



ASSURANT  
Health

CoreMed<sup>SM</sup>  
Individual Medical Insurance



Get a quote,  
an approval and  
an insurance card  
on the spot  
with *ExpressYES*

*You don't need a group to have a plan<sup>SM</sup>*

# 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 of its competitors. 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 Assurant Health insurance companies<sup>1</sup> A- (Excellent)<sup>2</sup>—affirming their outstanding ability to meet claims-paying obligations.

## COMMITMENT

Assurant Health specializes in you. While many health insurance companies focus on the large group market, 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 and John Alden Life Insurance Company.

<sup>2</sup> Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, June 2006.

# CoreMed<sup>SM</sup> offers broad coverage and great value

When protecting your family and yourself is a priority, health insurance isn't optional—it's an essential part of your financial plan. Don't settle for less than the optimum blend of broad coverage and great value.

You'll find that in CoreMed. A cost-effective plan for both everyday and catastrophic needs, CoreMed offers you many options for controlling your premiums—without giving up benefits.

With CoreMed, you have the freedom to use any doctor or hospital—and when you use PPO network providers, you get advantages like discounts on services, no claim forms and fewer out-of-pocket expenses.

Starting with a quality framework of security, convenience and cost savings, CoreMed offers:

## **ExpressYES**

Apply through *ExpressYES* and expect a response in less than 48 hours. Many applicants receive approval and can print an insurance card on the spot!

## **Initial rate guarantees—up to 36 months available**

You'll lock in your premium rate for at least the first 12 months. With many deductibles you have a 24-month rate guarantee—and the option to extend it to a full 36 months!

## **Lifetime benefit maximum options up to \$6 million**

You choose the amount of protection you want.

## **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.

## **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.

## **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.

## **HealthyDiscount**

Available in most states, *HealthyDiscount* rewards you for maintaining your good health by providing 10% off your renewal rates.

## **Ongoing coverage for your children**

Regardless of age or student status, your covered children can remain under your plan until they marry or are no longer primarily dependent on you for financial support.

## **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.



# All the basics are here

## Built-In Features

Your plan comes with coverage for the following medical services—subject to deductible and coinsurance, unless otherwise noted.

### Prescription Drugs

You pay only \$15 each time you fill a generic prescription at a participating pharmacy. Mail-order service is available.

### Preventive Services

Includes mammograms, Pap tests and PSA screening—with no annual dollar limit—as well as benefits up to \$500 for other preventive services including physical exams, laboratory tests, immunizations, tuberculosis tests and colonoscopies. Coverage begins after you have been insured for 6 months.

### 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.

### 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 the services of doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

### Outpatient Physical Medicine

Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, treatment of developmental delay and chiropractic.

### 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

Includes:

- Kidney, cornea and skin transplants with no special limits.
- Transplants such as bone marrow, heart, liver and lung with no special limits when performed at a designated transplant provider—you and your doctor select a provider from more than 80 facilities nationwide.
- 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.

### Complications of Pregnancy

Includes emergency Caesarean section and any sickness associated with pregnancy except hyperemesis gravidarum.

### Other covered services include:

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

### For information on optional coverages—dental, maternity, accident and more—see pages 6 and 7.

Add valuable protection—affordably and conveniently:

- No additional application or underwriting required.
- One bill covers your total premium.

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

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

	Standard choices	\$0 Deductible Package
<b>Select an underlined deductible and you'll receive a 24-month rate guarantee—with the option to extend it to 36 months!</b>		
<b>Deductible<sup>1</sup></b> <i>Amount you pay toward covered expenses before the plan pays benefits</i>	\$500, \$1,000, \$1,500, \$2,000, \$3,500, <u>\$5,000 or \$10,000</u>	\$0
<b>Benefit Percentage</b> <i>Percentage of covered expenses the plan pays after the deductible</i>	80%, 70% or 50% (GA: 60% not 50%)	50% (GA: 60%)
<b>Coinsurance</b> <i>Percentage of covered expenses you pay after the deductible</i>	20%, 30% or 50% (GA: 40% not 50%)	50% (GA: 40%)
<b>Coinsurance Out-Of-Pocket Maximum<sup>2</sup></b> <i>After this maximum is met, the plan pays 100% of covered expenses</i>	\$2,000 to \$7,500 depending on coinsurance	\$10,000
<b>Office Visit Copay</b> <i>With this 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 8 for details.</i>	\$35 copay <i>Optional benefit</i>	\$45 copay <i>Built-in benefit</i>
<b>Lifetime Benefit Maximum</b> <i>The total maximum amount the plan pays</i>	Copay applies to each of four network office visits per person Additional visits are covered subject to the deductible and coinsurance	
	\$2 million or \$6 million	

