



ASSURANT
Health®

Assurant. On your terms.®

CALIFORNIA
COLORADO
KANSAS
OKLAHOMA
TEXAS
VIRGINIA



*The information in this brochure
applies to plans with effective dates
October 1, 2011 and later.*

Major Medical Insurance for Individuals and Families

Time Insurance Company

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

Delivering confidence — every step of the way

To find the right health insurance solution, you need a company you can rely on. You'll feel confident in your choice when you depend on Assurant Health's expertise and strength.

- More experience in health insurance for individuals and families than any other company
- Rated A- (Excellent) by highly respected insurance rating source A.M. Best*
- Part of Assurant, a Fortune 500 company

*Source: A.M. Best Ratings and Analysis of Time Insurance Company, November 2010.

For reliable temporary (less than six months) insurance protection, ask about Assurant Health **Short Term Medical** plans.

Protection for your peace of mind

Assurant Health major medical plans always have delivered the **strong financial protection** you and your family need, and now they provide the benefits set forth in the new Patient Protection and Affordable Care Act (PPACA). Whether you choose a CoreMedSM or OneDeductible plan, you can count on **broad major medical coverage** with many preventive services paid at 100%, and no annual or lifetime dollar limits on hospitalization, emergency care, outpatient care, prescriptions and doctor visits.

With all CoreMed and OneDeductible plans, you get the **personal assistance** you need to make the most of your coverage and other **value-added features**.

- Freedom to choose your own doctors and hospitals, with discounts for using PPO network providers
- Immediate benefits for preventive care, with no copay, even before you meet your deductible
- Preferred rates at time of purchase and through renewal¹
- Independent advocates provided by Patient Care help you navigate the health care system and compare costs among providers²

Ask how to increase the benefits, flexibility and value of your CoreMed or OneDeductible major medical plan with **supplemental products**.³ Added benefits that:

- Pay cash when you have dental care, treatment for an accidental injury or a critical illness
- Provide the cash you need to pay the expenses other plans don't pay
- Are easy to add to your CoreMed or OneDeductible major medical plan — **no additional application or underwriting required**

See page 9 for more information.

¹ Preferred risk class is subject to approval.

² Patient Care is an independent advocacy service and may be discontinued at any time.

³ Plan availability varies by state. Supplemental products are available at an additional cost.



CoreMed – flexible options and great value

★ HSA-compatible options

If you're looking for flexible major medical coverage that will fit your budget, check out CoreMed, Assurant Health's most popular major medical plan.

- Customize a plan from CoreMed's wide array of benefit options—including options that make your plan compatible with a money- and tax-saving Health Savings Account (HSA)
- Control your premiums by adjusting benefit levels
- Protect yourself from the unexpected and provide for your everyday health care needs

OneDeductible – simplicity and savings

★ All options HSA-compatible

Look to a OneDeductible major medical plan for simplicity, convenience and tax savings.

- Simplify your plan design with one common deductible for all family members and all covered expenses, even prescriptions
- Realize tax advantages with an HSA—available with all options
- Reduce the deductible amount you pay with the One Decreasing Deductible® program⁴ – you may never pay your full deductible again!

⁴ Valid on OneDeductible plans with an individual deductible of \$2,850+ or family deductible of \$5,700+. Not available in CO or KS.

CoreMed and OneDeductible network plan benefits

Compare benefits to find the plan that best suits your needs.




Look for  to see CoreMed-specific options that help you save money.

