

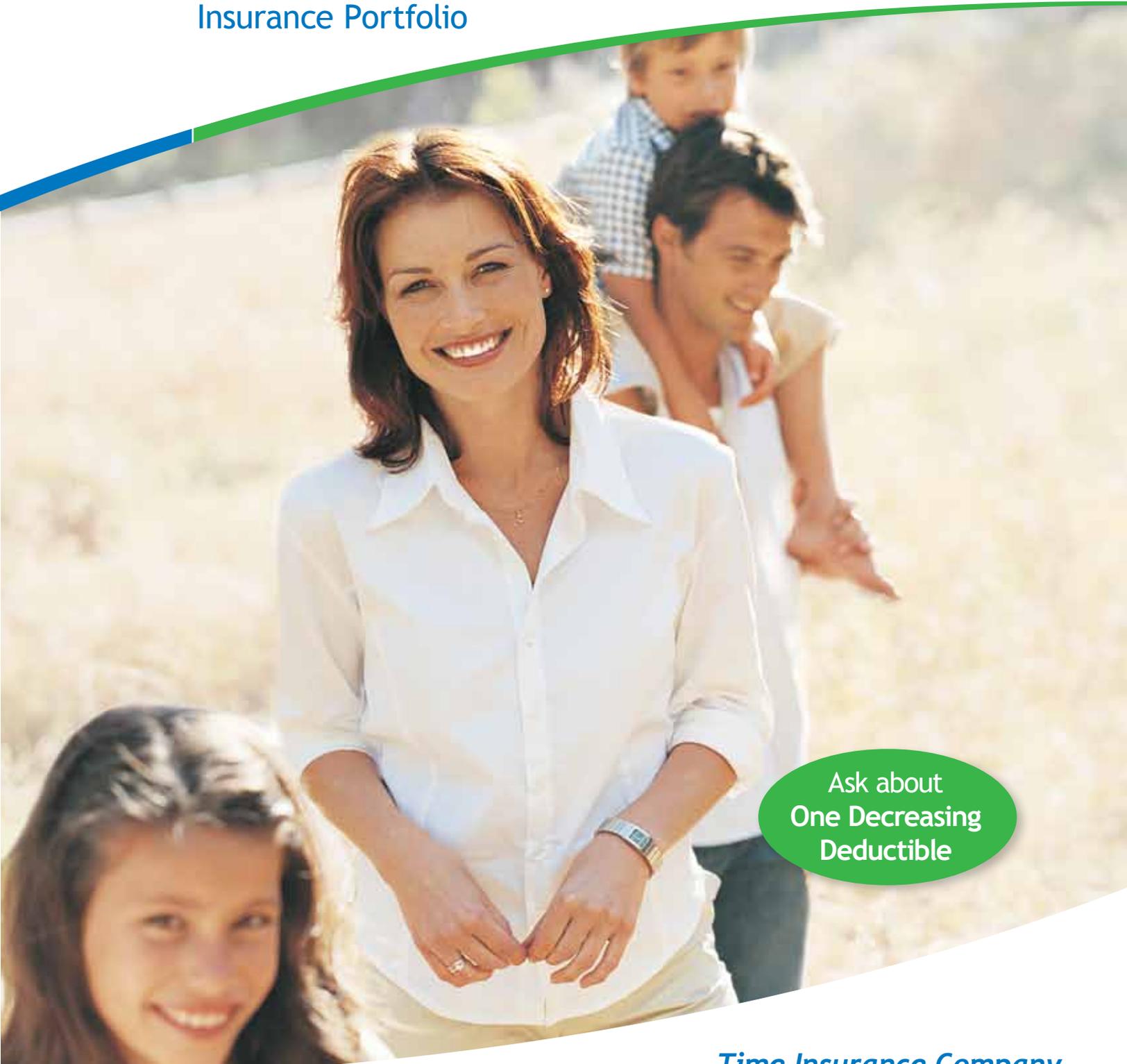


ASSURANT
Health®

IDAHO

Assurant. On your terms.®

Individual Health Insurance Portfolio



Ask about
One Decreasing
Deductible

Time Insurance Company
John Alden Life Insurance Company

*Assurant Health is the brand name for products underwritten and issued by
Time Insurance Company and John Alden Life Insurance Company*

Assurant Health

Staying power you can count on

An insurance plan is only as reliable as the company behind it. For health insurance you can depend on, insist on a track record of expertise, strength and commitment.

EXPERTISE

Long-term stability and success in any business takes expertise. Tracing its roots back to 1892, Assurant Health has been selling individual medical insurance longer than any company. And with almost one million customers nationwide, it has earned a solid reputation for health insurance know-how.

STRENGTH

A company's strength is most important when it's time to pay benefits. A.M. Best, the highly respected insurance rating source, consistently rates Assurant Health insurance companies¹ A- (Excellent)²—affirming their outstanding ability to meet claims-paying obligations.

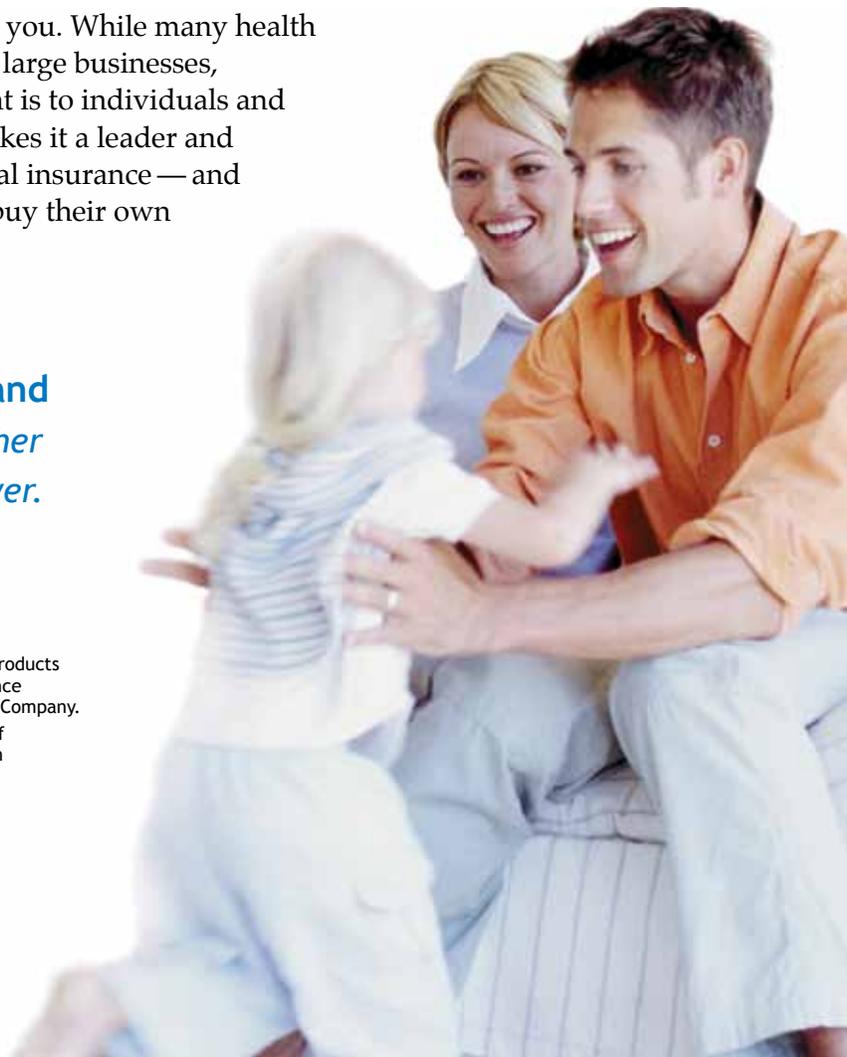
COMMITMENT

Assurant Health specializes in you. While many health insurance companies focus on large businesses, Assurant Health's commitment is to individuals and families. This commitment makes it a leader and innovator in individual medical insurance—and the best choice for those who buy their own health insurance coverage.

