



United Security Life and Health
6640 South Cicero Ave.
Bedford Park, IL 60638

P: 800-875-4422
F: 708-475-6120

www.unitedsecuritylandh.com

Now Featuring:

- ▶ Aetna Signature Administrators™ (ASA) PPO Network
- ▶ New High Deductible Health Plan
- ▶ New 80/20 Coinsurance Option on HSA Plan

Plus...

- ▶ Enhanced Wellness Benefit
- ▶ New Healthy Lifestyle Benefit & Supplemental Accident Benefit

U.S. Health Insurance Options

Affordable Health Insurance Plans
for Individuals & Families



U S UNITED SECURITY
L H LIFE AND HEALTH INSURANCE COMPANY

U.S. Health Insurance Options

Affordable Health Insurance Plans for Individuals & Families

United Security Life and Health Insurance Company specializes in protecting the health insurance needs of individuals and families who do not have access to group health coverage. Whether you are self-employed, between jobs, an early retiree or a recent graduate, our core Major Medical plans provide a selection of quality coverages at an affordable price. From our benefit-rich *Unlimited Access All-Provider Plan* to our *Preferred Value Plan*, we have a plan designed for someone just like you.

Standard Plan Features:

Guaranteed Renewability: As long as you pay your premium on time, USL&H will not cancel your policy, no matter how many claims you incur.

12-Month Rate Guarantee: Take out any one of our Major Medical plans, and you will not see a rate increase for at least the first twelve months.

Renewal Premiums: USL&H sets community premium rates based on age, gender and location. No matter how many claims you submit, you will not be singled out for an individual rate increase.

\$5 Million Lifetime Maximum: Each plan offers piece-of-mind (and ample protection) with our \$5 Million Lifetime Maximum Benefit.

Coverage While Traveling: Our Major Medical plans afford up to \$10,000 in coverage while traveling outside the U.S. and Canada; emergencies are fully covered.

Standard Coverages:

- ▶ Clinical Breast Exams
- ▶ Colorectal Cancer Screening
- ▶ Complications of Pregnancy
- ▶ Dental Injuries
- ▶ Diabetic Services
- ▶ Health Care Practitioner Services
- ▶ Home Health Care
- ▶ Hospice Care
- ▶ Organ Transplants
- ▶ Pre-Admission Testing
- ▶ Post Mastectomy Services
- ▶ Reconstructive Surgery
- ▶ Supplies and Durable Medical Equipment
- ▶ Treatment of TMJ/CMJ (\$2,500 lifetime maximum per person)

Unlimited Access Plan Any Doctor / Any Hospital

Plan Details	
Deductibles	\$500, \$1,000, \$2,500, \$5,000
Family Deductible	3x individual
Coinsurance	80/20 to \$10,000
Lifetime Max	\$5,000,000
Out of Network	N/A
Healthy Lifestyle Benefit	25% of charges up to \$300. Includes: Health Club Memberships, Smoking Cessation & Weight Loss Programs
Outpatient	
Outpatient Deductible	N/A
Office Visit	Subject to deductible & coinsurance
Prescription Drugs	\$500 deductible per person per year then copays of: \$15 generic, \$50 formulary, \$75 non-formulary, 25% coinsurance specialty Capped at \$5,000 per person per year
Supplemental Accident	\$500 per occurrence
Wellness Services	\$500 per person per year
X-ray and Lab Services	Subject to deductible & coinsurance
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Subject to deductible & coinsurance
Outpatient Rehabilitation	30 visits per year up to \$50/visit
Preventive Dental	\$200 per person per year, subject to deductible & coinsurance
Inpatient	
Inpatient Hospital Charges ¹	Subject to deductible & coinsurance
Inpatient Deductible	N/A
Inpatient Rehabilitation	30 visits per year up to \$100/visit
Skilled Nursing Facility	10 visits per year up to \$200/visit
Optional Benefits (Additional premium required)	Maternity Benefit, Dental Benefit, Term Life, AD&D, Enhanced Prescription Drug Card

HealthSelect PPO Plan

Preferred Provider (PPO)

\$1,000, \$1,500, \$2,500, \$5,000
3x individual
80/20 to \$10,000
\$5,000,000
Benefits reduced by 25%
25% of charges up to \$300. Includes: Health Club Memberships, Smoking Cessation & Weight Loss Programs
N/A
\$25 copay per non-preventive visit
\$500 deductible per person per year then copays of: \$15 generic, \$50 formulary, \$75 non-formulary, 25% coinsurance specialty Capped at \$5,000 per person per year
\$500 per occurrence
\$500 per person per year
Subject to deductible & coinsurance
Covered up to \$10,000
Subject to deductible & coinsurance
30 visits per year up to \$50/visit
\$200 per person per year, subject to deductible & coinsurance
Subject to deductible & coinsurance
N/A
30 visits per year up to \$100/visit
10 visits per year up to \$200/visit
Maternity Benefit, Dental Benefit, Term Life, Enhanced Prescription Drug Card

