

Advantage CARE

United Security Life and Health Insurance Company's Advantage Care major medical policy offers the Savings, Simplicity, and Security you want from your insurance plan, while still offering comprehensive benefits. Advantage Care is an HSA qualified plan. If you wish to establish an HSA account, you must have an HSA qualified plan.

Savings

- Health Savings Account (HSA) Qualified health plan
- “Above the Line” tax savings for HSA contributions (you don’t need to itemize your deductions to realize this savings)
- Qualified Out-Of-Pocket expenses paid with pre-tax dollars
- Preferred Providers for discounted medical care
- Interest income is tax free

Simplicity

- One network deductible per policy
- No “per person” deductibles
- No separate inpatient, outpatient, or prescription drug copayments or deductibles

Security

- Comprehensive coverage
- Unlimited lifetime coverage
- 24 Hour coverage-perfect for self-employed or employee without group coverage

Why Should I have an HSA Qualified Plan?

- Save by paying for qualified expenses not covered by the health plan, such as over the counter medication, with pre-tax money from your HSA account
- Save with lower premiums as compared to most “first dollar” benefit plans
- Save on your Federal Taxes

Your HSA contribution lowers your income on your Federal taxes; therefore, you save by your contribution multiplied by your tax bracket percentage.

Example 1	Example 2	Example 3	
\$1,500	\$2,500	\$5,000	(HSA Contribution)
x 20%	x 25%	x 30%	(Tax bracket)
\$300	\$625	\$1,500	(Your yearly tax savings)
\$900	\$1,875	\$4,500	(After 3 years)
\$1,500	\$3,125	\$7,500	(After 5 years)

The more you contribute, the more you save!
The higher your tax bracket, the more you save!

Maximum HSA contributions and tax deductions are subject to regulatory change. Check with your agent or tax professional for yearly maximums.

In Network Benefits

You pay the Preferred Provider Calendar Year Deductible of your choice

Individual Plan	Family Plan
\$1,500	\$2,500
\$2,500	\$5,000
\$3,750	\$7,500
\$5,000	\$10,000

After your network deductible is met, we pay 100% of all covered in network expenses.

You Pay Nothing

When charges are incurred outside of United Security Life and Health Insurance Company's Preferred Provider network, a separate calendar year out-of-network deductible will apply. This calendar year deductible will be equal to two times (2x) the preferred provider deductible selected. In addition, you will be responsible for 20% of the next \$10,000 of out of network charges. All out of network benefits are subject to the reasonable and customary limitation.

Special Provisions: Charges incurred at 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 hospitals.
4. Local law or regulation dictates you be transported to a specific hospital.
5. The participating doctor or network hospital at which you are being treated dictates that you be confined in a non-network facility due to a medical necessity.

Special Plan Features

UNLIMITED, FIRST-DOLLAR WELLNESS SERVICES:

Wellness services are now covered **first-dollar on an unlimited basis! No deductible, coinsurance, or copayments apply!** Covers all services required by the U.S. Preventive Services Task Force, such as immunizations, PSA screening, pap smears, mammograms and physical exams.*

* In-network charges only. Out-of-network services subject to penalties.

DENTAL CARE BENEFIT

Advantage Care includes valuable dental coverage at no additional cost.

- NO WAITING PERIOD • NO DEDUCTIBLE

80% coverage for these preventive services

- One cleaning per insured per year
- Oral Exams
- Dental X-rays

50% coverage for restorative services

- Orthodontia is excluded.
- \$250 yearly benefit for individual plan
- \$500 yearly benefit per policy for family plan

- **OUTPATIENT PRESCRIPTION DRUG COVERAGE** — Eligible prescription drugs are covered at 100%, subject to deductible and coinsurance. USL&H has also worked with our Pharmacy Benefit Manager, CareMark, to provide you with a free discount card. **This is not a Prescription Co-Pay Drug Card**, but rather a card that will allow for discounts and/or lower out-of-pocket expense on many prescription drugs.



ALSO INCLUDED FOR ALL POLICYHOLDERS

- **HUMAN ORGAN TRANSPLANT** — We will pay up to \$1,000,000 when treated by network providers approved by USL&H prior to the beginning of the evaluation.
- **INTENSIVE CARE UNIT** — Covered up to 90 days.
- **24 HOUR COVERAGE** — Included at no additional cost. Individuals who do not carry Workers' Compensation can be covered for a work related illness or injury.
- **PREFERRED PROVIDER NETWORK** — When insureds seek care from our preferred providers, health care ultimately costs less because of special discounts received. Your benefits will be greater with these providers and there are no claim forms to fill out.

Covered Expenses (Partial listing)

IN HOSPITAL

- Semi Private Room/Board
- General Nursing Care
- Surgeon/Assistant Surgeons
- Anesthesia

OUTPATIENT

- Physician Services
- Hospice Care
- Pre-Admission Testing
- Emergency Care
- Home Health Care

- X-rays, Laboratory Tests
- Prescription Drugs
- Organ Transplants
- Pathology

- Ambulance Services
- Physical Therapy
- Dialysis
- X-ray, Laboratory

- Chemotherapy/Radiation Therapy
- Second Surgical Opinion
- Oxygen, Blood, Equipment
- Intensive Care

- Chiropractic Therapy
- Braces, Casts/Splints
- Prescription Drugs
- Outpatient Surgery

Renewability/Renewal Premiums

RENEWABILITY — You Can't Be Singled Out For Cancellation

This plan is renewable to age 65 or date of eligibility for Medicare, (whichever occurs first) based on timely payment of premiums as they become due. The Company can decline to renew all policies in a state, jurisdiction or rating area where contract holders reside, or if false or fraudulent statements are made in connection with a claim.

