



ASSURANT
Health®

Assurant. On your terms.®

OKLAHOMA
TEXAS
VIRGINIA



Time Insurance Company

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

Assurant Health AccessSM

Choose from three benefit levels to meet your needs

Having Access PaysSM

When you spend your hard-earned dollars on a health plan, you want your money's worth. Sometimes it's hard to see a reason to pay the pricey premiums and high deductibles of traditional major medical plans. Now there's another option – Assurant Health AccessSM plans. With these plans, you'll see how Having Access Pays.

Unlike traditional health plans, where you pay deductibles and copays before the plan pays anything, **Assurant Health Access benefits start right away**, with the plan paying a set cash amount when you receive services like doctor office visits, prescriptions and hospital stays. You'll be able to visit the doctor, ID card in hand, and get help paying for your health care costs.

You can depend on Assurant Health – for 115 years, we've been taking care of people just like you.

You get more for your money with Assurant Health Access

When you pay for a health plan, you should be able to use it. With Assurant Health Access, you get access to the health care system, more for your money and a dedicated service team. Here's how to maximize your plan's benefits.

- Call **Patient Care**, your independent health care advocacy service, for **cost and quality information on doctors and facilities**
- Save more with **Assurant Health network discounts** when you choose a network physician and have us pay cash benefits to your providers
- Use **Health Payment Advocates** for **help negotiating discounts and setting up payment plans on outstanding medical bills**

It's easy to qualify for Assurant Health Access.
You just answer a few medical questions.



How *you* save with Assurant Health Access

In addition to cash payments that help you pay for medical services, Assurant Health Access helps you get more for your money through savings on out-of-pocket expenses. These **network discounts** apply even if you exceed your plan limits.

- Save an average of 40% at more than 595,000 health professionals and receive an average of 25-30% off inpatient and outpatient hospital charges when you use First Health Network and have us pay your providers
- Save on office visits at retail health clinics – as low as \$65 per visit, including lab work
- Save an average of 30-40% on prescriptions with your Medco® card
- Save up to 60% on outpatient lab services

With Assurant Health Access, you choose from **three levels** of benefits that matter the most, like prescriptions, office visits, hospitalization, surgery and lifetime maximum.

Value

For access to everyday health care and Assurant Health discounts, choose the affordability of Value.

- Access to network and prescription discounts
- Benefits for two office visits each year
- Benefits for preventive care and unexpected illnesses and injuries

Fundamentals

Fundamentals will help you pay for doctor visits, prescriptions and hospital charges for both preventive care and sicknesses. It includes everything in Value *plus*

- Cash benefits for prescriptions
- Two more office visits per year
- Increased benefits for unexpected illnesses and injuries

Enhanced

For a higher level of insurance benefits but still no deductible, choose Enhanced. It includes everything in Fundamentals *plus*

- Higher cash benefits for brand-name prescriptions
- Higher cash benefits for each office visit
- Higher level benefits for unexpected illnesses and injuries, especially for hospitalization and surgery

No matter which benefit level you choose, you'll appreciate getting the benefits you and your family need from Assurant Health Access.



Have the confidence that comes from showing your ID card — and getting *access* to the services you need.



ASSURANT Health®

Assurant Health
Access

John Smith

0123456789

Regardless of the benefit level you choose, your Assurant Health Access plan will help you pay for the care you need when you're healthy, sick or injured.

You pay no deductible, and benefits start right away.

Look at the two examples showing how different plan levels will keep you healthy so you can take care of yourself and others relying on you.

➔ **Routine preventive care exam with labs – Value or Fundamentals**

Service received:	Cost:	Plan pays:
Preventive care/office visit	\$ 95	\$ 50
Laboratory test	90	15
<hr/>		
Total bill	\$ 185	
Assurant Health network discounts	68	
Value or Fundamentals pays		65
<hr/>		
Your total savings from plan	\$ 133	
Your balance	\$ 52	

➔ **Broken radius in arm – Enhanced**

Service received:	Cost:	Plan pays:
Emergency room / physician charge	\$ 1,444	\$ 400
Cast application	300	127
Follow-up office visits (4)	465	300
Follow-up x-rays (5)	475	250
<hr/>		
Total bill	\$ 2,684	
Assurant Health network discounts	894	
Enhanced pays		1,077
New total bill	713	
Negotiated 20% discount through HPA	143	
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Your total savings from plan	\$ 2,114	
Your balance	\$ 570	



Save money up front by asking Patient Care for cost information on doctors and facilities.