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

<b>Prescription Drugs – Generic</b>	\$15 copay (no deductible or coinsurance)
<b>Prescription Drugs – Brand name</b>	\$500 deductible / \$25 copay + 50% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons)</i>
<b>Preventive Services</b>	<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
Mammograms, Pap tests and PSA screening	Covered—with no special limits—after you have been insured for 6 months
Other covered preventive services	Up to \$500 in benefits—after you have been insured for 6 months • If selecting the Office Visit Copay, see page 8 for details
<b>Office Visits</b>	Covered • If selecting the Office Visit Copay, see page 8 for details
<b>Diagnostic Imaging and Laboratory Services</b>	Covered
<b>Outpatient Hospital, Surgical Center or Urgent Care Facility</b>	Covered • Outpatient facility fee: \$0 or \$200 per outpatient surgery
<b>Professional Ground and Air Ambulance</b>	Covered
<b>Emergency Room</b>	Covered • \$75 emergency room fee—waived if admitted to the hospital
<b>Health Care Practitioner Services</b>	Covered
<b>Outpatient Physical Medicine</b>	Up to \$3,000 in benefits
<b>Home Health Care</b>	Up to 160 hours

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

<b>Inpatient Hospital</b>	Covered • Inpatient facility fee: \$0, \$200 or \$750 per day for first three days of each confinement
<b>Inpatient Rehabilitation Facility</b>	Up to 90 days
<b>Subacute Rehabilitation and Skilled Nursing Facilities</b>	Up to 90 days
<b>Transplants</b>	Covered
<b>Behavioral Health and Substance Abuse</b>	Not covered

<sup>1</sup> Family deductible maximum is two times the deductible and is met collectively by two or more persons.

<sup>2</sup> Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons.

The amount of benefits depends upon the plan components selected, and the premium varies with the amount of benefits.

Non-network provisions may apply. See page 8 for details.

# Optional coverages make it yours

Take CoreMed<sup>SM</sup> and make it your own with these optional features and supplemental products.

## Office Visit Copay

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

## Accident Medical Expense Benefit (Riders 4014 and 4017)

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.

## Maternity Benefit

This benefit pays 100% of covered routine maternity services after you meet your maternity deductible—for any pregnancy that begins after the nine-month 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 major dental services. With Assurant Health Dental Insurance, you:

- Choose 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

Here are a few benefit examples:

**Wellness Services** — Two visits per person each policy year.

Exams, x-rays, cleanings	\$25/visit
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**Basic Services\*** — Payments are 50% of the listed benefit in the first calendar year.

Deep sedation/general anesthesia—first 30 minutes	\$50
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Amalgam filling—three surfaces	\$40
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Extraction—erupted tooth or exposed root	\$20
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Reline complete denture (laboratory)	\$50
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**Major Services\*** — Payments are 20% of the listed benefit in the first calendar year, and 50% in the second year.

Inlay—metallic—two surfaces	\$125
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Crown—resin	\$125
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Retreatment of previous root canal therapy—bicuspid	\$105
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Clinical crown lengthening—hard tissue	\$150
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Complete denture	\$135
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Crown	\$125
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Maxillary sinusotomy	\$335
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**Temporomandibular Joint (TMJ) Services** — A lifetime benefit of up to \$500 is available for each person beginning in the third calendar year.

Temporomandibular joint arthrogram	\$90
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\* The combined maximum annual benefit for Basic and Major Services is \$1,000 per person.

## 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.

Actual costs and savings may vary by provider and geographical area.

Optional coverages are available at an additional cost. Dental, Hospital Indemnity and SuiteSolutions plans are separate contracts. Discount programs are not insurance. Additional provisions may apply. See page 8 for details.



## Hospital Indemnity Insurance

This plan pays cash benefits to you—starting with the first day of hospitalization, regardless of any other coverage you have.

The cash is yours to use any way you want—even for non-medical expenses such as transportation or child care. With Assurant Health Hospital Indemnity Insurance, you:

- Receive quick cash benefits—sent directly to you
- Get the same full benefit no matter what doctor or hospital you use
- Can retain the coverage even if you choose to discontinue your individual medical coverage

### Available benefits are:

**Initial Hospitalization** — Paid once per person for one sickness or accident each year. \$200

**Hospital Confinement for Sicknesses** — Paid from day one.

Days 1 - 15 \$50/day

Days 16 - 180 \$100/day

Confinement that begins in the first 28 days after birth \$50/day

**Hospital Confinement for Accidents** — Paid from day one.

Days 1 - 15 \$100/day

Days 16 - 180 \$200/day

**Coma, Stroke or Paralysis** — Paid once per person. \$5,000

**Rehabilitation Unit** \$50/day

**Ambulance** — Two trips per person paid each calendar year.

Ground \$100/trip

Air \$1,000/trip

**Outpatient Hospital Surgeries** — Paid once in a 90-day period per person for each sickness or accident. \$250

## Life Insurance

This term life insurance product is available to everyone on your individual medical plan—you decide who will be covered. The options are: primary insured only, spouse only, primary insured and spouse only, dependents and primary insured and/or spouse.

### Life Insurance face amount options are:

- \$50,000, \$75,000, \$100,000, \$150,000 or \$200,000 for primary insured or spouse
- \$10,000 or \$25,000 for dependents ages one year to eighteen years
- \$2,000 for dependents ages two months to one year

An accidental death benefit equal to two times the face amount is included. And, an accelerated benefit equal to 50% of the face amount of the policy is paid if a covered person is diagnosed with a terminal illness and has a life expectancy of 12 months or less.

