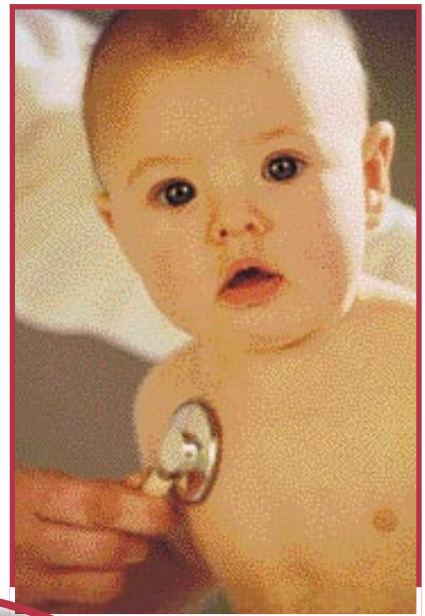




*GROUP HEALTH PLANS TO
FIT ANY NEED AND BUDGET*

Group Health Insurance



Administered By:



"The small group alternatives people."

Underwritten By Guarantee Trust Life Insurance Company

Bringing You and Your Employees the Finest Quality Flexible Health Coverage Choices on the Market

We know employers struggle with trying to balance health benefits and cost. That's why Allied developed the flexible, high quality Horizons® Health Plans. From the lowest cost to the most comprehensive benefit plans, Allied can provide a cost/benefit combination that's right for your group.

It's difficult to find a plan that can meet everyone's needs, but now you can build it.

With our Horizons Cost Saver limited benefit plan, you'll find three great low cost options with the first dollar benefits employees want and need the most including an office visit copay and prescription drug benefit.

For comprehensive benefits, there is an array of plans available to fit your budget—now and next year. Within these plans, you can choose from many levels of copays, coinsurance and deductibles to create a plan that easily fits your group's benefit and premium desires.

Does this sound too good to be true? Let us convince you. A strong insurance company combined with professional service, quality benefit choices and the best local doctors and hospitals, is a formula for total satisfaction. Employees love the benefits and service, you enjoy the ease of administration, and everyone appreciates the value.

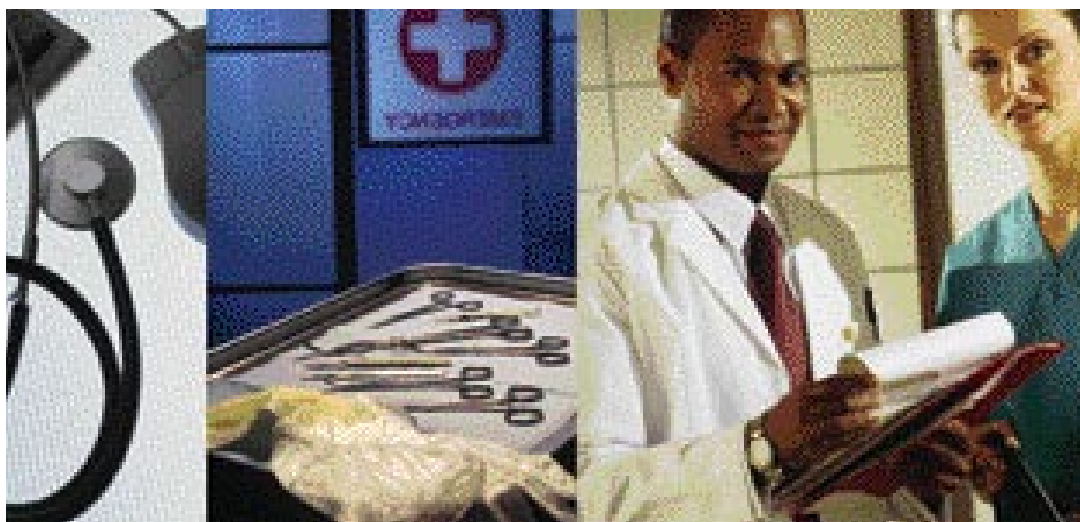


It's Your Choice

Take a look at the chart on the next page. You can see and compare the plan alternatives we offer from the lowest cost to the richer benefit plans.

Don't stop here, though. Consult with your Allied agent to help structure one of these plans to fit your group's health coverage and budget needs perfectly.

You don't have to choose just one plan, either. With Horizons Health Plans, the employer can sponsor two or more plan design choices (dual choice) or provide different benefit classes (dual class). Contact your Allied agent for complete details.



What type of coverage do you need?