pages 6 – 7

Preferred Value Plan

High Deductible Health Plan

\$1,500, \$2,500, \$5,000, \$10,000
3x individual
80/20 to \$15,000
\$5,000,000
Benefits reduced by 25%
25% of charges up to \$300. Includes: Health Club Memberships, Smoking Cessation & Weight Loss Programs
\$250 deductible per occurrence (In addition to annual deductible)
\$30 copay per non-preventive visit. 4 visits per year. (Office visit fee only)
\$500 deductible per person per year then copays of: \$15 generic, \$50 formulary, \$75 non-formulary, 25% coinsurance specialty Capped at \$5,000 per person per year
\$500 per occurrence
\$200 per person per year (12-month waiting period applies)
Subject to deductible & coinsurance
Covered up to \$10,000
Subject to deductible & coinsurance
30 visits per year up to \$50/visit
\$200 per person per year, subject to deductible & coinsurance
Subject to deductible & coinsurance
\$750 deductible per admission (In addition to annual deductible)
30 visits per year up to \$100/visit
10 visits per year up to \$200/visit
Enhanced Prescription Drug Card

pages 8 – 9

Healthy Savings Plan

HSA-Qualified Plan

\$1,500, \$2,500, \$3,750, \$5,000
\$2,500, \$5,000, \$7,500
100% after deductible or 80/20 to allowable max (\$1,500 & \$2,500 deductible only)
\$5,000,000
Benefits reduced by 25%
N/A
N/A
Subject to deductible & coinsurance
Subject to deductible & coinsurance
Subject to deductible & coinsurance
Up to \$500, subject to deductible & coinsurance
Subject to deductible & coinsurance
Covered up to \$10,000
Subject to deductible & coinsurance
30 visits per year up to \$50/visit
Up to \$250 per person or \$500 per family per year
Subject to deductible & coinsurance
N/A
30 visits per year up to \$100/visit
10 visits per year up to \$200/visit
Maternity Benefit, Term Life

pages 10 – 11

¹ Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services.



Unlimited Access Plan

Any Doctor / Any Hospital

Our most comprehensive health plan, Unlimited Access gives you the most benefits – and the most freedom – you can hope to find. Receive treatment at the doctors and hospitals of your choice as a member of our finest health plan.

We Know You:

Want the freedom to choose your health care providers

Live in an area where receiving in-network care is difficult

Travel frequently and appreciate the freedom to access healthcare wherever and whenever you need it

Want the plan features that your employer-sponsored health plan used to provide

Appreciate the piece-of-mind that comes with having the best possible health care coverage

Deductible Options:

- ▶ \$500 ▶ \$1,000
- ▶ \$2,500 ▶ \$5,000

Unlimited Access Featured Benefits

FREE CHOICE - Any Doctor/Any Hospital:

You have the freedom to choose any hospital or physician, without a reduction in benefits! You don't even need a referral to see a specialist!

Preferred Provider Discounts – To keep your healthcare costs down, you should still receive treatment from a provider in the *Aetna Signature Administrators™ (ASA) PPO Network*. Network information is available online at www.unitedsecuritylandh.com.

Prescription Drug Card:

Covers up to \$5,000 per person per year. A \$500 deductible applies, then the following:

- \$15 copay for generics*
- \$50 copay for formulary brand names*
- \$75 copay for non-formulary brand names*
- 25% coinsurance for specialty drugs*

Supplemental Accident Benefit:

Our Supplemental Accident Benefit provides 100% coverage for the first \$500 of covered expenses due to an accident. (Expenses in excess of \$500 are subject to deductible and coinsurance).

Healthy Lifestyle Benefit:

Take advantage of our Healthy Lifestyle Benefit, which pays 25% of charges up to \$300 per year for programs that improve physical health, including:

- Health Club Memberships*
- Smoking Cessation*
- Weight Loss Programs*

Wellness Services:

Preventive Care – Covers up to \$500 per person per year. Eligible expenses include immunizations, PSA screening, pap smears, mammograms and physical exams (for adults over the age of 18).

Preventive Dental Benefit – \$200 per person per year, subject to deductible and coinsurance. Includes oral exams, cleaning and x-rays.



Experience the Freedom of Unlimited Access

Unlimited Access Optional Benefits (Additional Premium Required)

Enhanced Prescription Drug Card: (If selected, replaces the basic Prescription Drug Card Benefit)

Remove the \$5,000 maximum benefit amount and lower your prescription drug costs with our enhanced benefit! No prescription drug deductible needs to be met for generic drugs. Enjoy lower copays on all brand and specialty drugs:

\$15 copay for generics (no deductible)
\$250 deductible per person per year for brands and specialty, then:

- \$50 copay for formulary brand names
- \$75 copay for non-formulary brand names
- 25% coinsurance for specialty drugs

Maternity Benefit:

Six month waiting period for conception, 15 month waiting period for delivery with charges being covered the same as any other illness. There is no separate deductible for the baby. (If delivery occurs prior to the 15 month waiting period, benefits are limited to \$1,000).

Dental Benefit:

Pays 50% of eligible dental expenses, up to \$1,000 per person per year. Subject to a six-month waiting period and a separate \$100 deductible per person per year. Coverage is for any dentist.

Term Life:

Available to the primary insured and spouse in the following amounts: \$10,000, \$20,000, \$30,000, \$40,000, \$50,000.

