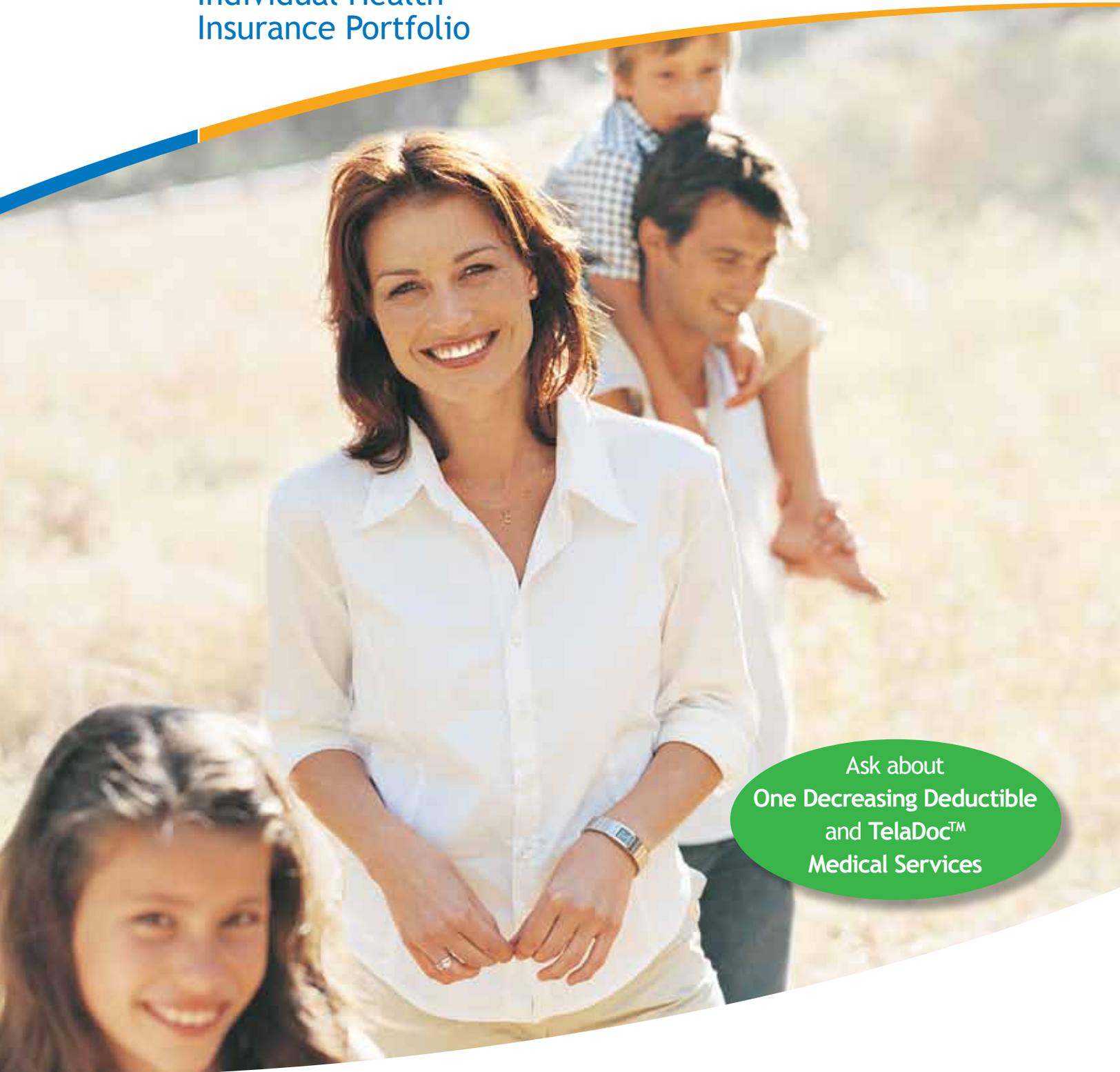




ASSURANT  
Health®

Assurant. On your terms.™

## Individual Health Insurance Portfolio



Ask about  
One Decreasing Deductible  
and TelaDoc™  
Medical Services

You don't need a group to have a plan™

# Assurant Health

*Staying power you can count on*

**An insurance plan is only as reliable as the company behind it. For health insurance you can depend on, insist on a track record of expertise, strength and commitment.**

## EXPERTISE

Long-term stability and success in any business takes expertise. Tracing its roots back to 1892, Assurant Health has been selling individual medical insurance longer than any company. And with almost one million customers nationwide, it has earned a solid reputation for health insurance know-how.