Horizons® Health Plans	Cost/Benefit Comparison	Plan Description	
Cost Saver	Lowest cost plan with first dollar benefits.	For groups who want essential coverage, including office visits and prescription drugs with premium savings up to 60%, there are three different limited benefit plan options from which to choose. Perfect for the employer who has been priced out of traditional comprehensive plans or is looking to offer medical benefits for the first time. There is no medical underwriting, no health questions and no health loads with the Cost Saver Plan!	Page 4
Cost Saver PLUS Major Medical	Lower cost plan with first dollar benefits and catastrophic coverage.	For groups who want premium savings, essential benefit coverage and protection for larger medical expenses. This is a Horizons Cost Saver plan combined with a Major Medical plan that provides true catastrophic protection.	Page 5
Health Savings Account (HSA)	Low cost, high deductible plan with tax advantages.	Allied offers several High Deductible Health Plans that are compatible with a Health Savings Account. These plans are ideal when establishing a tax favored employee health savings account funded by the employer, employee, or both.	Page 6
Premium Advantage	High deductible plan with ranges from low to moderate cost.	For no-nonsense coverage with higher deductibles that lower costs. Allied's Premium Advantage Plans offer essential benefit options for office visits, supplemental accident and prescription drug benefits that employees want, combined with major medical coverage.	Page 6
Traditional PPO	Moderate cost, traditional comprehensive plan.	Traditional PPO Plans feature Comprehensive benefits with lower deductibles than the Premium Advantage Plan.	Page 7
No Deductible	Moderate cost, complete comprehensive benefit plan.	Allied's unique No Deductible Plans never charge a deductible and offer immediate benefits for employees through a modest copay and coinsurance. With several copay and coinsurance combinations available, you can build a great plan that fits both budget and benefit needs.	Page 7

The small group alternatives people.



www.alliednational.com



Horizons® Cost Saver

Horizons® Cost Saver is a unique alternative for an employer faced with the out of control costs of health insurance. Cost Saver provides essential medical benefits to employers faced with the prospect of dropping coverage all together, or to employers who have never provided health insurance to their employees.

With no medical underwriting and premium savings as much as 60% over traditional health coverage, this limited benefit plan is easily accessible while provid-

ing the types of benefits employees request most—benefits like Office Visits and Prescription Drugs.

Employee benefit plans are a key way for an employer to attract and retain quality employees. Horizons Cost Saver provides an affordable, cost effective alternative.

Cost Saver offers three different benefit levels from which to choose. From the cost savings of the Bronze Plan to the richer benefit Gold Plan, Cost Saver has a plan to fit your budget.

Deductible	\$250 or \$500 per person per year as selected by employer (waived for office visits)				
Coinurance	80% in-network and 50% out-of-network. (Office visits paid at 100% in-network and 80% out-of-network.)				
Benefit Category	Services & Benefits		Plan Options & Benefit Schedules		
	Type of Service	Basic Benefit	BRONZE PLAN	SILVER PLAN	GOLD PLAN
Professional Services	Office Visit	\$20 copay per visit for certain in-office services	\$2,000 Per Calendar Year	\$3,000 Per Calendar Year	\$4,000 Per Calendar Year
	Other Professional Services	\$50 copay per bill for all other professional services including surgery, no benefit limit per bill			
Non-Surgical Outpatient & Emergency Services	Emergency Room	Each service has a \$50 copay per visit, and a maximum benefit of \$500 per bill	\$1,000 Per Calendar Year	\$2,000 Per Calendar Year	\$3,000 Per Calendar Year
	Outpatient Services				
	Miscellaneous Medical Services				
Outpatient Surgical Facility	\$250 copay per surgery, no annual limit on number of outpatient surgeries.		\$500 Maximum Benefit Per Surgery	\$1,000 Maximum Benefit Per Surgery	\$2,000 Maximum Benefit Per Surgery
Inpatient Facility Benefits* – \$250 copay per admission then a maximum daily benefit					
Critical Care			\$1,000	\$1,500	\$2,000
Intermediate or Step-Down Care			\$750	\$1,250	\$1,750
Standard Care			\$500	\$1,000	\$1,500
Skilled Nursing or Rehabilitation			\$250	\$500	\$750
Extended Care			\$50	\$100	\$150
Substance abuse or mental/nervous (limited to 31 days in any 12 month period)			\$50	\$100	\$150
Maximum benefit in any 12 consecutive months is the lesser of 75 days or			\$75,000	\$100,000	\$125,000
Lifetime Maximum Benefit			\$250,000	\$500,000	\$750,000
Outpatient Prescription Drugs	<ul style="list-style-type: none">• Option One:<ul style="list-style-type: none">• Generic: \$15 copay (\$20 generic contraceptive copay) per prescription. No limit on number of prescriptions. \$2,500 maximum benefit per calendar year.• Brand name: Provided at Allied’s contracted discount.• Option Two:<ul style="list-style-type: none">• Generic: \$15 copay per prescription. No limit on number of prescriptions. \$2,500 maximum benefit per calendar year.• Brand name: \$150 deductible, \$30 copay + 20% coinsurance per prescription. \$1,500 maximum benefit per calendar year.				

