' Compensation Not Affected

This Policy does not replace or change any requirement for coverage under Workers' Compensation insurance.

PREMIUM PROVISIONS**Payment of Premiums**

The Premiums due under this Policy are payable in advance directly to Us. The first Premium is due on the Effective Date of this Policy. Premiums after the first are due on the Premium Due Date shown on the cover page of this Policy. The payment of any Premium will not maintain the insurance in force beyond the day next following the Premium Due Date, except as provided under the Grace Period provision. All payments made to Us will be made in United States dollars.

Premium Calculation

The total Premium owed to Us under this Policy is obtained by multiplying the number of Covered Persons in each tier category by the applicable Premium rates in effect for all Covered Persons covered under this Policy and then summing the results.

Premium Adjustments

When additional or increased insurance begins or ends and the change is due to a change in the terms of this Policy, any adjustment in the Premium will be made as of the date the change is effective. Otherwise, any adjustment in Premium will be made on the Premium Due Date which occurs on or next follows the date of change (or the first day of the calendar month which occurs on or next follows the date of change if Premiums are payable other than monthly).

Changes in Premium Rates

We have the right to change the Premium rates after the Initial Term at policy renewal date. We will not increase the Premium rates more than once in any 12-month period. We will notify the Policyholder in writing at least 60 days in advance of any increase. The Initial Term starts on the Policy Effective Date and runs for the number of months shown above.

Premium Rate Guarantees

Any Premium rate guarantees are subject to the following provisions:

1. The benefits outlined in the Certificate as well as the eligibility remain unchanged;
2. There are no additions or deletions of subsidiaries or affiliates;
3. The census or geographic distribution does not change by more than 10%;
4. The Policyholder contribution, if applicable, to the Premium is not reduced;
5. The Primary Health Benefit Plan does not change during the applicable plan year;

Policyholder Grace Period

A Grace Period of 60 days (without interest charge) is granted for the payment of any Premium Due Date after the first. However, claim payments for benefits otherwise payable may be suspended after the first 30 days of the Grace Period until applicable premium is received by Us. This Policy will continue in effect during this period unless the Policyholder has given written notice to Us that the insurance under this Policy is to be ended on the first day before the Grace Period would otherwise start. If the Premium is not paid by the end of the Grace Period all insurance under this Policy will end on the last day of the Grace Period, and the Policyholder will owe Us all Premiums then due and unpaid including the Premium for the Grace Period.

If the Policyholder gives Us written notice that insurance under this Policy is to be ended during the Grace Period, all insurance will end on the date We receive the written notice or the date specified, if later. The Policyholder will owe Us the pro-rata Premium for the time the insurance was in effect during the Grace Period.

TERMINATION OF INSURANCE

This Policy will continue for as long as Premiums are paid or until it is terminated or cancelled. Notice to cancel or terminate this Policy may come from either the Policyholder or from Us. The Policyholder may cancel any or all of the insurance by giving Us written notice. It will terminate on the later of:

1. the date requested in the cancellation notice; or
2. the date We receive the notice.

We may terminate insurance as of a Premium due date with a 60 day advance notice in writing to the Policyholder. However, prior to the first Policy anniversary, We may only terminate insurance if:

1. the Policyholder does not perform its duties under this Policy to Our satisfaction; or
2. the Policyholder is paying the full cost of the coverage and less than 100% of the employees eligible for coverage are participating in this Policy; or
3. the employees are paying some of the cost of their coverage and less than 100% of the employees eligible for coverage are participating in this Policy; or
4. Fewer than 5 employees are insured for coverage under this Policy or plan; or
5. if the Policyholder ceases to sponsor the Primary Health Benefit Plan, or sponsors the same or similar coverage through another arrangement without Our written agreement.

With regard to a terminated Policy, except in instances where We have pended a claim received during the Policy Year, in order to be eligible for benefits, any proof of claim incurred during the Policy Year must be filed, submitted, or otherwise provided to Us within 90 days of the Policy termination date.

In either event, Premium is due and payable through the date on which coverage under this Policy terminates. If the Premium is not paid, this Policy will terminate as of the last day for which Premium was paid subject to the Grace Period Provision above. Insurance will end as provided above without the consent of, or notice to, any Covered Person, unless otherwise required by state law.