Expertise, strength and commitment – together they mean staying power.

¹ Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

² Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, June 2009.



Distinct plans are the start

Whether you're looking for extensive benefits or premium savings, *Assurant Health has the plan for you.*

All plans include a participating provider organization (PPO) network. That means you have the freedom to use any doctor or hospital—and when you select network providers, you get advantages like discounts on covered services, no claim forms and fewer out-of-pocket expenses.

MaxPlanSM

If you want the most extensive coverage—and the most choice—consider Assurant Health MaxPlan. It gives you the security of \$3 million in lifetime benefits with the option to increase to \$8 million—one of the highest benefit amounts available. And, if you select the unlimited office visit copay benefit, you'll have the convenience of knowing what you'll spend each time you see a network doctor.

CoreMedSM Plan

If you want broad coverage at the best value, CoreMed is for you. It's the most cost-effective plan for both everyday and catastrophic needs. You'll be able to control your premiums without giving up benefits, and you can still choose to add optional features, like an office visit copay, for more protection and convenience. Providing \$2 million in lifetime benefits—with the option to increase to \$6 million—CoreMed offers quality and flexibility.

RightStart[®] Plan

If you want the peace of mind that health insurance brings at the most affordable price, RightStart fits the bill. You'll get essential benefits for as little as half the price of other popular plans. RightStart is ideal if you are without health insurance or are thinking about dropping your current coverage due to cost. It gives you access to doctors and hospitals—and you'll benefit from significant discounts on covered medical services.

Health Savings Account (HSA) Plans

If you want the most innovative approach to health insurance, an HSA Plan is the answer. HSA Plans include a health insurance plan and a tax-favored Health Savings Account. The insurance plan protects you from the large medical bills that accompany a serious accident or illness, and the HSA lets you pay everyday medical expenses with tax-free funds.

You can choose from two HSA plans. **OneDeductible** provides extensive coverage, the simplicity and convenience of a single, common deductible for all members of the family, and the security of \$3 million in lifetime benefits—with the option to increase to \$8 million.

If you choose a plan design with the **One Decreasing Deductible** feature, you'll get:

- 10% credited toward your deductible as often as twice a year *and*
- As much as **70% in deductible savings** when your credits accumulate year after year.

SaveRightSM gives you essential coverage for as much as 40% less than OneDeductible. Use your premium savings to fund your HSA, and you'll make the most of this plan.

The OneDeductible and SaveRight Plans are also available without a Health Savings Account.

Assurant Health and its legal entities are not engaged in rendering tax advice. Clients should contact a qualified tax professional for tax advice. References are to federal tax laws. State tax laws may differ. Federal and state tax laws are subject to change.



Quality is the framework

No matter what health insurance plan you choose, **quality** is essential. **Assurant Health plans begin with a quality framework that sets them apart.** It's a framework of security, convenience and cost savings exemplified by valuable plan elements such as these:

Speedy plan approval

Apply through our exclusive **ExpressYES**[®] program and expect a response in less than 48 hours. Many applicants receive approval and can print an insurance card on the spot!¹

Initial rate guarantees – up to 36 months available

You'll automatically lock in your premium rate for the first 12 or 24 months. And with most deductibles you have the option to extend your rate guarantee — to as long as full 36 months!²

Lifetime benefit maximum up to \$8 million

On most plans, you choose the amount of protection you want — with options up to \$8 million.

Worldwide coverage, 24 hours a day

It doesn't matter whether you're nearby or far from home — you're covered.

Your choice of doctors and hospitals

You'll have access to some of the largest and best participating provider organization (PPO) networks in the nation.

No referrals necessary to see a specialist

You don't have to jump through hoops when you need a specialist's care — simply make an appointment.

Patient Care – for assistance, answers, guidance and support

This independent advocacy service³ provides specially trained health care advocates who help you:

- Understand how your plan works
- Work through medical billing issues
- Save money by comparing cost and quality data for network doctors and hospitals

Single deductible for accidents

In the event there's an accident involving more than one person in your family, you'll pay only one deductible.

No limits on Intensive Care Unit (ICU)

With no daily dollar limit when confined in an ICU, you'll have the peace of mind you need at a critical time.

HealthyDiscount

HealthyDiscount rewards you for maintaining your good health by providing 10% off your renewal rate or by extending the 24-month rate guarantee to your new renewal rate.⁴

Ongoing coverage for your children

Regardless of age or student status, your covered children can remain under your plan until they marry.

Conversion privilege for your family

Should your spouse or child become ineligible for coverage under your plan, he or she may obtain a similar plan without having to provide proof of good health.



¹ ExpressYES is subject to full underwriting.

² Changes to your address, your benefits or the number of people on your plan may change your premium rate or rate-guarantee eligibility.

³ Patient Care services are available to Assurant Health customers. These services are not part of the health insurance contract.

⁴ You must have the 24-month rate guarantee to choose the extension at renewal.

All the basics are here

Regardless of the selections you make, **you can count on many important built-in features.** Your plan comes with coverage for the following services. Benefits are subject to deductible and coinsurance.

Prescription Drugs

For most plans, you pay only \$15 each time you fill a generic prescription at a participating pharmacy. Under all plans, coverage is for the price of generics — or for the price of brand name prescriptions when a generic equivalent is not available at a participating pharmacy. Mail-order service is available.

Preventive Services

Includes mammograms, Pap tests and PSA screening — with no special limits — as well as benefits up to \$500 (\$1,000 for MaxPlan and OneDeductible plans) for other services recommended by the U.S. Preventive Services Task Force (USPSTF) including physical exams, laboratory tests, immunizations and colonoscopies.

Office Visits

Includes evaluation, diagnosis and management of illness or injury, and allergy shots.

Imaging and Laboratory Services

Includes x-rays, ultrasounds, CAT scans, MRIs, lab tests and interpretation.

Outpatient Hospital, Surgical Center and Urgent Care Facilities

Includes the services of the facility and supplies.

Ground and Air Ambulance

You get coverage for emergency air or ground ambulance to the nearest facility equipped to provide appropriate care — not just the closest.

Emergency Room

Includes the services of the facility and supplies. Benefits for covered emergency services are always paid at the higher network benefit percentage — even if you are out of network.

Health Care Practitioner Services

Includes doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

Outpatient Physical Medicine

Includes physical, speech and occupational therapies, chiropractic services, cardiac and pulmonary rehabilitation, and treatment of developmental delay.

Inpatient Hospital

Includes the services of the facility such as semi-private room and board, intensive care (including specialty units such as neonatal and cardiac) and supplies.