RENEWAL PREMIUMS — You Can't Be Singled Out For A Renewal Rate Increase

All premiums are made on an area-wide basis. Premiums are scheduled to increase slightly on each policy anniversary due to aging. They may also be adjusted on any premium due date after the first 12 months of coverage to reflect USL&H's experience for all people insured under this policy form.

ABOUT USL&H

United Security Life and Health Insurance Company is a specialty company focusing on health insurance for individuals and families. Each of the major departments are headed by a seasoned veteran with over 20 years of experience. Reinsurance is in place for all large claims. We look forward to serving all your needs now and in the future.

THIS IS A BRIEF DESCRIPTION OF THE HIGHLIGHTS OF THIS POLICY, NOT A CONTRACT.

SEE THE ACTUAL POLICY FOR COMPLETE TERMS AND CONDITIONS.

IMPORTANT OPTIONS

• MATERNITY CARE

This optional benefit must be selected at time of issue. Six month waiting period for conception, maternity same as any other illness. Benefits are subject to the deductible and coinsurance provisions. Includes well baby care in the hospital. This benefit is limited to \$1,000 if delivery occurs within 15 months from the effective date. **Not available to Indiana residents.

• TERM LIFE INSURANCE

You get more protection for your money with “term,” than with any other form of life insurance. Choice of five levels of life insurance for you and your spouse, because only you know how much life protection you need, want and can afford.

Proposed Insured and Spouse • 5 Choices Available
\$10,000 \$20,000 \$30,000 \$40,000 \$50,000

• INCOME SECURITY

Your most important asset is not your car or your home – it’s your ability to earn an income! United Security Life and Health Insurance Company’s Income Security pays a monthly benefit directly to you when you are unable to work due to an accident or illness. It is your money to use as you wish.

Elimination Periods

7 Days 14 Days 30 Days 60 Days 90 Days

Benefit Periods

6 Months 12 Months 24 Months 60 Months

MANDATORY OFFERS

• APPLIED BEHAVIOR ANALYSIS, 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 6 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 subject to any deductible, coinsurance, or copayment provisions. • The Applied Behavior Analysis coverage provides a maximum benefit of \$40,000 per calendar year for individuals through 18 years of age, subject to any deductible, coinsurance, or copayment provisions. • The Autism Spectrum Disorder benefit provides coverage for medically necessary assessments, evaluations, or tests in order to diagnose whether an individual has an autism spectrum disorder, subject to any deductible, coinsurance, or copayment provisions.

GENERAL COVERAGE LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITIONS LIMITATION (Not Applicable To Children Under Age 19)

“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. If the condition is not fully disclosed in 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. Charges incurred:

• For manual or mechanical diagnoses and treatment of body structure to restore normal function of the muscular, connective or nervous system will be limited to \$20 per visit to a maximum of 20 visits per Benefit Period. • Inpatient rehabilitative care, excluding treatment for alcoholism, mental and nervous disorders, or substance abuse, is covered up to 30 days per calendar year to a maximum of \$3,000 per year. Outpatient rehabilitation therapy for medically necessary (resulting from an in-patient hospitalization or out-patient surgery) physical, occupational and/or speech services is covered up to a combined total of 30 visits per person, per calendar year, not to exceed \$3,000. • Inpatient alcoholism is limited to 30 days per benefit period. • For Home Health Care by a Home Health Care Agency, visits will be limited up to 60 visits per insured per benefit period, not to exceed \$30 per visit. • For medically necessary durable equipment, rental fees will be limited up to the reasonable and customary purchase 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. • Emergency air, ground, and water ambulance is limited to \$10,000 per person per year. • For treatment, services and supplies received outside the United States or Canada will be limited to \$10,000, except if due to an 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). Life Donor Maximum: \$5,000 per covered procedure (out of network). Donor Organ Acquisitions: \$5,000 per covered procedure (out of network). • Intensive care is limited to three times the A.S.P. room rate for the first 90 days, and A.S.P. rate thereafter.

PRESCRIPTION DRUG LIMITATIONS — No benefit will be paid for charges incurred for:

• Drugs which are intended to promote fertility. • Drugs or medicines delivered or administered to an insured person by the prescriber. • Any drug or medication dispensed by a Hospital, Extended Care Facility, 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, injectibles (except insulin), biological sera, blood or plasma, or any drug prescribed for parenteral use. • A non-legend patent or proprietary medicine or medication. • Vitamins, cosmetics, dietary supplements, health or beauty aids, or hair loss. • A single prescription or

refill in excess of 34-day supply except the following which are limited to 100 dose supply: Nitroglycerine; Oral Anti-Diabetics; Oral Estrogens (natural or synthetic); Phenobarbital; Thyroid U.S.P. • Medications for mental and nervous disorders.

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

• For outpatient alcoholism, inpatient or outpatient substance abuse, and mental and nervous treatment, unless the optional Applied Behavior Analysis, Chemical Dependency and Mental Illness benefit is selected and current. • 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. • During the commission of a crime or while engaged in an illegal act, illegal occupation or felonious act or aggravated assault. • For Custodial Care. • For dental services in excess of the Dental Care Benefit, except 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 radial 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 childbirth unless the optional maternity benefit is elected and current. Complications of Pregnancy are covered without the maternity option. • For well baby care in excess of the Annual Physical Exam benefit, unless the optional maternity benefit is elected and current. • 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 form. • For services performed by a close relative or household 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, while sane. • For treatment of Temporomandibular Joint Syndrome (TMJ). • For injuries sustained while under the influence of alcohol or non-prescription drugs. • 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.

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Advantage CARE

HSA Qualified Major Medical Plan For Individuals and Families



Take Advantage of a tax free way to help offset soaring medical costs.

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L H LIFE AND HEALTH INSURANCE COMPANY

Missouri

Marketed by: