



ASSURANT
Health

Individual Health Insurance Portfolio



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

You don't need a group to have a planSM

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 companies¹ A- (Excellent)²—affirming their outstanding ability to meet claims-paying obligations.

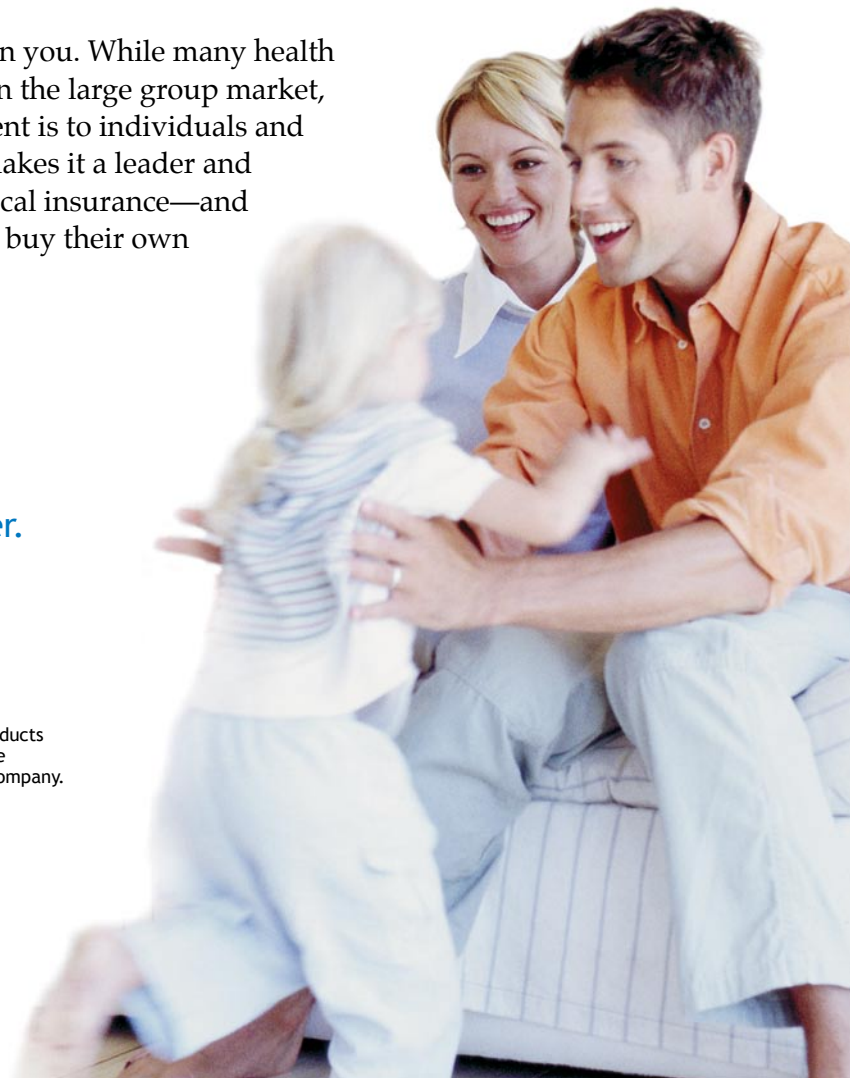
COMMITMENT

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.

¹ Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

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

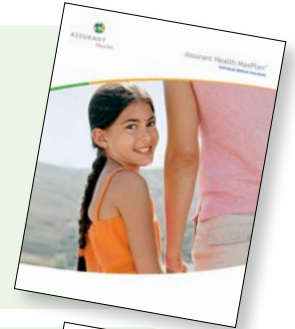


Distinct plans are the start

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 services, no claim forms and fewer out-of-pocket expenses.

MaxPlanSM

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 buy up to \$8 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.



CoreMedSM 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 buy up to \$6 million—CoreMed offers quality and flexibility.



RightStart[®] 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. An HSA Plan includes a high deductible 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. It's a combination that puts you in control of your health care dollars, provides you with tax advantages and makes protecting your family and yourself more affordable.

You can choose from two HSA plans. **OneDeductible HSA** provides extensive coverage, offering the simplicity and convenience of a single, common deductible for all members of the family. And, with OneDeductible, you'll get the security of \$3 million in lifetime benefits—with an \$8 million buy-up option. **SaveRight HSA** 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 revolutionary plan.

The OneDeductible Plan is 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:

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 plans and deductibles you have a 24-month rate guarantee—and the option to extend it to a full 36 months!

Lifetime benefit maximum up to \$8 million

On most plans, you choose the amount of protection you want—with options up to \$8 million.

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.

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 most 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 preventive services including physical exams, laboratory tests, immunizations, tuberculosis tests 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.

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, and treatment of developmental delay. Chiropractic is 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 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.
- RightStart and SaveRight HSA plans cover transplants up to the applicable annual 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 HSA 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:

- Ambulance—ground and air
- 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 (\$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
- Dental Insurance is automatically included in some states when the OneDeductible Plan is purchased—see page 10 for benefit details.

Compare benefits. Make choices. Build your plan.

MaxPlanSM

Plan Design

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

Select an underlined deductible and you'll receive a 24-month rate guarantee—with the option to extend it to 36 months!

	Standard choices	\$0 Deductible Package
Deductible Amount you pay toward covered expenses before the plan pays benefits	\$500, \$1,000, \$1,500, \$2,500, \$3,500, <u>\$5,000, \$10,000, \$15,000 or \$25,000</u> <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons)</i>	\$0
Benefit Percentage Percentage of covered expenses the plan pays after the deductible	100%, 80%, 70% or 50% (GA: 60% not 50%)	50% (GA: 60%)
Coinsurance Percentage of covered expenses you pay after the deductible	0%, 20%, 30% or 50% (GA: 40% not 50%)	50% (GA: 40%)
Coinsurance Out-Of-Pocket Maximum* After this maximum is met, the plan pays 100% of covered expenses	\$0 to \$7,500 depending on coinsurance	\$10,000
Office Visit Copay 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 12 for details.	\$35 copay <i>Optional benefit</i>	\$45 copay <i>Built-in benefit</i>
Outpatient Services Maximum The annual maximum amount the plan pays toward outpatient services	Copay applies to each network office visit—no limits on visits	
Annual Maximum The total annual maximum amount the plan pays	None—the plan pays benefits up to the lifetime benefit maximum	
Lifetime Benefit Maximum The total maximum amount the plan pays	None—the plan pays benefits up to the lifetime benefit maximum	
	\$3 million or \$8 million	

Outpatient Benefits

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

Prescription Drugs – Generic	\$15 copay (no deductible or coinsurance)
Prescription Drugs – Brand name	\$500 deductible / \$25 copay + 20% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons)</i>
Preventive Services	<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
Other covered preventive services	Up to \$1,000 in benefits <ul style="list-style-type: none"> If selecting the Office Visit Copay, see page 12 for details
Office Visits	Covered <ul style="list-style-type: none"> If selecting the Office Visit Copay, see page 12 for details
Diagnostic Imaging and Laboratory Services	Covered
Outpatient Hospital, Surgical Center or Urgent Care Facility	Covered
Professional Ground and Air Ambulance	Covered
Emergency Room	Covered <ul style="list-style-type: none"> \$75 emergency room fee—waived if admitted to the hospital
Health Care Practitioner Services	Covered
Outpatient Physical Medicine	Up to \$3,000 in benefits
Home Health Care	Up to 160 hours

Inpatient Benefits

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

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

*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 selected, and the premium varies with the amount of benefits. Non-network provisions may apply. See page 12 for details.

CoreMedSM Plan

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

Standard choices	\$0 Deductible Package
\$500, \$1,000, \$1,500, \$2,000, \$3,500, \$5,000 or \$10,000 <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons)</i>	\$0
80%, 70% or 50% (GA: 60% not 50%)	50% (GA: 60%)
20%, 30% or 50% (GA: 40% not 50%)	50% (GA: 40%)
\$2,000 to \$7,500 depending on coinsurance	\$10,000
\$35 copay <i>Optional benefit</i>	\$45 copay <i>Built-in benefit</i>
Copay applies to each of four network office visits per person Additional visits are covered subject to deductible and coinsurance	Copay applies to each of two 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
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 \$6 million	

RightStart[®] Plan

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

Standard choices	\$0 Deductible Package
\$500, \$1,000, \$2,000, \$2,500 or \$3,000 <i>(Family deductible maximum is three times the deductible and is met collectively by three or more persons)</i>	\$0
75% or 50% (GA: 60% not 50% for PPO plan)	50% (GA: 60%)
25% or 50% (GA: 40% not 50% for PPO plan)	50% (GA: 40%)
\$2,500 with 50% (GA PPO: 40%) coinsurance \$3,500 with 25% coinsurance	\$10,000
\$25 copay <i>Optional benefit</i>	\$45 copay <i>Built-in benefit</i>
Copay applies to each of two network office visits per person Additional visits are covered subject to deductible and coinsurance	Copay applies to each of two network office visits per person Additional visits are covered subject to deductible and coinsurance
\$2,500, \$5,000 or \$10,000 <i>(All outpatient benefits are subject to this maximum)</i> • Optional RightStart Cancer Benefit—see page 9 for details	\$50,000, \$100,000 or \$250,000 <i>(All benefits are subject to this maximum)</i>
\$50,000, \$100,000 or \$250,000 <i>(All benefits are subject to this maximum)</i>	
\$2 million	

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

\$15 copay (no deductible or coinsurance)
\$500 deductible / \$25 copay + 50% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons)</i>
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
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 12 for details
Covered • If selecting the Office Visit Copay, see page 12 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 \$3,000 in benefits
Up to 160 hours

\$15 copay (no deductible or coinsurance) • Maximum: \$2,000—or annual maximum amount—for brand and generic combined
\$500 deductible / \$25 copay + 50% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons)</i> • Maximum: \$2,000—or annual maximum amount—for brand and generic combined
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
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 12 for details
Covered • If selecting the Office Visit Copay, see page 12 for details
Covered
Covered
Up to \$1,000 for one trip
Covered • \$75 emergency room fee—waived if admitted to the hospital
Covered
\$50 per visit for up to two visits • Chiropractic 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

Dental Insurance automatically included in some states.
See page 10 for details.