## SuiteSolutions®

Available through membership in Health Advocates Alliance, SuiteSolutions provides benefits, services and discounts that are especially valuable if you have children on your plan, or if you select a higher deductible. For example, if you select the \$5,000 plan deductible, the \$5,000 Accident Medical Expense Benefit could cover you for all but \$100 of your deductible in the event of an injury.

### Two membership levels are available.

#### With both, you:

- Receive cash benefits—sent directly to you, or to your provider if you prefer
- Get the same full benefit no matter what doctor or hospital you use
- Can retain the coverage even if you choose to discontinue your individual medical coverage

## SecureSolution

### Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$100 deductible per insured, per accident

### Accidental Death and Dismemberment Benefit

- Up to \$10,000 for the primary insured and up to \$1,000 for the spouse and each child

### Weekly Accident Indemnity Benefit

- 70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

## SelectSolution

### Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$100 deductible per insured, per accident

### Accidental Death and Dismemberment Benefit

- Up to \$25,000 for the primary insured and up to \$1,000 for the spouse and each child

### Weekly Accident Indemnity Benefit

- 70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

### Critical Illness Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 for the primary insured and spouse. Covers life-threatening cancer, heart attack, stroke, paralysis, renal failure, coma, transplants and more.

*(Selected benefit option must be the same as Accident Medical Expense)*

### Identity Network Child Safety Services

- Pre-registry of children using photos and descriptions

### Identity Theft Benefit

- Up to \$2,500 in financial relief, including reimbursement for related costs, lost wages, legal fees and expenses

### Travel Assistance

- Emergency medical, financial, legal and communication assistance, plus a multilingual information service available before and during travel, for members who are traveling 100 or more miles from home

### Discounts

- Up to 60% off items such as health club dues, hearing aids, hotel reservations and travel packages

*(Not all discounts are available in all states)*

# Plan Provisions

## State Variations

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

## Office Visit Copay

With this benefit, a copay is your only cost for an eligible network office visit. The cost of an office visit includes examination, consultation, evaluation, any development of a treatment plan and allergy shots. 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 the 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.

## Network Services

A PPO network plan gives you the most value for your health care dollar. When you use network providers, covered charges are discounted and never exceed the maximum allowable amount. That means savings for you, and no worries about being billed for additional charges. Network services are subject to a determination of medical necessity and deductible and coinsurance, unless otherwise noted.

## Maximum Allowable Amount

Charges for covered services performed by non-network providers are subject to the maximum allowable amount. Non-network providers may bill more than this amount, and you are responsible for any balance due to the provider.

## Non-Network Services\*

**Emergencies:** Covered services are always paid at the network benefit percentage—even if you are out of network—subject to a determination of medical necessity, the deductible and the maximum allowable amount.

**Non-emergencies:** Covered services are subject to a determination of medical necessity, the non-network deductible, the maximum allowable amount provision, a benefit percentage reduction, and the increased non-network coinsurance maximum.

**Individual non-network deductible** is the individual deductible plus \$1,000.

**Family non-network deductible** is two times the individual non-network deductible and is met collectively by two or more persons.

**Non-network benefit percentage** is the selected benefit percentage less 20 percentage points.

**Non-network coinsurance out-of-pocket maximum** is \$10,000/person – \$20,000/family for all options except the \$0 Deductible Package, which has \$12,500/person – \$25,000/family.

*\*In GA, MI, NC and NH, please see the State Variations sheet for state-specific non-network provisions.*

## Utilization Review

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

## Benefit Waiting Periods on Certain Treatment

Benefits for certain types of treatment are payable after the benefit waiting period listed here:

- Surgical treatment of tonsils/adenoids—3 months
- Surgical treatment of bunions, hemorrhoids, inguinal hernia (except strangulated or incarcerated), varicose veins—6 months
- Sterilization—12 months

Benefit waiting periods are waived when this plan is replacing other similar in-force coverage.

## 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. No benefits are paid for charges incurred due to a pre-existing condition until you have been continuously insured under the plan for 12 months. This 12-month limitation does not apply to health conditions that, at the time of underwriting, receive a rating load or are subject to a condition-specific deductible, or to routine prescription drugs if their use is 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.

## SuiteSolutions (supplemental product)

Accident Medical Expense benefits are reduced by benefits payable under any other insurance plan. Critical Illness Expense benefits are not available with child-only plans.

## Dental-Vision Discount Plan (optional feature)

The Dental-Vision Discount Plan is a discount program. It does not provide insurance coverage.

## Maternity Benefit (optional feature)

The maternity deductible does not apply to the plan deductible. Prescription drugs are covered under the plan prescription drug benefit. If conception occurs during the first nine months of coverage, routine maternity charges will be excluded. Covered complications of pregnancy remain subject to the plan deductible and coinsurance. Facility fees do not apply.

# 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
- 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
- Behavior modification
- 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 naturopathic medicine or non-medical items
- Charges related to health care practitioner-assisted suicide
- Treatment of behavioral health and substance abuse



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, Wis., and has 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, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$20 billion in assets and \$7 billion in annual revenue. The Assurant Web site is [www.assurant.com](http://www.assurant.com).