

Now Featuring:

- ▶ New Selection of Quality PPO Networks
- ▶ New Healthcare Reform Updates
- ▶ New High-Deductible Health Plan
- ▶ New Discount For Healthy Applicants

Plus...

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

USL&H Health Insurance Plan Comparisons

Affordable Health Insurance Plans
for Individuals & Families



USL&H 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.

In fact, we have five unique major medical plans for you to choose from. Each plan is designed to create the perfect balance of the things that are important to you - *freedom, benefits, flexibility, value and savings.*

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.

Initial 12-Month Rate Guarantee: You will not see a rate increase for at least the first twelve months on any of our Major Medical plans..

Unlimited Lifetime Coverage: Each plan offers peace-of-mind with no lifetime maximum coverage!

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

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.

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)**

**In Arkansas, coverage only available if mandated offer is selected. No TMJ/CMJ coverage on the Protector Plus Plan.



Wellness & Well-Being

At USL&H, we know the importance of a healthy lifestyle. That's why our Major Medical plans promote wellness through the following programs:

Free Wellness Services With USL&H

Our Major Medical plans now offer **free preventive care!** All of the preventive services defined by national guidelines are available to you at no cost! You **don't even need to meet your deductible or make a copayment!** These are just a few examples:

- ▶ Annual Physical Exams
- ▶ Clinical Breast Exams
- ▶ Colorectal Cancer Screening
- ▶ PSA Screening
- ▶ Pap Smears
- ▶ Immunizations
- ▶ PSA Screening

Healthy Lifestyle Benefit

Many of our Major Medical plans also come with a Healthy Lifestyle Benefit, which pays **up to \$300 per person per year** for programs that improve your health, such as:

- ▶ Gym Club Memberships
- ▶ Weight Loss Programs
- ▶ Smoking-Cessation Programs

New Healthy Discount Available

To keep our plans even more affordable, we are now offering an additional **5% off** of the premium for our healthiest applicants. The discount is available to any primary insureds and/or spouses who meet all of the following criteria:

- No tobacco use in past 24 months
- Have current major medical health insurance
- Meet specific height & weight requirements
- No prescription drugs (not including birth control medications) in past 12 months
- No DUI, DWI, license suspension/revocation in past 3 years
- If over the age of 44, have had a complete physical exam within the past 2 years and had normal findings/results.
- Have not been diagnosed, treated for, or sought medical advice or treatment for any of the following conditions: Cancer, diabetes, high cholesterol, hypertension or heart/circulatory disorder, back disorder, any mental nervous disorder (anxiety, depression, etc.), alcohol or drug abuse or other ongoing medical condition



Plan Comparison

	Unlimited Access Plan Any Doctor / Any Hospital	HealthSelect PPO Plan Comprehensive PPO
Plan Details	All charges are covered subject to deductible & coinsurance <i>unless highlighted below.</i>	All charges are covered subject to deductible & coinsurance <i>unless highlighted below.</i>
Deductibles	\$500, \$1,000, \$2,500, \$5,000	\$1,000, \$1,500, \$2,500, \$5,000
Family Deductible	3x individual	3x individual
Coinsurance	80/20 to \$10,000	70/30 to \$10,000 80/20 to \$10,000
Lifetime Max	Unlimited	Unlimited
Out of Network	N/A	Benefits reduced by 25%
Healthy Lifestyle Benefit	First Dollar Benefit: 25% of charges up to \$300	First Dollar Benefit: 25% of charges up to \$300
Outpatient		
Outpatient Deductible	N/A	N/A
Office Visit	Unlimited Coverage	First Dollar Benefit: \$25 copay per non-preventive visit, up to \$500 per person per year
Prescription Drugs	No prescription drug coverage unless an optional prescription drug card is selected.	No prescription drug coverage unless an optional prescription drug card is selected.
Supplemental Accident	First Dollar Benefit: \$500 per occurrence	First Dollar Benefit: \$500 per occurrence
Wellness Services	First Dollar Benefit: Unlimited Coverage	First Dollar Benefit: Unlimited Coverage*
X-ray and Lab Services	Unlimited Coverage	Unlimited Coverage
Ground and Air Ambulance	Covered up to \$10,000	Covered up to \$10,000
Emergency Room	Unlimited Coverage	Unlimited Coverage
Outpatient Rehabilitation	30 visits per year up to \$50/visit	30 visits per year up to \$50/visit
Preventive Dental	\$200 per person per year	\$200 per person per year
Inpatient		
Inpatient Hospital Charges ¹	Unlimited Coverage	Unlimited Coverage
Inpatient Deductible	N/A	N/A
Inpatient Rehabilitation	30 visits per year up to \$100/visit	30 visits per year up to \$100/visit
Skilled Nursing Facility	10 visits per year up to \$200/visit	10 visits per year up to \$200/visit
Optional Benefits (Additional premium required)	Maternity Benefit, Dental Benefit, Term Life, AD&D, Basic or Enhanced Prescription Drug Card	Maternity Benefit, Dental Benefit, Term Life, Basic or Enhanced Prescription Drug Card
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Protector Plus PPO Plan

