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About USABLE Life

USABLE Life is an independent insurance company headquartered in Little Rock, Arkansas. Our focus is on specialty insurance programs that support our Blue Cross partners' primary business of health insurance by providing products and services that complement the health and financial security of Blue Cross members.

Contact information

GBO Customer Service: 1-800- 882-2824

Website: www.arkbluecross.com or USABLELife.com

Claim and change forms: YourDocumentCenter.com

Correspondence address: USABLE Life, P.O. Box 1650, Little Rock, AR 72203-1650

Supplemental features

USABLE Life's Accident, Critical Illness, and Hospital Confinement plans offer a variety of options that can play a valuable role in an overall financial security program. This product suite is available exclusively to producers of Arkansas Blue Cross and Blue Shield at www.arkbluecross.com.

Some highlights of the suite include:

- Coverage is available to the applicant and their dependents
- Cash benefits are paid directly to the policyholder or beneficiary to use as they choose
- Policy is guaranteed renewable as long as premiums are paid
- Rates don't increase due to age (policyholder is locked into age at effective date)
- Pays in addition to other insurance the policyholder may have
- Policy includes a 30-day 'free look' period, during which the policyholder can cancel and receive a refund

Product information

Highlights

- Pays cash that can be used to help cover medical and non-medical expenses associated with a critical illness diagnosis and treatment
- Includes \$75 wellness benefit that pays annually for covered preventative tests, which encourages preventative care while offsetting the cost of annual premium

Plan design

During enrollment, the applicant/policyholder chooses a plan that will apply to covered person on the policy. Critical Care + Cancer is the recommended plan, but a plan is available without cancer coverage.

		COVERAGE AMOUNT PERCENTAGE OF BENEFIT AMOUNT
COVERED CRITICAL ILLNESS	HEART ATTACK	100%
	STROKE	100%
	END STAGE RENAL DISEASE	100%
	AMYOTROPHIC LATERAL SCLEROSIS (LOU GEHRIG'S DISEASE)	100%
	QUADRIPLEGIA	100%
	MAJOR ORGAN TRANSPLANT	100%
	CORONARY ARTERY BYPASS	25%
	BALLOON ANGIOPLASTY, STENT, OR LASER RELIEF OBSTRUCTION PROCEDURE	10%
+ CANCER	CANCER	100%
	CARCINOMA IN SITU	10%

Coverage amounts

During enrollment, the applicant/policyholder chooses the available face amount for themselves as well as any dependent coverage amounts.

Applicant type	Face amount(s) available
Primary	\$5,000, \$10,000 or \$15,000
Spouse	\$5,000, \$10,000 or \$15,000
Children	\$5,000 or \$10,000

Effective dates

Benefits are effective on the first of the month following application (same month if applying on the first of the month).

Primary and spouse eligibility requirements

- 1) Age 18 – 64 on effective date
- 2) Currently able to perform regular and customary activities at home or work on a full time basis, not limited by injury or illness
- 3) Arkansas resident and U.S. citizen (or have been issued a permanent residency visa and have lived in the U.S. for the last six months)

Child eligibility requirements

- 1) Unmarried natural child, stepchild, or legally adopted child (or placed for adoption)
- 2) Birth – 22 years on effective date
- 3) Currently able to engage in regular and customary activities due to an injury or sickness

Exceptions and limitations

Pre-existing conditions

Benefits will not be paid for loss caused by pre-existing conditions during the first 24 months following the effective date of the insured's coverage if the insured's loss is caused by, contributed to by, or the result of a pre-existing condition. A pre-existing condition is one for which, in the 24 months before the effective date, the insured has received a diagnosis, treatment, medicine, or services.

Benefit reduction

Primary and spouse benefits reduce by 50% on the policy anniversary following age 75.