*Professional Services while hospitalized are covered under the Professional Services benefit, separately from the Inpatient Facility Benefit.

Horizons® Cost Saver PLUS Major Medical

Horizons® Cost Saver *PLUS Major Medical* adds coverage for catastrophic conditions to a Horizons Cost Saver limited benefit Plan. By combining the cost effective first dollar coverage of the Horizons Cost Saver Plan with catastrophic coverage, an employer is able to offer an affordable, comprehensive employee health plan that is the alternative to comparatively priced high deductible plans.

Who should Purchase Horizons Cost Saver *PLUS Major Medical*?

Cost Saver PLUS Major Medical is the perfect option for the employer priced out of traditional health insurance plans but still wanting to offer a full health benefit plan to the company's employees. Everyday needs for basic services (such as office visits, emergency rooms and outpatient surgery) that are im-

portant to employees are covered by Horizons Cost Saver. Horizons Cost Saver PLUS Major Medical adds true insurance coverage for catastrophic conditions at an affordable total cost.

How does Horizons Cost Saver *PLUS Major Medical* work?

Basic medical care an insured uses is covered under Cost Saver benefits. Once an insured reaches the selected Out-Of-Pocket Maximum expense level you have chosen, their eligible expenses are covered at 100% to the plan maximums.

All Horizons Cost Saver out-of-pocket amounts, including copays, deductible, coinsurance and amounts in excess of any benefit maximum, apply to the out-of-pocket maximum.

Base Medical Benefits	Horizons Cost Saver limited benefits for essential first dollar care—see Horizons Cost Saver Bronze, Silver and Gold benefits described on page 4.	
	Out-of-Pocket Maximum	\$5,000/\$5,000; \$7,500/\$7,500; or \$10,000/\$10,000 as selected by the employer. Limit 2x per family unit. (In-Network/Out-of-Network.)
Major Medical Benefits	Coinsurance	100% In-Network and Out-of-Network to Lifetime Maximum after Out-of-Pocket Maximum is reached. \$20 copay for office visits still required.
	Lifetime Maximum Benefit	Total \$2,000,000 , including Horizons Cost Saver Benefits, while insured, per person (\$1,000,000 per calendar year).

Outpatient Prescription Drugs	<ul style="list-style-type: none"> • Option One: <ul style="list-style-type: none"> • Generic: \$15 copay (\$20 generic contraceptive copay) per prescription. No limit on number of prescriptions. \$2,500 maximum benefit per calendar year. • Brand name: Provided at Allied's contracted discount. • Option Two: <ul style="list-style-type: none"> • Generic: \$15 copay per prescription. No limit on number of prescriptions. \$2,500 maximum benefit per calendar year. • Brand name: \$150 deductible, \$30 copay +20% coinsurance per prescription. \$1,500 maximum benefit per calendar year. • Option Three: <ul style="list-style-type: none"> • Generic: \$15 copay per prescription. • Brand name: \$150 Deductible, \$30 copay + 20% coinsurance per prescription. • \$5,000 maximum benefit per calendar year (generic and brand name combined).
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Health Savings Account

Allied offers several different High Deductible Health Plans that are required to qualify for a Health Savings Account (HSA).

HSAs make sense for a lot of people, particularly small business owners. The great savings of a High Deductible Health Plan can be used to provide the funding for a tax favored HSA account.

The totally portable individually established HSA is the cornerstone of these new plans because it gives an insured complete choice in how to spend the initial dollars associated with their care (those charges falling under the deductible of the health plan).

The HSA may be funded with tax-favored contributions by the employer, the employee, or both. Any unused contributions will roll over from year to year and, if untouched, may accrue to a sizeable amount over time.

Ultimately, the consumer saves in two major ways. The savings generated by a High Deductible Health Plan can reduce employer and employee insurance premiums. Then tax favored dollars can help fund the HSA and be used for either medical expenses or invested and treated like a retirement account; the employee gets to make the decisions.

Note: Allied markets and administers HSA compatible High Deductible Health Plans to employer groups. Allied does not administer HSA accounts or hold contributions or disburse payments from individual HSA funds. Allied recommends American Health Value (www.AmericanHealthValue.com) or HSA Bank (www.HSABank.com) for these services.