Flexible PPO

All charges are covered subject to deductible & coinsurance <i>unless highlighted below.</i>
\$500, \$1,000, \$1,500, \$2,500, \$5,000, \$10,000
3x individual
80/20 to \$5,000 • 80/20 to \$10,000 70/30 to \$10,000 (\$10,000 deductible plan has 100% coinsurance)
Unlimited
Double deductible and benefits reduced by 20%
N/A
N/A
Subject to deductible & coinsurance unless the Optional Physicians Office Visit Copay Benefit is selected
Subject to deductible & coinsurance unless the Optional Prescription Drug card is selected
Subject to deductible & coinsurance unless the Optional Accident Benefit is selected
First Dollar Benefit: Unlimited Coverage*
Unlimited Coverage
Covered up to \$10,000
Unlimited Coverage
20 visits per year up to \$20/visit
Not covered unless the Optional Dental Benefit is selected
Unlimited Coverage
N/A
20 visits per year up to \$20/visit
60 visits per year up to \$30/visit
Maternity, Dental, Accident, Term Life, Prescription Drug Card, Physician's Office Copay

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Preferred Value Plan

High Deductible Health Plan

All charges are covered subject to deductible & coinsurance <i>unless highlighted below.</i>
\$1,500, \$2,500, \$5,000, \$10,000
3x individual
70/30 to \$15,000 80/20 to \$15,000
Unlimited
Benefits reduced by 25%
First Dollar Benefit: 25% of charges up to \$300
\$250 deductible per occurrence ² (In addition to annual deductible)
First Dollar Benefit: \$30 copay per non-preventive visit. 4 visits per year. (Office visit fee only)
No prescription drug coverage unless an optional prescription drug card is selected
First Dollar Benefit: \$500 per occurrence
First Dollar Benefit: Unlimited Coverage*
Unlimited Coverage
Covered up to \$10,000
Unlimited Coverage
30 visits per year up to \$50/visit
\$200 per person per year
Unlimited Coverage
\$750 deductible per admission ² (In addition to annual deductible)
30 visits per year up to \$100/visit
10 visits per year up to \$200/visit
Basic or Enhanced Prescription Drug Card

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Healthy Savings Plan

HSA-Qualified Plan

All charges are covered subject to deductible & coinsurance <i>unless highlighted below.</i>
\$1,500, \$2,500, \$3,750, \$5,000
\$2,500, \$5,000, \$7,500, \$10,000
100% after deductible or 80/20 to allowable max (\$1,500 & \$2,500 deductible only)
Unlimited
Benefits reduced by 25%
N/A
N/A
Unlimited Coverage
Unlimited Coverage
Unlimited Coverage
First Dollar Benefit: Unlimited Coverage*
Unlimited Coverage
Covered up to \$10,000
Unlimited Coverage
30 visits per year up to \$50/visit
First Dollar Benefit: Up to \$250 per person or \$500 per family per year
Unlimited Coverage
N/A
30 visits per year up to \$100/visit
10 visits per year up to \$200/visit
Maternity Benefit, Term Life

pages 14–15

¹ Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services. ² Not Applicable in Arizona on the \$5000 and \$10000 deductible plans. *In-network services only. Out-of-network services subject to penalties.



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 peace-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 one of our PPO Networks. Providers within these networks will provide **special discounts** on healthcare services for USL&H policyholders. Network information is available on the back cover of this brochure and at www.unitedsecuritylandh.com.

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).

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.