Exclusions and limitations

This policy pays only for loss resulting from specified critical illnesses or surgeries, as defined in the policy. USAble Life will not pay benefits for a specified critical illness or surgery that occurs as a result of the following:

- 1) Conditions other than the specified critical illnesses or surgeries defined in the policy, unless directly caused or aggravated by said specified critical illness or surgery
- 2) The covered person voluntarily participating or attempting to participate in an illegal activity
- 3) The covered person intentionally causing a self-inflicted injury
- 4) The covered person committing or attempting to commit suicide, whether sane or insane
- 5) The covered person's voluntary involvement in any period of armed conflict, even if it is not declared
- 6) Surgeries performed outside of the United States or its Territories

- 7) Other Exclusions: USABLE Life will not pay the Specified Critical Illness benefit for the following:
- a) Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions
 - b) Leukemia, other than chronic lymphocytic leukemia, if there is no generalized dissemination of leukemia cells in the blood-forming bone marrow
 - c) All skin cancers, unless there is evidence of metastasis or the tumor is a malignant melanoma of greater than 1.5 mm maximum thickness as determined by histological examination using the Breslow method
 - d) All tumors which are histologically described as pre-malignant or non-invasive (including cervical dysplasia CIN-1, CIN-2, and CIN-3)
 - e) Non-life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1(a) or T1(b), or are of another equivalent or lesser classification
 - f) Papillary micro-carcinoma of the thyroid
 - g) Non-invasive papillary cancer of the bladder histologically described as TaNOM0 or of a lesser classification
 - h) Chronic lymphocytic leukemia less than RAI Stage I or Binet Stage A-I

Termination

Primary: Coverage does not terminate due to age, but benefits reduce by 50% at anniversary following age 75.

Spouse coverage: Spouse coverage will terminate on the next premium due following the death of the policyholder or the date of the divorce decree. In these situations, USABLE Life will renew the policy with the spouse as the primary insured as long as the spouse remains eligible for coverage and makes timely premium payments.

Child coverage: Coverage for each dependent child will terminate on the next premium due following the earlier of (a) their 23rd birthday; (b) marriage; or (c) their termination of dependency upon you for support and maintenance.

Coordination of benefits

Critical Illness benefits do not coordinate with any other insurance the policyholder may have.

Underwriting

Underwriting process

During the enrollment process, the applicant will answer knockout health questions on the ABCBS portal. The automated underwriting assessment reviews and analyzes the applicants' responses to these health questions. The underwriting assessment will produce an instant decision.

The applicant should be advised before answering the questions to be as accurate as possible in their answers, as incorrect answers could lead to denial of a claim or rescission of coverage.

Underwriting authorization

To apply for Critical Illness insurance, the applicant must provide health information to determine eligibility for all applicants.

Underwriting criteria

- Any applicant who was diagnosed or treated in the last ten years for the any of the following is not eligible:
 - Any form of Cancer
 - Any chronic or progressive disease or disorder of the Heart, Circulatory System, Lungs, Liver, Pancreas, Kidney, Blood or Bone Marrow, Brain or Immune System
 - Stroke or Transient Ischemic Attack (TIA)
 - Cerebral Vascular Disease
 - Diabetes (except during pregnancy only)
 - any blood pressure readings in the past three months exceeding 149/94, or requiring treatment with more than 2 medications,
 - Quadriplegia, or other Nervous System Disease or Disorder,
 - Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or other sickness or condition derived from such infection
- Height/weight examples:
 - A person that is 4' 9" weighing 90lbs would be approved
 - A person that is 4' 9" weighing 220lbs would be denied
 - A person that is 6' 0" weighing 120lbs would be approved
 - A person that is 6' 0" weighing 300lbs would be denied
- Applicants who have received an underwriting decision on the ABCBS portal cannot modify submitted answers to underwriting questions

#	Critical Illness questions
1	<p>Do YOU currently have, or in the past 10 years, have YOU been diagnosed with, been treated by a licensed medical professional, or taken medication for:</p> <ul style="list-style-type: none">• Any form of Cancer,• Any chronic or progressive disease or disorder of the Heart, Circulatory System, Lungs, Liver, Pancreas, Kidney, Blood or Bone Marrow, Brain or Immune System,• Stroke or Transient Ischemic Attack (TIA), or Cerebral Vascular Disease,• Diabetes (except during pregnancy only); or any blood pressure readings in the past three months exceeding 149/94, or requiring treatment with more than 2 medications,