MAKE CHOICES TO BUILD YOUR PLAN

CoreMed

OneDeductible

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

	CoreMed	OneDeductible
Deductible⁵	<ul style="list-style-type: none"> Individual: \$2,000; \$3,500; \$5,000; \$7,500; \$10,000; \$15,000 or \$25,000 Family: 2x the deductible, met collectively by 2 or more people 	<ul style="list-style-type: none"> Individual: \$1,200; \$1,600; \$2,100; \$2,850; \$3,750 or \$5,000 Family: \$2,400; \$3,200; \$4,200; \$5,700; \$7,500; or \$10,000
Benefit Percentage/Coinsurance⁵	100%/0%, 80%/20%, 70%/30% or 50%/50%	100%/0%, 80%/20% or 50%/50%
Coinsurance Out-of-Pocket Maximum⁵	<ul style="list-style-type: none"> Individual: \$0 to \$7,500 depending on coinsurance Family: 2x the coinsurance out-of-pocket maximum, met collectively by 2 or more people 	<ul style="list-style-type: none"> Individual: \$0 to \$2,500 depending on coinsurance Family: 2x the coinsurance out-of-pocket maximum
Office Visit Copay	 <ul style="list-style-type: none"> Option 1: No copays; office visits subject to deductible and coinsurance Option 2: \$35 copay for 4 office visits per person; additional visits subject to deductible and coinsurance 	Not available
Prescription Drugs	 <ul style="list-style-type: none"> Option 1: Subject to plan deductible and coinsurance Option 2: \$15 copay for generics; \$500 individual deductible/\$25 copay + 50% coinsurance for brand; family deductible \$1,000, met collectively by 2 or more people 	Covered, subject to plan deductible and coinsurance
Outpatient and Inpatient Facility Fees⁵	 <ul style="list-style-type: none"> Option 1: \$750 per day for first 3 days as inpatient, \$200 per outpatient surgery Option 2: \$200 per day for first 3 days as inpatient, \$200 per outpatient surgery Option 3: No inpatient or outpatient facility fees <p>Facility fees apply first, then charges subject to deductible and coinsurance</p>	None
HSA-Compatible Options ⁶ (Deductible/Benefit Percentage/Coinsurance/Coinsurance Out-of-Pocket Maximum)	<ol style="list-style-type: none"> Choose one option <ul style="list-style-type: none"> \$3,500/50%/50%/\$2,000 \$5,000/100%/0%/\$0 Choose Office Visit Copay Option 1 Choose Prescription Drugs Option 1 Choose Facility Fees Option 3 	All options are HSA-compatible

 **HSA-compatible options**

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

PLAN BENEFITS

Office Visits; Health Care Practitioner Services; Diagnostic Imaging and Laboratory Services; Professional Air and Ground Ambulance; Inpatient Hospital; Outpatient Hospital, Surgical Center and Urgent Care; Outpatient Physical Medicine	Covered
Preventive Services⁵	Immediate coverage paid at 100% for preventive services mandated by the Patient Protection and Affordable Care Act (go to uspreventiveservicestaskforce.org , click on Recommendations and then the Affordable Care Act link for more information); additional preventive services paid subject to deductible and coinsurance
Emergency Room	Covered; \$75 emergency room fee, waived if admitted to hospital
Home Health Care	Limit of 160 hours
Inpatient Rehabilitation Facility, Subacute Rehabilitation and Skilled Nursing Facilities	Limit of 90 days
Transplants (see page 9 for more information)	Covered
Behavioral Health and Substance Abuse⁵	Not covered
	Covered, subject to plan deductible and 50% coinsurance

The amount of benefits depends upon the plan design components selected, and the premium varies with the amount of benefits. Plan design components are not available in all combinations. Additional provisions may apply. OneDeductible is also available without a PPO network.

⁵ Varies by state. ⁶ HSA-compatible options vary by state.

CoreMed and OneDeductible network information

Network Discounts

You'll maximize your preferred provider organization (PPO) plan's benefits by using network providers, who offer negotiated discounts to Assurant Health and minimize your out-of-pocket expenses.

Assurant Health understands that when you're faced with an emergency, you don't have time to ensure providers are in network before seeking care. Therefore, **in emergency situations, benefits are paid at the network benefit percentage regardless of where services are performed.** All benefits are subject to the maximum allowable amount.

Out-of-Network Services

If you choose to use out-of-network providers for routine and non-emergency care, you will not receive Assurant Health's PPO discounts and you may incur additional charges. Covered services are subject to the maximum allowable amount provision, out-of-network deductible, out-of-network benefit percentage and out-of-network coinsurance out-of-pocket maximum.

The chart below outlines these costs, which may vary by state.⁷

Out-of-Network Costs

	CoreMed	OneDeductible PPO
Out-of-Network Deductible	<p>Individual:</p> <ul style="list-style-type: none"> For deductibles from \$2,000 to \$15,000: 2x selected deductible For \$25,000 deductible: + \$2,000 <p>Family:</p> <ul style="list-style-type: none"> 2x individual out-of-network deductible met collectively by 2 or more people 	2x selected plan deductible
Out-of-Network Coinsurance Out-of-Pocket Maximum	<ul style="list-style-type: none"> Individual: \$10,000 Family: \$20,000 	<ul style="list-style-type: none"> Individual: \$6,000^{8,9} Family: \$12,000^{8,9}
Out-of-Network Benefit Percentage	Selected benefit percentage less 20%	<ul style="list-style-type: none"> For 100% and 80% benefit percentages: 50%⁹ For 50% benefit percentage: 30%⁹

⁷ Out-of-network costs vary in KS, OK and TX.

⁸ Behavioral health/substance abuse coinsurance is 70% for out-of-network providers.

⁹ Varies by state.



Supplemental products increase your benefits and the value of your CoreMed or OneDeductible plan

Expand your major medical coverage with Assurant Health's supplemental products and get cash benefits that help you pay the expenses other plans don't pay. It's easy to add these plans to your CoreMed or OneDeductible plan — no additional application or underwriting is required.

Dental Coverage

Regular dental care can mean more than a brighter smile and a better quality of life — it could also mean better overall health. Dental Coverage from Assurant Health pays cash benefits when you have dental checkups and treatment — making it easier to keep up with regular visits to the dentist and lead a healthier life.

- Cash benefits help pay for both preventive care and treatment
- No waiting period for checkups — you get a set cash amount for a visit every six months
- Get a set cash amount for each dental treatment such as a filling or crown
- Visit any dentist — no network restrictions
- Receive cash benefits directly, or have benefits paid to your dentist

You choose from three plans: Basic, Intermediate and Plus — with benefits like these:

Benefit examples

Basic	Intermediate	Plus
Preventive visit cost - oral exam and bitewing x-rays: \$118		
Benefit: \$75	Benefit: \$100	Benefit: \$100
Resin-based composite filling cost - two surface, anterior: \$158		
Benefit: \$70	Benefit: \$140	Benefit: \$140
Crown and core buildup cost: \$850		
Benefit: not covered	Benefit: not covered	Benefit ¹⁰ : \$550
rates start at around \$9/month	rates start at around \$16/month	rates start at around \$20/month

Presented for illustration only. Actual services and benefits may vary. Sample premium rates are per-adult rates for Dental Coverage plans that cover two adults, age 30, residing in North Carolina, and are purchased along with an Assurant Health Individual Major Medical plan.

See the Dental Coverage inserts Form series 30244 (-Basic or -Plus), for more information about benefits, limitations and exclusions. Dental Coverage not available in VA.

¹⁰ In certain states, there's a 180-day waiting period on major services.

Accident Coverage

Accidental injuries catch you off guard and throw you into worry, uncertainty, inconvenience and, sometimes, a lot of expense you hadn't exactly planned for. But the expense is less of a concern if your plan includes Accident Coverage from Assurant Health.

- Pays cash right to you — over and above any benefits you receive from any other plan
- Helps you replace lost income and pay the expenses other plans don't pay, like auto and medical deductibles

Supplemental products are separate contracts available at an additional cost. Additional provisions may apply.

Accident Coverage, cont.

- Pays no matter what doctor or hospital you choose
- No overall annual or lifetime limits – no matter how many accidents you have
- Use your cash any way you need

You get 24-hour coverage with a set cash benefit for each injury and service – multiple cash benefits that can really add up, like these:

Auto accident example

INJURY/SERVICE	BENEFIT
Ambulance to the hospital	\$ 200
Emergency room treatment	\$ 100
One-day hospital stay	\$ 1,300
Dental work (broken tooth)	\$ 400
Dislocated ankle	\$ 1,250
Follow-up treatment	\$ 35
Physical therapy (3 visits)	\$ 105
Total benefit	\$ 3,390

Presented by illustration only. Actual services and benefits may vary.

See the Accident Coverage insert, Form 30245, for more information about benefits, limitations and exclusions. Accident Coverage not available in VA.

*In this auto accident example, **\$3,390** is paid over and above the benefits paid by auto and medical coverage.*

Critical Illness Coverage

The costs of fighting and surviving a critical illness could go far beyond what you can imagine – even beyond what other plans are meant to cover. That’s why Critical Illness Coverage pays cash right to you – to help you replace lost income and pay expenses other plans don’t pay:

Deductibles and coinsurance	Experimental treatment
Travel to the best hospitals	Added childcare
Doctors outside your network	Nursing care, housecleaning, lawn care

When you choose Critical Illness coverage, you reduce the potential financial impact of critical illness on your family and future. You get:

- Coverage for 15 critical illnesses such as cancer, heart attack and stroke
- Lump-sum cash benefits upon diagnosis or treatment – over and above any benefits you receive from any other plan, such as your CoreMed or OneDeductible major medical plan
- Options for your cash amount to fit your needs and budget: \$10,000, \$20,000 and \$30,000
- Term life benefits equal to half your selected critical illness cash amount
- Freedom to visit any doctor or hospital you want and use the cash any way you need

See the Critical Illness Coverage insert, Form 30246, for more information about benefits, limitations and exclusions.

Customers who receive benefits from this critical illness plan may become ineligible for the tax benefits associated with a Health Savings Account (HSA). Please consult your tax advisor if you intend to purchase this plan and fund an HSA. Critical Illness Coverage not available in CA or VA.

Supplemental products are separate contracts available at an additional cost. Additional provisions may apply.

Ann's story
Ann was diagnosed with breast cancer only three years after she purchased Critical Illness Coverage. Two weeks after her diagnosis, she received \$20,000, which helped her pay a \$7,500 deductible and make it through months of not working.

Not an actual case. Presented for illustration only.

More supplemental and discount plan options

SuiteSolutions

Available through membership in Health Advocates Alliance, SuiteSolutions is another option for added protection to help you pay some or all of your deductible and coinsurance in the event of an accident or critical illness.

- Receive cash benefits sent directly to you
- Get the same pre-selected benefit no matter what doctor or hospital you use
- Choose from two membership levels:

Level 1 – SecureSolution – benefits for accidents

- Accident Medical Expense – Benefit options: \$2,500; \$5,000 or \$10,000 per person, per accident (\$250 deductible per person, per accident)
- Accidental Death and Dismemberment – Up to \$10,000 for the primary insured and up to \$1,000 for the spouse and each child
- Weekly Accident Indemnity – 70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

Level 2 – SelectSolution – benefits for accidents, critical illnesses and more

Includes all the benefits of SecureSolution, plus:

- Critical Illness Expense – Benefit options: \$2,500; \$5,000 or \$10,000 for the primary insured and spouse. (Must be the same as Accident Medical Expense.) Covers life-threatening cancer, heart attack, stroke, renal failure, coma, major organ transplant, loss of sight/speech/hearing or paralysis – as each is defined in the insurance certificate – once per person
- Additional Benefits
 - > Identity network child safety services
 - > Financial relief for identity fraud
 - > Travel assistance
 - > Discounts on hearing aids and more

Dental-Vision Discount Plan

This plan provides discounts from a nationwide network of dental and eyewear providers.

Save 15% to 50% on dental services and 10% to 60% on eyewear.

Discount Plan is not insurance.

Actual costs and savings may vary by provider and geographic area.

Time Insurance Company has contracted with a third party to provide the benefits of this plan.

Supplemental products are separate contracts available at an additional cost. Discount plans are not insurance. Additional provisions may apply.

SuiteSolutions accident medical expense benefits are reduced by benefits payable under any other insurance plan. Customers who receive benefits from the critical illness plan may become ineligible for the tax benefits associated with a Health Savings Account (HSA). Please consult your tax advisor if you intend to purchase SelectSolution and fund an HSA. SuiteSolutions accident and critical illness benefits are underwritten by National Union Fire Insurance Company of Pittsburgh, PA, a subsidiary of Chartis Insurance Company.

Health Advocates Alliance is an association dedicated to the health and well-being of its members. Membership 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 Assurant Health insurance. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health also may realize some benefit from these fees.

Health Savings Account information

Maximize your savings by pairing your HSA-compatible plan with a tax-favored Health Savings Account.

A Health Savings Account (HSA) is an account where you can deposit pre-tax money. You can use the funds to pay for out-of-pocket medical expenses or let them accumulate to supplement your retirement income.

- The money deposited and interest generated are sheltered from taxes
- Withdrawals for qualified medical expenses are sheltered from taxes
- Unused balances are yours to keep and roll over year to year
- At age 65, you may withdraw money for non-medical expenses with no penalty, paying only retirement-level (typically lower) income taxes

Medical expenses payable with HSA dollars

Following are examples of medical expenses you can pay for with your tax-sheltered HSA funds.¹¹ For the complete list, see IRS Publication 502 at [irs.gov](https://www.irs.gov).

- Acupuncture
- Alcoholism treatment
- Birth control pills
- Chiropractic treatment
- Contact lenses
- Dental treatment
- Drug addiction treatment
- Eyeglasses
- Fertility enhancement
- Hearing aids
- Long-term care insurance
- Medications
- Nursing home fees
- Psychiatric care
- Smoking cessation program
- Special education
- Sterilization
- Surgery
- Vision correction surgery
- Weight loss program

¹¹ Depending on the plan you choose, these services may not be covered by your health benefit plan.

Assurant Health and its legal entities are not engaged in rendering tax advice. Please consult a qualified tax professional for tax advice.



CoreMed and OneDeductible plan provisions

Medically Necessary Care

To be covered, treatment, services and supplies must be medically necessary:

- 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 have a PPO plan and use an out-of-network provider, you are responsible for any balance in excess of the maximum allowable amount.

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.

Transplants¹²

Kidney, cornea, skin, bone marrow, heart, liver and lung transplants are covered as any other service. All transplants include the following:

- \$10,000 maximum toward travel expenses
- \$10,000 maximum toward donor expenses

¹² Varies by state.

State-specific information

Please see the section for your state below to learn how some benefits may differ from the benefits shown in this brochure.

CALIFORNIA:

State-specific product form number: TIM.CER.CA

Pre-existing condition definition

A pre-existing condition is a sickness or injury and related complications, not fully disclosed on the enrollment form, for which medical advice, diagnosis, care or treatment was received or recommended from a health care practitioner or prescription drugs were prescribed during the six-month period immediately prior to your effective date.

Pre-existing conditions limitation

We will not pay benefits under this plan for an otherwise covered charge related to a pre-existing condition until you have been continuously covered under this plan for six months. A condition specifically excluded from coverage will continue to be excluded after six months of continuous coverage.

Enrollees under the age of 19 are not subject to the pre-existing condition limitation.

State-specific information, cont.

COLORADO:

State-specific product form numbers: TIM.POL.COR.CO, TIM.POL.ODP.CO, TIM.POL.ODT.CO

Pre-existing condition definition

A pre-existing condition is a sickness or injury and related complications, not fully disclosed on the application form, 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.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

Enrollees under the age of 19 are not subject to the pre-existing condition limitation.

Autism

There are no benefits for autism.

Maternity

Maternity is covered the same as an illness or injury.

Colorado State Notices

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

We maintain an access plan for each network offered in Colorado. The access plan includes information regarding availability and accessibility of participating providers and our method of informing you of the plan's services and features. The access plan is available upon request by contacting us at 800.800.1212.

Network Adequacy:

- I. Depending on the network chosen, there may be counties with no participating providers available. Please see provider directory for additional information.
- II. Non-network providers may bill more than we determine to be a maximum allowable amount and you are responsible for payment of any amount billed above the maximum allowable amount.
- III. You may request the usual, customary and reasonable rate for reimbursement for specific services by contacting us at 800.553.7654.

State-specific information, cont.

KANSAS:

State-specific product form number: TIM.POL.KS

Pre-existing condition definition

A pre-existing condition is an illness or injury and related complications for which any of the following occurred during the 12-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.

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, unless the condition was fully disclosed on the application. After the 12-month period, benefits are paid for a pre-existing condition unless it is specifically excluded from coverage.

Enrollees under the age of 19 are not subject to the pre-existing condition limitation.

Outline of coverage available

An outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of this health benefit plan.

IMPORTANT NOTICE: YOU AND YOUR COVERED DEPENDENTS ARE FREE TO USE ANY PROVIDER YOU AND YOUR COVERED DEPENDENTS CHOOSE. IT IS THE COVERED PERSON'S RESPONSIBILITY TO DETERMINE IF A PROVIDER IS A PARTICIPATING PROVIDER OR A NON-PARTICIPATING PROVIDER BEFORE ANY SERVICES ARE RENDERED. PLEASE SEE THE BENEFIT SUMMARY FOR SPECIFIC BENEFIT LEVELS. NON-PARTICIPATING PROVIDERS MAY BILL SUBSTANTIALLY MORE THAN WE DETERMINE TO BE A MAXIMUM ALLOWABLE AMOUNT AND THE COVERED PERSON IS RESPONSIBLE FOR PAYMENT OF ANY AMOUNT BILLED ABOVE THE MAXIMUM ALLOWABLE AMOUNT. THE COVERED PERSON IS NOT RESPONSIBLE FOR PAYMENT OF AMOUNTS BILLED BY A PARTICIPATING PROVIDER IN EXCESS OF THE MAXIMUM ALLOWABLE AMOUNT FOR COVERED CHARGES RECEIVED WITHIN THE COVERED PERSON'S NETWORK.

Behavioral health coverage

Coverage for behavioral health includes mental illness, alcoholism, drug abuse and substance abuse disorders. Inpatient treatment is limited to 45 days each calendar year. Outpatient treatment is limited to 30 days each calendar year.

State-specific information, cont.

OKLAHOMA:

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

Pre-existing condition definition

A pre-existing condition is a sickness or injury and related complications, not fully disclosed on the enrollment form,

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

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

Enrollees under the age of 19 are not subject to the pre-existing condition limitation.

TEXAS:

State-specific product form numbers: TIM.POL.001.TX-LB, TIM.POL.001.TX.

Outline of coverage available

An outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of this health benefit plan.

Transplant benefits

Donor expenses are limited to \$10,000 for procedures conducted at designated transplant providers and \$200 for procedures not conducted at designated transplant centers.

Pre-existing condition definition

A pre-existing condition is a disease, illness, condition or injury and related complications, not fully disclosed on the application,

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.

State-specific information, cont.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition, subject to the pre-existing condition definition.

Enrollees under the age of 19 are not subject to the pre-existing condition limitation.

VIRGINIA:

State-specific product form number: TIM.CER.VA.

Application form numbers: 29300-VA and 29400-VA-PKT.

Pre-existing condition definition

A pre-existing condition is a condition that manifested itself in such a manner as would cause an ordinarily prudent person to seek diagnostic care or treatment or for which medical advice, diagnostic care or treatment was recommended or received within the 12-month period immediately prior to your enrollment date.

Enrollees under the age of 19 are not subject to the pre-existing condition limitation.

CoreMed and OneDeductible exclusions summary

Knowing exactly what your health plan does and doesn't cover is important. To give you the best possible experience, we offer the following summary of what is not covered by your CoreMed or OneDeductible plan. Complete details are included in your insurance contract.

No benefits are provided for the following, except where state mandates apply:

- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care or foot orthotics
- Routine dental care, unless you choose the dental insurance option
- Cosmetic services including chemical peels, plastic surgery and medications
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Cranial orthotic devices, except following cranial surgery
- Contraceptive drugs or devices
- 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
- Treatment of "quality of life" or "lifestyle" concerns, including, but not limited to: obesity; hair loss; sexual function, dysfunction, inadequacy or desire or cognitive enhancement unless otherwise required by law
- Prophylactic treatment
- Chelation therapy
- Charges for non-medical items

Exclusions, cont.

- Charges for alternative medicine, including acupuncture and naturopathic medicine
- Experimental or investigational services
- Over-the-counter products
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- The difference in cost between a generic and brand name drug when the generic is available
- 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
- 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
- Treatment used to improve memory or to slow the normal process of aging
- Custodial care
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Charges for educational testing or training, vocational or work hardening programs, transitional living or services provided through a school system
- Charges related to health care practitioner-assisted suicide
- Testing related to the diagnosis of behavioral conduct or developmental problems
- Growth hormone stimulation treatment to promote or delay growth
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- For policyholders age 19 and older, charges incurred due to a pre-existing condition until you have been continuously insured for 12 months unless the condition was fully disclosed on the application
- Charges in excess of any stated benefit maximum

Additional exclusion for CoreMed

- Behavioral health (mental/nervous disorders) and substance abuse, including related prescription drugs

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

Coverage 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 this state. The company has the right to change premium rates upon providing appropriate notice.

This brochure provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the certificate of insurance. Refer to the state variations for major state-specific benefits, provisions and exclusions.



ASSURANT Health®

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 health 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, Idaho and Florida, as well as sales offices across the country. The Assurant Health website is assuranthealth.com.

Assurant Health is part of Assurant, 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; lender-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 \$26 billion in assets and \$8 billion in annual revenue. Assurant has approximately 14,000 employees worldwide and is headquartered in New York's financial district. The Assurant website is assurant.com

This brochure is for use in CA, CO, KS, OK, TX and VA.

The information in this brochure applies to plans with effective dates October 1, 2011, and later. Product form Series TIM, 8032.POL.CA, 8032.POL.CO, 8032.POL.KS, 8032.POL.OK, 8032.POL.TX, 8059.POL.CO, 8059.POL.KS, 8059.POL.OK, 8059.POL.TX, 8079.POL.CO, 8079.POL.KS, 8079.POL.OK and 8079.POL.TX. Assurant Health is the brand name for products underwritten and issued by Time Insurance Company. Form 29233-B (Rev. 7/2011) © 2011 Assurant, Inc. All rights reserved.