Transplants

MaxPlan, CoreMed and OneDeductible plans cover:

- Kidney, cornea and skin transplants as any other service.
- Transplants such as bone marrow, heart, liver and lung as any other service when performed at a designated transplant provider.
- Up to \$10,000 toward travel expenses to a designated transplant provider.
- Up to \$10,000 toward donor expenses.
- Transplants other than kidney, cornea or skin that are not performed at a designated provider — up to a lifetime benefit maximum of \$100,000 per person.

RightStart and SaveRight plans cover transplants up to the applicable maximums — and include donor expenses to the extent that benefits remain and are available.

Complications of Pregnancy

MaxPlan, CoreMed and OneDeductible plans cover Caesarean section and any sickness associated with pregnancy except hyperemesis gravidarum.

RightStart and SaveRight plans cover Caesarean section, ectopic pregnancy, miscarriage, gestational diabetes mellitus and medical conditions distinct from, but adversely affected by, pregnancy.

Other covered services include:

- Dental injuries
- Diabetic services
- Durable and personal medical equipment
- Home health care
- Hospice care and related counseling services (inpatient or home care)
- Inpatient rehabilitation
- Parenteral drug therapy
- Reconstructive surgery
- Skilled nursing and subacute rehabilitation facilities
- Sterilization (\$500 lifetime maximum)
- Treatment of TMJ/CMJ (\$1,000 lifetime maximum)

Some plans offer even more!

Look for these features included with plans that provide the broadest coverage:

- Behavioral health and substance abuse

Compare Benefits. Make Choices. Build Your Plan.

MaxPlanSM

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

<p>Deductible Amount you pay toward covered expenses before the plan pays benefits</p> <p>Choose any deductible in green – You'll have the option to extend your 12-month rate guarantee to 24 or 36 months!</p> <p>Choose any underlined deductible – You'll receive a 24-month rate guarantee with the option to extend it to 36 months!</p>	<p>\$500, \$1,000, \$1,500, <u>\$2,500</u>, <u>\$3,500</u>, <u>\$5,000</u>, <u>\$10,000</u>, <u>\$15,000</u> or <u>\$25,000</u> (Family deductible maximum is two times the deductible and is met collectively by two or more persons.)</p>
<p>Benefit Percentage Percentage of covered expenses the plan pays after the deductible</p>	<p>100%, 80%, 70% or 50%</p>
<p>Coinsurance Percentage of covered expenses you pay after the deductible</p>	<p>0%, 20%, 30% or 50%</p>
<p>Coinsurance Out-Of-Pocket Maximum* After this maximum is met, the plan pays 100% of covered expenses</p>	<p>\$0 to \$7,500 depending on coinsurance</p>
<p>Office Visit Copay With this optional benefit, you pay your copay and the plan pays 100% of the remaining cost of an eligible network office visit including examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots. See page 12 for details.</p>	<p>\$35 copay Copay applies to each network office visit – no limits on visits</p>
<p>Outpatient Services Maximum The annual maximum amount the plan pays toward outpatient services</p>	<p>None – the plan pays benefits up to the lifetime benefit maximum</p>
<p>Annual Maximum The total annual maximum amount the plan pays</p>	<p>None – the plan pays benefits up to the lifetime benefit maximum</p>
<p>Lifetime Benefit Maximum The total maximum amount the plan pays</p>	<p>\$3 million or \$8 million</p>

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

<p>Prescription Drugs – Generic</p>	<p>\$15 copay (no deductible or coinsurance)</p>
<p>Prescription Drugs – Brand name</p>	<p>\$500 deductible / \$25 copay + 20% coinsurance (Family deductible maximum is \$1,000 and is met collectively by two or more persons.)</p>
<p>Preventive Services</p> <p>Mammograms, Pap tests and PSA screening</p>	<p>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</p> <p>Covered – with no special limits</p> <p>Up to \$1,000 in benefits</p> <ul style="list-style-type: none"> If selecting the Office Visit Copay, see page 12 for details
<p>Office Visits</p>	<p>Covered</p> <ul style="list-style-type: none"> If selecting the Office Visit Copay, see page 12 for details
<p>Diagnostic Imaging and Laboratory Services</p>	<p>Covered</p>
<p>Outpatient Hospital, Surgical Center or Urgent Care Facility</p>	<p>Covered</p>
<p>Professional Ground and Air Ambulance</p>	<p>Covered</p>
<p>Emergency Room</p>	<p>Covered</p> <ul style="list-style-type: none"> \$75 emergency room fee – waived if admitted to the hospital
<p>Health Care Practitioner Services</p>	<p>Covered</p>
<p>Outpatient Physical Medicine</p>	<p>Up to \$3,000 in benefits</p>
<p>Home Health Care</p>	<p>Up to 160 hours</p>

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

<p>Inpatient Hospital</p>	<p>Covered</p>
<p>Inpatient Rehabilitation Facility</p>	<p>Up to 90 days</p>
<p>Subacute Rehabilitation and Skilled Nursing Facilities</p>	<p>Up to 90 days</p>
<p>Transplants</p>	<p>Covered</p>
<p>Behavioral Health and Substance Abuse</p>	<p>Inpatient and outpatient benefits are paid at 50% up to \$2,500</p> <ul style="list-style-type: none"> Coinsurance does not apply to the out-of-pocket maximum

* Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons. 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. Out-of-network provisions may apply. See page 12 for details.

CoreMedSM Plan

RightStart[®] Plan

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

\$500, \$1,000, \$1,500, \$2,000, \$3,500, \$5,000 or \$10,000 <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)</i>
100%, 80%, 70% or 50%
0%, 20%, 30% or 50%
\$0 to \$7,500 depending on coinsurance
\$35 copay Copay applies to each of four network office visits per person Additional visits are covered subject to deductible and coinsurance
None – the plan pays benefits up to the lifetime benefit maximum
None – the plan pays benefits up to the lifetime benefit maximum
\$2 million or \$6 million

\$500, \$1,000, \$2,000 or \$3,000 <i>(Family deductible maximum is three times the deductible and is met collectively by three or more persons.)</i>
75% or 50%
25% or 50%
\$2,500 with 50% coinsurance \$4,500 with 25% coinsurance
\$25 copay Copay applies to each of two network office visits per person Additional visits are covered subject to deductible and coinsurance
\$2,500 or \$5,000 <i>(All outpatient benefits are subject to this maximum)</i> • Optional RightStart Cancer Benefit – see page 9 for details
\$50,000, \$100,000 or \$250,000 <i>(All benefits are subject to this maximum)</i>
\$2 million

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

\$15 copay (no deductible or coinsurance)
\$500 deductible / \$25 copay + 50% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons.)</i>
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
Covered – with no special limits
Up to \$500 in benefits • If selecting the Office Visit Copay, see page 12 for details
Covered • If selecting the Office Visit Copay, see page 12 for details
Covered
Covered • Outpatient facility fee: \$0 or \$200 per outpatient surgery
Covered
Covered • \$75 emergency room fee – waived if admitted to the hospital
Covered
Up to \$3,000 in benefits
Up to 160 hours

\$15 copay (no deductible or coinsurance) • Maximum: \$2,000 for brand and generic combined
\$500 deductible / \$25 copay + 50% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons.)</i> • Maximum: \$2,000 for brand and generic combined
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
Covered – with no special limits
Up to \$500 in benefits • If selecting the Office Visit Copay, see page 12 for details
Covered • If selecting the Office Visit Copay, see page 12 for details
Covered
Covered
Up to \$1,000 for one trip
Covered • \$75 emergency room fee – waived if admitted to the hospital
Covered
Covered • Chiropractic services: up to \$750 in benefits
Covered

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

Covered • Inpatient facility fee: \$0, \$200 or \$750 per day for first three days of each confinement
Up to 90 days
Up to 90 days
Covered
Not covered

Covered
\$100 per day for up to 50 days
Up to 30 days
Covered
Not covered

To get deductible savings—up to 70%, ask for One Decreasing Deductible.

