

Horizons[®] Temporary Health

Multi-State Application

Between Jobs?

New
Lower Rates!

New Benefits and
New Low Rates
for 10/1/06!

Recently Graduated?

In Your Waiting Period?

**Horizons[®] Temporary Health—
It's there when you need it most.**

EFFECTIVE 10-1-06



**Administered by Allied National, Inc.
Underwritten by
Guarantee Trust Life Insurance Company**

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What is the Horizons® Temporary Health Plan?

The Allied Horizons® Temporary Health Plan provides health insurance coverage for non-work related sickness and injury for up to six months. The plan is ideal if you are:

- between jobs.
- waiting for coverage after you've started a new job.
- a recent college graduate, or no longer covered on your parents plan.
- unable to qualify for or afford individual coverage or COBRA.

Who is eligible?

Anyone age 18 through and including age 64, spouses under age 65 and dependent children under age 19 are eligible as long as each person to be insured:

- is a U.S. citizen (or foreign resident living in the United States with at least one (1) year of U.S. residency with a Green Card, Alien Registration Receipt Card, Visa or similar document);
- is not currently pregnant and, if insuring dependents, not an expectant father or planning on adopting;
- does not have other medical insurance coverage in force; and
- can answer "no" to the medical questions on the application.

Dependents age 19 and older must be written under their own separate coverage.

For child only coverage, each child must be written under his or her own separate coverage. Use the "through age 29" rate on the application for each child applying for child only coverage.

How do I pay for the Horizons Temporary Health Plan?

The Horizons Temporary Health Plan can be paid for by a single lump payment (saving 20%) or billed monthly. The initial payment may be made by check or credit card. Additional payments can be made by check, automatic withdrawal from checking account or credit card.

The Horizons Temporary Health Plan prepay option provides a 20% discount off the monthly billing rate. To qualify, select a coverage period of one to six months and pre-pay the entire amount with the application. **Please note that any premium paid under the prepay plan discount is nonrefundable.**

IMPORTANT NOTE: No employer or business involvement is allowed on the Horizons Temporary Health Plan. Company or business checks will not be accepted. Payment must be made using a personal check or credit card.

When is coverage effective and for how long?

Coverage is effective for a minimum of one month up to a maximum of six months. There is no need to choose length of coverage when you apply unless applying for the discounted prepay plan. You may request a specific effective date (any day of the month) as long as the application and premium are received by Allied before the requested effective date. Coverage can not be effective earlier than the day after the post office postmark on the envelope received by Allied or more than 30 days after the application signature date. Envelopes received with no postmark can be made effective no earlier than the date of receipt by Allied. Incomplete applications or incorrect initial payment could delay the effective date. Premium for additional months will be due on the first day of each month.

Note: When immediate effective dates are required, online application will allow you to select and receive effective dates as early as next day.

Can coverage be rewritten?

The Horizons Temporary Health Plan is a TEMPORARY plan. It is not renewable and not meant to provide long periods of coverage. However, coverage may be rewritten for new and separate coverage periods, not to exceed three (3) coverage periods, as long as you meet the eligibility criteria described above and on the application. There is NO CONTINUOUS COVERAGE if the plan is rewritten. This means that a new application must be submitted, a new effective date is given, a new preexisting condition period begins and a new deductible and out-of-pocket expense must be met. Any condition which may have occurred under prior coverage will be treated as a preexisting condition under the rewritten coverage. Allied reserves the right to review previously submitted claims and decline coverage on anyone applying for a new coverage period.

Can I apply online?

Allied's new online application site allows you immediate access for quick benefit information and rates. Apply online for coverage effective dates as early as the next day with rapid Allied underwriting response. Contact your Allied agent for access to your agent's personalized online sales web page or call Allied for more information.

Outstanding Benefits

DEDUCTIBLE: The Horizons Temporary Health Plan offers three deductible options to suit your needs: \$750, \$1,250 or \$2,500 (\$5,000 available when applying online). This is a one-time deductible during your coverage period. If you are covering dependents there is a maximum of three deductibles per family.

COINSURANCE: Following satisfaction of the chosen deductible, the Plan pays 70% of the first \$10,000 of eligible expenses and 100% of eligible expenses in excess of \$10,000. (Money saving 50% coinsurance available when applying online.)

MAXIMUM BENEFIT: The Horizons Temporary Health Plan pays a maximum benefit of \$1,000,000 for each insured person while insured.

FREE DISCOUNT DRUG CARD: Outpatient prescription drugs are not covered under this plan.

However, your Insurance ID card includes a discount drug card feature that will provide you with insurance company discounts at participating pharmacies nationwide.