Save money afterward by asking Health Payment Advocates (HPA) to negotiate a reduction in the amounts you may owe after you seek care.

In this example, HPA would help you save an extra \$143!

Amounts based on Assurant Health claims data. Results may vary.

Choose from three options so you find the right benefits for your needs and budget.

All plans bring you access to health care and **more for your money**. Depending on the level you choose, your plan will pay the benefit amounts listed when you seek care.



	Value <i>You receive all the benefits listed below.</i>	Fundamentals <i>You receive all the benefits of Value and more. Look for extras associated with Fundamentals in blue.</i>	Enhanced <i>You receive all the benefits of Fundamentals and more. Look for extras associated with Enhanced in green.</i>	
EVERYDAY NEEDS	Office Visits	<ul style="list-style-type: none"> \$50 per office visit Limit of 2 visits per calendar year 	<ul style="list-style-type: none"> \$50 per office visit Limit of 4 visits per calendar year 	<ul style="list-style-type: none"> \$75 per office visit Limit of 4 visits per calendar year
	Prescription Drugs	Discounts on prescription drugs	<ul style="list-style-type: none"> Discounts on prescription drugs \$10 per generic prescription \$25 per brand prescription Limit of \$750 per calendar year for all prescriptions 	<ul style="list-style-type: none"> Discounts on prescription drugs \$10 per generic prescription \$35 per brand prescription Limit of \$750 per calendar year for all prescriptions
	Allergy Shots and Immunizations	\$10 per immunization and \$10 per allergy shot; limit of \$100 per calendar year for all allergy shots and immunizations		
HOSPITALIZATION AND SURGICAL BENEFITS	Inpatient Hospital Confinement	<ul style="list-style-type: none"> \$1,000 per day for sickness \$2,000 per day for injury Limit of \$200,000 per calendar year for all inpatient confinements 	<ul style="list-style-type: none"> \$2,000 per day for sickness \$4,000 per day for injury Limit of \$500,000 per calendar year for all inpatient confinements 	<ul style="list-style-type: none"> \$3,000 per day for sickness \$6,000 per day for injury Limit of \$1 million per calendar year for all inpatient confinements
	Inpatient and Outpatient Surgery	Includes surgical benefits for both inpatient and outpatient surgery. Benefit amounts paid are at least 100% of 2010 Medicare Physician Fee Schedule rates. See surgical schedule (Form 30353) for details.*		
	Anesthesia	<ul style="list-style-type: none"> \$200 per anesthesia event Limit of 1 event per calendar year 	<ul style="list-style-type: none"> \$200 per anesthesia event Limit of 2 events per calendar year 	<ul style="list-style-type: none"> \$200 per anesthesia event Limit of 3 events per calendar year
	Ground and Air Ambulance	\$100 per ground transportation and \$1,000 per air transportation; limit of 2 trips per calendar year for all ambulance transportation		
	Emergency Room / Urgent Care	<ul style="list-style-type: none"> \$150 per visit Limit of 1 visit per calendar year 	<ul style="list-style-type: none"> \$250 per visit Limit of 1 visit per calendar year 	<ul style="list-style-type: none"> \$400 per ER visit and \$100 per urgent care visit Limit of 1 ER visit and 1 urgent care visit per calendar year
OTHER BENEFITS	Outpatient Medical Events	<ul style="list-style-type: none"> Laboratory services: \$100 per surgical pathology test and \$15 per laboratory service, excluding surgical pathology Radiology services: \$130 per mammogram, \$300 per CT scan, \$450 per MRI scan, \$250 per PET scan and \$50 per other radiology service, including x-ray and ultrasound Physical medicine services: \$25 per occupational, physical and speech therapy visit \$25 per other outpatient event not listed Limit of \$1,000 per calendar year for all outpatient events for Value and Fundamentals; limit of \$3,000 per calendar year for all outpatient events for Enhanced 		
	Lifetime Maximum	Limit of \$1 million	Limit of \$2 million	Limit of \$3 million
WAYS TO SAVE	First Health Network Discounts	Included		
	Patient Care Advocacy	Access to advocates included		
	Health Payment Advocates	Help from advocates included		
	Retail Clinics	Paid as office visits; discounted rates at select locations		

In certain states, membership in Health Advocates Alliance is required in order to buy this 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.

