



Limited medical benefit insurance plans

Coverage options designed for hourly and part-time employees



Group Policy: SSL LMB POL 0106

Our Expertise, Your Solution

IHC Health Solutions provides customized benefit solutions for part time and hourly employees. We listen to each of our clients and understand their unique needs. With the most flexible plan designs in the limited medical market, clients get a customized plan that is ideal for *their* organization, because it is built based on *their* input and specific requirements.



FLEXIBILITY

Easy-to-meet participation requirements. There are no medical questions asked, no pre-existing condition limitations, no deductibles or coinsurance levels to meet, no penalties for going out of network and no carrier mandated waiting periods.*

Employees can get coverage from **day one**.

Variety of plan options. Our three plan choices and premium selections ensure everyone can get the plan that best meets his/her individual needs.



ADMINISTRATION

Multiple Billing Methods. We can accommodate weekly, bi-weekly, semi-monthly, hourly, hour bank, or traditional monthly billing. This flexibility means that each client can choose the billing system that works best for them.

High-quality fulfillment materials. We can provide you with customized fulfillment materials, including plastic ID cards with the employees' names printed on the cards.

ENROLLMENT

Custom communications. Enrollment strategies are customized, maximizing employee interest and participation. From teaser postcards, enrollment brochures, posters, and web-based communications, we can tailor an enrollment specifically designed to meet any need.

Enrollment Methods. Paper, File Feed, "Live" Call Center and Web Based – We offer a number of different ways to maximize participation.



*Disability insurance benefits have pre-existing conditions limitations and waiting periods.

Our Commitment

Our Plans

Benefits	Standard Plan		Select Plan		Premier Plan	
	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly
Doctor's Office Visit	\$60 per visit \$360 calendar year max		\$75 per visit \$450 calendar year max		\$75 per visit \$450 calendar year max	
Outpatient Diagnostic X-ray and Lab	\$60 per day \$360 calendar year max		\$75 per day \$450 calendar year max		\$75 per day \$450 calendar year max	
Advanced Studies	\$200 per day \$600 calendar year max		\$250 per day \$750 calendar year max		\$400 per day \$1,200 calendar year max	
Preventive Care	\$50 per visit \$150 calendar year max		\$75 per visit \$225 calendar year max		\$100 per visit \$300 calendar year max	
Surgical Benefit	\$850 overall max		\$1,600 overall max		\$2,350 overall max	
Inpatient	\$500 lump sum		\$1,000 lump sum		\$1,500 lump sum	
Outpatient	\$250 lump sum		\$500 lump sum		\$750 lump sum	
Outpatient Minor	\$75 lump sum		\$75 lump sum		\$75 lump sum	
Outpatient Venipuncture	\$25 lump sum		\$25 lump sum		\$25 lump sum	
Anesthesiology	\$125 lump sum		\$250 lump sum		\$375 lump sum	
Emergency Room Indemnity Benefit for Illness Only	\$75 per visit \$300 calendar year max		\$75 per visit \$300 calendar year max		\$100 per visit \$400 calendar year max	
Daily In-Patient Hospital Benefit	\$500 per day		\$700 per day		\$1,000 per day	
Intensive Care Unit	\$1,000 per day		\$1,400 per day		\$2,000 per day	
Substance Abuse	\$250 per day		\$350 per day		\$500 per day	
Mental Illness Disorder	\$250 per day		\$350 per day		\$500 per day	
In-Patient Skilled Nursing Facility	\$250 per day		\$350 per day		\$500 per day	
Hospital Admission	\$500 per confinement		\$700 per confinement		\$1,000 per confinement	
Accident Coverage	\$1,000 max per occurrence		\$1,000 max per occurrence		\$2,500 max per occurrence	
AD&D Only (Employee)	\$10,000		\$10,000		\$20,000	
Ambulance Indemnity Benefit	\$150 lump sum		\$150 lump sum		\$150 lump sum	
*Prescription Drug	Included		Included		Included	
*Health Savings Program	Included		Included		Included	
Employer Paid Rates <i>(Minimum 50% employer contribution)</i>						
Employee	\$80.77	\$18.64	\$109.73	\$25.32	\$145.64	\$33.61
Employee + Child(ren)	\$124.20	\$28.66	\$168.15	\$38.80	\$226.34	\$52.23
Employee + Spouse	\$200.91	\$46.36	\$277.06	\$63.94	\$370.21	\$85.43
Family	\$212.53	\$49.05	\$290.78	\$67.10	\$392.71	\$90.63

*Benefits are not underwritten by Standard Security Life Insurance Company of New York

Our Plans

Benefit Descriptions

Doctor's Office Visits Indemnity Benefit - due to Illness, Accident or Medical Emergency

\$40 to \$100 per visit, payable per covered person. Routine exams, immunizations and Preventive Care are not covered under this benefit. Benefit maximum is 4 or 6 visits per calendar year.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

\$40 to \$150 per day, payable per covered person, when Hospital Confinement is not required. Routine exams, **preventive lab tests and X-rays** are not covered under this benefit. Benefit maximum is 3 or 6 tests per calendar year.