OneDeductibleSM HSA Plan (plan also available without an HSA)

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

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

100%, 80% or 50% (GA: 60% not 50% for PPO plan)

0%, 20% or 50% (GA: 40% not 50% for PPO plan)

\$0 to \$2,500 depending on coinsurance

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 \$8 million

SaveRightSM HSA Plan

\$2,200, \$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% (GA: 60% not 50% for PPO plan)

0%, 25% or 50% (GA: 40% not 50% for PPO plan)

\$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
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
Covered—with no special limits
Up to \$1,000 in benefits • Optional First-Dollar Preventive Services Benefit—see page 9 for details
Covered
Covered
Covered
Covered
Covered • \$75 emergency room fee—waived if admitted to the hospital
Covered
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
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
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
\$50 per visit for up to two visits • Chiropractic 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

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 a network 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 HSA 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 subject to deductible and coinsurance up to the annual preventive services benefit maximum.

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.

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.

The maternity benefit is not available with RightStart or SaveRight HSA plans. Covered complications of pregnancy remain subject to the plan deductible and coinsurance.

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 features are available at an additional cost.
RightStart Office Visit Copay—Riders B176 and B177.
RightStart Cancer Benefit—Riders B321 and B322.
MaxPlan, CoreMed and OneDeductible Accident Medical Expense Benefit—Riders 4014 and 4017. RightStart and SaveRight HSA Accident Medical Expense Benefit—Riders 2803 and 2829. Discount programs are not insurance. Additional provisions may apply. See page 12 for details.

Supplemental products expand your coverage

Widen the span of your protection with added coverage. Supplemental products from Assurant Health help you pay expenses not covered by other insurance. You choose the protection you need. Assurant Health makes it easy and convenient to obtain both individual medical and supplemental coverage:

- **Easy** – No additional application or underwriting is required.
- **Convenient** – One bill covers your total premium.

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.

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
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Hospital Confinement for Sicknesses – Paid from day one.

Days 1 - 15	\$50/day
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Days 16 - 180	\$100/day
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Confinement that begins in the first 28 days after birth	\$50/day
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Hospital Confinement for Accidents – Paid from day one.

Days 1 - 15	\$100/day
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Days 16 - 180	\$200/day
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Coma, Stroke or Paralysis – Paid once per person.	\$5,000
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Rehabilitation Unit	\$50/day
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Ambulance – Two trips per person paid each calendar year.

Ground	\$100/trip
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Air	\$1,000/trip
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Outpatient Hospital Surgeries – Paid once in a 90-day period per person for each sickness or accident.	\$250
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Hospital Indemnity Insurance is not available with OneDeductible or SaveRight HSA plans.

In Alabama, Arizona, Michigan, Montana, Oklahoma and Wyoming, Dental Insurance is automatically included when the OneDeductible Plan is purchased.

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)

Accident and critical illness benefits are underwritten by National Union Fire Insurance Company of Pittsburgh, a member of American International Group, Inc. (AIG).

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.



Provisions for all plans

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 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 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. CoreMed Plan facility fees do not apply.

Dental-Vision Discount Plan (optional feature)

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

Network Services for PPO Plans

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-PPO Plans

Covered services are subject to: 1) a determination of medical necessity, 2) deductible and coinsurance, unless otherwise noted, and 3) the maximum allowable amount provision.

Non-Network Services for PPO Plans*

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:

- OneDeductible Plan—individual plan deductible plus \$500.
- MaxPlan, CoreMed, RightStart and SaveRight HSA plans—individual deductible plus \$1,000.

Family non-network deductible:

- OneDeductible Plan—family plan deductible plus \$1,000.
- MaxPlan, CoreMed and SaveRight HSA plans—two times the individual non-network deductible, met collectively by two or more persons.
- RightStart Plan—three times the individual non-network deductible, met collectively by three or more persons.

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

Non-network coinsurance out-of-pocket maximum:

- MaxPlan—\$6,000 or \$8,500/person, *depending on coinsurance selected*, and \$12,000 or \$17,000/family, *depending on coinsurance selected*
MaxPlan \$0 Deductible—\$11,000/person - \$22,000/family
- CoreMed Plan—\$10,000/person - \$20,000/family
CoreMed \$0 Deductible—\$12,500/person - \$25,000/family
- RightStart Plan—\$8,000/person - \$16,000/family
RightStart \$0 Deductible—\$12,500/person - \$25,000/family
- OneDeductible Plan—\$6,000/person - \$12,000/family
- SaveRight HSA Plan—\$8,000/person - \$16,000/family

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

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.

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. 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.

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

Additional Exclusions for CoreMed

- Behavioral health and substance abuse

Additional Exclusions for RightStart and SaveRight HSA

- Alternative medicine
- Behavioral health and substance abuse
- Chiropractic
- Home health care
- Maternity



ASSURANT
Health

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

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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.

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