

Security and Peace of Mind

Protect your health and your assets with an insurance plan that offers very broad coverage – the Assurant® Comprehensive Plan. It provides the extensive benefits you want, to achieve the security and peace of mind you deserve.

Initial rate guarantees

Your premium rate is locked in for the first 12 months. Have the convenience of knowing what you'll pay in premium for an entire year.

Worldwide coverage, 24 hours a day

Whether you're near or far from home — you're covered.

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.

Built-In Features

Your plan covers the following 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.

Office Visit Copays

Office visit copays give you 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. Pay just \$35 per visit for your first four visits. Additional office visits are also covered, subject to deductible and coinsurance.

Preventive Services

Includes Pap tests, PSA screening, lipid profile tests, barium enemas, and tuberculosis tests — with no annual dollar limit.

Mammograms

Mammograms are covered, even if you haven't yet met your plan deductible. You pay your coinsurance and the plan pays the rest.

Maternity Benefit

You get coverage for routine maternity expenses.

Complications of Pregnancy

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

Diagnostic Imaging and Laboratory Services

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

Outpatient Hospital, Surgical Center, and Urgent Care Facilities

Includes the services of the facility and supplies.

Ground and Air Ambulance

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

Emergency Room

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

Health Care Practitioner Services

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

Outpatient Physical Medicine

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

Inpatient Hospital

Includes the services of the facility such as semi-private room and board, intensive care, and supplies.

Transplants

After a 12-month waiting period, includes:

- Kidney, cornea, and skin transplants covered as any other service to the lifetime maximum of the policy.
- Transplants such as bone marrow, heart, liver, and lung covered up to a lifetime limit of \$250,000 when performed through a network provider. When performed at a designated transplant provider, transplants are covered up to a lifetime limit of \$500,000.
- Up to an additional \$10,000 toward travel expenses when a designated transplant provider is selected.

Assurant® Comprehensive Plan – Network Benefits

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

Network	First Choice Health Network
Deductible <i>Amount you pay toward covered expenses before the plan pays benefits</i>	\$1,500 <i>(Family deductible maximum is \$3,000 and is met collectively by two or more people.)</i>
Benefit Percentage <i>Percentage of covered expenses the plan pays after the deductible</i>	75%
Coinsurance <i>Percentage of covered expenses you pay after the deductible</i>	25%
Total Out-Of-Pocket Maximum (includes deductible) <i>After this maximum is met, the plan pays 100% of covered expenses</i>	Individual: \$9,000 <i>(Family total out-of-pocket maximum is \$18,000 and is met collectively by two or more people.)</i>
Office Visit Copay <i>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</i>	\$35 copay Copay applies to each of four network office visits per person per year Additional visits are also covered, subject to deductible and coinsurance
Lifetime Benefit Maximum <i>The total maximum amount the plan pays per person</i>	\$2 million

Outpatient Benefits

Prescription Drugs – Generic	Retail: \$15 copay; Mail in: \$30 copay – (no coinsurance)
Prescription Drugs – Brand name	Retail: 50% coinsurance; Mail in: 50% coinsurance
Prescription Drugs – Annual maximum	\$2,000
Preventive Services	Covered – subject to deductible and coinsurance
Mammograms	Covered – subject to coinsurance, deductible waived
Diagnostic Imaging and Laboratory Services	Covered – subject to deductible and coinsurance
Outpatient Hospital, Surgical Center or Urgent Care Facility	Covered – subject to deductible and coinsurance
Professional Ground and Air Ambulance	Covered – subject to deductible and coinsurance
Emergency Room	Access fee: \$75 copay, then subject to deductible and coinsurance – \$75 copay waived if admitted to the hospital
Health Care Practitioner Services	Covered – subject to deductible and coinsurance
Outpatient Physical Medicine	Rehabilitation: 20 visits Chiropractic: 10 visits Acupuncture: 10 visits – subject to deductible and coinsurance
Home Health Care	Up to 130 visits – subject to deductible and coinsurance

Inpatient Benefits

Inpatient Hospital	Covered – subject to deductible and coinsurance
Inpatient Rehabilitation Facility	Up to 10 days – subject to deductible and coinsurance
Subacute Rehabilitation and Skilled Nursing Facilities	Up to 45 days – subject to deductible and coinsurance

Optional Coverage

Dental-Vision Discount Plan Saves You Money at the Dentist and the Eye Doctor.

