



ASSURANT
Health®

Assurant. On your terms.®

Assurant Affordable Health Access

Limited-Benefit Health Plans for Individuals and Families

ILLINOIS

The *affordable* health insurance solution
for the *everyday needs* you value most



The *right plans* for the *right time*

If you're like most people, your needs are changing all the time, especially when it comes to health insurance. Maybe you're out of a job, maybe your employer doesn't offer coverage, or maybe coverage is just too expensive. **Assurant Health answers your needs with our limited-benefit plans.** Not only are they priced within your reach, they're packed with value to make sure you get your money's worth during this time of your life. And, Health Access gives you just that — **access** — access to the health care system, access to doctors and other providers, and access to discounts.

Here's what Health Access offers:

Affordability

Choose from modestly priced plans to find the one that fits your budget and lifestyle.

Usefulness

These plans cover services you'll actually use, such as doctors' office visits, prescriptions, preventive care and immunizations. Plus, should you need them, you can select a plan that also has hospital benefits.

Value

Squeeze extra value out of your plan and maximize any limits with numerous savings features.

Accessibility

With only a few medical questions, it's easy to qualify for all Health Access plans.

Flexibility

Keep your own doctors, choose individual or family coverage, and add coverage for dental and cancer benefits.

What is a limited benefit plan?

These are limited-benefit plans, which means they have specific dollar limits on coverage to make them more affordable. Take a closer look at the specific benefits and limitations in this brochure so you'll know if Assurant Affordable Health Access plans are right for you. You can also get more information at www.assuranthealthaccess.com.



Take it to the limit

We help you stretch the value of these limited-benefit plans

It won't take you long to realize the value of Health Access plans because they cover services for the **everyday needs** you will actually use. And to help you **maximize the limits** of these plans, look at some of the ways you can stretch the value and save money:

MultiPlan*

Use providers in the MultiPlan network and receive our negotiated discounted rates.

Prescriptions through Medco®

Use a Medco® participating pharmacy for discounts on your prescriptions.

LabCard Select*

Save 20-60% on outpatient laboratory services by showing the LabCard Select logo on your ID card and requesting your doctor send your specimens to a contracted laboratory.

Retail Health Clinics

Don't spend your money in the emergency room when a retail health clinic can treat certain conditions more affordably. Visit one of these convenient health care facilities for affordable, accessible, non-emergency care and prescriptions.

Patient Care**

Patient Care is an independent advocacy service with specially trained health care advocates who will answer questions about your benefits, and research cost and quality data to help you save money.

Plus, we'll arm you with a **Health Insurance Reference Guide** full of valuable ideas to help you spend your health insurance dollars wisely and keep more money in your pocket.

* These are non-contracted benefits that may be discontinued at any time.

** Patient Care services are available to Assurant Health customers. These services are not part of the health insurance contract.



The right plans for the right time

Choosing a health insurance plan for you and your family is serious stuff — and digging into the details can help you make the right choice about these limited-benefit plans. There are some differences, so take a look at the table below to understand the coverage and limits for each plan.

We're confident you will find the plan that's right for this time of your life.