OneDeductible Plan (plans available with or without an HSA)

SaveRightSM Plan (plans available with or without an HSA)

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

Individual plan: \$1,200, \$1,600, \$2,100, \$2,850, \$3,750 or \$5,000 Family plan: \$2,400, \$3,200, \$4,200, \$5,700, \$7,500 or \$10,000 per family
Choose \$2,850 individual/\$5,700 family or higher , with a 100% benefit percentage, and get One Decreasing Deductible* — <i>You may never pay your full plan deductible again!</i> See the One Decreasing Deductible pamphlet for details.
100%, 80% or 50%
0%, 20% or 50%
\$0 to \$2,500 depending on coinsurance
Not available
None – the plan pays benefits up to the lifetime benefit maximum
None – the plan pays benefits up to the lifetime benefit maximum
\$3 million or \$8 million

\$2,500, \$3,000 or \$5,100 <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)</i>
100%, 75% or 50%
0%, 25% or 50%
\$0 to \$3,000 depending on coinsurance
Not available
\$15,000 or \$25,000 <i>(All outpatient benefits are subject to this maximum)</i>
None – the plan pays inpatient benefits up to the lifetime benefit maximum
\$2 million

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

Covered
Covered
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
Covered – with no special limits
Up to \$1,000 in benefits • Optional First-Dollar Preventive Services Benefit – see page 9 for details
Covered
Covered
Covered
Covered
Covered • \$75 emergency room fee – waived if admitted to the hospital
Covered
Up to \$3,000 in benefits
Up to 160 hours

Covered • Maximum: \$2,000 for brand and generic combined – or no annual maximum
Covered • Maximum: \$2,000 for brand and generic combined – or no annual maximum
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
Covered – with no special limits
Up to \$500 in benefits
Covered
Covered
Covered
Up to \$1,000 for one trip
Covered • \$75 emergency room fee – waived if admitted to the hospital
Covered
Covered • Chiropractic services: up to \$750 in benefits
Covered

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

Covered
Up to 90 days
Up to 90 days
Covered
Inpatient and outpatient benefits are paid at 50% up to \$2,500 • Coinsurance applies to the out-of-pocket maximum

Covered
\$100 per day for up to 50 days
Up to 30 days
Covered
Not covered

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. Out-of-network provisions may apply. See page 12 for details.

Optional features make it yours

Take a plan and *make it your own* with additional benefits.

Office Visit Copay

With an office visit copay, you have the convenience of knowing what you'll spend when you visit a network doctor. Your copay is your only cost for an eligible network office visit, including immunizations and allergy shots.

The office visit copay is not available with OneDeductible or SaveRight plans.

RightStart Cancer Benefit

Available only with the RightStart Plan, this benefit activates an additional \$25,000 in outpatient services benefits for each calendar year in which you receive treatment for malignant cancer.

Cancer treatment is often administered on an outpatient basis and can include chemotherapy and/or radiation therapy, follow-up office visits and ongoing diagnostic and lab tests. The RightStart Cancer Benefit adds extra protection when you need it the most.

First-Dollar Preventive Services Benefit

Available only with the OneDeductible Plan, this benefit provides \$500 per person each calendar year for preventive services — before your deductible is met. Remaining preventive services are covered subject to deductible and coinsurance up to the annual preventive services benefit maximum.

Accident Medical Expense Benefit

This benefit pays first in the event of an injury — before you pay any copay, access fee, deductible or coinsurance. You select the benefit amount: \$500, \$1,000 or \$2,500.

Maternity Benefit

This benefit pays 100% of covered routine maternity services after you meet your maternity deductible. And the benefit can pay for itself, even before the \$10,000 maternity deductible is met, by giving you access to significant network discounts on doctor and hospital bills.

Covered complications of pregnancy remain subject to the plan deductible and coinsurance.

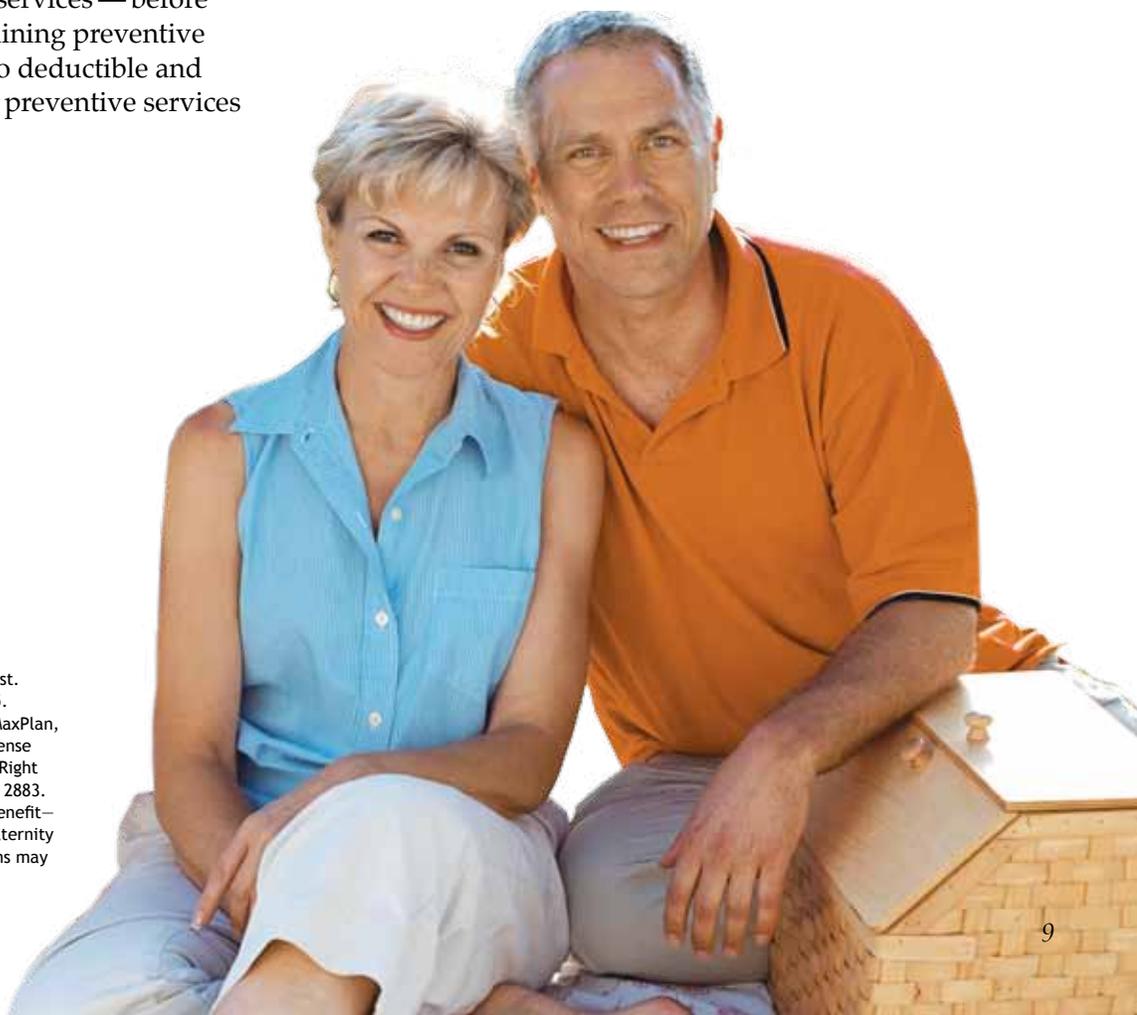
Dental-Vision Discount Plan

This plan provides discounts on services from a nationwide network of dental and eyewear providers. You'll save 15% to 50% on dental services and 10% to 60% on eyewear.