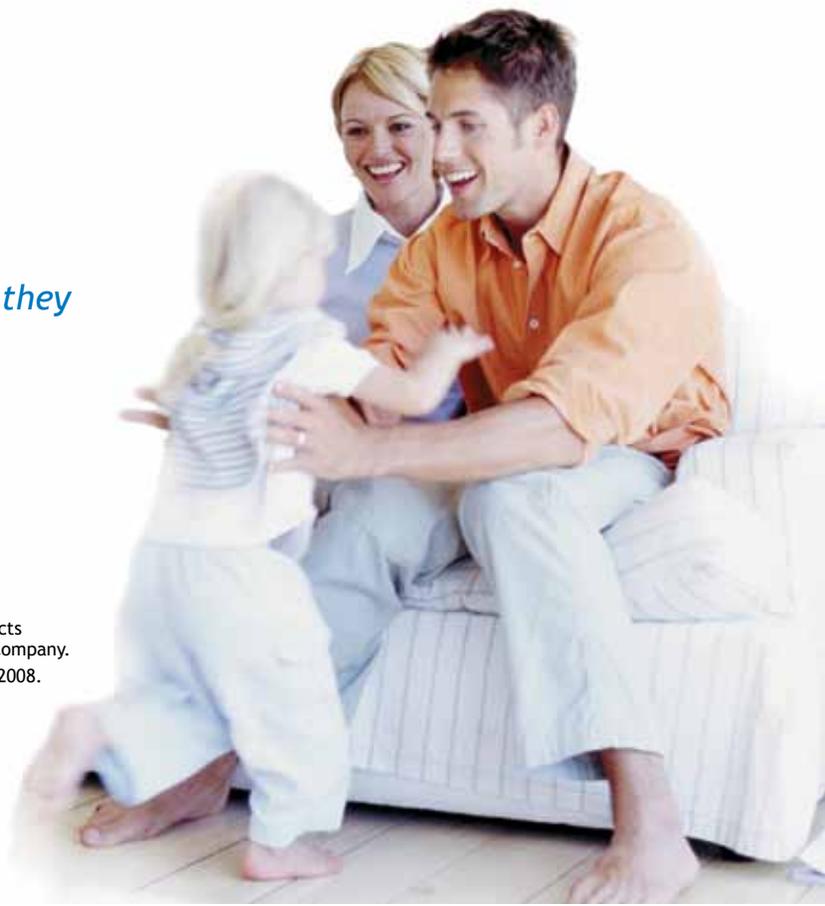
## STRENGTH

A company's strength is most important when it's time to pay benefits. A.M. Best, the highly respected insurance rating source, consistently rates Time Insurance Company<sup>1</sup> A- (Excellent)<sup>2</sup> — affirming its outstanding ability to meet claims-paying obligations.

## COMMITMENT

Assurant Health specializes in you. While many health insurance companies focus on large businesses, Assurant Health's commitment is to individuals and families. This commitment makes it a leader and innovator in individual medical insurance — and the best choice for those who buy their own health insurance coverage.

**Expertise, strength and commitment – together they mean staying power.**



<sup>1</sup> Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.

<sup>2</sup> Source: A.M. Best Ratings and Analysis, July 2008.

# Distinct plans are the start

Whether you're looking for extensive benefits or premium savings, **Assurant Health has the plan for you.**

All plans include a participating provider organization (PPO) network. That means you have the freedom to use any doctor or hospital — and when you select network providers, you get advantages like discounts on covered services, no claim forms and fewer out-of-pocket expenses.

## MaxPlan<sup>SM</sup>

If you want the most extensive coverage — and the most choice — consider Assurant Health MaxPlan. It gives you the security of \$3 million in lifetime benefits with the option to increase to \$15 million — one of the highest benefit amounts available. And, if you select the unlimited office visit copay benefit, you'll have the convenience of knowing what you'll spend each time you see a network doctor.



## CoreMed<sup>SM</sup> Plan

If you want broad coverage at the best value, CoreMed is for you. It's the most cost-effective plan for both everyday and catastrophic needs. You'll be able to control your premiums without giving up benefits, and you can still choose to add optional features, like an office visit copay, for more protection and convenience. Providing \$2 million in lifetime benefits — with the option to increase to \$15 million — CoreMed offers quality and flexibility.



## RightStart<sup>®</sup> Plan

If you want the peace of mind that health insurance brings at the most affordable price, RightStart fits the bill. You'll get essential benefits for as little as half the price of other popular plans. RightStart is ideal if you are without health insurance or are thinking about dropping your current coverage due to cost. It gives you access to doctors and hospitals — and you'll benefit from significant discounts on covered medical services.



## Health Savings Account (HSA) Plans

If you want the most innovative approach to health insurance, an HSA Plan is the answer. HSA Plans include a health insurance plan and a tax-favored Health Savings Account. The insurance plan protects you from the large medical bills that accompany a serious accident or illness, and the HSA lets you pay everyday medical expenses with tax-free funds.

You can choose from two HSA plans. **OneDeductible** provides extensive coverage, the simplicity and convenience of a single, common deductible for all members of the family, and the security of \$3 million in lifetime benefits — with the option to increase to \$15 million.

