## **U.S. Health Insurance Options**

Affordable Health Insurance Plans for Individuals & Families



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.

You Have The Freedom To Choose Your Hospitals and Doctors... But Choosing a Provider in the Aetna Signature Administrators PPO<sup>™</sup> Network **Can Still Save You Money!** 

	Out-of-Network	In-Network
\$10,000 Hospital Bill:	\$10,000	\$10,000
Network Discount:	\$0	\$3,000
Repriced Bill:	\$10,000	\$7,000
Your Cost:		
Deductible: Coinsurance:	\$1,000 \$2,000 <sub>T</sub> (20% of \$9,000)	\$1,000 \$1,400 ጊ (20% of \$6,000)
Your Total Out-of-Pocket	\$2,800	\$2,200

Assumes the first claim of the calendar year on an Unlimited Access Plan with a \$1,000 deductible. Network discount shown for illustrative purposes only. The network discounts in your area may vary.

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.

## Get a Quote – It's Fast & Free!

You can receive a free, no-obligation quote for Unlimited Access, or any other of our health plans, by doing one of the following:

- Visit our website, www.unitedsecuritylandh.com. Enter a few pieces of information and view a quote in minutes.
- Call our Marketing Department at (800) 875-4422. Option 2 and ask for a free quote on health insurance.
- Contact your local insurance agent listed below:

## **Experience the Freedom of Unlimited Access**



- US LH
  - ▶ \$5 Million Lifetime Maximum
  - ► Complete Freedom in Choice of Doctors & Hospitals
  - Prescription Drug Coverage
  - Preventive Health & Dental Benefits
  - ► All New Healthy Lifestyle Benefit



## 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
- Want the plan features that your employersponsored health plan used to provide

having the best possible health care coverage

## **Deductible Options:** ▶ \$500 ▶ \$1,000

**\$2,500** ▶ \$5,000

#### Important Note

The information shown in this brochure and in any accompanying literature is not intended to provide full details of USL&H plans and may change at the discretion of USL&H. Complete terms of coverage are outlined in the Certificate and set forth in the applicable insurance Policy. In applying for coverage, the primary insured agrees to be bound by the Certificate. The benefits described in this brochure and any accompanying literature are the standard benefits offered by USL&H. Policy provisions may vary in some states.

ask your insurance agent or visit our website for our Combo Major rance Brochure (Form # USLH HCO 01/09), which contains more rmation on the plan shown in this brochure.

# US LH LIFE AND HEALTH INSURANCE COMPANY

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## United Security Life and Health Standard Plan Features

#### **Guaranteed Renewability:**

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

#### 12-Month Rate Guarantee:

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

#### **Renewal Premiums:**

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

### \$5 Million Lifetime Maximum:

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

#### **Coverage While Traveling:**

You can pack a healthy amount of major medical insurance every time you travel. Our plans afford up to \$10,000 per person per year in coverage for travel outside the U.S. and Canada; emergencies are fully covered.

## United Security Life and Health Standard Plan Coverages

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

## **Unlimited Access Featured Benefits**

**FREE CHOICE - Any Doctor/Any Hospital:** You have the freedom to choose any hospital or physician, without a reduction in benefits! You don't even need a referral to see a specialist!

Preferred Provider Discounts – To keep your healthcare costs down, you should still receive treatment from a provider in the Aetna Signature Administrators<sup>5M</sup> (ASA) PPO Network. Network information is available online at www.unitedsecuritylandh.com.

## Prescription Drug Card:

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

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

### Supplemental Accident Benefit:

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

#### Healthy Lifestyle Benefit:

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

Health Club Memberships Smoking Cessation Weight Loss Programs

#### Wellness Services:

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

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

## Unlimited Access Optional Benefits (Additional Premium Required)

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

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

\$15 copay for generics (no deductible) \$250 deductible per person per year for brands

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

## Did You Know?

Over **41%** of Families Report Having Problems Paying for the Prescription Drugs they Need.

Source: USA Today/Kaiser Family Foundation/Harvard School of Public Health: The Public on Prescription Drugs and Pharmaceutical Companies (Conducted Jan. 3-23, 2008).

## **Maternity Benefit:**

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

#### **Dental Benefit:**

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

## Term Life:

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

## Accidental Death & Dismemberment Benefit:

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

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

<sup>1</sup>Includes Pre-Admission Tests, Room & Board, ICU & Miscellaneous Services.