You'll get discounts on services from a nationwide network of dental and eyewear providers. You'll save 15 – 50% on dental services and 10 – 60% on eyewear.

Actual costs and savings may vary by provider and geographic area. This optional coverage is available at an additional cost. Discount programs are not insurance. Additional provisions may apply.

Other Covered Services

- Behavioral Health
- Maternity
- Dental Injuries
- Diabetic Services
- Hospice Care
- Parenteral Drug therapy
- Reconstructive Surgery

Plan Provisions

Office Visit Copay

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

During an office visit with a network provider, immunizations are covered by 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, and allergy tests.

Medically Necessary Care

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

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

Maximum Allowable Amount

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

Network Services

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

Out-of-Network Services

Emergencies: Covered services are always paid at the network benefit percentage of 75%—even if you are out of network—subject to the maximum allowable amount.

Non-emergencies: Covered services are subject to the out-of-network deductible, the maximum allowable amount provision, the out-of-network benefit percentage of 50%, and the increased out-of-network coinsurance out-of-pocket maximum. See the following chart for details.

ASSURANT COMPREHENSIVE PLAN OUT-OF-NETWORK COSTS	
OUT-OF-NETWORK DEDUCTIBLE	
Individual	Family
\$3,000	\$6,000 (met collectively by 2 or more people)
OUT-OF-NETWORK TOTAL OUT-OF-POCKET MAXIMUM	
Individual	Family
\$18,000	\$36,000 (met collectively by 2 or more people)

Utilization Review

Authorization is required before receiving inpatient treatment and certain types of outpatient procedures. Unauthorized services will result in a penalty. 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:

- Durable and personal medical equipment (\$500 lifetime maximum) — six months.
- Face and jaw dysfunction services (\$600 lifetime maximum) — six months.
- Surgical treatment of bunions, hemorrhoids, inguinal hernia, varicose veins — six months.
- Surgical treatment of tonsils/adenoids — six months.
- Transplants — 12 months.

Pre-Existing Conditions

A pre-existing condition is a sickness, pregnancy or injury, and related complications for which, during the six-month period immediately prior to the effective date of your health insurance coverage:

- You sought, received or were recommended medical advice, consultation, diagnosis, care, or treatment.
- Prescription drugs were prescribed.
- Symptoms were produced, or 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 nine months regardless if the condition was fully disclosed on the Standard Health Questionnaire. After the nine-month period, benefits are paid for a pre-existing condition.

Exclusions Summary

No benefits are provided for the following:

- Charges incurred due to a pre-existing condition until you have been continuously insured for nine months.
- Sickness or injury caused by war, participation in a felony, attempted suicide, 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.
- Services provided through a school system.
- Diagnosis and treatment of infertility.
- 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.
- Drugs not approved by the FDA.
- Drugs obtained outside the United States.
- Treatment of "quality of life" or "lifestyle" concerns, including, but not limited to: smoking cessation, obesity, hair loss, or cognitive enhancement.
- Cranial orthotic devices, except following cranial surgery.
- Experimental or investigational services.
- Charges in excess of the lifetime maximum or any other benefit maximum.
- Charges for non-medical items.
- Charges related to health care practitioner-assisted suicide.
- Treatment of substance abuse, including related prescription drugs.

This coverage is renewable and will not cancel or terminate except for the following reasons: nonpayment of premium; fraud or material misrepresentation; all policies with the same form number are non-renewed in your state; you move to a state where we do not provide medical insurance coverage; you move outside of the service area if you have a PPO plan; or a covered dependent no longer qualifies as a dependent.



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, Wisconsin, with operations offices in Minnesota, Idaho and Florida, as well as sales offices across the country. The Assurant Health Web site is www.assuranthealth.com.

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

Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$25 billion in assets and \$8 billion in annual revenue. Assurant has more than 14,000 employees worldwide and is headquartered in New York's financial district. The Assurant Web site is www.assurant.com.