\$300 Supplemental Accident Benefit Option

If you elect this low-cost option, 100% of the first \$300 of covered expenses caused by an accidental injury will be paid by the plan. After the first \$300, benefits will then be subject to the deductible and coinsurance.

The expenses must be incurred within 90 days of the accident, and you must receive the first medical treatment within 72 hours of the accident.

Online Options

Other benefit options, including deductible and coinsurance options are available with online enrollment. Contact your Allied agent for access to your agent's personalized online sales web page or call Allied for more information.

Covered Expenses & Benefit Maximums

Most medical services including physician care, Inpatient and Outpatient hospital services, laboratory testing and surgical services are covered by the Horizons Temporary Health Plan. The items listed below and on the following pages are specific exclusions, limitations or benefit maximums. There are additional limitations and exclusions contained in the policy. You will be issued a detailed Certificate of Insurance which you should review thoroughly. Coverage may be cancelled by the insured and premium refunded if requested within 10 days of receiving the Certificate of Insurance.

Eligible Expense is the Maximum Allowable Charge for the following services. Benefits for some covered expenses may vary according to state law and benefit plan selected.

Maximum Benefit per Human Organ or Tissue Transplant if Insured Person is being treated in accordance with an approved care Plan under Health Care Coordination: \$1,000,000. If Insured Person is not under Health Care Coordination: 50% of charges to maximum benefit of \$100,000. Human Organ or Tissue Transplant from a Donor: \$10,000

Calendar Year Maximum Treatment Days for Inpatient Hospital Confinement for Nervous, Emotional or Mental Disorders or Disease Care (Including Alcoholism and Chemical Dependency Care): 31 days in any 12 consecutive month period; not to exceed \$100 per day

Aggregate Benefit for Mental & Nervous and Alcoholism & Chemical Dependency: Lifetime Maximum of \$10,000

Maximum Visits for Outpatient Care for Nervous, Emotional or Mental Disorders or Disease Care (Including Alcoholism and Chemical Dependency Care): 10 visits

Hospice Care (other than inpatient) Maximum Benefit: \$2,000

Home Health Care Maximum Benefit: 40 Visits

Ground Ambulance- transportation per trip: Maximum Benefit \$200

Air Ambulance—transportation per trip: Maximum Benefit \$750

Maximum Visits for Orthopedic Manipulation; Occupational Therapy and Speech Therapy: Combined limit of 10 visits, up to \$30 benefit per visit

Durable Medical Equipment Rental Maximum Benefit: \$250 (not to exceed purchase price)

Coverage Period Maximum Benefit for Intercollegiate Athletic Bodily Injuries: \$10,000 for injuries sustained while training, practicing, undergoing conditioning or physically preparing for, or participating in, any school sponsored intercollegiate, interscholastic or other secondary or post-secondary interschool athletic or sports event, contest or competition.

Limitations & Exclusions

Consult your Certificate of Insurance for complete terms and provisions. Unless specific exceptions to the following limitations and exclusions are made, no benefits shall be payable under the Policy for any expenses caused by, incurred for, or resulting from:

- a. Bodily Injury or Sickness which arises out of or in the course of any occupation, self-employment, sole-proprietorship, partnership or employment for wage or profit, or Bodily Injury or Sickness for which the Insured Person has or had a right to compensation under any Workers' Compensation or occupational disease law;
- b. Services or supplies for which no charge is made, or for which the Insured Person is not required to pay, or which are not documented in the Insured Person's medical file, or for expenses arising from the treatment of a Bodily Injury or Sickness for which the Insured Person is not under the regular care of a Doctor, or for expenses which are not authorized or prescribed by a Doctor;
- c. Pregnancy, except that Complications of Pregnancy shall be considered a Sickness under the Policy;
- d. War or any act of war, or participation in a riot, or the commission of an assault or felony; or any Bodily Injury or Sickness that occurs while an Insured Person has been determined to be legally intoxicated or under the influence of alcohol or any narcotic, barbiturate or hallucinatory drug, unless administered under the advice of a Physician and taken in accordance with the prescribed dosage;
- e. Cosmetic surgery, including but not limited to: (1) surgery to the upper and lower eyelid; (2) augmentation mammoplasty; (3) reduction mammoplasty; (4) revision of breast surgery for capsular contraction or replacement of prosthesis; (5) repair of diastasis recti; (6) abdominoplasty or panniculectomy; (7) orthognathic surgery; (8) full or partial facial lifts; (9) dermal or chemo abrasion; (10) scar revision; (11) otoplasty; (12) lift, stretch or reduction of abdomen, buttocks, thighs or upper arm; (13) silicone injections to any part of the body; and (14) rhinoplasty; unless such surgery is required for a condition resulting from congenital defects or birth abnormalities or from Bodily Injury, and (except for a newborn child) such Bodily Injury occurred while the Insured Person was insured under the Policy;
- f. Elective surgery, treatment, drugs, or devices for sexual dysfunction, birth control or treatment of infertility, including sterilization, reversal of sterilization, penile implant, artificial insemination, in vitro fertilization of an ovum and/or development of an embryo in a laboratory, or use of fertility drugs;
- g. Prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids, or any other care, repair, removal, replacement or treatment of or to the teeth or any surrounding tissues, except:
 - 1) treatment made necessary by Bodily Injury to Sound and Natural teeth incurred while the Insured Person was insured under the Policy; or
 - 2) for the excision of partial bony or full bony impacted teeth or of a tumor or cyst, or an incision and drainage of an abscess or cyst;
- h. Treatment or surgery as the result of temporomandibular joint dysfunction, prognathism, retrognathism, microtrognathism, or any treatment or surgery to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible;
- i. Cataracts, Keratotomies or other surgical procedures to correct refractive errors, or examinations for and the cost of eyeglasses, contact lenses or hearing aids;
- j. Exogenous or morbid obesity, including but not limited to:
 - 1) weight reduction programs of any type;

