



ASSURANT  
Health

# Individual Health Insurance Portfolio



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

**Time**  
Insurance

# 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 more than 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<sup>1</sup>, the highly respected insurance rating source, consistently rates Time Insurance Company<sup>2</sup> A- (Excellent)—affirming its outstanding ability to meet claims-paying obligations.

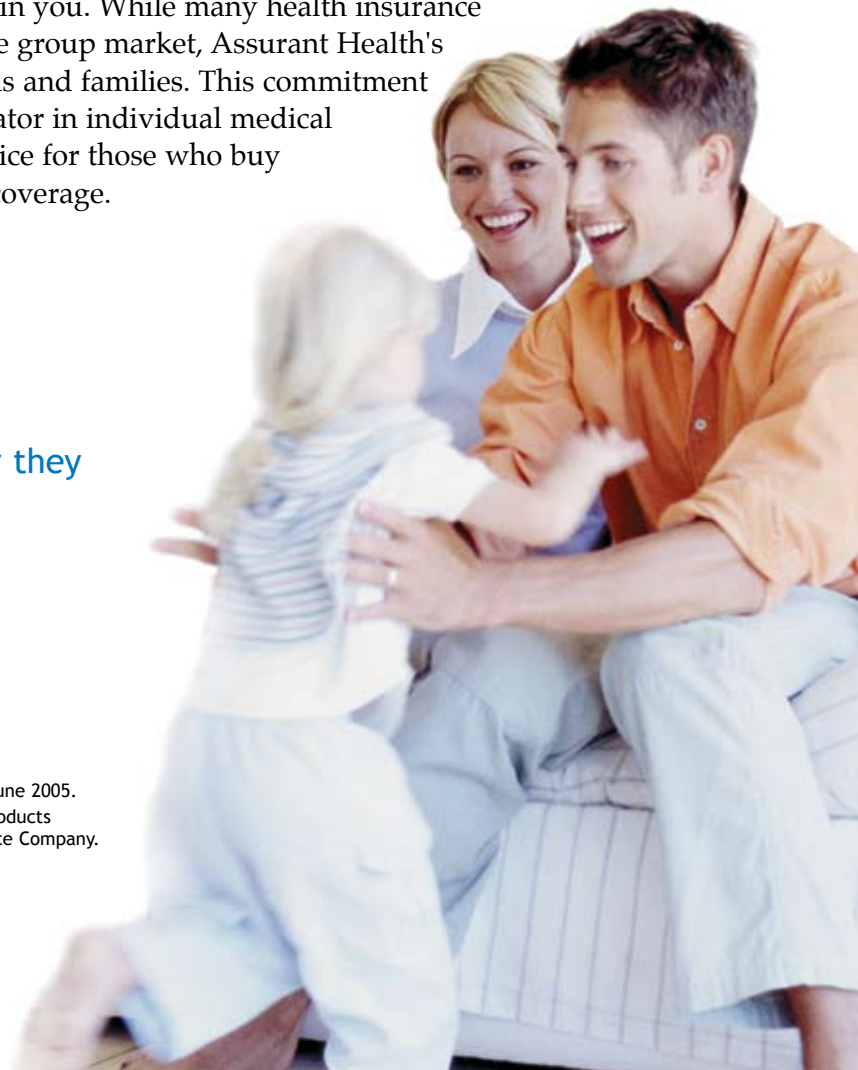
## COMMITMENT

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> Source: A.M. Best Ratings and Analysis, June 2005.

<sup>2</sup> Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.



# 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 (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.

## 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 buy up to the \$8 million level—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.



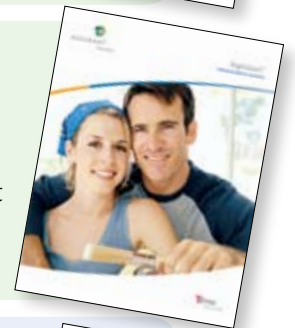
## CoreMed<sup>SM</sup> Plan

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



## RightStart<sup>SM</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. 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 you and your family 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 percent 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.

RightStart, OneDeductible and SaveRight HSA plans are also available without a PPO network (RightStart and SaveRight HSA—Rider 2806).

# 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 these plan elements:

## Worldwide coverage, 24 hours a day

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

## Lifetime benefit maximum up to \$8 million

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

## 12-month initial rate guarantee

You'll lock in your premium rate for the first 12 months of coverage.

## Your choice of doctors and hospitals

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

## No referrals necessary to see a specialist

You won'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.

## 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 evidence of insurability.

## HealthyDiscount

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

## Health Advocates Alliance membership

In most states, you'll receive the benefits of membership in Health Advocates Alliance—including access to a 24-hour nurse helpline, and a number of benefits and discounts.



This brochure provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the certificate of insurance. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

# Optional features make it yours

Take a plan and make it your own with extra benefits and valuable discount programs.

## Add SuiteSolutions® for Extra Protection

Supplement your health insurance plan with cash benefits that help pay your out-of-pocket expenses. 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.