If you choose a plan design with the **One Decreasing Deductible** feature, you'll get:

- 10% credited toward your deductible as often as twice a year *and*
- As much as **70% in deductible savings** when your credits accumulate year after year.

**SaveRight<sup>SM</sup>** gives you essential coverage for as much as 40% less than OneDeductible. Use your premium savings to fund your HSA, and you'll make the most of this plan.

The OneDeductible and SaveRight Plans are also available without a Health Savings Account.

Assurant Health and its legal entities are not engaged in rendering tax advice. Clients should contact a qualified tax professional for tax advice. References are to federal tax laws. State tax laws may differ. Federal and state tax laws are subject to change.



# Quality is the framework

No matter what health insurance plan you choose, **quality** is essential. **Assurant Health plans begin with a quality framework that sets them apart.** It's a framework of security, convenience and cost savings exemplified by valuable plan elements such as these:

## Speedy plan approval

Apply through our exclusive **ExpressYES**<sup>®</sup> program and expect a response in less than 48 hours. Many applicants receive approval and can print an insurance card on the spot!<sup>1,2</sup>

## Initial rate guarantees – up to 36 months available

You'll automatically lock in your premium rate for the first 12 or 24 months. And with most deductibles you have the option to extend your rate guarantee — to as long as 36 months!<sup>1,3</sup>

## Lifetime benefit maximum up to \$15 million

On most plans, you choose the amount of protection you want — with options up to \$15 million.<sup>1</sup>

## Worldwide coverage, 24 hours a day

It doesn't matter whether you're nearby or far from home — you're covered.

## Your choice of doctors and hospitals

You'll have access to some of the largest and best participating provider organization (PPO) networks in the nation.

## No referrals necessary to see a specialist

You don't have to jump through hoops when you need a specialist's care — simply make an appointment.

## 24-hour access to doctors by telephone

With most plans, you get access to **TelaDoc**<sup>™</sup> **Medical Services**,<sup>1</sup> a network of physicians who provide consultation by telephone 24 hours a day, 365 days a year. Certain plans even include these consultations **FREE** of charge — up to three per person each year.

## Single deductible for accidents

In the event there's an accident involving more than one person in your family, you'll pay only one deductible.

## No limits on Intensive Care Unit (ICU)

With no daily dollar limit when confined in an ICU, you'll have the peace of mind you need at a critical time.

## HealthyDiscount

**HealthyDiscount** rewards you for maintaining your good health by providing 10% off your renewal rate or by extending the 24-month rate guarantee to your new renewal rate.<sup>1,4</sup>

## Ongoing coverage for your children

Regardless of age or student status, your covered children can remain under your plan until they marry.

## Conversion privilege for your family

Should your spouse or child become ineligible for coverage under your plan, he or she may obtain a similar plan without having to provide proof of good health.

## Health Advocates Alliance membership

Health Advocates Alliance is an association dedicated to the health and well being of its members. Membership is available in all states and includes access to a 24-hour nurse helpline, a scholarship program for qualified students studying in a health-related field, and a number of additional benefits as well as discounts.

In certain states, membership in Health Advocates Alliance is required in order to buy this health insurance. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health may also realize some benefit from these fees.

<sup>1</sup> Availability varies by state.

<sup>2</sup> ExpressYES is subject to full underwriting.

<sup>3</sup> Changes to your address, your benefits or the number of people on your plan may change your premium rate or rate guarantee eligibility.

<sup>4</sup> You must have the 24-month rate guarantee to choose the extension at renewal.

# Optional features make it yours

Take a plan and *make it your own* with additional benefits.

## Office Visit Copay

With an office visit copay, you have the convenience of knowing what you'll spend when you visit the doctor. Your copay is your only cost for an eligible network office visit, including immunizations and allergy shots.

*The office visit copay is not available with OneDeductible or SaveRight plans.*

## RightStart Cancer Benefit

Available only with the RightStart Plan, this benefit activates an additional \$25,000 in outpatient services benefits for each calendar year in which you receive treatment for malignant cancer.

Cancer treatment is often administered on an outpatient basis and can include chemotherapy and/or radiation therapy, follow-up office visits and ongoing diagnostic and lab tests. The RightStart Cancer Benefit adds extra protection when you need it the most.

## First-Dollar Preventive Services Benefit

Available only with the OneDeductible Plan, this benefit provides \$500 per person each calendar year for preventive services — before your deductible is met — once you have been insured for 12 months. Remaining preventive services are covered in the same manner as any other service up to the annual preventive services benefit maximum.

## Maternity Benefit

This benefit pays 100% of covered routine maternity services after you meet your maternity deductible — for any pregnancy that begins after a 90-day benefit waiting period. Maternity deductible options are \$1,000, \$2,500, \$5,000 and \$10,000.