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*

Prescription Drug Discount Card:

If neither optional drug card is purchased, there will be no prescription drug coverage payable under your plan. However, in order to provide you with savings on prescription drugs, USL&H has worked with our Pharmacy Benefit Manager, CareMark, to provide you with a free discount drug card. **This 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.



Experience the freedom of Unlimited Access

Unlimited Access Optional Benefits (Additional Premium Required)

Optional Basic 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

Optional Enhanced Prescription Drug Card:

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

\$15 copay for generics (no deductible)

\$250 deductible per person per year for brands/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 covered the same as any other illness. There is no separate deductible for the baby. (If delivery occurs prior to 15 month waiting period, benefits 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. Excludes orthodontia.

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. (Not available with deductibles above \$1,000).

Plan Details	All charges are covered subject to deductible & coinsurance unless highlighted below.
Deductibles	\$500, \$1,000, \$2,500, \$5,000
Family Deductible	3x individual
Coinsurance	80/20 to \$10,000
Lifetime Max	Unlimited
Out of Network	N/A
Healthy Lifestyle Benefit	First Dollar Benefit: 25% of charges up to \$300
Outpatient	
Outpatient Deductible	N/A
Office Visit	Unlimited Coverage
Prescription Drugs	No prescription drug coverage unless an optional prescription drug card is selected
Supplemental Accident	First Dollar Benefit: \$500 per occurrence
Wellness Services	First Dollar Benefit: Unlimited Coverage
X-ray and Lab Services	Unlimited Coverage
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Unlimited Coverage
Outpatient Rehabilitation	30 visits per year up to \$50/visit
Preventive Dental	\$200 per person per year
Inpatient	
Inpatient Hospital Charges [‡]	Unlimited Coverage
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, Basic or Enhanced Prescription Drug Card

[†]Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services.
[‡]Maternity Benefit not available in Indiana.



HealthSelect PPO Plan

Comprehensive 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

Network Discounts

Your HealthSelect PPO Plan will cover you no matter where you receive care. However, to **receive special discounts** and 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, as USL&H has partnered with several quality PPO Networks. For more information on network availability in your area, please see the back cover of this brochure or visit www.unitedsecuritylandh.com.

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:

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.*

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

Prescription Drug Discount Card:

If neither optional drug card is purchased, there will be no prescription drug coverage payable under your plan. However, in order to provide you with savings on prescription drugs, USL&H has worked with our Pharmacy Benefit Manager, CareMark, to provide you with a free discount drug card. **This is not a Prescription Co-Pay Drug Card**, but will allow for discounts and/or lower the out-of-pocket expense on many prescription drugs.



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)

Basic 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

Enhanced Prescription Drug Card:

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 for brands/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. 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. Excludes orthodontia.

Term Life:

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

* Maternity Benefit not available in Indiana.

Plan Details	All charges are covered subject to deductible & coinsurance unless highlighted below.
Deductibles	\$1,000, \$1,500, \$2,500, \$5,000
Family Deductible	3x individual
Coinsurance	70/30 to \$10,000 80/20 to \$10,000
Lifetime Max	Unlimited
Out of Network	Benefits reduced by 25%
Healthy Lifestyle Benefit	First Dollar Benefit: 25% of charges up to \$300
Outpatient	
Outpatient Deductible	N/A
Office Visit	First Dollar Benefit: \$25 copay per non-preventive visit, up to \$500 per person per year
Prescription Drugs	No prescription drug coverage unless an optional prescription drug card is selected
Supplemental Accident	First Dollar Benefit: \$500 per occurrence
Wellness Services	First Dollar Benefit: Unlimited Coverage*
X-ray and Lab Services	Unlimited Coverage
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Unlimited Coverage
Outpatient Rehabilitation	30 visits per year up to \$50/visit
Preventive Dental	\$200 per person per year
Inpatient	
Inpatient Hospital Charges ¹	Unlimited Coverage
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, Basic or Enhanced Prescription Drug Card

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

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



Protector Plus PPO Plan

Flexible PPO

Want a health insurance plan that can be custom built to fit your needs? Look no further than Protector Plus! The in-network plan design gives you access to thousands of providers, while keeping the premium payments affordable. The array of options ensure you only pay for the benefits you need.

We Know You:

Are looking for the ability to manage your premium amount by selecting from many different options

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

Want the option to add first-dollar benefits like Physician Office Copays, a Prescription Drug Card and a Supplemental Accident Benefit

Enjoy the flexibility of picking and choosing the benefits that best suit your needs.