	<ul style="list-style-type: none"> • Quadriplegia, or other Nervous System Disease or Disorder, • Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or other sickness or condition derived from such infection?
2	<p>Do YOU currently have:</p> <ul style="list-style-type: none"> • scheduled, or have YOU been advised to have any consultation, diagnostic tests, medical or surgical procedures, or are YOU awaiting results? (annual wellness exams, routine mammogram, pap smear, prostate exam, or colonoscopy recommended due to age only are excluded) • any cysts, growths, lumps, or any mole or freckle that has bled, become painful, changed color or increased in size, which have not yet been medically evaluated?
3	<p>In the past 5 years have YOU been diagnosed with, treated or counseled by a licensed medical professional for, or taken medication for alcohol or substance abuse, or been convicted of DUI, or are YOU currently confined to a penal institution?</p>

Claims

Claim forms and correspondence

Claims forms are available through any of the channels below and are categorized by diagnosis:

- Online: [YourDocumentCenter.com](https://www.usablelife.com/yourdocumentcenter)
- Customer Service: 1-800-370-5856

Proof of loss

Written proof of loss must be given to USABLE Life within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, USABLE Life will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

Payment of claims

All benefits will be paid to the policyholder. Any benefits unpaid at the policyholder's death will be paid to the designated beneficiary. If there is no named beneficiary living at the policyholder's death, USABLE Life may pay any amount due to one of the following classes of survivors: (1) spouse; (2) surviving children in equal shares; (3) mother and/or father; (4) brother and/or sister; or (5) policyholder's estate. At USABLE Life's option, an amount up to the maximum allowable by the state laws of the covered person's state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the covered person.

Administration

Licensing and appointment

To sell these products in the state of Arkansas, the producer must be licensed in Arkansas and appointed with USABLE. Please contact licensing@usablelife.com for appointment information.

Commissions

GBO pays commissions on behalf of USABLE Life. ABCBS managers have access to agent commission information on the portal.

Taxability

Benefits may (or may not) be taxable as income to the recipients. A tax advisor should be consulted regarding tax impacts.

Effective Date

Benefits are effective on the first of the following month after enrollment. All subsequent charges are 7 days in advance of the next coverage period.

Billing

Premium payments: Ongoing premium payments are paid to GBO via monthly bank draft or credit/debit card, and no billing statement will be mailed.

Example:

Enrollment date: 6.6.19

Effective date: 7.1.19

- First charge on 6.6.19
- Second charge on 7.24.19
- Third charge on 8.24.19
- Etc.

Payment information must be submitted during the enrollment process.

Grace period: A 31-day grace period will apply to payment of premiums, during which the policy will stay in force. After the end of the grace period, the policy is terminated.

For billing questions, contact GBO at 1-800-882-2824.

Policy Issuance

Policies are issued at the time of enrollment through the ABCBS portal.

Policy maintenance

Increases and changes in coverage

To increase or make a change to existing coverage, the policyholder should contact GBO and initiate the request or download the form and submit the change.

Beneficiary changes

A beneficiary can be designated during the enrollment process on the ABCBS portal. To change an existing beneficiary designation, the policyholder should contact GBO and initiate the request or download the form and submit the change.

Replacement

Current policyholders should contact USABLE Life directly to replace an existing USABLE Life policy.

Rates

Critical Illness rates are based on the age of the primary/spouse and smoker status of the primary/spouse (except in cases of adult children, where smoker status is included). The child rate includes all covered children.

Upon policy purchase, rates do not increase due to age, and the policyholder is locked into the age at which they bought the policy.

Monthly rates are included below.