GOOD

		HEALTH ACCESS PLAN A
		Limited benefits for everyday needs; no hospital benefits <i>May be used to supplement another carrier's medical plan</i>
EVERYDAY NEEDS YOU VALUE	Office Visit Copay <i>(Preventive exams included)</i> <i>You pay your copay and the plan pays 100% of the remaining cost of an eligible office visit up to \$150 per visit for examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots. An office visit during which you receive only a clinical breast exam for the early detection of breast cancer, immunizations or allergy shots does not apply to your \$600 annual limit; however, your copay and the \$150 maximum per visit still apply.</i>	<ul style="list-style-type: none"> You pay a \$25 copay for each office visit to a primary care physician or retail health clinic You pay a \$35 copay for each office visit to a specialist physician We pay up to \$150 per office visit We pay up to \$600 in benefits per calendar year¹
	Prescription Drugs	<ul style="list-style-type: none"> You pay a \$20 copay for generic drugs You pay a \$75 copay for brand-name drugs We pay up to \$200 in benefits per calendar year
	Outpatient Medical Services <i>(Preventive services included)</i>	<ul style="list-style-type: none"> We pay up to \$250 in benefits for outpatient x-ray and lab only Elemental formulas: <ul style="list-style-type: none"> You pay \$200 deductible We pay 80% of covered charges up to \$100 calendar year maximum You pay remaining 20% of covered charges
SURGICAL AND HOSPITALIZATION BENEFITS	Surgical Services	<ul style="list-style-type: none"> We pay up to \$250 in benefits per calendar year Surgical services must be performed during an office visit
	<i>Surgeon</i>	Not covered
	<i>Assistant Surgeon</i>	Not covered
	<i>Anesthesiologist</i>	Not covered
	Ground and Air Ambulance	Not covered
	Emergency Room	Not covered
	Inpatient Benefit Facility Charges	Not covered
Other Non-surgical/Non-facility Inpatient Services	Not covered	
OTHER INFO	Lifetime Maximum	<ul style="list-style-type: none"> Services are subject to calendar year maximums
	Medical Questions for Qualification	<ul style="list-style-type: none"> No medical questions to qualify
	Pre-existing Conditions	<ul style="list-style-type: none"> Covered up to calendar year maximums
	Benefits After Reaching Maximums	<ul style="list-style-type: none"> Access to network at contracted/discounted rates
	Dental-Vision Discount Plan²	Receive discounts on services from a nationwide network of dental and eyewear providers <ul style="list-style-type: none"> 15% to 50% on dental services 10% to 60% on eyewear

Health Access Plans provide limited benefits and all covered services are subject to calendar-year maximums. These are not major medical health plans and are not replacements for them. The amount of benefits depends upon the plan selected, and the premium will vary with the amount of benefits. Read all coverage documents carefully upon receipt. For a complete listing of benefits, limitations and exclusions, please refer to your coverage documents.

¹ Family deductible maximum is \$400 and is met collectively by two or more persons.
² Agents can access the surgical schedule at www.assuranthealthsales.com.

What's the difference between our three limited-benefit plans?

- **PLAN A** – No hospital benefits, calendar year (vs. lifetime) maximums, no pre-existing condition limitation
- **PLAN B and PLAN C** – Coverage for pre-existing conditions after you have been continuously insured for 12 months, hospital benefits, a \$1 million lifetime maximum; Plan C has higher calendar year maximums than Plan B.