Accidental Death & Dismemberment Benefit:

\$25,000 benefit for the primary insured and covered spouse. \$1,000 benefit for each covered child over six months of age. (Not available with deductibles above \$1,000)

Plan Details	
Deductibles	\$500, \$1,000, \$2,500, \$5,000
Family Deductible	3x individual
Coinsurance	80/20 to \$10,000
Lifetime Max	\$5,000,000
Out of Network	N/A
Healthy Lifestyle Benefit	25% of charges up to \$300. Includes: Health Club Memberships, Smoking Cessation & Weight Loss Programs
Outpatient	
Outpatient Deductible	N/A
Office Visit	Subject to deductible & coinsurance
Prescription Drugs	\$500 deductible per person per year then copays of: \$15 generic, \$50 formulary, \$75 non-formulary, 25% coinsurance specialty Capped at \$5,000 per person per year
Supplemental Accident	\$500 per occurrence
Wellness Services	\$500 per person per year
X-ray and Lab Services	Subject to deductible & coinsurance
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Subject to deductible & coinsurance
Outpatient Rehabilitation	30 visits per year up to \$50/visit
Preventive Dental	\$200 per person per year, subject to deductible & coinsurance
Inpatient	
Inpatient Hospital Charges ¹	Subject to deductible & coinsurance
Inpatient Deductible	N/A
Inpatient Rehabilitation	30 visits per year up to \$100/visit
Skilled Nursing Facility	10 visits per year up to \$200/visit
Optional Benefits (Additional premium required)	Maternity Benefit, Dental Benefit, Term Life, AD&D, Enhanced Prescription Drug Card

¹Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services.



HealthSelect PPO Plan

Preferred Provider (PPO)

It comes as no surprise that HealthSelect PPO Plan is our most popular product. It gives you everything you expect from a health plan. The in-network plan design gives you access to thousands of providers, while keeping the premium payments within the budget of most young adults and families.

We Know You:

Will take advantage of higher benefits by visiting in-network physicians and hospitals

Are willing to select a higher deductible option and receive treatment from in-network providers in order to save money on your premium payment

Want access to first-dollar benefits like Wellness Services and a Supplemental Accident Benefit

Live in an area where you have a choice in which healthcare providers to visit

Deductible Options:

- ▶ \$1,000 ▶ \$1,500
- ▶ \$2,500 ▶ \$5,000

HealthSelect PPO Plan Featured Benefits

Nationwide Coverage with In-Network Discounts

Aetna Signature Administrators™ (ASA) PPO Network
HealthSelect features one of the leading and most comprehensive PPO networks in the nation - the *Aetna Signature Administrators™ (ASA) PPO Network*. Your HealthSelect PPO Plan will cover you no matter where you receive care. However, to take advantage of the highest level of benefits, you will need to receive treatment from a health care provider in your network. That should not be a problem, with over 689,000 providers and over 6,100 facilities to choose from nationwide!



Prescription Drug Card:

Covers up to \$5,000 per person per year. A \$500 deductible applies, then the following:

- \$15 copay for generics*
- \$50 copay for formulary brand names*
- \$75 copay for non-formulary brand names*
- 25% coinsurance for specialty drugs*

Office Visit Copays:

If you have young children, it's hard to imagine a year going by without a few visits to the doctor's office. After a \$25 copay per non-preventive visit, HealthSelect will cover 100% of office visit charges, up to \$500 per person per year.

Supplemental Accident Benefit:

Lead an active lifestyle? Have a young child? In either case, you realize that accidents (like broken bones or a cut that needs stitches) can happen. That's why our Supplemental Accident Benefit provides 100% coverage for the first \$500 of covered expenses due to an accident. (Expenses in excess of \$500 are subject to deductible and coinsurance).

Wellness Services:

Preventive Care – Covers up to \$500 per person per year. Eligible expenses include immunizations, PSA screening, pap smears, mammograms and physical exams (for adults over the age of 18).

Preventive Dental Benefit – \$200 per person per year, subject to deductible and coinsurance. Includes oral exams, cleaning and x-rays.

Healthy Lifestyle Benefit:

Take advantage of our Healthy Lifestyle Benefit, which pays 25% of charges up to \$300 per year for programs that improve physical health, including:

- Health Club Memberships*
- Smoking Cessation*
- Weight Loss Programs*



HealthSelect PPO Plan gives you flexibility, first-dollar benefits and big-time savings for visiting in-network providers

HealthSelect PPO Plan Optional Benefits (Additional Premium Required)

Enhanced Prescription Drug Card: (If selected, replaces the basic Prescription Drug Card Benefit)

Remove the \$5,000 maximum benefit amount and lower your prescription drug costs with our enhanced benefit! No prescription drug deductible needs to be met for generic drugs. Enjoy lower copays on all brand and specialty drugs:

*\$15 copay for generics (no deductible)
\$250 deductible per person per year for brands and specialty, then:*

- *\$50 copay for formulary brand names*
- *\$75 copay for non-formulary brand names*
- *25% coinsurance for specialty drugs*

Maternity Benefit:

Six month waiting period for conception, 15 month waiting period for delivery with charges being covered the same as any other illness. There is no separate deductible for the baby. (If delivery occurs prior to the 15 month waiting period, benefits are limited to \$1,000).

Dental Benefit:

Pays 50% of eligible dental expenses, up to \$1,000 per person per year. Subject to a six-month waiting period and a separate \$100 deductible per person per year. Coverage is for any dentist.

Term Life:

Available to the primary insured and spouse in the following amounts: \$10,000, \$20,000, \$30,000, \$40,000, \$50,000

Plan Details	
Deductibles	\$1,000, \$1,500, \$2,500, \$5,000
Family Deductible	3x individual
Coinsurance	80/20 to \$10,000
Lifetime Max	\$5,000,000
Out of Network	Benefits reduced by 25%
Healthy Lifestyle Benefit	25% of charges up to \$300. Includes: Health Club Memberships, Smoking Cessation & Weight Loss Programs
Outpatient	
Outpatient Deductible	N/A
Office Visit	\$25 copay per non-preventive visit
Prescription Drugs	\$500 deductible per person per year then copays of: \$15 generic, \$50 formulary, \$75 non-formulary, 25% coinsurance specialty Capped at \$5,000 per person per year
Supplemental Accident	\$500 per occurrence
Wellness Services	\$500 per person per year
X-ray and Lab Services	Subject to deductible & coinsurance
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Subject to deductible & coinsurance
Outpatient Rehabilitation	30 visits per year up to \$50/visit
Preventive Dental	\$200 per person per year, subject to deductible & coinsurance
Inpatient	
Inpatient Hospital Charges ¹	Subject to deductible & coinsurance
Inpatient Deductible	N/A
Inpatient Rehabilitation	30 visits per year up to \$100/visit
Skilled Nursing Facility	10 visits per year up to \$200/visit
Optional Benefits (Additional premium required)	Maternity Benefit, Dental Benefit, Term Life, Enhanced Prescription Drug Card

¹Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services.



Preferred Value Plan

High Deductible Health Plan (HDHP)

Don't have a ton of cash to spend on monthly insurance payments? Apply for our Preferred Value Plan. Designed with the lowest possible premium payment in mind, our high-deductible plan gives you the most essential health care coverages, so that you're left with a quality plan at a modest price.

We Know You:

Are looking for low-cost coverage in case of a major accident or illness

Rarely visit the doctor, but would use coverage for annual check-ups

Are willing to take on a high deductible amount in the event of an accident or illness in order to obtain the lowest premium payment available

Lead an active, healthy lifestyle

Deductible Options:

- ▶ \$1,500 ▶ \$2,500
- ▶ \$5,000 ▶ \$10,000

▶ Can you really afford to be without health insurance?

According to the latest U.S. Census Report on health insurance¹, young adults are by far the most likely age group to be uninsured. More than 8 million individuals between the ages of 18 and 24 fall into this category, as do nearly 11 million individuals between 25 and 34.

What's at stake?

But what happens when an accident or disease strikes? You could be left with millions of dollars in hospital bills and no way to pay them. Fortunately, Preferred Value can prevent that from happening, and it's more affordable than you might think:

	▼ Your Cost
Fast Food Meal:	\$5.03 / day*
Phone Service:	\$2.29 / day*
Cable Service:	\$1.41 / day*
Preferred Value Plan:	\$1.28 / day+

Preferred Value Plan Featured Benefits

Nationwide Coverage with In-Network Discounts

*Aetna Signature Administrators*SM (ASA) PPO Network Preferred Value features one of the leading and most comprehensive PPO networks in the nation - the *Aetna Signature Administrators*SM (ASA) PPO Network. Your Preferred Value Plan will cover you no matter where you receive care. However, to take advantage of the highest level of benefits, you will need to receive treatment from a health care provider in your network. That should not be a problem, with over 689,000 providers and over 6,100 facilities to choose from nationwide!



Low Premiums:

High deductible options keep your premium payments very affordable. (see chart below to the left)

Prescription Drug Card:

Covers up to \$5,000 per person per year. A \$500 deductible applies, then the following:

- \$15 copay for generics
- \$50 copay for formulary brand names
- \$75 copay for non-formulary brand names
- 25% coinsurance for specialty drugs

Office Visit Copays:

Enjoy an affordable \$30 copay for up to 4 visits per person per year (covers the office visit fee only).

Supplemental Accident Benefit:

Lead an active lifestyle? Then you realize that accidents (like broken bones or a cut that needs stitches) happen. That's why our Supplemental Accident Benefit provides 100% coverage for the first \$500 of covered expenses due to an accident. (Expenses in excess of \$500 are subject to deductible and coinsurance).

¹ U.S. Census Bureau, Current Population Survey, 2006 and 2007 Annual Social and Economic Supplements.

* Daily costs are averaged based on rates published by providers of the goods and services listed and the 2006 Consumer Expenditure Survey. Because prices may vary from day-to-day, the actual price you pay for the above items may not be the same as what is quoted above. The prices are only meant to help you compare prices to other everyday expenses and are not guaranteed prices.

+ Preferred Value Plan rate is based on a \$5,000 deductible plan for a 22-year old male, non-tobacco user in Quincy, IL 62301 with a 1/1/09 effective date.



There's only one thing that you can't afford with the Preferred Value Plan... not having it.

Wellness Services:

Preventive Care – Covers up to \$200 per person per year. (A 12-month waiting period applies). Eligible expenses include immunizations, PSA screening, pap smears, mammograms and physical exams (for adults over the age of 18).

Preventive Dental Benefit – \$200 per person per year, subject to deductible and coinsurance. Includes oral exams, cleaning and x-rays.