Discount programs are not insurance coverage.

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

Optional features are available at an additional cost. RightStart Office Visit Copay—Riders B184 and B185. RightStart Cancer Benefit—Riders B321 and B322. MaxPlan, CoreMed and OneDeductible Accident Medical Expense Benefit—Riders 4014 and 4017. RightStart and SaveRight Accident Medical Expense Benefit—Riders 2844 and 2883. MaxPlan, CoreMed and OneDeductible Maternity Benefit—Riders 4031 and 4032. RightStart and SaveRight Maternity Benefit—Riders 9033 and 9043. Additional provisions may apply. See page 12 for details.



Supplemental products expand your coverage

Widen the span of your protection with added coverage. Supplemental products from Assurant Health help you pay expenses not covered by other insurance. You choose the protection you need. Assurant Health makes it easy and convenient to obtain both individual medical and supplemental coverage:

- **Easy**—No additional application or underwriting is required.
- **Convenient**—One bill covers your total premium.

Dental Insurance

This fee-for-service plan pays cash benefits that help offset the cost of routine, basic and major dental services. With Assurant Health Dental Insurance, you:

- Choose a plan — Basic or Plus
- Visit any dentist
- Receive quick cash benefits — sent directly to you, or to your provider if you prefer
- Can retain the coverage even if you choose to discontinue your individual medical coverage

Here are a few benefit examples:

Wellness Services

Two visits per person each policy year.

- Exams, x-rays, cleanings

	BASIC	PLUS
Exams, x-rays, cleanings	\$25/visit	\$75/visit

Basic Services*

Payments are 50% of the listed benefit in the first policy year.

- Deep sedation/general anesthesia – first 30 minutes
- Amalgam filling – three surfaces
- Extraction – erupted tooth or exposed root
- Reline complete denture (laboratory)

	BASIC	PLUS
Deep sedation/general anesthesia – first 30 minutes	\$ 50	\$ 100
Amalgam filling – three surfaces	\$ 40	\$ 90
Extraction – erupted tooth or exposed root	\$ 20	\$ 60
Reline complete denture (laboratory)	\$ 50	\$ 145

Major Services*

Payments are 20% of the listed benefit in the first policy year, and 50% in the second year.

- Inlay – metallic – two surfaces
- Crown – resin
- Retreatment of previous root canal therapy – bicuspid
- Clinical crown lengthening – hard tissue
- Complete denture
- Crown
- Maxillary sinusotomy

	BASIC	PLUS
Inlay – metallic – two surfaces	\$ 125	\$ 330
Crown – resin	\$ 125	\$ 450
Retreatment of previous root canal therapy – bicuspid	\$ 105	\$ 250
Clinical crown lengthening – hard tissue	\$ 150	\$ 300
Complete denture	\$ 135	\$ 375
Crown	\$ 125	\$ 375
Maxillary sinusotomy	\$ 335	\$ 825

Temporomandibular Joint (TMJ) Services

A lifetime benefit of up to \$500 is available for each person beginning in the third policy year.

- Temporomandibular joint arthrogram

	BASIC	PLUS
Temporomandibular joint arthrogram	\$ 90	\$ 275

* Combined Annual Benefit

The maximum calendar year benefit for Basic and Major Services combined is:

	BASIC	PLUS
Maximum calendar year benefit for Basic and Major Services combined	\$1,000	\$1,500

Life Insurance

This term life insurance product is available to everyone on your individual medical plan — you decide who will be covered. The options are: primary insured only, spouse only, primary insured and spouse only, dependents and primary insured and/or spouse.

Life Insurance face amount options are:

- \$50,000, \$75,000, \$100,000, \$150,000 or \$200,000 for primary insured or spouse
- \$10,000 or \$25,000 for dependents ages one year to eighteen years
- \$2,000 for dependents ages two months to one year

An accidental death benefit equal to two times the face amount is included. And, an accelerated benefit equal to 50% of the face amount of the policy is paid if a covered person is diagnosed with a terminal illness and has a life expectancy of 12 months or less.



Supplemental products are available at an additional cost. MaxPlan, CoreMed and OneDeductible Life Insurance—Riders 4033 and 4034. RightStart and SaveRight Life Insurance – Riders 2961 and 2963. The dental insurance plan is a separate contract: 035-ID and 065-ID. Additional provisions may apply.

SuiteSolutions®

Join thousands of Assurant Health customers who have employed SuiteSolutions to pay deductible and coinsurance expenses.

Available through membership in Health Advocates Alliance, SuiteSolutions is most popular for its cash benefits that can protect you financially should sudden, serious medical needs bring sudden, significant medical bills your way.

Two membership levels are available. With both, you:

- Can select a benefit option that covers some or all of your upfront deductible or total out-of-pocket amount
- Receive cash benefits — sent directly to you, or to your provider if you prefer
- Get the same full benefit no matter what doctor or hospital you use
- Can retain the coverage even if you choose to discontinue your individual medical coverage

SecureSolution — benefits for accidents

SecureSolution can cover the amount you would otherwise pay out of your pocket toward injury expenses, and also provides additional accident benefits.

Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$250 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

Up to \$10,000 for the primary insured and up to \$1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

SelectSolution — benefits for accidents, critical illnesses and more

SelectSolution can cover the amount you would otherwise pay out of your pocket toward injury and/or critical illness expenses. Additional benefits, services and discounts are also provided.

Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$250 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

Up to \$25,000 for the primary insured and up to \$1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

Critical Illness Expense Benefit

Benefit options: \$2,500, \$5,000 or \$10,000 for the primary insured and spouse. Covers life-threatening cancer, heart attack, stroke, renal failure, coma, major organ transplant, loss of sight/speech/hearing, and paralysis — as each is defined in the insurance certificate.

(Selected benefit option must be the same as Accident Medical Expense)

Identity Network Child Safety Services

Pre-registry of children using photos and descriptions

Identity Theft Benefit

Up to \$2,500 in financial relief, including reimbursement for related costs, lost wages, legal fees and expenses

Travel Assistance

Emergency medical, financial, legal and communication assistance, plus a multilingual information service available before and during travel, for members who are traveling 100 or more miles from home

Discounts

Up to 60% off items such as health club dues, hearing aids, hotel reservations and travel packages

Discount programs are not insurance.

With SuiteSolutions, you can feel more sure about selecting a higher deductible and/or total out-of-pocket amount — and taking advantage of the lower resulting premium. Ask your agent to use the chart below to show you how SuiteSolutions can help you plan financially for unplanned medical expenses.