Choose a deductible:

- \$1,000 • \$2,000 • \$5,000
- \$1,500 • \$2,500

Family deductible is two times the individual deductible. Entire family deductible must be met before a benefit is paid on any family member. Out-of-network deductible is an additional and separate deductible.

Choose a coinsurance and out-of-pocket:

100% / 70%	\$0/\$3,000 \$0/\$6,000
80% / 50%	\$1,000/\$2,000 \$1,500/\$3,000 \$2,000/\$4,000 \$2,500/\$5,000 \$3,000/\$6,000

Due to HSA regulations, an individual's maximum out-of-pocket expense (including deductibles and copays) can not exceed federally set maximums that can change annually. Therefore, individual in-network deductible and out-of-pocket maximum combination chosen can not exceed current allowable maximums. See your Certificate of Insurance for complete Plan details.

Premium Advantage

When no-nonsense coverage with high savings is what you're after, the Horizons® Premium Advantage Plan is right for your group.

The Horizons Premium Advantage Plan is "real insurance." Its high deductibles mean affordable coverage will be there when it's truly needed. Yet, the optional office visit copay, prescription benefit and \$500 supplemental accident benefit mean you can still provide your employees with great benefits for routine costs.

This Plan can free you from financing expensive first dollar health care for employees while still protecting them from major expenditures when it counts. Or, it can be used as the low cost insurance protection against high medical cost when used in conjunction with a Health Reimbursement Account (HRA).

Choose office visit copay*:

- None • \$25
- \$20 • \$30

Office visit benefit is payable at 100% for qualifying in-network services. Unlimited visits or select a four visit per year limit to reduce premiums. Out-of-network services subject to two times copay then out-of-network coinsurance.

Choose a deductible:

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

Family limit for in-network deductibles is two times the individual limit. Out-of-network services are subject to an additional and separate deductible. There is NO family limit for out-of-network deductibles.

Choose a coinsurance:

- 100% / 70% • 80% / 50% • 50% / 50%
- Percentages listed as in-network/out-of-network coinsurance.*

Choose an out-of-pocket maximum:

- \$0/\$3,000** • \$2,000/\$4,000
- \$0/\$6,000** • \$2,500/\$5,000
- \$1,500/\$3,000 • \$3,000/\$6,000

Dollar amounts listed as in-network/out-of-network maximums. Deductibles do not count toward out-of-pocket maximum. Family limit for out-of-pocket maximum for in-network and out-of-network services is two times the individual limit.

* Office visit copays do not apply to applicable deductibles or out-of-pocket maximums.

** Available with 100%/70% coinsurance only.

See your Certificate of Insurance for complete Plan details.

Traditional PPO

The Horizons® Traditional PPO Plan option gives your group superior benefit choices and complete flexibility. You can custom build a plan to fit your group's special needs by selecting from a wide choice of lower deductibles, coinsurance levels and office copays. You can even design two different benefit plans (a high and low benefit option) and allow your employees to select the one they prefer.

Significant employer savings can be generated by sponsoring (funding) a lower cost benefit option and asking employees to pay the difference if they choose a more expensive, buy up option.

You and your employees will appreciate the great benefits and freedom the Traditional PPO Plan offers.

Choose office visit copay*:

- None
- \$20
- \$25
- \$30

Office Visit benefit is payable at 100% for qualifying in-network services. Unlimited visits or select a four visit per year limit to reduce premiums. Out-of-network services subject to two times copay then out-of-network coinsurance.

Choose a deductible:

- \$500
- \$750
- \$1,000

Family limit for in-network deductibles is two times the individual limit. Out-of-network services are subject to an additional and separate deductible. There is NO family limit for out-of-network deductibles.

Choose a coinsurance:

- 80% / 60%
- 80% / 50%

Percentages listed as in-network/out-of-network coinsurance.

Choose an out-of-pocket maximum:

- \$1,500 / \$3,000
- \$2,500 / \$5,000
- \$2,000 / \$4,000
- \$3,000 / \$6,000

Dollar amounts listed as in-network/out-of-network maximums. Deductibles do not count toward out-of-pocket maximum. Family limit for out-of-pocket maximum for in-network and out-of-network services is two times the individual limit.

* Office visit copays do not apply to applicable deductibles or out-of-pocket maximums.

See your Certificate of Insurance for complete plan details.

No Deductible Plan

With the cost shifting, higher deductible movement well under way, the Horizons® No-Deductible PPO Plan* option is an increasingly popular alternative method of providing your employees with attractive immediate benefits without them facing a deductible expense first. You don't have to accumulate hundreds of dollars in medical bills before receiving an insurance benefit. You simply pay a copay, a small coinsurance when required, and your benefits go to work.

