



ASSURANT
Health®

Assurant. On your terms.®

Assurant Affordable Health Access

Limited-Benefit Health Plans for Individuals and Families

KANSAS

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'll also have 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.

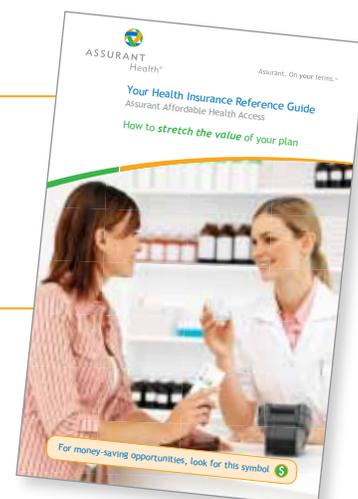
Patient Care**

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.

		HEALTH ACCESS PLAN B Limited benefits for everyday needs <i>Hospital Benefits: \$100,000 maximum</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 an immunization or allergy shot does not apply to your four-visit annual limit; however, your copay and the \$150 maximum per visit still apply. Copayment does not apply to immunizations for covered dependents 72 months and under.</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 Copay applies to each of four office visits per person per calendar year We pay up to \$150 per office visit
	Prescription Drugs	<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
	Outpatient Medical Services <i>(Preventive services included)</i>	<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 <p style="text-align: right;"><i>For both Plan B and Plan C: Includes outpatient</i></p>
SURGICAL AND HOSPITALIZATION BENEFITS	Surgical Services <i>Surgeon</i>	<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.**
	<i>Assistant Surgeon</i>	<ul style="list-style-type: none"> We pay up to 20% of amount paid for surgery
	<i>Anesthesiologist</i>	<ul style="list-style-type: none"> We pay up to 20% of amount paid for surgery
	Ground and Air Ambulance	<ul style="list-style-type: none"> We pay up to \$100 ground/\$1,000 air — per trip, up to two trips per calendar year
	Emergency Room	<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
	Inpatient Benefit Facility Charges	<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.
Other Non-surgical/Non-facility Inpatient Services	<ul style="list-style-type: none"> Considered under the inpatient per day maximum Coinsurance applies 	
OTHER INFO	Lifetime Maximum	<ul style="list-style-type: none"> \$1 million
	Medical Questions for Qualification	<ul style="list-style-type: none"> Limited medical questions to qualify
	Pre-existing Conditions	<ul style="list-style-type: none"> Covered after you have been continuously insured under this plan for 12 months
	Benefits After Reaching Maximums	<ul style="list-style-type: none"> Access to network at contracted/discounted rates

Know Your Limits

To keep these plans affordable, Health Access Plans have benefit limits. It's important you understand the limits of Health Access plans. But, even after you've hit a dollar limit — you'll still **save money from the network discounts** you'll receive as part of these plans.

HEALTH ACCESS PLAN C

Limited benefits for everyday needs

Hospital Benefits: \$200,000 maximum

- You pay a \$25 copay for each office visit to a primary care physician, retail health clinic, specialist or health care practitioner
- Copay applies to each of four office visits per person per calendar year
- We pay up to \$150 per office visit

- 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

- 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

at hospital, surgical center or urgent care facility.

- Includes surgeon benefits for both inpatient and outpatient surgery paid to the scheduled benefit amount. Benefits paid for surgery vary greatly — your agent can provide more details.**

- We pay up to 20% of amount paid for surgery

- We pay up to 20% of amount paid for surgery

- We pay up to \$100 ground/\$1,000 air — per trip, up to two trips per calendar year

- 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

- 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.