- 2) all surgical procedures for the purpose of or as the result of weight reduction of an Insured; and
 - 3) all surgical procedures for reconstruction, repair or reversal of gastric or jejunoileal bypass as a result thereof;
- k. Repair or replacement of artificial limbs or eyes;
- l. Inpatient (and Outpatient, under the optional Outpatient Prescription Drug Benefit) prescription drugs which are not directly related to a specific diagnosis, not Medically Necessary or legally obtainable without a written prescription by a Doctor; or any Outpatient drugs (prescription or non-prescription) unless under the optional Outpatient Prescription Drug Benefit; or charges for non-prescription drugs;
- m. Expenses incurred for periodic physical examinations which are not directly related to treatment of a Bodily Injury or Sickness, charges for routine well baby care, including Hospital newborn nursery charges, or charges for genetic testing and counseling;
- n. Taxes or administrative fees, unless required by applicable law; medical care or treatment to the extent that benefits are paid by Medicare or any other governmental law or program (except Medicaid) or by any automobile insurance, or services furnished by a Hospital or institution which:
- 1) does not meet the definition specified in the Policy;
 - 2) is owned or operated by the United States Government or any agency thereof or is owned or operated by any State, Province or any other political subdivision unless there is a legal obligation for the Insured Person to pay in the absence of insurance;
- o. Expenses for treatment, paring or removal of corns, calluses or toenails (other than partial or complete removal of nail roots) except when prescribed by a Doctor who is treating the Insured Person for a metabolic disease, such as diabetes mellitus or peripheral-vascular disease such as arteriosclerosis; or treatment of the feet, including strained or flat feet, or instability or imbalance, by posting or strapping, range of motion studies, orthotics, osteotomies, hallux valgus repair, or orthopedic or corrective shoes, or other supportive devices;
- p. Expenses incurred as the result of attempted suicide or intentionally self-inflicted Bodily Injury or Sickness while sane or insane;
- q. Services received or supplies purchased outside the United States, its territories or possessions or Canada; or travel, transportation or living expenses;
- r. Services or supplies which are not Medically Necessary (including experimental or investigative treatment), charges in excess of the Maximum Allowable Charge, or expenses incurred on a date on which the Insured Person is not insured under the Policy;
- s. Custodial or Convalescence Care;
- t. An organ or tissue transplant or replacement, including the implant of an artificial organ or transplantation of animal or artificial organs or tissues (or any service or supply in connection with the implant or transplantation, including ventricular assist devices), except those organ or tissue transplants or replacements specified under "Eligible Expense";
- u. Any organ which is sold rather than donated to the Insured Person and any service or supply in connection with identification of a donor from a local, state or national listing;
- v. Any service or supply in connection with autologous bone marrow transplantation for treatment of any disease other than acute lymphocytic leukemia, acute non-lymphocytic leukemia, Hodgkin's disease, non-Hodgkin's lymphoma, neuroblastomas and breast cancer when combined with high dose chemotherapy; or any service or supply in connection with autotransfusion/transplantation of autologous stem cells for the treatment of leukopenia from any cause;

w. Any services or supplies in connection with cigarette smoking cessation; or services related to narcotic maintenance for opiate addiction;

x. A Pre-Existing Condition;

y. Hypnotherapy when used to treat conditions that are not recognized as Nervous, Mental or Emotional Disorder by the American Psychiatric Association; biofeedback; or non-medical self-care or self-help programs;

z. Consultations and/or treatment provided over the Internet;

aa. A hernia, hysterectomy, or treatment or removal of tonsils, adenoids, or gall bladder, except in an Emergency;

bb. Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy;

cc. Sclerotherapy for veins of the extremities;

dd. Kidney or end stage renal disease;

ee. Injuries sustained while participating in any form of sky diving, scuba diving, auto racing, bungee jumping, hang or ultra light gliding, parasailing, sail planing, flying in an aircraft (other than as a passenger on a commercial airline), rodeo contests or as a result of participating in any professional, semi-professional or other non-recreational sports including boating, motorcycling, skiing, riding all-terrain vehicles or dirt-bikes, snowmobiling or go-carting;

ff. Complications of any treatment or surgery for an excluded service or procedure;

gg. Private duty nursing, standby physician charges or medical care, treatment, services or supplies provided by an Insured Person's Family member;

hh. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless due to Bodily Injury incurred while the Insured Person was insured under the Policy;

ii. Chronic fatigue or pain disorders; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or related immunodeficiency disorders; or

jj. treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.

Extension of Benefits

If a covered Bodily Injury or Sickness commences while the Policy is in force as to the Insured Person, benefits otherwise payable under the Policy for the Bodily Injury or Sickness causing the total disability will also be paid for any Eligible Expenses incurred after the termination of insurance for an Insured Person if, from the date of such termination to the date such expenses are incurred, the Insured Person is Totally Disabled by reason of such Bodily Injury or Sickness. Such benefits shall be payable only during the continuance of such disability until the earlier of:

1. the date the Total Disability ends;
2. the date when treatment for the Total Disability is no longer required;
3. the date following a time period equal to the Insured Person's Coverage Period, with a minimum of thirty (30) days not to exceed a maximum of ninety (90) days;
4. the date the Insured Person becomes eligible for any other group insurance plan providing coverage for the same conditions causing the Total Disability; or
5. the date the Coverage Period Maximum Aggregate Benefit amount has been reached.

See Certificate of Insurance for Complete Details. This brochure is only a limited description of the Horizons Temporary Health Plan. Exact provisions of the Plan are contained in the Policy issued to the policyholder. In addition, each insured member will receive a Certificate of Insurance which contains a more detailed explanation of the provisions of the Plan. Some provisions, benefits, exclusions and limitations listed herein may vary depending on your state of residence.

Applying for Coverage - Paper Application

1) Fill out the Horizons Temporary Health application completely. Check the appropriate boxes for the payment method selected (monthly or prepay), deductible and Supplemental Accident option. Select an effective date if desired. For prepay plan only choose the total number of months (one to six) desired for coverage. Agent **MUST** complete the AGENT INFO section on the reverse of the application. The application **MUST** be signed by the applicant. Any application not signed will be declined.

2) Calculate the appropriate monthly premium using the applicant's residence address for the area factor. Follow the "rate calculator" on the reverse of the application to properly calculate the total premium due with the application.

3) For the prepay option, payment by check or credit card for the entire duration of coverage must be submitted with the application. For the monthly bill option, the first month's premium can be paid by check or credit card and must be submitted with the application. If insufficient premium is submitted with the application, coverage will be declined.

For the monthly bill plan, premiums after the first month will be billed to the applicant. Pre-authorized check or credit card payment plans may be elected by filling out the authorization agreement on the bottom of the application. The insured's checking account or credit card will then be debited for the monthly premium on or about the 7th of the due month.

For daily rates or partial months, please contact Allied Sales Support at 1-888-767-7133.

IMPORTANT NOTE: No employer or business involvement is allowed on the Horizons Temporary Health Plan. Company or business checks will not be accepted. Payment must be made using a personal check or credit card.

4) Applications must be mailed to Allied National. Faxed applications will not be accepted. Submit the completed and signed application, total premium due (made payable to Allied National) and a copy of the agent's license to:

ALLIED NATIONAL, INC.
UNDERWRITING DEPARTMENT
P. O. BOX 419254
KANSAS CITY, MO 64141-6254

GENERAL PLAN INFORMATION

Administration

Administration for the Horizons Temporary Health Plan is provided by Allied National. Allied provides underwriting, claims processing, billing and general client services to insureds and agents.

For more information on the Horizons Temporary Health Plan, contact your local sales representative or call:

1-800-825-7531



ALLIED NATIONAL, INC.

P.O. Box 419257

Kansas City, MO 64141-6257

Toll Free: 1-800-825-7531

www.alliednational.com