For example, if you see your doctor for a medically necessary visit, you simply pay a copay at the time of the visit. After that, your insurance benefits start right away, paying the balance of the covered charges at your elected coinsurance level.

A \$20 copay plan example:

- Office Visit-\$20 copay then office visit benefits paid at 100% in-network (or at out-of-network coinsurance for non-network providers)
- Other Outpatient Services- \$40 copay then selected coinsurance (copay waived if in conjunction with office visit)
- Surgery (inpatient or outpatient)- \$200 copay then coinsurance
- Inpatient Admissions- \$400 copay then coinsurance

Choose a copay plan:

	Office Visit*	Outpatient**	Surgery**	In-Patient**
1.	\$20	\$40	\$200	\$400
2.	\$25	\$50	\$250	\$500
3.	\$30	\$60	\$300	\$600

All out-of-network copays are two times in-network copays.

Choose a coinsurance:

- 80% / 60%
- 80% / 50%

Percentages listed as in-network/out-of-network coinsurance.

Choose an out-of-pocket maximum:

- \$2,000/\$4,000
- \$3,000/\$6,000
- \$2,500/\$5,000
- \$4,000/\$8,000

Dollar amounts listed as in-network/out-of-network maximums. Family limit for out-of-pocket maximum for in-network and out-of-network services is two times the individual limit.

* Office visit copays do not count toward out-of-pocket maximum.

** These copay amounts will apply to out-of-pocket maximum.

See your Certificate of Insurance for complete Plan details.

*The Horizons No Deductible Plan is not available in Texas.

Additional Coverage Options

- **Pregnancy Coverage:** Available to any group initially insuring five (5) or more employees on the health plan. The pregnancy benefit is also available to smaller groups in a state that has mandated that benefit.
- **Occupational Coverage:** Owners, partners and corporate officers not covered by workers' compensation may elect to be covered on a 24-hour basis under this plan. If elected, all eligible owners, partners and corporate officers must take this coverage. (not available with Cost Saver plans)
- **\$500 Supplemental Benefit:** Pays 100% of charges incurred by an accident up to a \$500 benefit. (Not available with the No-Deductible, Cost Saver or HSA Plans.)
- **Life Extra Coverage:** Available on all Horizons Health Plans in units of \$10,000 to \$50,000. Life Extra Coverage options vary by Plan. Check with Allied for details.

LabOne® Benefits

Horizons® Health Plans extend an additional benefit to insureds by automatically enrolling them in the Lab Card® Program. This program provides outpatient lab testing at no charge when done at a LabOne facility or at a doctor's office that sends the tests to a LabOne facility. It is a voluntary program, meaning that insureds can choose not to have their testing done using their LabOne Card, however the insured will be responsible for their coinsurance or copay for laboratory charges.

HSA High Deductible Health Plans are enrolled in the LabOne Select program. Insureds can receive and pay for **discounted** lab services that will be applied to their HSA deductible. Once an insured's deductible is satisfied, their LabOne benefits revert to being paid at 100% by Allied just as is available on Allied's other Horizons Health Plans.



Outpatient Prescription Drug Options

The following outpatient* prescription drug options are available with the **Horizons® Premium Advantage, Traditional PPO and No Deductible* Plans:**

Outpatient** Prescription Drug Cards:

- **Option One:**
 - Generic: \$15 copay (\$20 generic contraceptive copay) per prescription. No limit on number of prescriptions.
 - Brand name: Provided at Allied's contracted discount.
 - \$2,500 maximum benefit per calendar year.**
- **Option Two:**
 - Generic: \$15 copay per prescription. No limit on number of prescriptions.
 - Brand name: \$150 deductible, \$30 copay + 20% coinsurance per prescription.
 - \$5,000 maximum benefit per calendar year.**
- **Option Three:**
 - Generic: \$10 copay per prescription.
 - Brand name: \$0 deductible, \$20 copay + 20% coinsurance per prescription.
 - \$5,000 maximum benefit per calendar year.**

Other Options:

- **No drug card—covered under standard major medical benefits** subject to deductible and in-network coinsurance.
**Not available with the No-Deductible Plan.*
- **No Outpatient Prescription Drug Coverage**

*Specialty drugs provided through the doctor's office (such as specialty injectable) home health care (such as infusion therapy) or chemotherapy drugs are not considered outpatient drugs and are covered under the plan's major medical provisions.

**After contracted discounts and insured responsibility, the maximum benefit will cover approximately two times itself in retail drugs. For example, a \$5,000 maximum benefit will cover approximately \$10,000 in retail drug costs.

Plans administered by:



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