PLAN WITHOUT SUITESOLUTIONS				PLAN WITH SUITESOLUTIONS			
Deductible amount		\$		Deductible amount		\$	
Coinsurance out-of-pocket amount	+	\$		Coinsurance out-of-pocket amount	+	\$	
Total out-of-pocket amount		\$		Total out-of-pocket amount		\$	
				SuiteSolutions benefit amount	—	\$	
				Remaining out-of-pocket amount*		\$	
Premium		\$	/year	Premium with SuiteSolutions fee		\$	/year
Total out-of-pocket amount	+	\$		Remaining out-of-pocket amount	+	\$	
Total cost to you		\$	/year	Total cost to you		\$	/year

*Add \$250 deductible for an accident.

AGENT: Sample cost comparison charts are available in Find A Form on the Assurant Health Sales Web site: <http://www.assuranthealthsales.com>.

Accident Medical Expense benefits are reduced by benefits payable under any other insurance plan. Critical Illness Expense benefits are not available with child-only plans. Accident and critical illness benefits are underwritten by National Union Fire Insurance Company of Pittsburgh, a member of American International Group, Inc. (AIG). Supplemental products are available at an additional cost. 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. SuiteSolutions plans are separate contracts: Accident Medical Expense—SRG0009106890, Critical Illness Expense—CI0008600142, Identity Theft—104055914. Discount programs are not insurance. Additional provisions may apply.

Provisions for all plans

Office Visit Copay *(optional feature)*

With this benefit, a copay is your only cost for an eligible network office visit. Any associated imaging and laboratory services, such as x-rays and blood tests, are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

Preventive services performed by a network provider during an office visit, such as immunizations and annual examinations, are covered by the office visit copay. Any associated imaging and laboratory services, such as mammograms and PSA tests, are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

Other services that are subject to deductible and coinsurance, but not eligible for benefits under the office visit copay, are: office visits with non-participating providers, surgical procedures, allergy tests, treatment of behavioral health or substance abuse and maternity-related visits.

Accident Medical Expense *(optional feature)*

The Accident Medical Expense Benefit is payable if:

- The injury occurs and services are incurred while the rider is in force and
- The covered medical services are incurred within 90 days of the injury date.

Maternity Benefit *(optional feature)*

The maternity deductible is separate from the plan deductible. Once the maternity deductible is met, the plan pays for covered maternity services (whether or not the plan deductible has been satisfied).

Prescription drugs are covered under the plan prescription drug benefit. CoreMed Plan facility fees do not apply.

Medically Necessary Care

Treatment must be medically necessary to be covered. Medically necessary services or supplies must be:

- Appropriate and consistent with the diagnosis
- Commonly accepted as proper treatment
- Reasonably expected to result in improvement of the condition
- Provided in the least intensive setting without affecting the quality of medical care provided.

Maximum Allowable Amount

The maximum allowable amount is the most the plan pays for covered services. If you have a non-PPO plan or 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.

Network Services

When you use network providers, covered charges are discounted and never exceed the maximum allowable amount.

Out-of-Network Services

Emergencies: Covered services are always paid at the network benefit percentage — even if you are out of network — subject to the maximum allowable amount.

Non-emergencies: Covered services are subject to the out-of-network deductible, the maximum allowable amount provision, a 20% benefit percentage reduction, and the increased out-of-network coinsurance out-of-pocket maximum. See the chart below for details.

	OUT-OF-NETWORK COSTS			
	OUT-OF-NETWORK DEDUCTIBLE		OUT-OF-NETWORK COINSURANCE OUT-OF-POCKET MAXIMUM	
	Individual	Family	Individual	Family
MaxPlan	Selected deductible + \$1,000	2x individual out-of-network deductible met collectively by 2 or more persons	\$6,000 or \$8,500, depending on coinsurance selected	\$12,000 or \$17,000, depending on coinsurance selected
CoreMed	Selected deductible + \$1,000	2x individual out-of-network deductible met collectively by 2 or more persons	\$10,000	\$20,000
RightStart	Selected deductible + \$1,000	3x individual out-of-network deductible met collectively by 3 or more persons	\$8,000	\$16,000
OneDeductible	Selected individual plan deductible + \$500	Selected family plan deductible + \$1,000	\$6,000	\$12,000
SaveRight	Selected deductible + \$1,000	2x individual out-of-network deductible met collectively by 2 or more persons	\$8,000	\$16,000

Utilization Review

Authorization is required before receiving inpatient treatment and certain types of outpatient treatment. Unauthorized services performed by out-of-network providers will result in a penalty of 25% of the charge (up to \$1,000). Unauthorized transplants are not covered.

Pre-Existing Conditions

A pre-existing condition is a sickness or an injury and related complications:

1. For which medical advice, diagnosis, care or treatment was recommended or received from a provider or prescription drugs were prescribed during the 6-month period immediately prior to the effective date; or
2. That would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the 6-month period immediately prior to the effective date.

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

Benefits will not be paid under this plan for an otherwise covered charge that is related to a pre-existing condition until you have been continuously covered under this plan for 12 months. This 12-month period will be reduced by the length of time you were covered under qualifying previous coverage if this policy becomes effective within 63 days of the prior plan's termination date.

Conditions that are fully disclosed on the application will not be considered pre-existing.

Exclusions

MaxPlan, CoreMed and OneDeductible

For MaxPlan, CoreMed and OneDeductible plans, no benefits are provided for the following:

- Charges for pre-existing conditions or diseases, except for congenital anomalies of a covered child dependent.
- Benefits provided under Medicare or other governmental program (except Medicaid), a state or federal worker's compensation law, employers liability or occupational disease law, or motor vehicle no-fault law; services performed by a member of the covered person's immediate family; and services for which no charge is normally made in the absence of insurance.
- Charges for pregnancy, except for complications of pregnancy or as otherwise covered in the optional maternity rider.
- Charges for an illness, treatment or medical condition arising out of:
 - War or any act of war (whether declared or undeclared);
 - Participation in a felony, riot or insurrections;
 - Services in the armed forces or units auxiliary to it;
 - Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury;
 - Aviation;
 - With respect to short-term nonrenewable policies, interscholastic sports; and