- Considered under the inpatient per day maximum
- Coinsurance applies

- \$1 million

- Limited medical questions to qualify

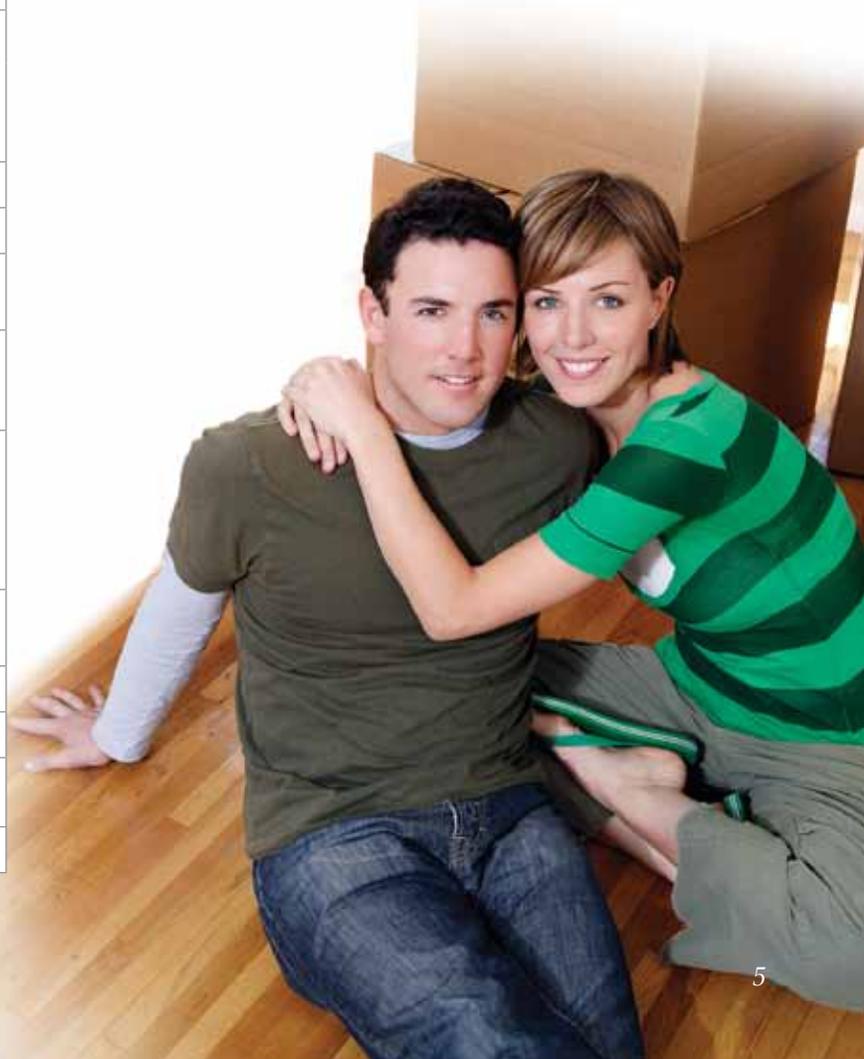
- Covered after you have been continuously insured under this plan for 12 months

- Access to network at contracted/discounted rates

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.

** Family deductible maximum is \$400 and is met collectively by two or more persons.*

*** Agents can access the surgical schedule at www.assuranthealthsales.com. Preventive services include annual exam, mammograms, Pap smears, routine colonoscopy/sigmoidoscopy, colorectal cancer screening, well-child care and prostate cancer screening.*



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:

- 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
- Routine dental care, except for dental anesthesia services and 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 or as otherwise covered in an optional Maternity Rider that is included as part of the policy), routine newborn care, surrogate pregnancy and routine nursery charges except as otherwise covered in an optional Maternity Rider that is included as part of the policy.
- 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
- 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
- Contraceptive drugs or devices
- 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
- 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 except for drugs approved by the FDA for cancer
- Charges for any amount in excess of any benefit maximum
- Charges for homeopathic medicines or non-medical items
- Charges for non-covered services and associated complications
- Charges for take-home drugs dispensed at an institution (other than a pharmacy)

A pre-existing condition is an illness or injury and related complications for which, during the 12-month period immediately prior to the effective date of your health insurance coverage: 1) you sought, received or were recommended medical advice, consultation, diagnosis, care or treatment, 2) prescription drugs were prescribed, 3) symptoms were produced, or 4) 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. 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.

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.