Healthy Lifestyle Benefit:

Take advantage of our Healthy Lifestyle Benefit, which pays 25% of charges up to \$300 per year for programs that improve physical health, including:

- Health Club Memberships*
- Smoking Cessation*
- Weight Loss Programs*

Preferred Value Plan Optional Benefits (Additional Premium Required)

Enhanced Prescription Drug Card: (If selected, replaces the basic Prescription Drug Card Benefit)

Remove the \$5,000 maximum benefit amount and lower your prescription drug costs with our enhanced benefit! No prescription drug deductible needs to be met for generic drugs. Enjoy lower copays on all brand and specialty drugs:

\$15 copay for generics (no deductible)
\$250 deductible per person per year for brands and specialty, then:

- *\$50 copay for formulary brand names*
- *\$75 copay for non-formulary brand names*
- *25% coinsurance for specialty drugs*

Plan Details	
Deductibles	\$1,500, \$2,500, \$5,000, \$10,000
Family Deductible	3x individual
Coinsurance	80/20 to \$15,000
Lifetime Max	\$5,000,000
Out of Network	Benefits reduced by 25%
Healthy Lifestyle Benefit	25% of charges up to \$300. Includes: Health Club Memberships, Smoking Cessation & Weight Loss Programs
Outpatient	
Outpatient Deductible	\$250 deductible per occurrence (In addition to annual deductible)
Office Visit	\$30 copay per non-preventive visit. 4 visits per year. (Office visit fee only)
Prescription Drugs	\$500 deductible per person per year then copays of: \$15 generic, \$50 formulary, \$75 non-formulary, 25% coinsurance specialty Capped at \$5,000 per person per year
Supplemental Accident	\$500 per occurrence
Wellness Services	\$200 per person per year (12-month waiting period applies)
X-ray and Lab Services	Subject to deductible & coinsurance
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Subject to deductible & coinsurance
Outpatient Rehabilitation	30 visits per year up to \$50/visit
Preventive Dental	\$200 per person per year, subject to deductible & coinsurance
Inpatient	
Inpatient Hospital Charges ²	Subject to deductible & coinsurance
Inpatient Deductible	\$750 deductible per admission (In addition to annual deductible)
Inpatient Rehabilitation	30 visits per year up to \$100/visit
Skilled Nursing Facility	10 visits per year up to \$200/visit
Optional Benefits (Additional premium required)	Enhanced Prescription Drug Card

² Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services.



Healthy Savings Plan

HSA-Qualified Plan

Healthy Savings offers a range of deductible options, helping you keep your monthly premium payment in check. By opening an HSA (Health Savings Account), you can put away money tax-free to save up for future medical expenses.

We Know You:

Like to be in control of your healthcare expenses

Would take advantage of tax-saving benefits by opening a Health Savings Account

Rarely visit the doctor, but want limited coverage for annual exams and child immunizations

Want low-cost coverage that will protect your family in case of an accident or illness

Deductible Options:

<i>Individual:</i>	<i>Family:</i>
▶ \$1,500	▶ \$2,500
▶ \$2,500	▶ \$5,000
▶ \$3,750	▶ \$7,500
▶ \$5,000	

Healthy Savings Featured Benefits

Low Premiums:

High deductible options allow you to find a lower rate than most traditional health plans.

80/20 Coinsurance Option (Only available with \$1,500 & \$2,500 deductible)

Reduce your premium payment even further by decreasing your coinsurance from 100% to 80%.

Tax Savings:

You're a financially-savvy consumer. You realize that our Healthy Savings HSA-Qualified Plan can save you thousands of dollars. Take the money you save on premium payments and contribute them to a Health Savings Account, where you can contribute money tax-free! The money in your account keeps adding up – and you never lose it. It can be used to pay for qualifying medical expenses (even some expenses that the plan does not cover, such as eye exams, contacts, glasses and over-the-counter medication). Otherwise, your money earns tax-free interest and rolls over year after year.

Prescription Drugs:

Your prescription drugs are covered at 100%, subject to deductible and coinsurance.

100% Coinsurance:

After you have met your deductible, Healthy Savings will cover the rest of your in-network services!

Wellness Services:

Preventive Care – Covers up to \$500 per person per year, subject to deductible and coinsurance. Eligible expenses include immunizations, PSA screening, pap smears, mammograms and physical exams (for adults over the age of 18).

Preventive Dental Benefit – Covers up to \$250 per person per year or \$500 per family per year. Coverage is for any dentist. No deductible or waiting period apply! Pays 80% of charges for exams, X-rays and one cleaning per person per year. Also covers 50% of charges for restorative services (excluding orthodontia).



Put money away all year, tax-free, to save for future medical expenses. Then, when you need it most, our Healthy Savings Plan will have you covered. It's truly a health insurance plan you can bank on!

Healthy Savings Optional Benefits (Additional Premium Required)

Maternity Benefit:

Six month waiting period for conception, 15 month waiting period for delivery with charges being covered the same as any other illness. There is no separate deductible for the baby. (If delivery occurs prior to the 15 month waiting period, benefits are limited to \$1,000).

Term Life:

Available to the primary insured and spouse in the following amounts: \$10,000, \$20,000, \$30,000, \$40,000, \$50,000

There's a reason we call it Healthy Savings

Family of 2 (Zip 61800)	Traditional Health Plan	Healthy Savings HSA-Qualified Plan
Coinsurance	80%/20%	100%
Deductible	\$500	\$2,500
You Pay ▼		
Annual Premium	\$5,071.20	\$2,934
Claim 1 <i>(\$500 ER visit)</i>	\$0 <i>(\$500 accident benefit)</i>	\$500
Claim 2 <i>(family eye exam and new pair of eyeglasses)</i>	\$400	\$400
Total Expenses	= \$5,471.20	= \$3,834
Tax Savings on HSA Deposits	\$0	\$1624
Net Expenses (out-of-pocket minus savings)	\$5,471.20	\$2,210
TOTAL SAVINGS		\$3,261.20

*Healthy Savings Plan assumes a 28% tax bracket on a deposit of \$5,800.