BETTER

BEST

HEALTH ACCESS PLAN B Limited benefits for everyday needs <i>Hospital Benefits: \$100,000 maximum</i>	HEALTH ACCESS PLAN C Limited benefits for everyday needs <i>Hospital Benefits: \$200,000 maximum</i>
<ul style="list-style-type: none"> • You pay a \$25 copay for each office visit to a primary care physician, retail health clinic, specialist or health care practitioner • We pay up to \$150 per office visit • We pay up to \$600 in benefits per calendar year¹ 	<ul style="list-style-type: none"> • You pay a \$25 copay for each office visit to a primary care physician, retail health clinic, specialist or health care practitioner • We pay up to \$150 per office visit • We pay up to \$600 in benefits per calendar year¹
<ul style="list-style-type: none"> • You pay a \$10 copay for generic drugs • You pay a \$50 copay for preferred brand-name drugs • You pay a \$75 copay for non-preferred brand-name drugs • We pay up to \$250 in benefits per calendar year 	<ul style="list-style-type: none"> • You pay a \$10 copay for generic drugs • You pay a \$50 copay for preferred brand-name drugs • You pay a \$75 copay for non-preferred brand-name drugs • We pay up to \$750 in benefits per calendar year
<ul style="list-style-type: none"> • You pay a \$200 deductible* • We pay 80% of covered charges up to \$500 per person per calendar year • You pay remaining 20% of covered charges • The full outpatient calendar year maximum benefit is available for outpatient services for diagnoses and treatment of autism spectrum disorders, even when other sickness benefits have accrued to the outpatient calendar year maximum. 	<ul style="list-style-type: none"> • You pay a \$200 deductible* • We pay 80% of covered charges up to \$1,000 per person per calendar year • You pay remaining 20% of covered charges • The full outpatient calendar year maximum benefit is available for outpatient services for diagnoses and treatment of autism spectrum disorders, even when other sickness benefits have accrued to the outpatient calendar year maximum.
<p><i>For both Plan B and Plan C: Includes outpatient hospital, surgical center or urgent care facility.</i></p>	
<ul style="list-style-type: none"> • Includes surgeon benefits for both inpatient and outpatient surgery paid to the scheduled benefit amount. Benefits paid per surgery vary greatly — your agent can provide more details.** 	<ul style="list-style-type: none"> • Includes surgeon benefits for both inpatient and outpatient surgery paid to the scheduled benefit amount. Benefits paid per surgery vary greatly — your agent can provide more details.**
<ul style="list-style-type: none"> • We pay up to 20% of amount paid for surgery 	<ul style="list-style-type: none"> • We pay up to 20% of amount paid for surgery
<ul style="list-style-type: none"> • We pay up to 20% of amount paid for surgery 	<ul style="list-style-type: none"> • We pay up to 20% of amount paid for surgery
<ul style="list-style-type: none"> • We pay up to \$100 ground/\$1,000 air — per trip, up to two trips per calendar year 	<ul style="list-style-type: none"> • We pay up to \$100 ground/\$1,000 air — per trip, up to two trips per calendar year
<ul style="list-style-type: none"> • We pay up to \$250 in benefits for each of two visits per calendar year after \$100 emergency room fee • Fee is waived if admitted to the hospital 	<ul style="list-style-type: none"> • We pay up to \$750 in benefits for each of two visits per calendar year after \$100 emergency room fee • Fee is waived if admitted to the hospital
<ul style="list-style-type: none"> • We pay up to \$750 in benefits per day for sickness • We pay up to \$1,000 in benefits per day for injury • We pay 80% and you pay 20%, up to \$100,000, in benefits per calendar year based on the daily inpatient limits. You pay any balance. 	<ul style="list-style-type: none"> • We pay up to \$2,000 in benefits per day for sickness • We pay up to \$4,000 in benefits per day for injury • We pay 80% and you pay 20%, up to \$200,000, in benefits per calendar year based on the daily inpatient limits. You pay any balance.
<ul style="list-style-type: none"> • Considered under the inpatient per day maximum • Coinsurance applies 	<ul style="list-style-type: none"> • Considered under the inpatient per day maximum • Coinsurance applies
<ul style="list-style-type: none"> • \$1 million 	<ul style="list-style-type: none"> • \$1 million
<ul style="list-style-type: none"> • Limited medical questions to qualify 	<ul style="list-style-type: none"> • Limited medical questions to qualify
<ul style="list-style-type: none"> • Covered after you have been continuously insured under this plan for 12 months 	<ul style="list-style-type: none"> • Covered after you have been continuously insured under this plan for 12 months
<ul style="list-style-type: none"> • Access to network at contracted/discounted rates 	<ul style="list-style-type: none"> • Access to network at contracted/discounted rates
<ul style="list-style-type: none"> • Optional 	<ul style="list-style-type: none"> • Optional

¹ The full office visit calendar year maximum benefit is available for office visit treatment of autism spectrum disorder when other diagnoses have accrued to the calendar year maximum. (Up to \$600 per calendar year is available for autism spectrum disorder office visit treatments in the event you have met the plan maximum for other office visit treatments.)

² The dental-vision discount plan is not insurance. Preventive services include annual exam, mammograms, Pap tests, routine colonoscopy/sigmoidoscopy, colorectal cancer screening, human papilloma virus vaccination, well-child care, prostate cancer screening and bone mass measurement.

