

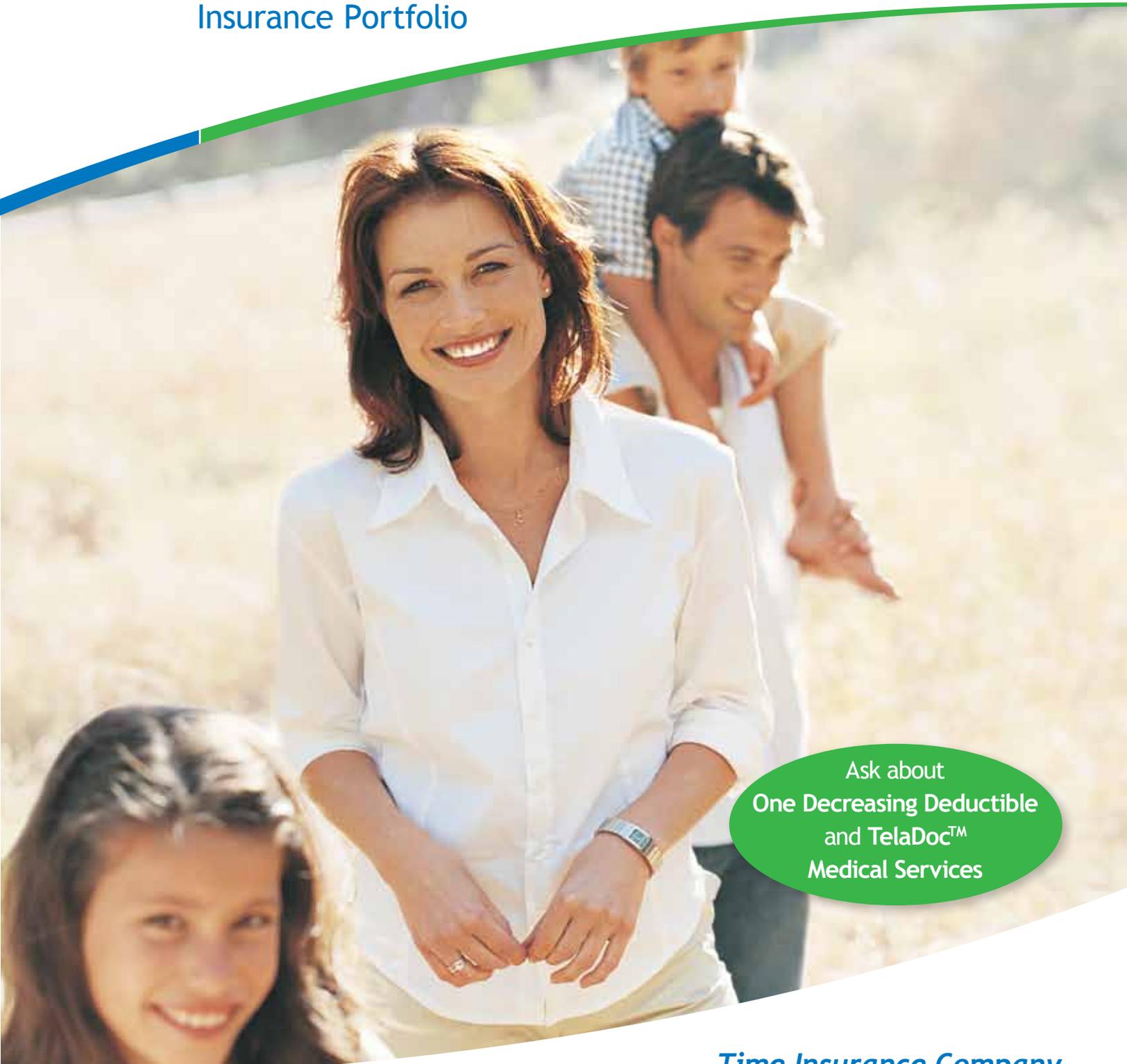


ASSURANT
Health®

TEXAS

Assurant. On your terms.™

Individual Health Insurance Portfolio



Ask about
**One Decreasing Deductible
and TelaDoc™
Medical Services**

***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 our roots back to 1892, Assurant Health has focused on individual medical insurance longer than any company. Throughout our long history, Assurant Health 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 our outstanding ability to meet claims-paying obligations.