### 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

#### Discounts

- Up to 60% off of services such as dental, eyewear, contacts, hearing aids, acupuncture, massage therapy, meditation/relaxation, naturopathy, nutritional counseling and hotels 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).

## 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.

## First-Dollar Preventive Services Benefit

Available only with the OneDeductible Plan, this benefit provides \$250 per person for preventive services—before your deductible is met—once you have been insured for 12 months. Additional preventive services are covered subject to deductible and coinsurance up to the \$500 annual preventive services benefit maximum.

## Maternity Benefit

This benefit pays 100% of covered services after you meet your maternity deductible—for any pregnancy that begins after the 9-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.

## Additional Optional Features *(Check with your agent for details)*

- Accident Medical Expense
- Supplemental Life Insurance
- Dental/Vision Discount Card

Optional features are available at an additional cost. RightStart Office Visit Copay—Rider B176. MaxPlan, CoreMed and OneDeductible Accident Medical Expense—Rider 4014. RightStart and SaveRight HSA Accident Medical Expense—Rider 2803. Discount programs are not insurance. Additional provisions may apply. See page 10 for details.

# 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.

## SuiteSolutions (optional benefit)

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

## Office Visit Copay (optional benefit)

A copay is your only cost for an eligible network office visit for illness, injury or preventive services, including immunizations and allergy shots. The following services, if otherwise covered, are subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay: office visits with non-participating providers, surgical procedures, allergy testing, treatment of behavioral health or substance abuse, imaging or laboratory services and maternity-related visits.

## Maternity Benefit (optional benefit)

The maternity deductible does not apply to the plan deductible. Prescription drugs are covered under the plan prescription drug benefit. CoreMed Plan facility fees do not apply. The Maternity Benefit is not available with RightStart or SaveRight HSA 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, a benefit percentage reduction, the increased non-network coinsurance maximum, and the maximum allowable amount provision.

### 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, RightStart 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/person - \$12,000/family
- CoreMed Plan—\$10,000/person - \$20,000/family
- RightStart Plan—\$8,000/person - \$16,000/family
- OneDeductible Plan—\$1,000 or \$3,000/person, *depending on coinsurance selected*, and \$2,000 or \$6,000/family, *depending on coinsurance selected*
- SaveRight HSA Plan—\$8,000/person - \$16,000/family

## 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 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 included in 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 carriers
- Growth hormone stimulation treatment to promote or delay growth
- Routine dental care
- 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 RightStart and SaveRight HSA

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

# All the basics are here. Compare benefits. Make choices.

Regardless of the selections you make, you can count on many important built-in features. Your plan comes with coverage for the following medical services.

## 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.

## Preventive Services

Includes mammograms, Pap smears and PSA screening—with no special limits—as well as benefits up to \$500 (\$750 for MaxPlan) 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 miscellaneous supplies.

## Professional Ground and Air Ambulance

Coverage is for emergency transportation—not just to the closest hospital—but to the nearest hospital equipped to provide appropriate care.

## Emergency Room

Includes the services of the facility and miscellaneous 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 intensive care) and miscellaneous 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.
- For transplants other than kidney, cornea or skin that are not performed at a designated provider, 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.

## And all these services as well:

- 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

# 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.

<b>Deductible</b> <i>Amount you pay toward covered expenses before the plan pays benefits</i>	\$500, \$1,000, \$1,500, \$2,500, \$5,000 or \$10,000 <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons)</i>
<b>Benefit Percentage</b> <i>Percentage of covered expenses the plan pays after the deductible</i>	100%, 80%, 70% or 50%
<b>Coinsurance</b> <i>Percentage of covered expenses you pay after the deductible</i>	0%, 20%, 30% or 50%
<b>Coinsurance Out-Of-Pocket Maximum</b> <i>After this maximum is met, the plan pays 100% of covered expenses</i>	\$0 to \$7,500 depending on coinsurance
<b>Outpatient Services Maximum</b> <i>The annual maximum amount the plan pays toward outpatient services</i>	None—the plan pays benefits up to the lifetime benefit maximum
<b>Annual Maximum</b> <i>The total annual maximum amount the plan pays</i>	None—the plan pays benefits up to the lifetime benefit maximum
<b>Lifetime Benefit Maximum</b> <i>The total maximum amount the plan pays</i>	\$3 million or \$8 million

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

<b>Prescription Drugs – Generic</b>	\$15 copay (no deductible)
<b>Prescription Drugs – Brand name</b>	\$500 deductible / \$25 copay + 20% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons)</i>
<b>Preventive Services</b> Mammograms, Pap smears and PSA screening	Covered from the first day
Other preventive services, office visits and immunizations	Up to \$750 in benefits—available from the first day • Copay, if selected, applies to office visits and immunizations
<b>Office Visits</b>	Covered
<b>Office Visit Copay</b> <i>Optional benefit</i>	\$35 copay per network office visit—no limit on visits • Visits for illness, injury and preventive services are eligible
<b>Diagnostic Imaging and Laboratory Services</b>	Covered
<b>Outpatient Hospital, Surgical Center or Urgent Care Facility</b>	Covered
<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 deductible and coinsurance unless otherwise noted.