- With respect to disability income protection policies, incarceration.
- Charges for eye glasses, hearing aids, and examination for the prescription, or fitting of them.
- Charges for foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.
- Charges for dental care or treatment, except as otherwise covered by the dental services provision.
- Charges for cosmetic surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child.
- Charges for rest cures, custodial care, transportation, and routine physical examinations.
- Charges for abortions unless the life of the mother would be in danger if pregnancy continued.
- Charges for professional participation in the following activities: motorcycling, snowmobiling, off-highway vehicle riding, skiing, snowboarding, horseback riding or similar activities.
- Charges for that part of any prescription order exceeding a 30-consecutive-day supply per prescription order.
- Charges for that part of any prescription order exceeding a 90-consecutive-day supply if the prescription drug is dispensed through a mail service prescription drug vendor.
- Charges for that part of any prescription order exceeding 3 vials or a 30-consecutive-day supply of one type of insulin.
- Charges for that part of any prescription order exceeding 9 vials or a 90-consecutive-day supply if it is dispensed through a mail service prescription drug vendor.
- Charges for that part of any prescription order exceeding 100 disposable insulin syringes or needles, 100 disposable blood/urine/glucose/acetone testing agents or 100 lancets or a 30-consecutive-day supply. Charges for that part of any prescription order exceeding 300 disposable blood/urine/glucose/acetone testing agents or 300 lancets or a 90-consecutive-day supply if the supplies are dispensed through a mail service prescription drug vendor.
- Charges for drugs that are paid under another plan sponsor or payor as primary payor.
- Charges for drugs that are not listed in a Drug List. Charges for any ancillary charge or any difference between the cost of the prescription order at a non-participating pharmacy and the contracted rate that would have been paid for the same prescription order had a participating pharmacy been used.
- Charges for contraceptive drugs or devices or oral contraceptives.
- Charges for prescription drugs or supplies requiring injectable parenteral administration or use, except insulin or Imitrex, unless authorized by us before they are dispensed. Charges for any injectable prescription drugs, unless authorized by us before they are dispensed. Any administrative charge for drug injections or administrative charges for any other drugs.
- Charges for devices or supplies including, but not limited to, blood/urine/glucose/acetone testing devices, needles and syringes, support garments, bandages and other non-medical items regardless of intended use, except as described under a prescription order.
- Charges for over-the-counter (OTC) medications that can be obtained without a health care practitioner's prescription order, except for injectable insulin; or drugs that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by us, unless specifically authorized for coverage by us on our drug list.

- Charges for: compounded medications that contain one or more active ingredients that are not covered under this plan; combination drugs or drug products manufactured and/or packaged together and containing one or more active ingredients that are not covered under this plan; combination drugs or drug products that are manufactured and/or packaged together, unless authorized by us before they are dispensed.
 - Charges for: prescription order refills in excess of the number specified on the health care practitioner's prescription order; prescriptions refilled after one year from the health care practitioner's original prescription order; amounts above the contracted rate for participating pharmacy reimbursement.
 - Charges for: drugs administered or dispensed by an acute medical facility, rest home, sanitarium, extended care facility, convalescent care facility, subacute rehabilitation facility or similar institution; drugs administered or dispensed by a health care practitioner, who is not a participating pharmacy, unless authorized by us before they are dispensed; drugs consumed, injected or otherwise administered at the prescribing health care practitioner's office; drugs that are dispensed at or by a health care practitioner's office, clinic, hospital or other non-pharmacy setting for take home by the covered person.
 - Charges for: any drug used for cosmetic services as determined by us; drugs used to treat onychomycosis (nail fungus); botulinum toxin and its derivatives.
 - Charges for: drugs prescribed for dental services, or unit-dose drugs; drugs used in the treatment of chronic fatigue or related syndromes or conditions; drugs containing nicotine or its derivatives.
 - Charges for DDAVP (desmopressin acetate) or other drugs used in the treatment of nocturnal enuresis (bedwetting) for a covered person under the age of 8.
 - Charges for Retin-A (tretinoin) and other drugs used in the treatment or prevention of acne, rosacea or related conditions for a covered person age 30 or older.
 - Charges for: duplicate prescriptions; replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescriptions refilled more frequently than the prescribed dosage indicates.
 - Charges for drugs used to treat, impact or influence quality of life or lifestyle concerns including, but not limited to: smoking deterrence or cessation; athletic performance; body conditioning, strengthening, or energy; prevention or treatment of hair loss; prevention or treatment of excessive hair growth or abnormal hair patterns.
 - Charges for drugs used to treat, impact or influence: obesity; morbid obesity; weight management; sex transformation; gender dysphoric disorder; gender reassignment; sexual function, dysfunction or inadequacy sexual energy, performance or desire; skin coloring or pigmentation; social phobias; slowing the normal processes of aging; memory improvement or cognitive enhancement; daytime drowsiness; overactive bladder; dry mouth; excessive salivation; or hyperhidrosis (excessive sweating).
 - Charges for drugs or drug categories that exceed any maximum benefit limit under this plan.
 - Charges for drugs designed or used to diagnose, treat, alter, impact, or differentiate a covered person's genetic make-up or genetic predisposition.
 - Charges for prescriptions, dosages or dosage forms used for the convenience of the covered person or the covered person's immediate family member or health care practitioner.
 - Charges for drugs obtained from pharmacy provider sources outside the United States, except for covered charges that are received for emergency treatment.
 - Charges for: postage, handling and shipping charges for any drugs.
 - Charges for: vaccines and other immunizing agents; biological sera; blood or blood products.
 - Charges for drugs for which prior authorization is required by us and is not obtained.
 - Charges for: infertility diagnosis and treatment for males or females including, but not limited to, drugs and medications regardless of intended use, artificial insemination, in vitro fertilization, reversal of reproductive sterilization and related tests, services or procedures and any treatment to promote conception.
- Additional exclusions for the CoreMed Plan only:*
- Charges for: treatment of behavioral health or substance abuse.
 - Charges for: drugs used for inpatient or outpatient treatment of behavioral health or substance abuse.
- The following exclusions apply only if the Life Insurance optional benefit has been selected.*
- For Life Insurance with a MaxPlan, CoreMed or a OneDeductible plan, no benefits are provided for death caused by any of the following:**
- War or any act of war, whether declared or undeclared.
 - Participation in the military service of any country or international organization, including non-military units supporting such forces.
 - Suicide, attempted suicide or self-inflicted sickness or injury, while sane or insane (within two years from the date of issue of the policy), even if the covered person did not intend to cause the harm which resulted in death from the action which led to the self-inflicted sickness or injury.
 - Riding in any aircraft not licensed to carry passengers or not operated by a duly licensed pilot.
- For Life Insurance with a MaxPlan, CoreMed or a OneDeductible plan, no benefits are provided under the Accidental Death Benefit provision for death caused directly from any of the following:**
- War or any act of war, whether declared or undeclared.
 - Participation in the military service of any country or international organization, including non-military units supporting such forces.
 - Suicide, attempted suicide or self-inflicted sickness or injury, while sane or insane (within two years from the date of issue of the policy), even if the covered person did not intend to cause the harm which resulted in death from the action which led to the self-inflicted sickness or injury.
 - Injury while riding in any aircraft not licensed to carry passengers or not operated by a duly licensed pilot.
 - Injury while acting as pilot, student pilot, crew member, flight instructor, or examiner on any aircraft.
 - Disease, other than bacterial infection, occurring through an accidental injury, or medical or surgical treatment of disease or infirmity.