If you select a lower deductible, you'll get more in paid benefits — meaning you'll pay fewer bills out of your pocket. Or, choose a high deductible and still get access to significant network discounts. The high deductible option pays for itself with the savings on doctor and hospital bills.

*Covered complications of pregnancy remain subject to the plan deductible and coinsurance.*

## Dental Insurance

This fee-for-service plan pays cash benefits that offset the cost of routine, basic, and, in most states, major dental services. With Assurant Health Dental Insurance, you:

- Choose a plan — Basic or Plus
- Visit any dentist
- Receive quick cash benefits — sent directly to you, or to your provider if you prefer
- Can retain the coverage even if you choose to discontinue your individual medical coverage

See Form 29998 for more information.

## Dental-Vision Discount Plan

This plan provides discounts on services from a nationwide network of dental and eyewear providers. You'll save 15% to 50% on dental services and 10% to 60% on eyewear.

*Discount programs are not insurance coverage. Actual costs and savings may vary by provider and geographical area.*

## Accident Medical Expense Benefit

This benefit pays first in the event of an injury — before you pay any copay, access fee, deductible or coinsurance. You select the benefit amount: \$500, \$1,000 or \$2,500.

# All the basics are here.

Regardless of the selections you make, you can count on many important built-in features. Your plan comes with coverage for the following services. Benefits are subject to deductible and coinsurance.

## Prescription Drugs

For many plans, you pay only \$15 each time you fill a generic prescription at a participating pharmacy. Under all plans, coverage is for the price of generics — or for the price of brand name prescriptions when a generic equivalent is not available — at a participating pharmacy. Mail-order service is available.

## Preventive Services

Includes mammograms, Pap tests and PSA screening—with no special limits—as well as benefits up to \$500 (\$1,000 for MaxPlan and OneDeductible plans) for other services recommended by the U.S. Preventive Services Task Force (USPSTF), including physical exams, laboratory tests, immunizations and colonoscopies.

## Office Visits

Includes evaluation, diagnosis and management of illness or injury, and allergy shots.

## Imaging and Laboratory Services

Includes x-rays, ultrasounds, CAT scans, MRIs, lab tests and interpretation.

## Outpatient Hospital, Surgical Center and Urgent Care Facilities

Includes the services of the facility and supplies.

## Ground and Air Ambulance

You get coverage for emergency air or ground ambulance to the nearest facility equipped to provide appropriate care — not just the closest.

## Emergency Room

Includes the services of the facility and supplies. Benefits for covered emergency services are always paid at the higher network benefit percentage — even if you are out of network.

## Health Care Practitioner Services

Includes doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

## TelaDoc™ Medical Services

Most plans cover the \$35 fee for each physician consultation through TelaDoc Medical Services.\* TelaDoc physicians diagnose non-emergency medical issues, recommend treatment, and prescribe medication when appropriate — all by telephone. This service is available for patients 10 years of age and older.

## Outpatient Physical Medicine

Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, and treatment of developmental delay. Chiropractic services are also covered under most plans.

## Inpatient Hospital

Includes the services of the facility such as semi-private room and board, intensive care (including specialty units such as neonatal and cardiac) and supplies.

## Transplants

MaxPlan, CoreMed and OneDeductible plans cover:

- Kidney, cornea and skin transplants as any other service.
- Transplants such as bone marrow, heart, liver and lung as any other service when performed at a designated transplant provider.
- Up to \$10,000 toward travel expenses to a designated transplant provider.
- Up to \$10,000 toward donor expenses.
- Transplants other than kidney, cornea or skin that are not performed at a designated provider — up to a lifetime benefit maximum of \$100,000 per person.

RightStart and SaveRight plans cover transplants up to the applicable maximums—and include up to \$10,000 toward donor expenses.

## Complications of Pregnancy

MaxPlan, CoreMed and OneDeductible plans cover emergency Caesarean section and any sickness associated with pregnancy except hyperemesis gravidarum.

RightStart and SaveRight plans cover medically necessary Caesarean section, ectopic pregnancy, miscarriage, gestational diabetes mellitus and medical conditions distinct from, but adversely affected by, pregnancy.

## Other covered services include:

- Dental injuries
- Diabetic services
- Durable and personal medical equipment
- Hospice care and related counseling services (inpatient or home care)
- Inpatient rehabilitation
- Parenteral drug therapy
- Reconstructive surgery
- Skilled nursing and subacute rehabilitation facilities
- Sterilization (12-month waiting period and \$500 lifetime maximum)
- Treatment of TMJ / CMJ (\$1,000 lifetime maximum)

## Some plans offer even more!

Look for these features included with plans that provide the broadest coverage:

- Behavioral health and substance abuse\*
- Home health care

\* Availability varies by state.

# Compare Benefits. Make Choices. Build Your Plan.

## MaxPlan<sup>SM</sup>

### Plan Design

Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1.

<p><b>Deductible</b> Amount you pay toward covered expenses before the plan pays benefits</p> <p>Choose any deductible in green – You'll have the option to extend your 12-month rate guarantee to 24 or 36 months!*</p> <p>Choose any underlined deductible – You'll receive a 24-month rate guarantee with the option to extend it to 36 months!*</p>	<p>\$500, \$1,000, \$1,500, <b>\$2,500, \$3,500, \$5,000, \$10,000, \$15,000 or \$25,000</b> (Family deductible maximum is two times the deductible and is met collectively by two or more persons.)</p>
<p><b>Benefit Percentage</b> Percentage of covered expenses the plan pays after the deductible</p>	<p>100%, 80%, 70% or 50% (Georgia: 60% instead of 50%)</p>
<p><b>Coinsurance</b> Percentage of covered expenses you pay after the deductible</p>	<p>0%, 20%, 30% or 50% (Georgia: 40% instead of 50%)</p>
<p><b>Coinsurance Out-Of-Pocket Maximum<sup>1</sup></b> After this maximum is met, the plan pays 100% of covered expenses</p>	<p>\$0 to \$7,500 depending on coinsurance</p>
<p><b>Office Visit Copay</b> With this optional benefit, you pay your copay and the plan pays 100% of the remaining cost of an eligible network office visit including examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots. See page 10 for details.</p>	<p>\$35 copay Copay applies to each network office visit – no limits on visits</p>
<p><b>Outpatient Services Maximum</b> The annual maximum amount the plan pays toward outpatient services</p>	<p>None – the plan pays benefits up to the lifetime benefit maximum</p>
<p><b>Annual Maximum</b> The total annual maximum amount the plan pays</p>	<p>None – the plan pays benefits up to the lifetime benefit maximum</p>
<p><b>Lifetime Benefit Maximum</b> The total maximum amount the plan pays</p>	<p>\$3 million or \$15 million*</p>

### Outpatient Benefits

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

<p><b>Prescription Drugs – Generic</b></p>	<p>\$15 copay (no deductible or coinsurance)</p>
<p><b>Prescription Drugs – Brand name</b></p>	<p>\$500 deductible / \$25 copay + 20% coinsurance (Family deductible maximum is \$1,000 and is met collectively by two or more persons.)</p>
<p><b>Preventive Services</b></p> <p>Mammograms, Pap tests and PSA screening</p> <p>Other USPSTF-recommended services</p>	<p>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</p> <p>Covered – with no special limits*</p> <p>Up to \$1,000 in benefits*</p> <ul style="list-style-type: none"> <li>If selecting the Office Visit Copay, see page 10 for details</li> </ul>
<p><b>Office Visits</b></p>	<p>Covered</p> <ul style="list-style-type: none"> <li>If selecting the Office Visit Copay, see page 10 for details</li> </ul>
<p><b>Diagnostic Imaging and Laboratory Services</b></p>	<p>Covered</p>
<p><b>Outpatient Hospital, Surgical Center or Urgent Care Facility</b></p>	<p>Covered</p>
<p><b>Professional Ground and Air Ambulance</b></p>	<p>Covered</p>
<p><b>Emergency Room</b></p>	<p>Covered</p> <ul style="list-style-type: none"> <li>\$75 emergency room fee – waived if admitted to the hospital</li> </ul>
<p><b>Health Care Practitioner Services</b></p>	<p>Covered</p>
<p><b>TelaDoc™ Medical Services*</b></p>	<p>Up to three FREE physician consultations by telephone*</p> <ul style="list-style-type: none"> <li>Additional consultations are covered subject to deductible and coinsurance* and cost only \$35 each</li> <li>This service is not covered on plans designed with an Office Visit Copay option</li> </ul>
<p><b>Outpatient Physical Medicine</b></p>	<p>Up to \$3,000 in benefits</p>
<p><b>Home Health Care</b></p>	<p>Up to 160 hours</p>

### Inpatient Benefits

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

<p><b>Inpatient Hospital</b></p>	<p>Covered</p>
<p><b>Inpatient Rehabilitation Facility</b></p>	<p>Up to 90 days</p>
<p><b>Subacute Rehabilitation and Skilled Nursing Facilities</b></p>	<p>Up to 90 days</p>
<p><b>Transplants</b></p>	<p>Covered</p>
<p><b>Behavioral health and substance abuse*</b></p>	<p>Inpatient and outpatient benefits are paid at 50% up to \$2,500*</p> <ul style="list-style-type: none"> <li>Coinsurance does not apply to the out-of-pocket maximum</li> </ul>

## CoreMed<sup>SM</sup> Plan

Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1.

\$500, \$1,000, \$1,500, **\$2,000**, **\$3,500**, **\$5,000**, **\$10,000**, **\$15,000**, or **\$25,000**  
(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)

100%, 80%, 70% or 50%  
(Georgia: 60% instead of 50%)

0%, 20%, 30% or 50%  
(Georgia: 40% instead of 50%)

\$0 to \$7,500 depending on coinsurance

\$35 copay  
Copay applies to each of four network office visits per person  
Additional visits are covered subject to deductible and coinsurance

None – the plan pays benefits up to the lifetime benefit maximum

None – the plan pays benefits up to the lifetime benefit maximum

\$2 million or \$15 million\*

## RightStart<sup>®</sup> Plan

\$500, \$1,000, **\$2,000** or **\$3,000**  
(Family deductible maximum is three times the deductible and is met collectively by three or more persons.)

75% or 50%  
(Georgia: 60% instead of 50% for PPO plans)

25% or 50%  
(Georgia: 40% instead of 50% for PPO plans)

\$2,500 with 50% coinsurance (Georgia PPO: 40%)  
\$4,500 with 25% coinsurance

\$25 copay  
Copay applies to each of two network office visits per person  
Additional visits are covered subject to deductible and coinsurance

\$2,500 or \$5,000 (All outpatient benefits are subject to this maximum)  
• Optional RightStart Cancer Benefit – see page 5 for details

\$50,000, \$100,000 or \$250,000 (All benefits are subject to this maximum)

\$2 million

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Option 1	Option 2
Subject to plan deductible and coinsurance*	\$15 copay
Subject to plan deductible and coinsurance*	\$500 deductible/ \$25 copay + 50% coinsurance (Family deductible maximum is \$1,000 and is met collectively by two or more persons.)
Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.	
Covered – with no special limits – after you have been insured for 6 months*	
Up to \$500 in benefits – after you have been insured for 6 months* • If selecting the Office Visit Copay, see page 10 for details	
Covered • If selecting the Office Visit Copay, see page 10 for details	
Covered	
Covered • Outpatient facility fee: \$0 or \$200 per outpatient surgery	
Covered	
Covered • \$75 emergency room fee – waived if admitted to the hospital	
Covered	
Up to three FREE physician consultations by telephone* • Additional consultations are covered subject to deductible and coinsurance* and cost only \$35 each • This service is not covered on plans designed with an Office Visit Copay option	
Up to \$3,000 in benefits	
Up to 160 hours	

\$15 copay (no deductible or coinsurance) • Maximum: \$2,000 for brand and generic combined	
\$500 deductible / \$25 copay + 50% coinsurance (Family deductible maximum is \$1,000 and is met collectively by two or more persons.) • Maximum: \$2,000 for brand and generic combined	
Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.	
Covered – with no special limits – after you have been insured for 12 months	
Up to \$500 in benefits – after you have been insured for 12 months • If selecting the Office Visit Copay, see page 10 for details	
Covered • If selecting the Office Visit Copay, see page 10 for details	
Covered	
Covered	
Up to \$1,000 for one trip	
Covered • \$75 emergency room fee – waived if admitted to the hospital	
Covered	
Not covered	
\$50 per visit for up to two visits • Chiropractic services are not covered	
Not covered	

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Covered • Inpatient facility fee: \$0, \$200 or \$750 per day for first three days of each confinement
Up to 90 days
Up to 90 days
Covered
Not covered*

Covered
\$100 per day for up to 50 days
Up to 30 days
Covered
Not covered*

\* Varies by state.

The amount of benefits depends upon the plan design components selected, and the premium varies with the amount of benefits. Plan design components are not available in all combinations. Out-of-network provisions may apply. See page 10 for details.

To get deductible savings—up to 70%, ask for One Decreasing Deductible.

**OneDeductible Plan** (plans available with or without an HSA)

Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1.

Individual plan: \$1,200, \$1,600, **\$2,100, \$2,850, \$3,750 or \$5,000**  
 Family plan: \$2,400, \$3,200, **\$4,200, \$5,700, \$7,500 or \$10,000**  
 per family

Choose **\$2,850 individual/\$5,700 family or higher**, with a 100% benefit percentage, and get **One Decreasing Deductible\***—**You may never pay your full plan deductible again!** See the One Decreasing Deductible pamphlet for details.