Plan Details	
Deductibles	\$1,500, \$2,500, \$3,750, \$5,000
Family Deductible	\$2,500, \$5,000, \$7,500
Coinsurance	100% after deductible or 80/20 to allowable max (\$1,500 & \$2,500 deductible only)
Lifetime Max	\$5,000,000
Out of Network	Benefits reduced by 25%
Healthy Lifestyle Benefit	N/A
Outpatient	
Outpatient Deductible	N/A
Office Visit	Subject to deductible & coinsurance
Prescription Drugs	Subject to deductible & coinsurance
Supplemental Accident	Subject to deductible & coinsurance
Wellness Services	Up to \$500, subject to deductible & coinsurance
X-ray and Lab Services	Subject to deductible & coinsurance
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Subject to deductible & coinsurance
Outpatient Rehabilitation	30 visits per year up to \$50/visit
Preventive Dental	Up to \$250 per person or \$500 per family per year
Inpatient	
Inpatient Hospital Charges ¹	Subject to deductible & coinsurance
Inpatient Deductible	N/A
Inpatient Rehabilitation	30 visits per year up to \$100/visit
Skilled Nursing Facility	10 visits per year up to \$200/visit
Optional Benefits (Additional premium required)	Maternity Benefit, Term Life

Plus, you'll still have a balance of \$4,900 in your Health Savings Account!

¹ Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services



U.S. Health Insurance Options

Ancillary Products

Short Term Major Medical

The Perfect Solution if You Are:

- ▶ A Recent College Graduate
- ▶ Temporarily Unemployed
- ▶ A Temporary or Seasonal Worker
- ▶ Retiree Waiting for Medicare Coverage
- ▶ Waiting For Coverage from Your Employer
- ▶ Recently Discharged from the Military
- ▶ Applying for Major Medical Coverage with USL&H

Plan Highlights:

- ▶ Coverage Available as Early as Next Day
- ▶ \$2 Million Lifetime Maximum
- ▶ Visit Any Doctor/Any Hospital
- ▶ Prescription Drug Coverage
- ▶ Limited Benefits While Outside the U.S.

Apply Online at www.unitedsecuritylandh.com
and We'll Waive the \$25 Application Fee!

Other Health Care Products from United Security Life and Health

If you are employed and approved for a Major Medical plan with USL&H, you may also be pre-approved for our ancillary products:

E-Z Life (Simplified-Issue)

Piece of mind for your final expenses

- ▶ Face Amounts from \$2,500 - \$25,000
- ▶ Whole Life Policy
- ▶ Cash Value Account
- ▶ Simplified Underwriting – Only 7 health questions!
- ▶ Optional Accelerated Death Benefit



Disability Income

It works when you can't

- ▶ Short Term Disability Income
- ▶ Monthly Benefits from \$400 - \$3,000
- ▶ 24-Hour Coverage – On or off the job!
- ▶ No Restrictions on How to Use Benefit Money

Cancer Benefit

*Provides a benefit as soon as you need it...
for whatever you need*

- ▶ Guaranteed Renewable for Life
- ▶ Lump Sum Benefit up to \$50,000 Available
- ▶ Benefit Paid Upon Diagnosis - No restrictions on how you use the money!
- ▶ Pays a secondary benefit for first time diagnosis of skin cancer

State Variations

(Refer to your Certificate of Coverage for additional mandated benefits or offerings)

Mandated Benefits

Arizona

- ▶ Inpatient Alcoholism Treatment is covered up to \$3000 per calendar year, \$10,000 lifetime.

Arkansas

- ▶ Mental and Nervous disorders are covered the same as any other illness.
- ▶ Contraceptive drugs are covered.
- ▶ Charges for Alcoholism, Chemical Dependency, and Substance Abuse are excluded, unless the optional Arkansas Alcohol and Drug Dependency Benefit Offer Rider is elected and current.

Illinois

- ▶ Inpatient Alcoholism is covered the same as any other illness.
- ▶ Contraceptive drugs are covered.
- ▶ Charges for Mental and Nervous disorders are excluded, unless the Mental Disorders Benefit Offer is elected and current.
- ▶ Charges for Outpatient Alcoholism and Chemical Dependency are excluded.

Indiana

- ▶ Mental and Nervous disorders are covered the same as any other illness.
- ▶ Inpatient Alcoholism is covered the same as any other illness.
- ▶ The references to 12 months and 24 months in the Pre-Existing Condition Limitation are changed to six months and 12 months respectively.

Missouri

- ▶ Inpatient Alcoholism is covered up to 30 days per Calendar Year.
- ▶ Mental and Nervous disorders, Chemical Dependency, and Outpatient Alcoholism are excluded, unless the optional Chemical Dependency and Mental Illness Offer is elected and current.
- ▶ The Hospital Pre-Admission Review and Concurrent Review limitation does not apply.

Nebraska

- ▶ Inpatient Alcoholism is limited to 30 days per benefit period, with a maximum of two treatments per lifetime.
- ▶ Outpatient Alcoholism is limited to 60 treatment visits per calendar year.