Deductible Options:

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

Protector Plus PPO Plan Featured Benefits

Network Discounts

Your Protector Plus Plan will cover you no matter where you receive care. However, to **receive special discounts** and 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, as USL&H has partnered with several quality PPO Networks. For more information on network availability in your area, please see the back cover of this brochure or visit www.unitedsecuritylandh.com.

Prescription Drug Coverage:

Even if you do not select a prescription drug card, the Protector Plus plan will still cover your prescription drug charges, 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.

Common Accident Benefit:

When two or more covered family members are injured in the same accident, only one deductible must be met for the resulting expense.

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.*

Plan Options:

Flexibility is the name of the game when it comes to Protector Plus. In addition to the six optional benefits listed on the right, you can also adjust your premium by selecting from the following options:

Deductible Options

\$500, \$1,000, \$1,500, \$2,500, \$5,000 & \$10,000

Coinsurance Options

80 / 20 to \$10,000
80 / 20 to \$5,000
70 / 30 to \$10,000

(The \$10,000 deductible plan automatically comes with 100% coinsurance.)



Protector Plus Optional Benefits (Additional Premium Required)

Prescription Drug Card:

Let your client enjoy the benefits of one of the finest drug cards on the market. A separate \$50 per person deductible applies, then the following:

\$15 copay for generics

\$30 copay for formulary brand names

\$50 copay for non-formulary brand names

25% coinsurance for specialty drugs

Network Physician Copay:

After a \$25 copay per visit, USL&H will cover non-preventive Physician's visits at 100%, up to \$500 per person per year. Charges exceeding \$500 will be subject to deductible & coinsurance.

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).

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. Excludes orthodontia.

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

Why pay more? With Protector Plus,
you only pay for what you need!

Plan Details	All charges are covered subject to deductible & coinsurance unless highlighted below.
Deductibles	\$500, \$1,000, \$1,500, \$2,500, \$5,000, \$10,000
Family Deductible	3x individual
Coinsurance	80/20 to \$5,000 • 80/20 to \$10,000 70/30 to \$10,000 (\$10,000 deductible plan has 100% coinsurance)
Lifetime Max	Unlimited
Out of Network	Double deductible and benefits reduced by 20%
Healthy Lifestyle Benefit	N/A
Outpatient	
Outpatient Deductible	N/A
Office Visit	Subject to deductible & coinsurance unless the Optional Physicians Office Visit Copay Benefit is selected
Prescription Drugs	Subject to deductible & coinsurance unless the Optional Prescription Drug Card is selected
Supplemental Accident	Subject to deductible & coinsurance unless the Optional Accident Benefit is selected
Wellness Services	First Dollar Benefit: Unlimited Coverage*
X-ray and Lab Services	Unlimited Coverage
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Unlimited Coverage
Outpatient Rehabilitation	20 visits per year up to \$20/visit
Preventive Dental	Not covered unless the Optional Dental Benefit is selected
Inpatient	
Inpatient Hospital Charges ¹	Unlimited Coverage
Inpatient Deductible	N/A
Inpatient Rehabilitation	20 visits per year up to \$20/visit
Skilled Nursing Facility	60 visits per year up to \$30/visit
Optional Benefits (Additional premium required)	Maternity, Dental, Accident, Term Life, Prescription Drug Card, Network Physician Copay

¹ Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services
* In-network services only. Out-of-network services subject to penalties.



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

▶ Combat Deductibles & Out-Of-Pocket Expenses With Our New Supplemental Accident Hospital Indemnity Plan!

For as little as **\$12/month**, you can strengthen the Preferred Value Plan to protect yourself from unmanageable out-of-pocket expenses.

If you had a serious accident, you would be fully covered under our Preferred Value Plan. However, in the event of a hospitalization, you could be responsible for thousands of dollars to cover your deductibles and coinsurance amounts. That's why many consumers are choosing to pair an inexpensive accident hospital indemnity plan, which **pays up to \$400 per day directly to you** in the event of an accidental injury that leads to a hospital stay.

Benefits	Cost
Hospital Confinement - \$200/day	Ages 18-24: \$12.41/mo.
Intensive Care Unit - \$200/day	Ages 35-39: \$12.92/mo.
Burn Unit - \$200/day	Ages 50-54: \$15.71/mo.
Emergency Room - \$150/visit	Ages 60-64: \$22.01/mo.