100%, 80% or 50%  
 (Georgia: 60% instead of 50% for PPO plans)

0%, 20% or 50%  
 (Georgia: 40% instead of 50% for PPO plans)

\$0 to \$2,500 depending on coinsurance  
 (Georgia: \$0 to \$2,000)

Not available

None — the plan pays benefits up to the lifetime benefit maximum

None — the plan pays benefits up to the lifetime benefit maximum

\$3 million or \$15 million\*

**SaveRight<sup>SM</sup> Plan** (plans available with or without an HSA)

**\$2,300, \$3,000 or \$5,100**

(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)

100%, 75% or 50%  
 (Georgia: 60% instead of 50% for PPO plans)

0%, 25% or 50%  
 (Georgia: 40% instead of 50% for PPO plans)

\$0 to \$3,000 depending on coinsurance

Not available

\$15,000 or \$25,000 (All outpatient benefits are subject to this maximum)

None — the plan pays inpatient benefits up to the lifetime benefit maximum

\$2 million

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Covered
Covered
Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.
Covered — with no special limits
Up to \$1,000 in benefits • Optional First-Dollar Preventive Services Benefit — see page 5 for details
Covered
Covered
Covered
Covered
Covered • \$75 emergency room fee — waived if admitted to the hospital
Covered
Covered* • These physician consultations by telephone cost only \$35 each
Up to \$3,000 in benefits
Up to 160 hours

Covered • Maximum: \$2,000 for brand and generic combined — or no annual maximum
Covered • Maximum: \$2,000 for brand and generic combined — or no annual maximum
Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.
Covered — with no special limits — after you have been insured for 12 months
Up to \$500 in benefits — after you have been insured for 12 months
Covered
Covered
Covered
Up to \$1,000 for one trip
Covered • \$75 emergency room fee — waived if admitted to the hospital
Covered
Not covered
\$50 per visit for up to two visits • Chiropractic services are not covered
Not covered

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Covered
Up to 90 days
Up to 90 days
Covered
Inpatient and outpatient benefits are paid at 50% up to \$2,500* • Coinsurance applies to the out-of-pocket maximum

Covered
\$100 per day for up to 50 days
Up to 30 days
Covered
Not covered*

\* Varies by state.

The amount of benefits depends upon the plan design components selected, and the premium varies with the amount of benefits. Plan design components are not available in all combinations. Out-of-network provisions may apply. See page 10 for details.

# Provisions for all plans

## State Variations

Plan design, benefits, features, provisions, definitions and exclusions may vary by state. See the quote summary or the proposal for available features. Refer to the State Variations sheet for state-specific benefits, provisions and exclusions.

## Office Visit Copay (optional feature)

With this benefit, a copay is your only cost for an eligible network office visit. Any associated imaging and laboratory services, such as x-rays and blood tests, are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

After any applicable preventive services waiting period, preventive services performed by a network provider during an office visit, such as immunizations and annual examinations, are covered by the office visit copay. Any associated imaging and laboratory services, such as mammograms and PSA tests, are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

Other services that are subject to deductible and coinsurance, but not eligible for benefits under the office visit copay, are: office visits with non-participating providers, surgical procedures, allergy tests, treatment of behavioral health or substance abuse and maternity-related visits.

## Maternity Benefit (optional feature)

The maternity deductible is separate from the plan deductible. Once the maternity deductible is met, the plan pays for covered maternity services (whether or not the plan deductible has been satisfied).

Prescription drugs are covered under the plan prescription drug benefit. If conception occurs during the first 90 days of coverage, routine maternity charges will be excluded. CoreMed Plan facility fees do not apply.

## Medically Necessary Care

Treatment must be medically necessary to be covered. Medically necessary services or supplies must be:

- Appropriate and consistent with the diagnosis
- Commonly accepted as proper treatment
- Reasonably expected to result in improvement of the condition
- Provided in the least intensive setting without affecting the quality of medical care provided.

## Maximum Allowable Amount

The maximum allowable amount is the most the plan pays for covered services. If you have a non-PPO plan or you have a PPO plan and use an out-of-network provider, you are responsible for any balance in excess of the maximum allowable amount.

## Network Services

When you use network providers, covered charges are discounted and never exceed the maximum allowable amount.

## Out-of-Network Services

**Emergencies:** Covered services are always paid at the network benefit percentage — even if you are out of network — subject to the maximum allowable amount.

**Non-emergencies:** Covered services are subject to the out-of-network deductible, the maximum allowable amount provision, a benefit percentage reduction, and the increased out-of-network coinsurance out-of-pocket maximum. See the chart below for details.

OUT-OF-NETWORK COSTS*					
OUT-OF-NETWORK DEDUCTIBLE		OUT-OF-NETWORK COINSURANCE OUT-OF-POCKET MAXIMUM		OUT-OF-NETWORK BENEFIT PERCENTAGE	
	Individual	Family	Individual	Family	
<b>MaxPlan</b>	For \$500, \$1,000 and \$25,000 deductibles: selected deductible + \$1,000 For deductibles from \$1,500 to \$15,000: 2x selected deductible	2x individual out-of-network deductible met collectively by 2 or more persons	\$6,000 or \$8,500, depending on coinsurance selected	\$12,000 or \$17,000, depending on coinsurance selected	Selected benefit percentage less 20%
<b>CoreMed</b>	For \$500, \$1,000 and \$25,000 deductibles: selected deductible + \$1,000 For deductibles from \$1,500 to \$15,000: 2x selected deductible	2x individual out-of-network deductible met collectively by 2 or more persons	\$10,000	\$20,000	Selected benefit percentage less 20%
<b>RightStart</b>	Selected deductible + \$1,000	3x individual out-of-network deductible met collectively by 3 or more persons	\$8,000	\$16,000	Selected benefit percentage less 20%
<b>OneDeductible</b>	2x selected individual plan deductible	2x selected family plan deductible	\$6,000	\$12,000	For 100% and 80% benefit percentages: 50% For 50% benefit percentage: 30%
<b>SaveRight</b>	Selected deductible + \$1,000	2x individual out-of-network deductible met collectively by 2 or more persons	\$8,000	\$16,000	Selected benefit percentage less 20%

\* Varies by state.