RightStart and SaveRight

For RightStart and SaveRight plans, no benefits are provided for the following:

- Illness or injury eligible for benefits under worker's compensation, employers' liability or similar laws even when you do not file a claim for benefits.
- Illness or injury contributed to or caused by:
 - War or act of war (declared or undeclared),
 - Active duty in the military service of any country,
 - Participation in a riot, felony or insurrection,
 - Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury.
- Charges that are payable or reimbursable by:
 - A plan or program of any governmental agency (except Medicaid), or
 - Medicare Part A or Part B (where permitted by law).If you do not enroll in Medicare we will estimate benefits.
- Eye glasses, hearing aids and examination for the prescription or fitting of them, routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the foot.
- Cosmetic surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child.
- Charges for service for which no charge is normally made in the absence of insurance.
- Charges by a health care practitioner or medical provider who is an immediate family member. Immediate family members are you, your spouse, your children, brothers, sisters, parents, their spouses and anyone with whom legal guardianship has been established.
- Custodial care.
- Dental care not related to a dental injury.
- Maternity, except for specific conditions of pregnancy, unless you have a maternity rider.
- Diagnosis or treatment of mental illness and/or substance abuse.
- Abortions unless the life of the mother would be in danger if pregnancy continued.
- Replacement of lost, stolen, destroyed or damaged prescriptions;
- Drugs or devices used directly or indirectly to promote or to prevent conception;
- Immunization agents, biological sera, blood, blood plasma or its derivatives;
- Drugs containing nicotine or its derivatives;
- Injectable drugs which we do not authorize to be paid under this benefit;
- More than we determine is an average quantity of medication required to treat an immediate condition or symptom on an "as needed" basis;
- Drugs obtained outside the United States for use inside the United States unless obtained for emergency treatment of a covered illness or injury;
- Drug delivery implants; dosage forms used primarily for the convenience of the patient;
- Prescription drugs prescribed for a non-covered illness or injury;
- Charges for sales tax, mailing, sending or delivering of prescription drugs;
- Prescription drugs to treat mental illness, depression, anxiety or other psychiatric disorders when mental illness coverage is not in effect;

- Over-the-counter medications that can be obtained without a prescription; drugs which we determine have an over-the-counter equivalent or contain the same active ingredient(s) as over-the-counter medication; or compounded medications not containing at least one legend ingredient.

The following exclusions apply only if the Life Insurance optional benefit has been selected.

For Life Insurance with a RightStart or SaveRight plan, no benefits are provided for death caused by any of the following:

- War or act of war (declared or undeclared) while serving in the armed forces of any country, combination of countries or international organization;
- Active duty in the military service of any country.

For Life Insurance with a RightStart or SaveRight plan, no accidental death benefits are provided for death caused by any of the following:

- Suicide, attempted suicide or self-inflicted sickness or injury, while sane or insane;
- Injury while riding in any aircraft not licensed to carry passengers or not operated by a duly licensed pilot;
- Injury while acting as pilot, student pilot, crew member, flight instructor, or examiner on any aircraft;
- Participating or attempting to commit a felony, or engaging in an illegal occupation or activity at the time of the accident, or active participation in a riot;
- Voluntary use of any controlled substance, as defined by statute, unless directed by a physician;
- Voluntarily taking, absorbing, or inhaling any gas, poison, or drugs; or
- Disease, other than bacterial infection, occurring through an accidental injury, or medical or surgical treatment of disease or infirmity.

Dental Insurance

The following exclusions apply only if the Dental Insurance optional benefit has been selected.

The Dental Insurance policy does not cover any of the following:

- Any procedure not shown on the list of covered dental services in the policy.
- Any services or supplies we consider to be experimental or investigative.
- Services received before the effective date of the policy.
- Services received after the policy terminates.
- Charges for dental services performed by other than a dentist or dental hygienist.
- Services that are not recommended by a dentist or that are not required for the preservation or restoration of oral health.
- Repairs to dental work within 6 months of initial work.
- Replacement prosthetics within 5 years of last replacement.
- Treatment involving crowns for a given tooth within 5 years of last placement, regardless of the type of crown.
- Replacement of inlays or onlays for a given tooth within 5 years of last placement.
- Implants (materials implanted into or on the bone or soft tissue) or the removal of implants.
- Any services performed for cosmetic purposes, unless they are for the correction of functional disorders.
- Benefits for services rendered outside the territorial limits of the United States and Canada.

- Any charge for a service required as a result of disease or injury that is due to:
 - War or an act of war (whether declared or undeclared);
 - Taking part in an insurrection or riot;
 - The commission or attempted commission of a crime;
 - An intentionally self-inflicted injury or attempted suicide, while sane or insane; or (attempted suicide or self-inflicted bodily injury resulting from an intentional act; or)
 - Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician and taken according to the physician's instructions) or alcohol (as determined under motor vehicle laws of the jurisdiction in which the accident occurred).
- Services performed by a member of the insured person's immediate family.
- Orthodontic treatment unless the policyowner has elected the orthodontic benefits rider as shown in the policy schedule.
- Replacement of teeth missing prior to the effective date of the policy.
- The initial placement of removable full or partial dentures, unless it includes the replacement of a functioning natural tooth extracted while the insured person is insured under this policy.
- The initial placement of a fixed partial denture including a Maryland Bridge, unless it includes the replacement of a functioning natural tooth extracted while the insured person is insured under this policy.
- Bridgework, crowns, inlays or onlays for insured persons under age 16 except for stainless steel or plastic crowns.
- Any charge in excess of the usual, customary and reasonable charge.

SuiteSolutions

The following exclusions apply only if a SecureSolution or SelectSolution plan has been selected.

Blanket Accident Insurance (Accident Medical Expense)

(Applicable to SecureSolution and SelectSolution Plans)

The policy does not cover any loss caused in whole or in part by, or resulting in whole or part from: suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury; sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning; declared or undeclared war, or any act of declared or undeclared war; full-time active duty in the armed forces, National Guard or organized reserve corp of any country or international authority, (unearned premium for any period for which you are not covered due to your active duty status will be refunded) (loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded), travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if you are: (a.) riding as a passenger in any aircraft not licensed for the transportation of passengers for hire, or (b.) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; any condition for which you are entitled to benefits under any workers' compensation act or similar law; you being under the influence of drugs or intoxicants, unless taken under the advice of a physician.

Critical Illness Exclusions

(Available for SelectSolution policies only; not included on SecureSolution):

The policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- The insured person's suicide or any attempt at suicide, while sane, or intentionally self-inflicted injury or sickness or any attempt at intentionally self-inflicted injury or sickness;
- The insured person being under the influence of drugs or intoxicants unless taken at the direction of the physician;
- The insured person's commission of or attempt to commit a felony;
- The insured person's voluntary participation in any riot or civil insurrection; or
- Declared or undeclared war, or any act of declared or undeclared war in the United States and Canada; or
- Any illness specifically excluded from the definition of any critical illness.

Identity Fraud (Theft) Expense Exclusions

(Available for SelectSolution policies only; not included on SecureSolution):

The master policy does not apply:

- To loss due to any fraudulent, dishonest or criminal act by an insured person or any person acting in concert with an insured person or by any authorized representative of an insured person, whether acting alone or in collusion with others;
- To loss other than expenses;
- To an identity fraud that commenced, or expenses incurred when an individual was not an insured person.
- To loss due to nuclear reaction, nuclear radiation, or radioactive contamination, or due to any act or condition incident to any of the foregoing; or
- To loss due to war, whether or not declared, civil war, insurrection, rebellion, revolution, or to any act or condition incident to any of the foregoing.



ASSURANT
Health®

For more information, or to apply for
coverage, contact:

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About Assurant Health

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. Together, these three underwriting companies provide health insurance coverage for almost one million people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group, short-term and student health insurance products, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. With almost 3,000 employees, Assurant Health is headquartered in Milwaukee, Wisconsin, with operations offices in Minnesota, Idaho and Florida, as well as sales offices across the country. The Assurant Health Web site is www.assuranthealth.com.

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

Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$25 billion in assets and \$8 billion in annual revenue. Assurant has more than 14,000 employees worldwide and is headquartered in New York's financial district. The Assurant Web site is www.assurant.com.

For coverage beginning on and after January 1, 2010.

Product forms 253, 376, TIM.POL.ID and JIM.POL.ID.

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