Preferred Value Plan Featured Benefits

Network Discounts

Your Preferred Value Plan will cover you no matter where you receive care. However, to **receive special discounts** and 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, as USL&H has partnered with several quality PPO Networks. For more information on network availability in your area, please see the back cover of this brochure or visit www.unitedsecuritylandh.com.

Low Premiums:

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

Office Visit Copays:

Enjoy an affordable \$30 copay for up to 4 non-preventive 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).

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.*

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



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

Preferred Value Plan Optional Benefits (Additional Premium Required)

Basic 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



Enhanced Prescription Drug Card:

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

If neither drug card option is purchased, there will be no prescription drug coverage payable under your plan. However, in order to provide you with savings on prescription drugs, USL&H has worked with our Pharmacy Benefit Manager, CareMark, to provide you with a free discount drug card. **This 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.

Plan Details	All charges are covered subject to deductible & coinsurance unless highlighted below.
Deductibles	\$1,500, \$2,500, \$5,000, \$10,000
Family Deductible	3x individual
Coinsurance	70/30 to \$15,000 80/20 to \$15,000
Lifetime Max	Unlimited
Out of Network	Benefits reduced by 25%
Healthy Lifestyle Benefit	First Dollar Benefit: 25% of charges up to \$300
Outpatient	
Outpatient Deductible	\$250 deductible per occurrence ¹ (In addition to annual deductible)
Office Visit	First Dollar Benefit: \$30 copay per non-preventive visit. 4 visits per year. (Office visit fee only)
Prescription Drugs	No prescription drug coverage unless an optional prescription drug card is selected
Supplemental Accident	First Dollar Benefit: \$500 per occurrence
Wellness Services	First Dollar Benefit: Unlimited Coverage*
X-ray and Lab Services	Unlimited Coverage
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Unlimited Coverage
Outpatient Rehabilitation	30 visits per year up to \$50/visit
Preventive Dental	\$200 per person per year
Inpatient	
Inpatient Hospital Charges ²	Unlimited Coverage
Inpatient Deductible	\$750 deductible per admission ¹ (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)	Basic or Enhanced Prescription Drug Card

¹ Not Applicable in Arizona on the \$5000 and \$10000 deductible plans.
² Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services.
 * In-network services only. Out-of-network services subject to penalties.



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 full 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	▶ \$10,000

Healthy Savings Featured Benefits

Low Premiums:

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

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.*

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 deposit it into 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:

Eligible prescription drugs are covered at 100%, subject to deductible and coinsurance. USL&H has 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.

100% Coinsurance:

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

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%.

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 Benefit¹:

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

¹Maternity Benefit not available in Indiana.

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

¹Healthy Savings Plan assumes a 28% tax bracket on a deposit of \$5,800.

Plan Details	All charges are covered subject to deductible & coinsurance unless highlighted below.
Deductibles	\$1,500, \$2,500, \$3,750, \$5,000
Family Deductible	\$2,500, \$5,000, \$7,500, \$10,000
Coinsurance	100% after deductible or 80/20 to allowable max (\$1,500 & \$2,500 deductible only)
Lifetime Max	Unlimited
Out of Network	Benefits reduced by 25%
Healthy Lifestyle Benefit	N/A
Outpatient	
Outpatient Deductible	N/A
Office Visit	Unlimited Coverage
Prescription Drugs	Unlimited Coverage
Supplemental Accident	Unlimited Coverage
Wellness Services	First Dollar Benefit: Unlimited Coverage*
X-ray and Lab Services	Unlimited Coverage
Ground and Air Ambulance	Covered up to \$10,000
Emergency Room	Unlimited Coverage
Outpatient Rehabilitation	30 visits per year up to \$50/visit
Preventive Dental	First Dollar Benefit: Up to \$250 per person or \$500 per family per year
Inpatient	
Inpatient Hospital Charges ¹	Unlimited Coverage
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

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



USL&H Health Insurance Options

Ancillary Products

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:

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.uslandh.com
and We'll Waive the \$25 Application Fee!

Critical Illness

The chances are you'll survive a critical illness. With our help, you can survive the costs as well.

