

# APEX BENEFIT CARE PLAN FOR INDIVIDUALS

## CHOOSE THE PLAN THAT'S RIGHT FOR YOU!

E L I T E	EACH CALENDAR YEAR	THEN	THEN
	<p><b>You</b> pay the deductible of your choice. \$250, \$500, \$1,000, \$2,500, \$5,000</p>	<p><b>We Pay 80%</b> of the next \$5,000 of covered expenses</p> <p><b>You Pay 20%</b> of the next \$5,000 of covered expenses</p>	<p><b>We Pay 100%</b> of all Covered Expenses</p> <p><b>You Pay Nothing!</b></p>

*S E L E C T	EACH CALENDAR YEAR	THEN	THEN
	<p><b>You</b> pay the deductible of your choice. \$250, \$500, \$1,000 <small>(Not available with \$2,500 or \$5,000 deductible)</small></p> <p><b>*Rate Reducer 10% Discount</b></p>	<p><b>We Pay 50%</b> of the next \$2,000 of covered expenses</p> <p><b>You Pay 50%</b> of the next \$2,000 of covered expenses</p>	<p><b>We Pay 100%</b> of all Covered Expenses</p> <p><b>You Pay Nothing!</b></p>

## COVERED EXPENSES

Subject to all policy provisions, exclusions and limitations, the following represents some of the most common Covered Expenses:

### IN HOSPITAL

- Semi Private Room/Board
- General Nursing Care
- Surgeon/Assistant Surgeons
- Anesthesia
- X-rays, Laboratory Tests
- Prescription Drugs
- Organ Transplants
- Pathology
- Chemotherapy/Radiation Therapy
- Second Surgical Opinion
- Oxygen, Blood, Equipment

### OUTPATIENT

- Physical Exams
- Physician Services
- Emergency Care
- Ambulance Services
- X-ray, Laboratory
- Mammograms
- Prescription Drugs
- Diabetes Education
- Hospice Care
- Home Health Care
- Physical Therapy
- Chiropractic Therapy
- Outpatient Surgery
- Pre-Admission Testing
- Preventive Dental
- Dialysis
- Braces, Casts/Splints



*Twenty four hour coverage is available at no additional cost. Individuals who do not carry a Worker's Compensation program are covered for work related illnesses or injuries.*

## SPECIAL PLAN FEATURES



After a \$50 deductible, prescription drugs are covered at the following levels:

Generic Drugs .....	<b>\$15</b> per prescription
Formulary Brand Drugs .....	<b>\$30</b> per prescription
Non-Formulary Brand Drugs .....	<b>\$50</b> per prescription
Specialty Drugs .....	<b>25%</b> coinsurance

**NOTE: Pharmaceutical Card is not available with deductibles greater than \$1,000.00.**

\*A formulary is a list of safe and cost effective drugs chosen by a committee of physicians and pharmacists.

**Apex policies with no Pharmaceutical Card:** USL&H will issue a **free prescription drug discount card** for Apex policies that do not include the above pharmaceutical card. The discount card is made available by our Pharmacy Benefit Manager, Caremark, to provide savings on prescription drugs. **The discount card is not a Prescription Co-Pay Drug Card**, but it will allow for discounts and/or lower the out-of-pocket expense on many prescription drugs.

### 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.

### • ALSO INCLUDED FOR ALL POLICYHOLDERS •

- **100% PRE-ADMISSION TESTING** — It can be less expensive to have routine tests prior to admission — We will cover this 100% — NO DEDUCTIBLE!
- **FREEDOM OF CHOICE** — You have the freedom to choose any hospital or physician, without a reduction in benefits! However, to keep your healthcare costs down, you should still receive treatment from a provider in one of our PPO Networks. Providers within these networks will provide special discounts on healthcare services for USL&H policyholders. Network information and availability in your area is online at [www.unitedsecuritylandh.com](http://www.unitedsecuritylandh.com).
- **NO PRECERTIFICATION** — If medically necessary, your doctor decides when to hospitalize you, not a panel or USL&H. Also, no continued stay reviews.
- **HUMAN ORGAN TRANSPLANT** — We will pay up to \$1,000,000 when treated by network providers. Out-of-network charges are limited to \$100,00.
- **DIABETES EDUCATION** — We will pay 100% up to \$100 for Diabetes Education.
- **INTENSIVE CARE UNIT** — Covered up to 90 days.
- **DENTAL BENEFIT** — Preventive Dental is yours at no additional cost. We will cover up to \$200 per year, subject to deductible and coinsurance. Exams, Cleanings, X-rays.