Mandated Offers

Arkansas:

Arkansas Alcohol and Drug Dependency Benefit Offer: This benefit provides coverage for the treatment of Alcoholism, Drug Dependency, or Substance Abuse. Benefits are limited to \$6,000 in any 24-month period, with a lifetime maximum of \$12,000.

Illinois:

Mental Disorders Benefit Offer:

This benefit provides coverage for inpatient and outpatient charges for the treatment of Serious and Non-Serious Mental, Emotional, and Nervous Disorders. These charges are covered at 50% up to a maximum of \$10,000 per calendar year for Serious Disorders and \$10,000 per calendar year for Non-Serious Disorders.

Missouri:

Chemical Dependency and Mental Illness Offer: This benefit provides Chemical Dependency coverage through a nonresidential treatment program, or partial or full-day program services, up to 26 days per calendar year, inpatient coverage for a residential treatment program, up to 21 days per calendar year, and coverage for medical or social setting detoxification up to six days per calendar year, and a lifetime maximum of 10 episodes of treatment.

Outpatient treatment for a recognized Mental Illness is treated the same as any other illness. Inpatient treatment for a recognized Mental Illness is treated the same as any other illness, up to 90 days per calendar year.

This benefit also includes two sessions per calendar year to a licensed psychiatrist, licensed psychologist, licensed professional counselor, or licensed clinical worker for the purpose of diagnosis or assessment. These visits are not subject to any deductible, coinsurance, or copayment provisions.

Child Health Offer:

This benefit provides coverage for the periodic review of a child's physical and emotional status, including examinations, immunizations, and standard laboratory testing. The examinations are available from birth to age 12 at 15 specified intervals.

GENERAL COVERAGE LIMITATIONS AND EXCLUSIONS (Your State May Vary)

PRE-EXISTING CONDITIONS LIMITATION

"Pre-Existing Condition" means an injury or sickness for which an insured person received medical advice, care or treatment within 12 months before that person's insurance began under the policy or produced symptoms within that 12 month period which would have led a prudent person to seek diagnosis, care or treatment (Indiana see policy for state specifics). If the condition is not fully disclosed on the application, such condition will not be eligible for payment until the insured person has been covered for 24 continuous months unless excluded by a rider. (NOTE: Health conditions fully disclosed on the application and not excluded from coverage are NOT considered "pre-existing" conditions).

LIMITATIONS – The following expenses are limited by the Policy.

• For manual or mechanical diagnoses and treatment of body structure to restore normal function of the muscular, connective, or nervous system is limited to \$50 per visit and a maximum of 30 visits per Benefit Period. • Inpatient care and treatment of mental and nervous disorders will be limited to 30 days per Benefit Period. Outpatient care and treatment for consultations with a licensed mental health professional will be paid at 50% up to a maximum of \$25 per visit, not to exceed 26 visits per Benefit Period (Arkansas and Nebraska). A maximum of \$3,000 per Benefit Period and \$10,000 lifetime applies to all mental and nervous disorders and inpatient alcohol rehabilitation benefits. • Inpatient care and treatment of manic depression will be limited to 30 days per Benefit Period. Outpatient care and treatment rendered by a licensed health professional or institution will be paid at 50%, up to a maximum of \$25 per visit, not to exceed 26 visits per Benefit Period. A maximum of \$3,000 per Benefit Period and \$10,000 lifetime applies to all manic depression benefits. • For Home Health Care by a Home Health Care Agency, visits will be limited up to 30 visits per insured per benefit period, not to exceed \$50 per visit. • For Medically Necessary durable equipment, rental fees will be limited up to reasonable and customary purchased price of the equipment. • Assistant Surgeon benefits will be eligible for up to 20% of the eligible Primary Surgeon's fee. • Room and Board charges for each day of a Hospital stay are limited to the average semi-private room rate. • Treatment, services and supplies received outside the United States or Canada will be limited to \$10,000, except if due to any injury or acute onset of sickness sustained while traveling. • Human Organ/Tissue Transplant – Covered up to \$100,000 (out of network) per covered procedure (\$1,000,000 if approved by network). Donor Organ Acquisitions: \$10,000 per covered procedure (out of network). • Intensive care is limited to three times the Average Semi-Private (A.S.P.) room rate for the first 90 days, and the A.S.P. rate thereafter. •

PRESCRIPTION DRUG LIMITATIONS AND EXCLUSIONS

• The pharmacist will substitute generic medications, when available, for brand name medications. • The amount of Covered Medications will be limited to a 30 day supply, however, Covered Medications that are maintenance medications obtained through the mail, under the mail order program, are limited to a 90-day supply. Non-maintenance drugs in which a 30-day supply is in excess of what is considered a necessary standard of practice shall be limited to less than a 30-day supply. • Except for inhalers, "prepackaged" medications that are packaged in standardized containers from a prescription medication manufacturer shall not be dispensed in more than one standardized container per prescription order. A maximum of two inhalers per prescription order may be obtained at one time. • Except for the administration of insulin, injectable medications, bee sting kits, Anakits and Epi-pens are excluded. Insulin injectors without a needle are covered if Medically Necessary, that is, where a syringe and needle are inappropriate because the insured cannot find an appropriate site for the injection.

