

# Savings, protection, and convenience

Assurant Health enhances the HSA concept with an HSA program that provides quality coverage and easy account management.

## Plan Highlights

### Lifetime Benefit Maximum

With the Assurant® HSA Plan, you choose the amount of protection you want — \$3 million or \$6 million.

### Initial Rate Guarantee

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.

### First-Dollar Preventive Services

Your HSA plan provides benefits for preventive services. You'll have \$500 per person per calendar year for preventive services — covered at 100%. Remaining preventive services are covered subject to deductible and coinsurance. Preventive services include immunizations, Pap tests, PSA screening, lipid profile tests, barium enemas, and tuberculosis tests.

### Emergency Room Care at Network Rate

Care 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.

### Complications of Pregnancy

Complications are covered under the plan deductible and plan coinsurance. Includes emergency Caesarean section and any sickness associated with pregnancy except hyperemesis gravidarum.

### 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.

## HSA Account Service

### Enjoy the Convenience of HSA Tools

HSA Tools provide extensive account services for easily managing your HSA funds.

#### Services include:

- Easy online claims payment and account tracking services.
- A Visa® debit card.
- A line of credit option to help cover expenses<sup>1</sup>.
- Tax-free interest on HSA funds.
- A mutual fund investment option for those with larger account balances.
- Online access to helpful medical and prescription drug information.

Visa® is a registered trademark of VISA International Service Association.

<sup>1</sup> This credit limit applies only to charges made with your Visa debit card. This product is not overdraft protection for checks you may have written.

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



# Assurant® HSA Plan – Network Benefits

## Plan Design

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

<b>Network</b>	First Choice Health Network
<b>Integrated Deductible</b> <i>Amount you pay toward covered expenses before the plan pays benefits</i>	Individual plan: \$2,700 Family plan: \$5,400
<b>Benefit Percentage</b> <i>Percentage of covered expenses the plan pays after the deductible</i>	80%
<b>Coinsurance</b> <i>Percentage of covered expenses you pay after the deductible</i>	20%
<b>Total Out-Of-Pocket Maximum (includes deductible)</b> <i>After this maximum is met, the plan pays 100% of covered expenses</i>	Individual: \$4,700 Family: \$9,400
<b>Lifetime Benefit Maximum</b> <i>The total maximum amount the plan pays per person</i>	\$3 million or \$6 million

## Outpatient Benefits

<b>Preventive Services</b>	First \$500 at 100% – additional services are also covered subject to deductible and coinsurance
<b>Mammograms</b>	Covered – subject to coinsurance, deductible waived
<b>Office Visits</b>	Covered – subject to deductible and coinsurance
<b>Diagnostic Imaging and Laboratory Services</b>	Covered – subject to deductible and coinsurance
<b>Outpatient Hospital, Surgical Center, and Urgent Care Facility</b>	Covered – subject to deductible and coinsurance
<b>Professional Ground and Air Ambulance</b>	Covered – subject to deductible and coinsurance
<b>Emergency Room</b>	Access fee: \$75 copay, then subject to deductible and coinsurance – \$75 copay waived if admitted to the hospital
<b>Health Care Practitioner Services</b>	Covered – subject to deductible and coinsurance
<b>Outpatient Physical Medicine</b>	Rehabilitation: 20 visits Chiropractic: 10 visits Acupuncture: 10 visits – subject to deductible and coinsurance
<b>Home Health Care</b>	Up to 130 visits – subject to deductible and coinsurance

## Inpatient Benefits

<b>Inpatient Hospital</b>	Covered – subject to deductible and coinsurance
<b>Inpatient Rehabilitation Facility</b>	Up to 10 days – subject to deductible and coinsurance
<b>Subacute Rehabilitation and Skilled Nursing Facilities</b>	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

Paid same as sickness.

- Behavioral Health
- Complications of Pregnancy
- Dental Injuries
- Hospice Care
- Reconstructive Surgery

# Plan Provisions

## 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 80%—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 percentage of 60%, and the increased out-of-network coinsurance out-of-pocket maximum. See the chart below.

ASSURANT HSA PLAN OUT-OF-NETWORK COSTS	
OUT-OF-NETWORK DEDUCTIBLE	
Individual	Family
\$3,700	\$7,400
OUT-OF-NETWORK TOTAL OUT-OF-POCKET MAXIMUM	
Individual	Family
\$11,700	\$23,400

## Utilization Review

Authorization is required before 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 (\$500 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 or an 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.
- Maternity and routine nursery charges.
- 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.
- Outpatient prescription drugs.
- 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.



ASSURANT  
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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](http://www.assuranthealth.com).

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

Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$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](http://www.assurant.com).