## Utilization Review

Authorization is required before receiving inpatient treatment and certain types of outpatient treatment. Unauthorized services will result in a penalty of 25% of the charge (up to \$1,000). Unauthorized transplants are not covered.

## Pre-Existing Conditions

A pre-existing condition is an illness or injury and related complications for which, during the 12-month period immediately prior to the effective date of your health insurance coverage: 1) you sought, received or were recommended medical advice, consultation, diagnosis, care or treatment, 2) prescription drugs were prescribed, 3) symptoms were produced, or 4) diagnosis was possible. Benefits are not paid for charges incurred due to a pre-existing condition until you have been continuously insured under the plan for 12 months, unless the condition was fully disclosed on the application. After the 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.

## Exclusions Summary

No benefits are provided for the following, except where state mandates apply:

- Charges incurred due to a pre-existing condition until you have been continuously insured for 12 months unless the condition was fully disclosed on the application
- Illness or injury caused by war, commission of a felony, attempted suicide, influence of an illegal substance, or a hazardous activity for which compensation is received
- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care, or foot orthotics
- Cosmetic services including chemical peels, plastic surgery and medications
- Charges by a health care practitioner or medical provider who is an immediate family member. Immediate family members are you, your spouse, your children, brothers, sisters, parents, their spouses and anyone with whom legal guardianship has been established.
- Custodial care
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Growth hormone stimulation treatment to promote or delay growth
- Routine dental care, unless you choose the dental insurance option
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Charges for educational testing or training, vocational or work hardening programs, transitional living, or services provided through a school system

- Diagnosis and treatment of infertility
- Maternity and routine nursery charges unless you choose the maternity option
- Pregnancy, maternity and other expenses related to surrogate pregnancy
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Charges for sex transformation, treatment of sexual dysfunction or inadequacy, or to restore or enhance sexual performance or desire
- Over-the-counter products
- Contraceptive drugs or devices
- Drugs not approved by the FDA
- Drugs obtained outside the United States
- The difference in cost between a generic and brand name drug when the generic is available
- Treatment of "quality of life" or "lifestyle" concerns, including, but not limited to: smoking cessation; obesity; hair loss; sexual function, dysfunction, inadequacy or desire; or cognitive enhancement
- Treatment used to improve memory or to slow the normal process of aging
- Testing related to the diagnosis of behavioral conduct or developmental problems
- Chelation therapy
- Prophylactic treatment
- Cranial orthotic devices, except following cranial surgery
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Experimental or investigational services
- Charges in excess of the lifetime maximum or any other benefit maximum
- Charges for non-medical items
- Charges for alternative medicine including acupuncture and naturopathic medicine
- Charges related to health care practitioner-assisted suicide

## Additional Exclusions for CoreMed

- Behavioral health (mental/nervous disorders) and substance abuse, including related prescription drugs

## Additional Exclusions for RightStart and SaveRight

- Behavioral health (mental/nervous disorders) and substance abuse, including related prescription drugs
- Chiropractic services
- Home health care



ASSURANT  
Health®

For more information, or to apply for  
coverage, contact:

**Assurant Health**  
501 W. Michigan  
Milwaukee, WI 53203

***About Assurant Health***

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. Together, these three underwriting companies provide health insurance coverage for almost one million people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group, short-term and student health insurance products, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. With almost 3,000 employees, Assurant Health is headquartered in Milwaukee, Wisconsin, with operations offices in Minnesota, Idaho and Florida, as well as sales offices across the country. The Assurant Health Web site is [www.assuranthealth.com](http://www.assuranthealth.com).

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and selected international markets. Its four key businesses – Assurant Employee Benefits, Assurant Health, Assurant Solutions and Assurant Specialty Property – have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty insurance market segments worldwide.

Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$24 billion in assets and \$8 billion in annual revenue. Assurant has approximately 15,000 employees worldwide and is headquartered in New York's financial district. The Assurant Web site is [www.assurant.com](http://www.assurant.com).

**For coverage beginning on and after October 1, 2009.**

Product forms 244, 253 and Series TIM

NA RBG SF

Form 29257 (Rev. 7/2009) © 2009 Assurant, Inc. All rights reserved.