## RENEWABILITY/RENEWAL PREMIUMS

### RENEWABILITY — You Can't Be Singled Out For Cancellation

ABC 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.

## IMPORTANT OPTIONS

Available at time of issue only!

- **ZERO DEDUCTIBLE BENEFIT/AD&D** — Buy additional protection for accidental injuries which will pay benefits with no deductible. The co-insurance still applies. In addition to the zero deductible benefit, they will also be getting a \$25,000.00 Accidental Death and Dismemberment benefit for the primary insured and spouse, and a \$1,000.00 AD&D benefit for each insured child over six months of age. (Not available with \$2,500.00 or \$5,000.00 deductible.)
- **FULL DENTAL BENEFIT** — Type 2: For an additional fee, insured's can supplement those dental benefits already included with a \$1,000.00 additional benefit. After a 6 month waiting period, this benefit will cover such items as fillings, extractions, root canals, crowns, bridges, dentures, periodontics, inlays, endodontics, emergency treatment and oral exams. It does not cover orthodontics. This benefit is subject to a separate \$100.00 calendar year deductible and 50% co-insurance.
- **TERM 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**

- **MATERNITY OPTION PLUS**  
Six month waiting period for conception • Same as any other illness • Subject to the deductible and co-insurance provisions. • Includes Well-Baby Care in hospital and no separate deductible for baby • This benefit is limited to \$1,000 if delivery occurs within the first 15 months.

## MANDATORY OFFERS

- **APPLIED BEHAVIOR ANALYSIS, CHEMICAL DEPENDENCY AND MENTAL ILLNESS OFFER**  
This benefit provides Chemical Dependency coverage through a non-residential 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.

**THIS IS A BRIEF DESCRIPTION OF THE HIGHLIGHTS OF THIS POLICY, NOT A CONTRACT. SEE THE ACTUAL POLICY FOR COMPLETE TERMS AND CONDITIONS.**

## 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 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 listed 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 alcoholism is limited to 30 days per benefit period.
- 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, up to 90 days thereafter A.S.P.

### PRESCRIPTION DRUG LIMITATIONS

- 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.
- 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.
- Prescription orders by dentists and physicians for conditions which United Security Life and Health Insurance 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. *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, injectables (except insulin), biological sera, blood or plasma, or any drug prescribed for parenteral use.
- A non-legend patent or propriety medicine or medication.
- Cosmetics, health or beauty aids, or hair loss.
- Purchases made at non-network pharmacies will be subject to the deductible and co-insurance provisions of the policy.
- A single prescription or refill in excess of a 30-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.
- 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, or Rehabilitation Care.
- For Dental Care or treatment except: as provided in the Preventive Dental Care Benefit; or provided in the optional rider issued with this Certificate; 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 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, childbirth or routine well baby care unless: the Optional Maternity Care Benefit was elected and effective; or treatment is for Complications of Pregnancy.
- For a Pre-Existing Condition.
- For Private Duty nursing except for Home Health Care.
- 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 Worker's Compensation or Occupational Disease Law, or any such similar law.

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**U S UNITED SECURITY**  
**L H LIFE AND HEALTH INSURANCE COMPANY**

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# APEX BENEFIT CARE

## A TRADITIONAL ANY DOCTOR/ANY HOSPITAL MAJOR MEDICAL PLAN



**INCLUDES PRESCRIPTION DRUG CARD**  
**With \$250, \$500, and \$1,000 Deductible Plans**

**U S UNITED SECURITY**  
**L H LIFE AND HEALTH INSURANCE COMPANY**

**For Individuals and Families**  
**Missouri**

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