Advanced Studies Indemnity Benefit

\$200, \$250 or \$400 payable per day of testing per covered person. MRIs, CT scans and other advanced diagnostic tests are covered under this benefit. Benefit maximum is 3 per calendar year.

Preventive Care Indemnity Benefit

\$50 to \$150 per visit, payable per covered person. Routine exams, immunizations and other Preventive Care as defined in the coverage, are covered under this benefit. Benefit maximum is 3 per calendar year.

Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical Indemnity Benefit

No benefit will be paid for dentistry or oral surgery.

Inpatient \$500 to \$3,000 is payable for one procedure per year or two or more within the same surgical session.

Outpatient \$250 to \$1,500 is payable for one procedure per year or two or more within the same surgical session other than outpatient minor procedures and outpatient Venipuncture.

Outpatient Minor \$75 benefit is payable at a flat benefit level for one procedure per year or two or more within the same surgical session.

Outpatient Venipuncture \$25 benefit is payable at a flat benefit level for one procedure per year.

Anesthesiology Indemnity Benefit

Coverage includes Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical benefit, an amount equal to 25% of the surgical benefit will be paid for anesthesiology. \$125 to \$750 one time benefit.

Emergency Room Visit

\$75 to \$300 benefit is paid for a covered person who has an ER visit as a result of a non-occupational illness which does not result in a hospital admission. Benefit maximum is 4 per calendar year.

Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit

Daily In-Hospital Benefit—\$100 to \$2,000 payable per day, up to a Lifetime Maximum of 500 days of confinement (except for Substance Abuse, Mental Illness Disorder, and In-patient Skilled Nursing Facility).

Intensive Care Unit—Double the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year.

Mental Illness Disorder—50% of the Daily In-Hospital Benefit will be paid, up to a maximum \$5,000 per Calendar Year.

Lifetime Maximum: \$30,000.

Substance Abuse—50% of the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year. Lifetime Maximum \$30,000

In-patient Skilled Nursing Facility—50% of the Daily In-Hospital Benefit will be paid. Maximum benefit per Covered Person per period of confinement is 60 days. The confinement is covered only if it follows a covered Hospital stay of at least 3 days.

First Day Hospital Admission Indemnity Benefit

This benefit pays an additional amount equal to one times the hospital benefit for each hospital stay.

Ambulance Indemnity Benefit

Benefit is payable for one conveyance in an Ambulance per calendar year, per covered person.

Accident Expense Benefit

Up to 100% of charges incurred are payable within 90 days of an Accidental Bodily Injury. \$1,000 or \$2,500 benefit is payable per accident.

Accidental Death and Dismemberment Benefit

The AD&D benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter. Option of \$10,000 or \$20,000.

Life Insurance/Accidental Death and Dismemberment Benefit

The Life Insurance Benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter. Option of \$5,000 to \$50,000.

Our Plans

Benefit Descriptions

Dental Benefit

Type One—No waiting period, paid at 80%;

Type Two—6 month waiting period, paid at 80%

Type Three—6 month waiting period, paid at 50%

Type Four—12 month waiting period, paid at 50%;

Ortho— Under 19 years old, maximum is same as annual maximum.

Option of \$50 to \$100 deductible, \$250 to \$1,000 calendar year maximum.

Maximum is 3 deductibles per family.

Vision Care Benefit

Covered vision care expenses are paid at 80%. \$300 maximum benefit per person per calendar year. One exam every 12 months. One pair of glasses/contacts every 24 months.

Short-Term Disability Insurance Benefit

Maximum amount of insurance is 66% of the Basic Weekly Earnings (excluding commissions, bonuses, incentive pay, unscheduled overtime or other compensation) to a maximum amount of \$150 or \$300 (depending on plan design) per week rounded to the next \$1. Maximum period of Disability is 13 or 26 weeks (depending on plan design) with an 8th or 15th day elimination period (depending on plan design). 12 month pre-existing condition applies.

Pre-Existing Conditions are any illness or injury, or complications for which treatment, advice, services or supplies was rendered by a doctor or which produced distinct symptoms which would have caused an ordinarily person to seek medical diagnosis or treatment within 12 months prior to the effective date of coverage. Pre-Existing Conditions will not be covered until a continuous period of 12 months has elapsed during which the individual is insured under the policy.

Health Savings Program

The *Health Savings Program includes benefits for Chiropractic Care, Hearing, Nurse Hotline, Counseling Services, Vision, Vitamins and Nutritional Supplements.

Chiropractic Care—Members may choose from more than 3,000 participating Doctors of Chiropractic. Members enjoy a variety of savings and services including a free consultation, 50% savings on diagnostic services, 50% savings on X-rays performed on-site and 30% savings on treatment and other services. Also, members have unlimited access to care with no limits on the number of visits. Each chiropractor's license and insurance are carefully verified before being accepted in the network. Items such as vitamins and durable goods are priced at the doctor's discretion.

Hearing—Members may select from 1,300 Beltone locations nationwide to receive a free hearing screening and 15% off over 70 models of auditory devices. All technologies and models are available including state-of-the-art digital hearing aids, along with Completely-In-the-Canal, In-the-Ear and Behind-the-Ear models. BelCare® standardized 12 point customer service program that ensures consistent delivery of professional and comfortable service also included, regardless of location.

Nurse Hotline—Nurse Hotline offers toll-free access to experienced registered nurses, 24 hours a day, 365 days a year. Our hotline nurses are an immediate, reliable and caring source of health information, education and support. Members also have access to information on over 2,200 health-related topics via phone and internet.

Counseling Services—Our telephone counselors assist with problem resolution and suggest options to help members with personal issues of any size. Members receive free, unlimited telephone counseling services 24 hours a day, 7 days a week. When appropriate, members are referred to local licensed counselors.

Vision Care—The Coast to Coast (CTC) Vision Plan is contracted with over 12,000 participating eyecare locations nationwide. Members save on eyeglasses, contacts, eye exams and surgical procedures.

The CTC provider network is the most comprehensive in the U.S. and includes ophthalmologists, optometrists, independent optical centers and national chain locations such as Pearle Vision, JCPenney Optical, Sears Optical, LensCrafters, and EyeMasters stores. Members save 20% to 60% on eyeglasses, including frames and lenses. National Chains Include: Pearle Vision, Sears Optical, JCPenney Optical, Target Optical, LensCrafters, Sterling Optical, TLC Laser Vision Centers

**These benefits are not underwritten by Standard Security Life Insurance Company of New York*

Our Plans

Health Savings Program

VIP Health—Wellness

Vitamins & Nutritional Supplements—The mail order service provides an extensive catalog with savings on nutritional and health needs. Members request catalogs and place orders through a convenient toll-free number for a savings of 10% on over 6,000 products, sale prices included.

Diabetic Care—Liberty Medical Supply is the nation's leading direct-to-consumer Medicare provider of diabetes testing supplies and medications and other diabetes management products.

Through this program members save 15% off the average retail price on over 200 name brand glucose testing products.

Tiered-Pricing Pharmacy—The Tiered Pricing Pharmacy Plan saves money and takes the guess work out of paying for prescription medications. This program segments brand name and generic drugs into three price classifications making it easier for members to consult with their physician to find the most effective medication at the lowest cost. Discounts also apply to drugs not listed in one of the following tiers as well as maintenance medications purchased through the mail order program.

The three tiered pricing structure includes:

- Tier I Preferred brand and generic drugs available for \$10 or less for the scheduled quantity and dose
- Tier II Preferred brand and generic drugs available for \$20 or less for the scheduled quantity and dose
- Tier III Preferred brand and generic drugs available for \$40 or less for the scheduled quantity or dose

Mail Order Pharmacy—To ensure members always save money on drugs priced at \$10 or more, our unique mail order program complements the neighborhood pharmacy benefit. Since most maintenance medications are purchased in 90 day supply, members maximize savings while enjoying the convenience of home delivery through the mail. Accuracy is assured by requiring every order to pass 7 checkpoints before shipping.

Additional program options include:

Aetna Dental Access®—Members save 15% to 50%* on everything from general dentistry and cleanings to root canals, crowns and orthodontia. Over 66,000** available dental practice locations nationwide. Save on routine dental services such as X-rays and fillings and save on specialty care such as orthodontics and periodontics where available. Dentists are credentialed and recertified on an ongoing basis.

**Anticipated national average dental charges for the 2006 calendar year based on the comparison of provider negotiated fees to national average charges. Actual costs and savings vary by provider and geographical area.*

***According to the Aetna Enterprise Provider Database as of March 1, 2006.*

Beech Street Physician Visit and Hospital Referral—

The Physician Visit Network and Hospital Referral Network provides discounts on health care services at physicians' offices. Save 10% to 40% at over 350,000 provider locations, including family physicians and specialists, throughout the United States. Also save on cosmetic surgery procedures, including skin resurfacing, acne scars, liposuction, and more.

The program utilizes one of the largest networks in the nation. This nationally recognized network "owns" its physician contracts so it cannot lose coverage due to cancellation of a lease agreement. Plus, each physician must go through a credentialing process before they are admitted into the network. This process includes, among other things, a review of education, state licensing and malpractice history (if any). Also, a majority of the physicians are Board Certified in their specialty.

The Physician Visit Network is effective and easy to use. To locate providers in your area, call the toll-free number located on your membership card. Present your card at the provider's office and receive immediate savings on services provided. Since there are no age or medical history restrictions, anyone can use this benefit.

**The hospital benefit is not available in Maryland.*

The Health Savings Program is not insurance. The plan only provides for discounted health care services from participating providers within the plan.

Our Expertise

Plan Administration

EXPERIENCE

Plan Benefit Services, Inc. is experienced in administering high-turnover and payroll cycle based benefit plans. Our approach limits the burden of administrative work for the employer.

Services Include

- Full service in-house administration
- COBRA Administration at no additional cost to the employer
- Free replacement identification cards
- Experienced “live” customer service representatives who work exclusively with this product
- Online enrollment capabilities and data exchange

ELIGIBLE EMPLOYEES

Definition of eligible classes may include Full Time, Part Time and Seasonal Employees. Employers may elect to set a minimum number of work hours per week as an eligibility requirement. This requirement would be set and monitored by the Employer.

- Employers may choose a required service period before new employees are eligible to enroll.
- Employee’s spouse and dependent children under 19 (25 for full time students) may also be included.

PREMIUM REPORTING

Monthly billed employers will receive a statement every month. The report includes the employee’s dependent status, coverage effective date, and total premium due for the month as well as outstanding previous unpaid charges.

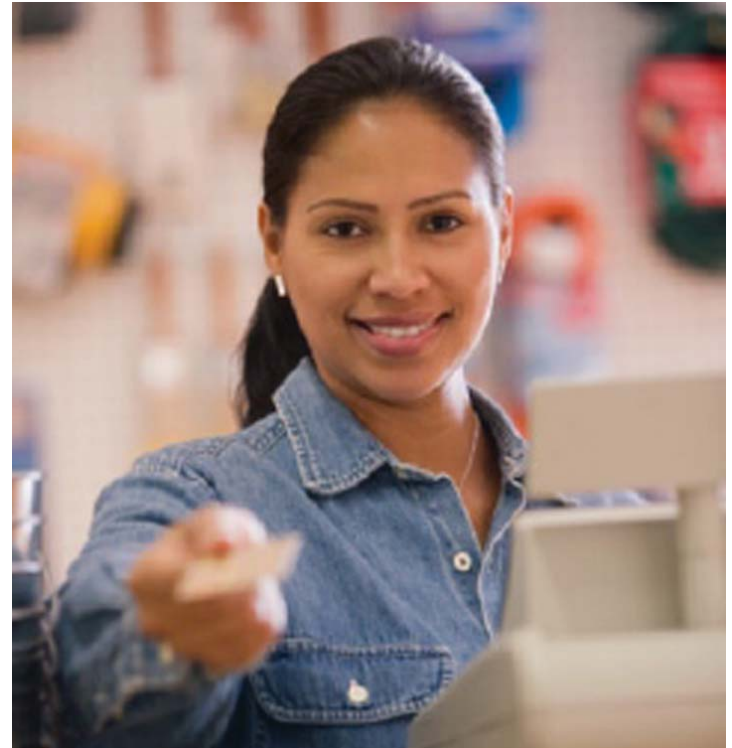
Employees can be broken out by individual location on the billing statement, if an employer has multiple sites. The employer can also self-report its billing if it wishes. Employers should contact Client Services for additional details.