*The surgical services benefit is determined by the CPT code for the procedure. Unlike Medicare, you may be responsible for the difference between the physician charge and the plan benefit payment. For help maximizing your plan's benefits, call Patient Care or Assurant Health. Call HPA for help negotiating discounts and payment plans on amounts you may owe.

All benefits are subject to your contract's terms and limitations.

Frequently asked questions about Assurant Health Access

Q. *What does the application process entail?*

A. Applying is easy. You just answer a few medical questions.

Q. *What are fixed benefits?*

A. Fixed benefits are set cash amounts paid to you or your health care providers after you receive services eligible for benefits. Fixed benefit amounts are not the same as copays. You may have an amount left to pay after your plan pays the fixed benefits.

Q. *Do I have to wait to receive benefits?*

A. No, with Assurant Health Access there's no wait to take advantage of your plan's benefits. You'll get access to network discounts, assistance from Patient Care advocates, benefit payments for services you receive and much more right away. In cases of pre-existing conditions, the plan will pay benefits related to the condition after you have been insured for 12 months.

Q. *How can I save the most money with my plan?*

- A. Assurant Health Access plans provide you with many ways to save:
- Ask Patient Care for information on lower cost doctors and facilities
 - Use First Health Network providers and visit cost-saving retail clinics
 - Have Assurant Health pay your plan benefits to network providers so you receive network discounts
 - Ask Health Payment Advocates for help negotiating discounts and payment plans on outstanding bills

In addition, you'll save money by making informed decisions. Be sure to ask your doctor for pricing information and cost-saving treatment recommendations.

Q. *Does Assurant Health Access pay benefits for preventive care or only for sickness and injury?*

A. Assurant Health Access includes benefits that help keep you well and help you pay for care if you're sick or injured. Rest assured that your plan will pay fixed cash benefits when you receive preventive services such as annual exams, well-child care, immunizations, mammograms, Pap tests, PSA tests and other screenings up to the calendar year maximum.

Q. *How can Patient Care help?*

A. Your plan includes access to Patient Care advocates who can help you identify ways to save money on health care expenses. They'll help you find physicians in your network, compare prices and quality ratings of doctors and facilities and educate you on ways to make the most of your plan's benefits. Patient Care also can help you work through any medical claims or billing issues.

Q. *What services does Health Payment Advocates (HPA) offer?*

A. The independent advocates at HPA can help you save money on outstanding medical bills by negotiating the amount you owe or by creating payment plans with your medical providers. HPA advocates also review bills for accuracy and application of correct network discounts. HPA saves Assurant Health Access customers an average of \$450 per successful case!

Q. *Will I still receive discounts if I reach my plan's limits?*

A. Yes. Even if you exceed your plan's limits, you'll still have access to network discounts and opportunities to save money through Patient Care and Health Payment Advocates.

Assurant Health Access fixed-benefit plans

As a fixed-benefit plan, Assurant Health Access pays a set cash amount when you receive a particular service, regardless of what your provider charges you. With this plan you also have the option to have us pay the doctor directly so you can take advantage of network discounts.

Knowing exactly what your plan does and doesn't provide benefits for is important. Use the following summary of what is not eligible for benefits so you know the details. Complete information, which varies by state, will be included in your insurance contract.