CRITICAL CARE ONLY	Non-Smoker Monthly Rates				Smoker Monthly Rates			
	ISSUE AGE	\$5,000	\$10,000	\$15,000	ISSUE AGE	\$5,000	\$10,000	\$15,000
	18-29	\$1.48	\$2.96	\$4.44	18-29	\$2.52	\$5.04	\$7.56
	30-39	\$2.30	\$4.60	\$6.90	30-39	\$4.68	\$9.36	\$14.04
	40-49	\$3.50	\$7.00	\$10.50	40-49	\$8.18	\$16.36	\$24.54
	50-59	\$5.20	\$10.40	\$15.60	50-59	\$12.82	\$25.64	\$38.46
	60-64	\$6.88	\$13.76	\$20.64	60-64	\$16.16	\$32.32	\$48.48
	ALL CHILDREN	\$0.82	\$1.64	N/A	ALL CHILDREN	\$0.82	\$1.64	N/A

CRITICAL CARE + CANCER	Non-Smoker Monthly Rates				Smoker Monthly Rates			
	ISSUE AGE	\$5,000	\$10,000	\$15,000	ISSUE AGE	\$5,000	\$10,000	\$15,000
	18-29	\$2.22	\$4.44	\$6.66	18-29	\$4.58	\$9.16	\$13.74
	30-39	\$3.62	\$7.24	\$10.86	30-39	\$8.38	\$16.76	\$25.14
	40-49	\$5.68	\$11.36	\$17.04	40-49	\$14.80	\$29.60	\$44.40
	50-59	\$8.74	\$17.48	\$26.22	50-59	\$23.68	\$47.36	\$71.04
	60-64	\$11.74	\$23.48	\$35.22	60-64	\$29.74	\$59.48	\$89.22
	ALL CHILDREN	\$1.46	\$2.92	N/A	ALL CHILDREN	\$1.46	\$2.92	N/A

USABLE Life may change the premium rate, but only if the rate is changed for all like policies in Arkansas.

Policy definitions

Term	Policy definition
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)	A progressive degeneration of anterior horn cells of the spinal cord and the cranial nerves with involvement of both upper and lower motor neurons.
Balloon Angioplasty, Stent, or Laser Relief Obstruction Procedure	Therapeutic procedures used to correct narrowing or blockage of one or more coronary arteries.
Cancer	<p>The presence of a malignant tumor that is characterized by progressive, uncontrolled growth, spread of malignant cells, and invasion and destruction of normal and surrounding tissue. Major interventionist treatment or major surgery must be considered necessary, or palliative care must have been initiated. Cancer must be positively diagnosed with histopathological confirmation by a medical practitioner who is a consultant oncologist. The following tumors are excluded:</p> <ol style="list-style-type: none"> 1) Leukemia, other than chronic lymphocytic leukemia, if there is no generalized dissemination of leukemia cells in the blood-forming bone marrow 2) All tumors which are histologically described as pre-malignant, non-invasive, or carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN-3) 3) All skin cancers, unless there is evidence of metastasis or the tumor is a malignant melanoma of greater than 1.5 mm maximum thickness as determined by histological examination using the Breslow method 4) Non-life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1(a) or T1(b), or are of another equivalent or lesser classification 5) Papillary micro-carcinoma of the thyroid 6) Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification 7) Chronic lymphocytic leukemia less than RAI Stage I or Binet Stage A-I <p>Cancer must be diagnosed in one of two ways:</p> <p><u><i>Pathological Diagnosis</i></u></p> <p>A pathological diagnosis of cancer is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis of malignancy is in keeping with the standards set by the American Board of Pathology.</p>

	<p><u>Clinical Diagnosis</u></p> <p>A clinical diagnosis of cancer is based on the study of symptoms. USABLE Life will pay benefits for a clinical diagnosis only if:</p> <ol style="list-style-type: none"> 1) A pathological diagnosis cannot be made because it is medically inappropriate or life-threatening 2) There is medical evidence to support the diagnosis 3) A physician is treating you for cancer
Carcinoma in situ	A malignant neoplasm of epithelial origin that is confined to the basement membrane. Carcinoma in situ must be diagnosed with histopathological confirmation. Pre-malignant lesions and carcinoma in situ of the skin, including melanoma in situ, are excluded.
Coronary Artery Bypass Surgery	Major surgery requiring median sternotomy (division of the breastbone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that do not require median sternotomy are not covered, including but not limited to, minimally invasive, endoscopic, and "keyhole" heart surgery; balloon and laser angioplasty; stent procedures; and atherectomy.
Date of Diagnosis	<p><u>For amyotrophic lateral sclerosis:</u></p> <p>The date a neurologist determines that at least a 25% permanent whole person impairment exists based on an impairment evaluation performed in accordance with the then-current edition of the American Medical Association's Guide to the Evaluation of Permanent Impairment.</p> <p><u>For cancer:</u></p> <p>The day the tissue specimen, blood samples, and/or titer(s) are taken on which the diagnosis of cancer is based.</p> <p><u>For heart attack:</u></p> <p>The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.</p> <p><u>For stroke:</u></p> <p>The date a stroke occurred based on documented neurological deficits and neuroimaging studies. The diagnosis must be made by a licensed neurologist and based on the criteria listed under the Stroke definition.</p> <p><u>For end-stage renal disease:</u></p> <p>The date that your physician recommends that you begin renal dialysis or undergo a kidney transplant.</p> <p><u>For quadriplegia:</u></p> <p>The date of occurrence of the permanent loss of use of all four limbs</p>