PREMIUM SUBMISSION

Collected premiums will be applied within 72 hours of receipt to maintain proper coverage information. For status purposes, an accurate paid-to-date record for each insured will be maintained.

PREMIUMS, RENEWABILITY AND TERMINATION

The policy is renewable at the option of the Company or the insurer. The insurer reserves the right (subject to state specific requirements) to change the premiums upon 31 days prior written notice.



Coverage may be terminated by the Policyholder or the Insurance Company upon 31 days written notice to the other party, and for other reasons stated in the group policy, such as: failure by the Policyholder to pay the required premium; if you are no longer eligible for this insurance; or you are no longer in an eligible class.

FULFILLMENT

Upon enrollment, employees will receive a fulfillment kit containing: Benefit Guide, describing how to utilize his/her benefits, plastic identification card(s), Schedule of Benefits and Certificate of Coverage explaining the plan in detail.

Employers will receive an Administration Guide, sample employee packet specific to their plan and additional administration forms.

Member Services is provided by:

Plan Benefit Services, Inc.
11910 Volente Road
Austin, Texas 78726
Phone: 1 (800) 822-3906
Fax: 1 (512) 349-4770
Email: memberservices@fibi.com

Employees can quickly obtain answers to their eligibility or claims questions, re-order identification cards, update contact information and more.

EXCLUSIONS AND LIMITATIONS

The Policy does not provide any Benefits for the following confinements, visits, charges, treatment, services or supplies for or related to:

1. Preventive Services which are not Medically Necessary for the treatment of Illness or Injury, except as specified in the Preventive Care Indemnity Benefit, if shown in the Schedule of Benefits; or
2. Any treatment, service or supply which is not due to an Illness or Injury; or
3. Any treatment, service or supply which is not recommended by a Doctor; or
4. Any treatment, service or supply which is not Medically Necessary; or
5. Treatment, services or supplies for which no charge is made or for which the Covered Person is not required to pay; or
6. Any treatment, service or supply provided by a government owned or operated facility or by government employed health care providers, unless the Covered Person is legally required to pay the charges incurred; or
7. Hospital and Doctor charges for weekend Hospital admissions occurring between noon on any Friday and noon the following Sunday for non-emergency procedures, unless Medically Necessary or unless surgery is scheduled for the next day; or
8. An Illness or Injury which arises out of or in the course of any employment for wage or profit or an Illness or Injury for which the Covered Person has or had a right to recovery under any Workers' Compensation or Occupational Disease Law; or
9. Physical or psychological examinations required by any third party, such as by a court or for employment, licensing, insurance, school, sports or recreational purposes; or
10. An Illness or Injury incurred while on active duty with the military of any country or international organization; or
11. An Illness or Injury resulting from war or any act of war (declared or undeclared) or the participation in a riot or insurrection; or
12. An Illness or Injury incurred (a) during the commission or attempted commission of a crime or felony or while engaged in an illegal act; or (b) while imprisoned; or
13. Treatment, services or supplies for any loss sustained, incurred due to, or contracted as a consequence of a Covered Person (a) being intoxicated; or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Doctor and taken in accordance with the prescribed dosage. A Covered Person is conclusively determined to be intoxicated by drug or alcohol if a chemical test administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction; or
14. Treatment, services or supplies to improve the appearance or self-perception of a Covered Person, which does not restore a bodily function including, without limitation, cosmetic or plastic surgery, hair loss or skin wrinkling, or the complications of any such treatment; or
15. Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless Medically Necessary and related to surgery performed as reconstructive surgery due to a Sickness; and (c) breast reduction surgery unless Medically Necessary due to a Sickness; or
16. Surgery to correct refractive errors, such as radial keratotomy or radial keratectomy; or
17. Routine eye exams, glasses, visual therapy, or contact lenses; except as specified in the Vision Benefit Rider, if shown in the Schedule of Benefits; or
18. Routine hearing exams to assess the need for, or change to, hearing aids; and the purchase, fittings or adjustments of hearing aids; or
19. Penile implants and fertility and sterility studies; or
20. Treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; or
21. Impregnation techniques such as: (a) artificial insemination; or (b) in vitro fertilization; including but not limited to: artificial insemination, in vitro zygote and intra-fallopian transfers, gamete intra-fallopian transfer, genetic counseling, and all charges related to such in vitro fertilization; or
22. Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, or except for complications of a voluntary abortion; or
23. Mental Illness Disorders and Substance Abuse except as specified in the Hospital Inpatient and Skilled Nursing Facility Daily Indemnity Benefit; or

24. Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco, including but not limited to: nicotine withdrawal programs; nicotine products, such as transdermal patches and gums; hypnotism; and goal oriented behavioral modification; or
25. Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, or sex therapy; or
26. Sexual reassignments or sexual dysfunctions or inadequacies; or
27. Meridian therapy (acupuncture); or
28. Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots); or
29. Treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies; or
30. Orthotics; or
31. Treatment, services or supplies for obesity or weight reduction, including wiring of the teeth and all forms of intestinal bypass surgery and complications resulting from such surgery; or
32. Treatment, services or supplies received from a Doctor or other provider if such person is: (a) a person who ordinarily resides in Your household, (b) a member of Your immediate family or (c) the Policyholder; or
33. Custodial Care, regardless of who prescribes or renders such care; or
34. Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for an Emergency, provided the treatment, services or supplies used in connection with the Emergency are approved for use in the United States; or
35. Telephone consultations, missed appointment fees and fees for completing claim forms; or
36. Treatment, services or supplies for complications of conditions that are not covered under the Policy except for complications of a voluntary abortion; or
37. Prescription Medications, except as specified in the Outpatient Prescription Medication Indemnity Benefit, if shown in the Schedule of Benefits; or
38. Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause; except as specified in the Dental Benefit Rider, if shown in the Schedule of Benefits; or
39. Treatment, services or supplies as the result of prognathism, retrognathism, microretrognathism, or any treatment, services or supplies to reposition the maxilla (upper jaw) mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury; or
40. Treatment, services or supplies provided for temporomandibular joint (TMJ) dysfunction; or
41. Physical, speech and occupational therapy; or
43. Home Health Care.

All policies described herein, except the Prescription Program and the Discount Programs, are offered by Standard Security Life Insurance Company of New York.

PARTICIPATION REQUIREMENTS

A minimum of 10 employee participants is required to form a group.

If this plan is offered to a group in conjunction with IHC Health Solutions Partners Plus plans, a minimum of five employee participants is required.

Non-Voluntary Rate applies when the Plan Sponsor pays 50% or more of the employee only premium. Groups with 10 - 500 eligible lives must have a minimum of 25% participation. Groups with 501+ eligible lives must have a minimum of 10% participation.

Voluntary Rate applies when the Plan Sponsor pays less than 50% of the employee only premium. Groups must have 100 eligible lives and a minimum of 10% participation.

PLAN BENEFIT REQUIREMENTS

- The Hospital Indemnity Benefit and Doctor's Office Visit Benefit must be included in all plans
- If Elected, the Dependent Life amount cannot exceed 50% of the Employee Life amount
- Groups with 51 - 250 eligible lives may choose up to 2 benefit plans
- Groups with 251+ eligible lives may choose up to 3 benefit plans
- Optional benefits are available to groups with 1,000+ eligible lives
- Call Center is available to groups with 1,000+ eligible lives
- Groups over 1,000 eligible employees require prior approval from the Home Office



IHC Health Solutions is a wholly owned subsidiary of Independence Holding Company (IHC), a New York Stock Exchange traded company with more than \$1 billion in assets and sales revenue on an annualized basis in excess of \$800 million.

IHC Health Solutions is the primary private label, strategic and sponsored marketing distribution and support channel for all IHC Group fully insured products. We are one of America's leading and fastest growing health insurance marketing companies, offering a one-stop-full-service-shop for all their small group, individual, dental and short-term major medical needs.

IHC Health Solutions

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Bloomington, MN 55425
1 (866) 746-6610
www.thinkihc.com



Standard Security Life Insurance Company of New York is the insurer for health and accidental death & dismemberment benefits described in this brochure.*

Standard Security Life Insurance Company of New York has been **rated A (Excellent)** by A.M. Best Company, which rates an insurer on its relative financial strength and ability to meet its obligations to insureds.

While the Excellent rating reflects the company's outstanding financial performance and capitalization, it is not a warranty of the company's present or future financial position. A.M. Best reports that companies rated A (Excellent) "have an excellent ability to meet their ongoing obligations to policyholders".

*The Prescription Drug and Health Savings Program Benefits are not underwritten by Standard Security Life Insurance Company of New York.

This brochure is a brief description only of the benefits and provisions of the Group Policy. The Certificate of Insurance should be read for more complete descriptions of all plan benefits, limitations, exclusions and provisions.