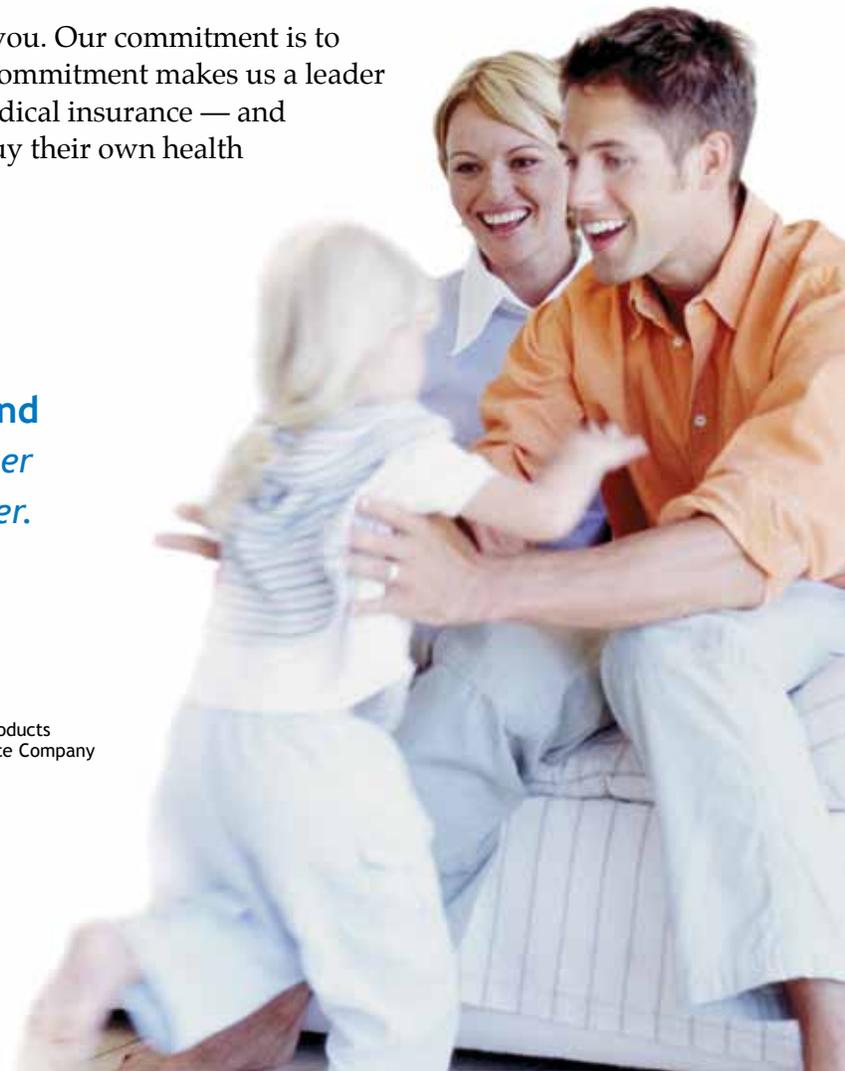
COMMITMENT

Assurant Health specializes in you. Our commitment is to individuals and families. This commitment makes us 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, July 2008.



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 \$15 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 \$15 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)—Compatible Plans

If you want the most innovative approach to health insurance, an HSA Plan is the answer. An HSA Plan includes a high deductible 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 \$15 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.

RightStart, OneDeductible and SaveRight plans are also available without a PPO network (RightStart and SaveRight—Riders 2847 and 2880-TX).

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 36 months!²

Lifetime benefit maximum up to \$15 million

On most plans, you choose the amount of protection you want — with options up to \$15 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.

24-hour access to doctors by telephone

With most plans, you get access to **TelaDoc**[™] **Medical Services**, a network of physicians who provide consultation by telephone 24 hours a day, 365 days a year. Certain plans even include these consultations **FREE** of charge — up to three per person each year.

