

Exclusions & Limitations

We will NOT pay benefits for Preventive Dental during the first **30 days** following the Policy Effective Date.

We will NOT pay benefits for Vision services during the first **three** months following the Policy Effective Date.

We will NOT pay benefits for the following items and/or services during the first **six** months following the Policy Effective Date:

1. Basic Dental Services.

We will NOT pay benefits for the following items and/or services during the **first Policy Year**:

1. Major Dental Services; or
2. Hearing aids.

We will NOT pay benefits for:

1. Any loss resulting from war, declared or undeclared;
2. Any intentionally self-inflicted Injury;
3. Any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation;
4. Any expense for which payment is provided under Medicare;
5. Any services that are not recommended by a Physician, as defined by this Policy;
6. Any Experimental or Investigational procedure or treatment;
7. Orthodontic treatment;
8. Any expenses incurred for the diagnosis or treatment of Temporomandibular Joint (TMJ) and Craniomandibular Joint (CMJ) Dysfunction;
9. Expenses incurred for surgical procedures (other than outpatient dental surgery) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts);
10. Charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures;
11. Prescription drugs;
12. Charges in excess of Reasonable and Customary Charges;
13. Treatment or diagnosis received while outside the territorial limits of the United States;
14. Services for which you are not liable or for which no charge normally is made in the absence of insurance; and
15. Loss that occurs while this Policy is not in force.

This brochure is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy for details. For costs and further details of the coverage, including exclusions, any restrictions or limitations and the terms under which the policy may be continued in force, see your agent or write to the Company.

ABOUT UNITED SECURITY LIFE AND HEALTH

USL&H is a regional insurance carrier that offers Cancer, Disability Income, Critical Illness, Accident Hospital Indemnity, Health and Life Insurance products to individuals and families. Founded in 1973, USL&H is licensed to sell its products in Arizona, Arkansas, Illinois, Indiana, Missouri and Nebraska through a network of independent insurance agents. Visit us online at www.uslandh.com.



A+ Rated



Dental  *Plus*
Vision Hearing

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

Why is Dental Plus coverage important to you and your family?

It's a proven fact that good preventative care of your entire body leads to greater quality of life. Ensuring that your teeth, vision and hearing are working at their optimal health is no exception. That is why **United Security Life and Health** developed **Dental Plus**.

Dental Plus is designed to provide you with a simple, affordable way to protect these important assets by helping you pay for their coverage. With **Dental Plus**, regular check-ups and good preventative care are possible.

There are absolutely No Network Restrictions; you can visit any dentist, optometrist, ophthalmologist or audiologist you want! **Anyone ages 18-64 is eligible, as well as dependents.**

Plan Benefits

United Security Life and Health's Dental Plus is a **Guaranteed Issue** plan for applicants aged 18 through 64, meaning your acceptance in this program is guaranteed. **Dental Plus** is also **Guaranteed Renewable**, so as long as you pay your premiums on time, you'll be able to renew your policy up to age 75.



We have also worked with our Pharmacy Benefit Manager, Caremark, to provide you with a **Free Discount Card** that will earn you **discounts and/or lower out-of-pocket expenses on many prescription drugs**. Although this is not a Prescription Co-Pay Drug Card, it will allow you to spend less money on medicine so you can deposit more money in your bank account.

BIG SAVINGS:

Save 10% with our family discount and **Save 15%** if purchased with a health plan.

You Can't Ignore the Facts:



Glaucoma is the second leading cause of blindness. Early diagnosis and treatment limit glaucoma-related vision.

Your teeth, gums, and surrounding tissue have plenty to say about your overall health.



Flossing and heart disease are interrelated. You can reduce your risk of heart disease by taking proper care of your teeth.



Dental Plus Features: A one-time deductible of \$50 per policy year applies to all benefits! Total payment for all benefits is \$1,200 per person, per year!

| | <u>Dental</u> | | <u>Vision</u> | <u>Hearing</u> |
|---|-----------------------|---------------|--|---|
| | <u>Waiting Period</u> | <u>% Paid</u> | | |
| <u>Preventative</u> | 30 Days | 90%* | <ul style="list-style-type: none"> • Paid at 100% • Total payment includes eye exams, eyeglasses or contacts | <ul style="list-style-type: none"> • Paid at 70% • No waiting period for hearing exam |
| <u>Basic</u> | 6 Months | 70% | <ul style="list-style-type: none"> • 3 month waiting period | <ul style="list-style-type: none"> • 12 month waiting period for hearing aid |
| <u>Major</u> | 12 Months | 50% | <ul style="list-style-type: none"> • Maximum payment is \$150 per person, per year | <ul style="list-style-type: none"> • Maximum payment equals Policy Maximum minus other benefit payments made |
| Maximum payment equals Policy Maximum per person minus other benefit payments made. | | | | |
| * Limit (two) visits per person per year, \$75.00 per visit max | | | | |

Monthly Rates*

For as little as \$33/month

Billing Fees

Annual - \$0 Monthly - \$3
Semi-Annual - \$6 PAC/Credit Card - \$1
Quarterly - \$5 List (monthly) - \$5

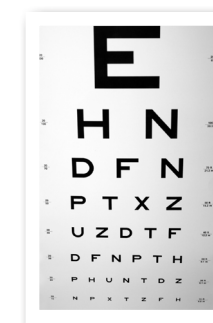
*Premiums are subject to change.
Premium rates shown above were filed in your state on 7/1/2011.

| AGE | INDIVIDUAL | FAMILY DISCOUNT PER PERSON |
|-----------|------------|----------------------------|
| 18-30 | \$33.09 | \$29.78 |
| 31-40 | \$36.63 | \$32.97 |
| 41-50 | \$38.78 | \$34.90 |
| 51-60 | \$41.87 | \$37.68 |
| 61-64 | \$47.04 | \$42.34 |
| Under 18* | N/A | \$25.21 (per child) |

*Primary applicant must be at least 18 years of age

United Security Life and Health's Dental Plus is issued individually and premiums are determined according to the age of the applicant.

After you receive the policy, the **10-Day Right to Examine** feature affords you the option to return the policy to us or your insurance agent if you are dissatisfied. We will refund any premiums you have paid and void the policy.



Buy from a company you can trust.

Great coverage. Great service.