No benefit will be paid for charges incurred for: • Prescription orders by dentists and physicians for conditions which the Company determines to be dental in nature, are excluded. • Cosmetics, health or beauty aids, dietary supplements, anoretics (i.e. appetite suppressants), diet medications, retinoic acid for cosmetic purposes, medication prescribed to remove or lessen wrinkles in the skin, and topical minoxidil and other medications to treat baldness, are excluded. • Medications dispensed in connection with, or because of, a cosmetic or Non-Medically Necessary procedure, are excluded. • Placebo injections and medications are excluded. • Implantable medications and devices (e.g., pain control, Norplant and other contraceptive medications and devices), drug infusion pumps and release devices, are excluded. • Medical and surgical appliances, durable medical equipment, medical supplies, and oxygen and oxygen supplies, are excluded. • Allergy desensitization products are excluded. • Aphrodisiacs are excluded. • Progesterone is excluded. • Contraceptives, oral or other, whether medication or a device, regardless of the purpose for which prescribed unless mandated by state regulation. • Drugs which are intended to promote fertility. • Drugs or medicines given orally or by injection that are delivered or administered to an Insured Person by the Health Care Practitioner, excluding joint injections. • Any drug or medication dispensed by a Hospital, nursing home or similar facility. • Any drug or medicine labeled "Caution – Limited by Federal Law to Investigational Use", or experimental drugs even though a charge is made to the patient. • Hypodermic syringes or needles, except when purchased in conjunction with an insulin prescription. • Immunizing agents, injectables (except insulin), biological sera, blood or plasma, or any drug prescribed for parental use. • A non-legend patent or proprietary medicine or medication.

EXCLUSIONS – The following exclusions apply to expenses which will NOT be paid by the Policy. Charges incurred:

• For outpatient alcoholism or any substance abuse treatment. • For artificial insemination or in-vitro fertilization. • For an inpatient stay when the stay is primarily for a behavioral problem, social maladjustment or any other antisocial action which is not specifically the result of mental illness. • For which the insured person is not, in the absence of this coverage, legally obligated to pay, or for which a charge would not ordinarily be made in the absence of this coverage. • For contraceptive methods. • During the commission of a crime or while engaged in an illegal act, illegal occupation or felonious act or aggravated assault. • For dental care or treatment except: as provided in the Preventative Dental Care Benefit, or provided in the Optional Rider, or for an injury to sound, natural teeth or removal of a tumor or cyst while insured. • Prior to the insured person's effective date of coverage under the Policy, or after coverage is terminated, unless Extension of Benefits applies. • For conditions or activities specifically excluded or limited by a Certificate Rider. • For any procedure or treatment that is deemed to be experimental or investigational in nature by any appropriate medical assessment body. • For hearing aids, eyeglasses, lenses, frames or for the exams for fitting them. • For eye refractions or radical keratotomy procedures. • For all charges in connection with a Hospital admittance between 12:00 noon Friday and 12:00 noon Sunday unless: the confinement is necessary due to a medical emergency; a Physician confirms a medical necessity exists; or surgery is scheduled for the next day. • Paid under a no-fault auto insurance plan. • For normal pregnancy or child birth unless the optional maternity benefit is elected and current. Complications of Pregnancy are covered without the maternity option. • For a Pre-Existing Condition. • For Private Duty nursing. • In excess of the Reasonable and Customary charge or services which are not Medically Necessary. • As a result of participation in a riot. • For failure to keep a scheduled visit or charges to complete a claim for. • For services performed by an Immediate Family Member. • For sex transformations or sexual dysfunction. • For elective sterilizations or reversals, or abortions unless the life of the mother is endangered if the fetus were carried to term. • In connection with any intentional self-inflicted injury or illness, or attempted suicide, whether sane or insane. • For injuries sustained while under the influence of alcohol or non-prescription drugs. • For vitamins or food supplements. • As a result of war or any act of war, whether declared or undeclared, or caused during service in the armed forces of any country. • For weight control programs or treatment of obesity not caused by an organic condition. • Arising out of, or in the course of, any occupation for wage or profit for which the insured person is entitled to benefits under any Workers' Compensation or Occupational Disease Law, or any such similar law.

ADDITIONAL LIMITATION

Emergency air, ground, and water ambulance is limited to \$10,000 per person per calendar year.

OUT OF NETWORK EMERGENCY PROVISION

Charges incurred in an out of network facility will be paid at the in network level of benefits if: 1. Confinement or emergency room treatment is due to an emergency, 2. You cannot be moved because your condition is life threatening, as determined by the attending doctor, 3. You are unable to communicate your choice of hospital, 4. Local law or regulation dictates that you be transported to a specific hospital, 5. The participating provider dictates that you be confined in a non-network facility due to a medical necessity.

PREFERRED VALUE PLAN: INPATIENT & OUTPATIENT DEDUCTIBLE PROVISIONS

Inpatient Deductible: A separate deductible which must be paid upon admission to a Hospital or other state-licensed facility.

Outpatient Deductible: A separate deductible which must be paid per occurrence receiving treatment (including day surgery, major diagnostic procedures and medical services, x-rays, lab tests, EKG, radiation therapy) on an outpatient basis at a Hospital or other state-licensed facility.

THIS BROCHURE PROVIDES A BRIEF DESCRIPTION OF THE BENEFITS, LIMITATIONS AND EXCLUSIONS. SEE THE ACTUAL POLICY FOR COMPLETE TERMS AND CONDITIONS.