<b>Inpatient Hospital</b>	Covered
<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>	Inpatient and outpatient benefits are paid at 50% up to \$2,500 • Coinsurance does not apply to the out-of-pocket maximum

**Optional Features** Optional features are available at an additional cost.

<b>Optional Benefits and Discount Programs</b> <i>Discount programs are not insurance See page 5 for more information</i>	SuiteSolutions, Office Visit Copay, Maternity Benefit, Accident Medical Expense, Supplemental Life and Dental/Vision Discount Card
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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 10 for details.

## 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, \$3,000, \$5,000 or \$10,000 <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons)</i>
80%, 70% or 50%
20%, 30% or 50%
\$1,250 to \$7,500 depending on 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 \$6 million

## RightStart<sup>SM</sup> Plan

\$500, \$1,000 or \$2,500 <i>(Family deductible maximum is three times the deductible and is met collectively by three or more persons)</i>
75% or 50%
25% or 50%
\$2,000 with the 50% coinsurance plan \$3,000 with the 25% coinsurance plan
\$2,500, \$5,000 or \$10,000 <i>(All outpatient 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 deductible and coinsurance unless otherwise noted.

\$15 copay (no deductible)
\$500 deductible / \$25 copay + 50% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons)</i>
Covered after you have been insured for 12 months
Up to \$500 in benefits—after you have been insured for 12 months • Copay, if selected, applies to office visits and immunizations
Covered
\$35 copay for each of four network office visits per person • Visits for illness, injury and (after 12 months) preventive services are eligible • Additional visits are covered subject to deductible and coinsurance
Covered
Covered • Outpatient facility fee: \$200/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) • \$2,000 maximum for brand and generic combined • Buy-up option: 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> • \$2,000 maximum for brand and generic combined • Buy-up option: annual maximum amount for brand and generic combined
Covered after you have been insured for 12 months
Up to \$500 in benefits—after you have been insured for 12 months • Copay, if selected, applies to office visits and immunizations
Covered
\$25 copay for each of two network office visits per person • Visits for illness, injury and (after 12 months) preventive services are eligible • Additional visits are covered subject to deductible and coinsurance
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 deductible and coinsurance unless otherwise noted.

Covered • Inpatient facility fee: \$200/day for the 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

Optional features are available at an additional cost.

SuiteSolutions, Office Visit Copay, Maternity Benefit, Accident Medical Expense, Supplemental Life and Dental/Vision Discount Card

SuiteSolutions, Office Visit Copay, Accident Medical Expense and Dental/Vision Discount Card

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 10 for details.

## OneDeductible<sup>SM</sup> HSA Plan (insurance plan 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, \$2,700 or \$5,000 Family plan: \$2,200, \$3,200, \$4,200, \$5,400 or \$10,000 per family
100%, 80% or 50%
0%, 20% or 50%
\$0 to \$2,500 depending on coinsurance
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

## SaveRight<sup>SM</sup> HSA Plan

\$2,000, \$3,000 or \$5,100 <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons)</i>
100%, 75% or 50%
0%, 25% or 50%
\$0 to \$3,000 depending on coinsurance
\$15,000 or \$25,000 <i>(All outpatient benefits are subject to this maximum)</i>
None—the plan pays inpatient benefits up to the lifetime benefit maximum
\$2 million

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered
Covered
Covered from the first day
Up to \$500 in benefits—available from the first day • Optional First-Dollar Preventive Services Benefit—see page 5 for details
Covered
Not available
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 • \$2,000 maximum for brand and generic combined • Buy-up option: lifetime maximum amount for brand and generic combined
Covered • \$2,000 maximum for brand and generic combined • Buy-up option: lifetime maximum amount for brand and generic combined
Covered after you have been insured for 12 months
Up to \$500 in benefits—after you have been insured for 12 months
Covered
Not available
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 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 are available at an additional cost.

SuiteSolutions, First-Dollar Preventive Services Benefit, Maternity Benefit, Accident Medical Expense, Supplemental Life and Dental/Vision Discount Card

SuiteSolutions, Accident Medical Expense and Dental/Vision Discount Card

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 10 for details.



# ASSURANT Health

**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 more than 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, consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements, as well as non-insurance products. With almost 3,000 employees, Assurant Health is headquartered in Milwaukee, Wisconsin, 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 one of five key business segments of Assurant, Inc., along with Assurant Employee Benefits, Assurant Preneed, Assurant Solutions and Assurant Specialty Property. Together, these business segments have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty market segments in the U.S. and selected international markets.

Assurant, Inc. is traded on the New York Stock Exchange under the symbol AIZ. The Assurant Web site is [www.assurant.com](http://www.assurant.com).