	<p>and includes documented evidence of the illness or injury that caused the quadriplegia.</p> <p><u>Major organ transplant surgery, coronary artery bypass surgery, or balloon angioplasty, stent, or laser relief obstruction procedure:</u></p> <p>The date the surgery occurs for covered transplants, covered coronary artery bypass surgery, balloon angioplasty, stent, or laser relief obstruction procedure.</p>
Effective Date	<p>The date shown on the Policy Schedule for all covered persons accepted for coverage at the time of issue provided the application has been accepted and approved by US Able Life, the policy has been issued and the full first premium has been paid; or the date shown by endorsement for all covered persons added to coverage after the policy has been issued. The effective date is assigned by US Able Life in accordance with our policy dating rules in effect at the time this policy is issued. The coverage provided by this policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed covered person listed on the application.</p>
End Stage Renal Disease (ESRD)	<p>Chronic irreversible failure of both kidneys to function such that you must undergo regular (at least weekly) hemodialysis or peritoneal dialysis or kidney transplantation.</p>
Heart Attack” or “Myocardial Infarction	<p>Unequivocal diagnosis of the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area as evidenced by all of the following criteria:</p> <ol style="list-style-type: none"> 1) Typical central chest pain suggestive of heart attack 2) Diagnostic increase of specific cardiac markers typical for heart attack 3) New ECG changes of infarction 4) Reduction in left ventricular function demonstrated by left ventricular ejection fraction of less than 40% on echocardiogram. Echocardiogram must be done at an accredited cardiac unit and be available for review
Major Organ Transplant	<p>The human to human organ transplant from a donor to the covered person of one or more of the following organs: liver, heart, lung, pancreas, or the transplantation of bone marrow. The transplantation of any other organs, parts of organs, tissues, or cells is excluded.</p>
Pre-existing Condition	<p>A specified critical illness that is diagnosed or for which treatment is received within 24 months before the effective date of coverage for each covered person. “Treatment” means consultation, care, or services provided by a physician including diagnostic measures and taking prescription drugs and medicines. If the issuance of a covered person’s coverage was based on the medical history disclosed on</p>

	<p>the application, such conditions which were fully disclosed and not excluded or limited by US Able Life are not considered pre-existing conditions.</p> <p>Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.</p>
Quadriplegia	<p>The complete and irreversible paralysis of both upper and lower limbs. It means loss of use, without severance of a limb, which has lasted 30 days and is expected to last for a continuous period of 12 months or more from the date of the accident causing paralysis or the date of diagnosis of the sickness causing paralysis.</p>
Stroke	<p>The suffering of a stroke as a result of a cerebrovascular event. Stroke must result in permanent neurologic deficit measured three months or more after the event and result in a score of 3 or higher on the Modified Rankin Scale for stroke outcome. There must also be clear evidence on a CT, MRI, or similar appropriate imaging technique that a stroke has occurred, and either (a) infarction of brain tissue; or (b) intracranial or subarachnoid hemorrhage.</p> <p>Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions are excluded.</p>
Wellness	<p>Benefit is payable for any covered person to undergo routine examination or other preventive testing, once per policy per calendar year. The benefit is not payable until 90 days following the insured's effective date.</p> <p>Benefits include and are payable for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopy, prostatic specific antigen (PSA), ultrasounds, and blood screenings.</p>