What Assurant Health Access plans do not pay benefits for

Maintenance care and therapies:

- Routine hearing care, artificial hearing devices, cochlear implants, auditory prostheses, routine vision care, vision therapy, surgery to correct vision, routine foot care and foot orthotics
- Routine dental care, unless you choose the dental insurance option

Cosmetic services and procedures:

- Services including chemical peels, plastic surgery and medications
- Any correction of malocclusion (irregular tooth contact), protrusion, hypoplasia (abnormality in dental enamel) or hyperplasia (abnormality) of the jaws

Reproductive-related procedures or concerns:

- Diagnosis and treatment of infertility
- Maternity, pregnancy (except complications of pregnancy), routine newborn care, surrogate pregnancy, routine nursery care and abortion
- Sterilization and contraceptive procedures, drugs or devices

Quality of life concerns:

- Inpatient treatment of chronic pain disorders
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Treatment, services and supplies related to sex transformation, gender dysphoric disorder and gender reassignment; treatment of sexual dysfunction or inadequacy; or restoration or enhancement of sexual performance or desire
- Treatment for smoking cessation and hair loss
- Cognitive enhancement
- Prophylactic treatment, services and surgery

Prescription drug benefits do not include and will not provide benefits for:

- Over-the-counter products
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- Take-home drugs dispensed at an institution

This plan also will not provide benefits for:

- Any amount in excess of any maximum benefit or for non-covered events and associated complications
- Durable medical equipment and personal medical equipment
- Treatment undergone outside the United States
- Treatment of behavioral health or substance abuse

- Treatment, services, supplies, diagnosis, drugs, medication, surgery or medical regimen related to controlling weight, obesity or morbid obesity
- Treatment for snoring or sleep disorders
- Experimental or investigational treatments; homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation and services; massage therapy
- Telehealth and telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Illness or injury caused by war or while in the military; commission of a felony; or influence of an illegal substance
- Illness or injury caused or aggravated by suicide, attempted suicide or self-infliction
- Treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing
- Services ordered, directed or performed by a health care practitioner or medical provider who is an immediate family member
- Treatment used to improve memory or slow the normal process of aging
- Home health care, hospice care, skilled nursing facility care, inpatient rehabilitation services, custodial care and respite care
- Sickness or injury arising out of or as the result of any work for wage or profit that is eligible for benefits under Workers' Compensation, employers' liability or similar laws
- Treatment for behavioral modification or behavioral (conduct) problems; learning disabilities; developmental delays; attention deficit disorders; hyperactivity; educational testing, training or materials; memory improvement; cognitive enhancement or training; vocational or work-hardening programs and transitional living
- Growth hormone stimulation treatment to promote or delay growth
- Treatment for TMJ and/or CMJ and certain jaw/tooth disorders
- Services incurred due to a pre-existing condition for the first 12 months the plan is in force

Exclusion for Value only:

- Charges for dispensation or fulfillment of prescription drugs

All Assurant Health Access plans are fixed-indemnity plans with limited benefits. This means they are not major medical insurance plans. Fixed-indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in specific amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on the health care provider's bill. Benefits and availability vary by state. Benefits are paid per covered person.

State-specific information

Please see the section for your state below to learn how your plan may differ from the plans described in this brochure.

OKLAHOMA:

State-specific product form number: 292.CER.OK

Pre-existing condition definition:

A sickness or an injury and related complications:

1. for which medical advice, diagnosis, care or treatment was received or recommended from a provider or prescription drugs were prescribed during the 6-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced signs or symptoms during the 6-month period immediately prior to your effective date.

The signs or symptoms were significant enough to establish manifestation or onset by one of the following tests:

- a. The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
- b. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

We will not pay benefits for charges incurred due to a pre-existing condition or its complications until you have been continuously insured under the plan for 12 months. After the 12-month period, benefits are paid for a pre-existing condition as long as the covered event occurs while the plan is in force.

TEXAS:

State-specific product form number: 290.POL.TX

Pre-existing condition definition:

A sickness or an injury and related complications:

1. for which medical advice, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced symptoms during the 12-month period immediately prior to your effective date which reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

We will not pay benefits for charges incurred due to a pre-existing condition or its complications until you have been continuously insured under the plan for 12 months. After the 12-month period, benefits are paid for a pre-existing condition as long as the covered event occurs while the plan is in force.

This plan has terms under which the plan may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or the company.