Exclusions Summary

It's important to know what's not covered through your plan. Note that no benefits are provided for the following, except where state mandates apply:

FOR PLAN A:

- Charges not specifically listed as covered under the Medical Benefits and Outpatient Prescription Drug Benefits provisions or incurred before the covered person's effective date or after coverage termination date
- Charges for conditions from any work for wage or profit; a work-related condition eligible for benefits under Workers' Compensation, employers' liability, or similar laws, even when the covered person doesn't file a claim. (Doesn't apply to a covered person not requiring coverage under any Workers' Compensation, employers' liability, or similar law, and does not have such coverage. However, the covered person must receive services in accordance with the Medical Benefits provisions.)
- Charges for routine dental care, masseur, masseuse, or massage therapist services or massage therapy, or a rolfer
- Charges for any amount in excess of any maximum benefit for covered services
- Charges for vitamins and/or vitamin combinations even if prescribed by a health care practitioner
- Charges for over-the-counter drugs or medicines whether or not prescribed by a health care practitioner
- Charges for drugs or medicines used to treat, impact or influence athletic performance, body conditioning, strengthening or energy; social phobias; slowing the normal processes of aging; daytime drowsiness; overactive bladder; dry mouth; excessive salivation; genetic make-up or genetic predisposition; prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns
- Charges for biological sera; vaccines and other immunizing agents; injectable parenteral administration, except insulin or Imitrex

FOR PLANS B AND C:

- 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 level of substance, or a hazardous activity
- 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
- Custodial care, home health care or hospice care
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Hormone stimulation treatment to promote or delay growth unless medically necessary
- Routine dental care, unless you choose the dental insurance option

- Treatment for TMJ or CMJ and certain jaw / tooth disorders
- 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, pregnancy (except for complications of pregnancy), routine newborn care, surrogate pregnancy and routine nursery charges
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Durable or personal medical equipment
- Services provided by a chiropractor
- Charges for sex transformation, treatment of sexual dysfunction or inadequacy, or to restore or enhance sexual performance or desire
- Charges incurred for drugs obtained outside of the United States
- Over-the-counter products
- Drugs not approved by the FDA
- 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 or behavioral problems, except for diabetes self-management training and education and autism spectrum disorders
- Prophylactic treatment
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Experimental or investigational services
- Charges for any amount in excess of any benefit maximum
- Charges for homeopathic medicines or non-medical items
- Treatment of behavioral health (mental/nervous disorders) and substance abuse, except serious mental illness and inpatient treatment of alcoholism
- Charges for adjustments or subluxation treatment
- Charges for non-covered services and associated complications
- Charges for take-home drugs dispensed at an institution (other than a pharmacy)

Pre-Existing Conditions (Plans B and C only)

A pre-existing condition is any disease, illness, sickness, malady or condition which was: 1. diagnosed or treated by a legally qualified physician prior to the effective date of coverage for the insured with consultation, advice or treatment by a legally qualified physician occurring within 12 months prior to the effective date of coverage for the insured; or 2. diagnosed or treated by a legally qualified physician prior to the effective date of coverage for the insured, but a legally qualified physician demonstrates that there is a reasonable medical question that the disease, illness, sickness, malady or condition involved did continue within 12 months prior to the effective date of coverage for the insured without the necessity of consultation, advice or treatment by a legally qualified physician; or 3. evident because there was a clear, distinct symptom or symptoms of the disease, illness, sickness, malady or condition demonstrable prior to the effective date of coverage for the insured with the occurrence of such symptoms being evident within 12 months prior to the effective date of coverage for the insured and in which, in the opinion of a legally qualified physician, would:

a. indicate that the diseases, illness, sickness, malady or condition probably began and manifested itself before the effective date of the coverage for the insured, and b. would cause an ordinarily prudent person to seek diagnosis, care or treatment. 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. After the 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.

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.





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For more information and to learn about optional benefits and apply for coverage, contact your insurance agent.

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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 \$24 billion in assets and \$8 billion in annual revenue. Assurant has approximately 15,000 employees worldwide and is headquartered in New York's financial district. The Assurant Web site is www.assurant.com.