- ▶ Face Amounts from \$5,000 - \$50,000
- ▶ Guaranteed Renewability
- ▶ Return of Premium Option*
- ▶ Issue Up to Age 65
- ▶ Affordable Supplement to Major Medical Plan

*Not available in all states

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

Accident Hospital Indemnity

We can't prevent an accident, but we can help lessen the financial pain.

- ▶ Pays For Injuries Sustained In Accident
- ▶ \$200/Day Hospital Confinement, \$200/Day ICU or Burn Unit, \$150/Visit Emergency Room
- ▶ Guaranteed Issue & Guaranteed Renewable
- ▶ Level Premiums

Dental Plus Vision and Hearing

Designed to provide you with a simple, affordable way to protect these important assets.

- ▶ Guaranteed Issue
- ▶ No Network Restrictions
- ▶ Anyone Ages 18-64 is Eligible
- ▶ Low Premiums
- ▶ Multi-Policy Discount Available

*Not available in all states



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

- ▶ Contraceptive drugs are covered.
- ▶ Charges for the necessary care and treatment of loss or impairment of speech or hearing are covered.

Illinois

- ▶ Inpatient Alcoholism is covered the same as any other illness.
- ▶ Contraceptive drugs are covered.
- ▶ Charges for Outpatient Alcoholism and Chemical Dependency are excluded.
- ▶ The Shingles Vaccine, when ordered by a licensed physician, is covered for insureds over the age of 60.
- ▶ Coverage for the diagnosis of autism spectrum disorders and for the treatment of autism spectrum disorders is provided for insured persons under 21 years of age up to \$36,000 per year. Charges are subject to the deductible and coinsurance.

Indiana

- ▶ Charges for Mental and Nervous disorders are excluded.
- ▶ Inpatient Alcoholism is covered the same as any other illness.
- ▶ Charges for the repairs, replacements or duplicates of prosthetic devices are covered.
- ▶ The references to 12 months and 24 months in the Pre-Existing Condition Limitation are changed to six months and 12 months respectively.

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.
- ▶ Charges for Mental and Nervous disorders are excluded.

Mandated Offers

The following coverages are excluded in your state, unless the appropriate Mandated Offer is elected and current.

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.

TMJ/CMJ Offer: This benefit provides coverage for the medical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck or head, including temporomandibular joint disorder (TMJ) and craniomandibular joint disorder (CMJ). Treatment includes both surgical and nonsurgical procedures. This coverage is subject to the policy deductible and coinsurance.

Mental Nervous Offer: This benefit provides coverage for outpatient, partial hospitalization and confinement as an inpatient in a hospital, or outpatient psychiatric center licensed by the Department of Health or a community mental health center certified by the Division of Mental Health Services of the Department of Human Services.

Hospice Offer: This benefit provides coverage for Hospice Care by a Hospice Care Facility or Hospice Care Agency for terminally ill patients with coverage for prognosis and treatment of at least the rates of reimbursement as provided for hospice care under Medicare and the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as in effect 01/01/99.

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.

Smoking Cessation Benefit Offer: This benefit provides coverage for a tobacco use cessation program that will be covered up to \$500 annually for an Insured Person who is 18 years of age or older. These benefits are subject to any deductible, coinsurance, or copayment provisions of the Certificate.

Indiana:

Morbid Obesity Offer: This benefit provides coverage on charges for weight loss for morbidly obese individuals.

GENERAL COVERAGE LIMITATIONS AND EXCLUSIONS (Your State May Vary)

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 (Indiana residents 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 (\$20 per visit with a maximum of 20 visits on Protector Plus policies). • 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 (\$30 per visit with a maximum of 60 visits on Protector Plus policies). • 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. • Emergency air, ground, and water ambulance is limited to \$10,000 per person per calendar year.

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, injectibles (except insulin), biological sera, blood or plasma, or any drug prescribed for parental use. • A non-legend patent or proprietary medicine or medication. • 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 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 Preventive 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 form. • 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 (unless state mandated). • 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. • Flat feet or routine foot devices.

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.

PPO Networks

PHCS

www.multiplan.com

Arizona Foundation for Medical Care

www.azfmc.com

AMCO (Arkansas Managed Care Organization)

www.amcoppo.com

Healthlink

www.healthlink.com

HFN

www.hfninc.com

Midland's Choice

www.midlandschoice.com

Sagamore

www.sagamorehn.com

National Pharmacy Network

CVS Caremark

www.caremark.com

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