This plan is renewable provided premiums are paid on time, there has not been fraud or misrepresentation by an insured person or any representative, there is compliance with the plan provisions, including eligibility requirements, the company has not discontinued or suspended active business operations and the plan has not been discontinued in these states. The company has the right to change premium rates upon providing appropriate notice.

VIRGINIA:

State-specific product form number: 292.CER.VA Application form number: 49800-VA

Pre-existing condition definition:

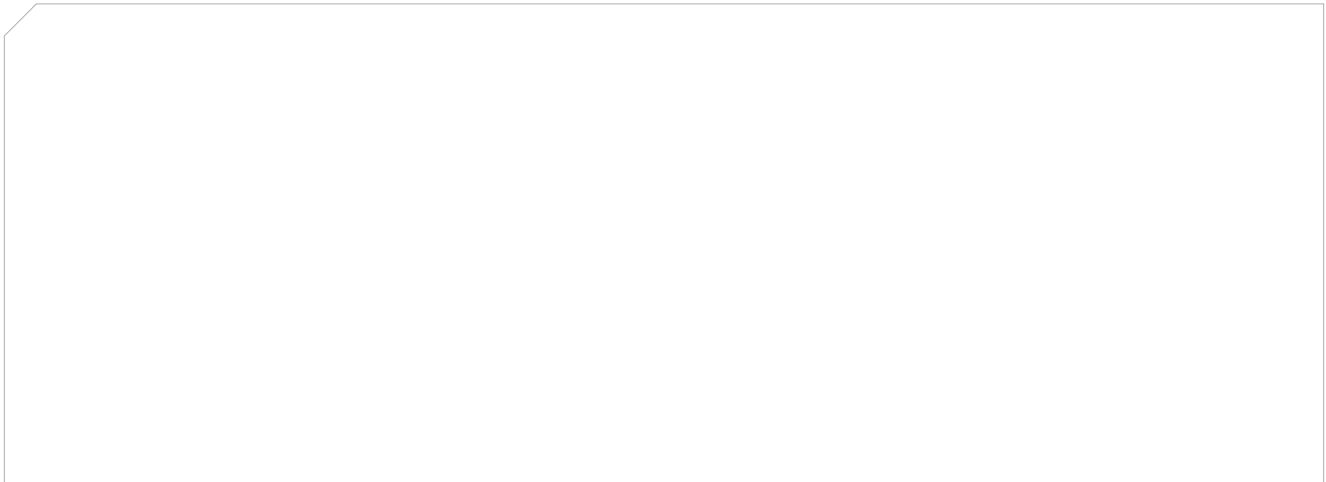
A sickness or an injury and related complications:

1. for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced signs or symptoms during the 12-month period immediately prior to your effective date. The signs or symptoms were significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms reasonably should have allowed or would have allowed one knowledgeable in medicine to diagnose the condition; or
 - b. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.



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For more information or to apply, contact



This brochure provides summary information. For detailed plan benefits, exclusions and limitations, visit assuranthealth.com or refer to the insurance contract. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

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 to people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group and short-term insurance products, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. Assurant Health is headquartered in Milwaukee, Wisconsin, with operations offices in Minnesota and Idaho, as well as sales offices across the country. The Assurant Health website is assuranthealth.com.

Assurant is a premier provider of specialized insurance products and related services in North America and select worldwide markets. The four key businesses – Assurant Solutions, Assurant Specialty Property, Assurant Health, and Assurant Employee Benefits – partner with clients who are leaders in their industries and build leadership positions in a number of specialty insurance market segments in the U.S. and select worldwide markets. The Assurant business units provide debt protection administration; credit-related insurance; warranties and service contracts; pre-funded funeral insurance; creditor-placed homeowners insurance; manufactured housing homeowners insurance; individual health and small employer group health insurance; group dental insurance; group disability insurance; and group life insurance.

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 approximately \$27 billion in assets and \$8 billion in annual revenue. Assurant has approximately 14,500 employees worldwide and is headquartered in New York's financial district. assurant.com.

This brochure is for use in OK, TX and VA. For plans beginning on or after October 1, 2011.

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