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.³

Ongoing coverage for your children

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

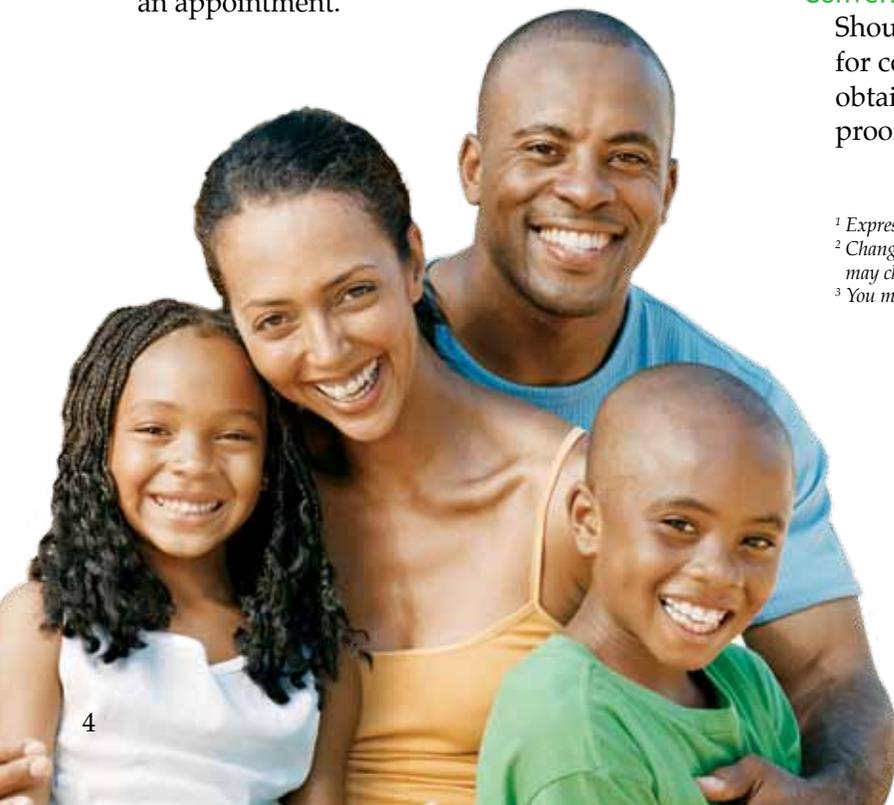
Conversion privilege for your family

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 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 many 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, PSA screening, fecal occult blood tests, flexible sigmoidoscopies, colonoscopies, newborn screening tests and diagnostic follow up for hearing loss, and childhood immunizations — with no special limits — as well as benefits up to \$500 (\$1,000 for MaxPlan and OneDeductible plans) for services recommended by the U.S. Preventive Services Task Force (USPSTF) including physical exams and laboratory tests.

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.

TelaDoc™ Medical Services

Most plans cover the \$35 fee for each physician consultation through TelaDoc Medical Services. TelaDoc physicians diagnose non-emergency medical issues, recommend treatment, and prescribe medication when appropriate — all by telephone. This service is available for patients 10 years of age and older.

Outpatient Physical Medicine

Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, and treatment of developmental delay. Chiropractic services are also covered under most plans.

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 to the extent benefits remain and are available.
- 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 up to \$10,000 toward donor expenses to the extent benefits remain and are available.

Complications of Pregnancy

Includes ectopic pregnancy, miscarriage, non-elective Caesarean section delivery, and conditions requiring hospital confinement that are distinct from but adversely affected by or caused by pregnancy.

Other covered services include:

- Dental injuries
- Diabetic services
- Durable and personal medical equipment
- Hospice care and related counseling services (inpatient or home care)
- Inpatient rehabilitation
- Parenteral drug therapy
- Reconstructive surgery
- Skilled nursing and subacute rehabilitation facilities
- Sterilization (30-day waiting period and \$500 lifetime maximum)
- Treatment of TMJ/CMJ (\$1,000 lifetime maximum — does not apply to diagnosis or surgical treatment)

Some plans offer even more!

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

- Behavioral health and substance abuse
- Home health care

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

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.

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.

Deductible Amount you pay toward covered expenses before the plan pays benefits Choose any deductible in green – You'll have the option to extend your 12-month rate guarantee to 24 or 36 months! Choose any underlined deductible – You'll receive a 24-month rate guarantee with the option to extend it to 36 months!	\$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.)
Benefit Percentage Percentage of covered expenses the plan pays after the deductible	100%, 80%, 70% or 50%
Coinsurance Percentage of covered expenses you pay after the deductible	0%, 20%, 30% or 50%
Coinsurance Out-Of-Pocket Maximum¹ After this maximum is met, the plan pays 100% of covered expenses	\$0 to \$7,500 depending on coinsurance
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.	\$35 copay Copay applies to each network office visit – no limits on visits
Outpatient Services Maximum The annual maximum amount the plan pays toward outpatient services	None – the plan pays benefits up to the lifetime benefit maximum
Annual Maximum The total annual maximum amount the plan pays	None – the plan pays benefits up to the lifetime benefit maximum
Lifetime Benefit Maximum The total maximum amount the plan pays	\$3 million or \$15 million

Outpatient Benefits

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

Prescription Drugs – Generic	\$15 copay (no deductible or coinsurance)
Prescription Drugs – Brand name	\$500 deductible / \$25 copay + 20% coinsurance (Family deductible maximum is \$1,000 and is met collectively by two or more persons.)
Preventive Services Mammograms, Pap tests, PSA screening, fecal occult blood tests, flexible sigmoidoscopies, colonoscopies, newborn screening tests and diagnostic follow up for hearing loss, and childhood immunizations. ² Other USPSTF-recommended services	Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted. Covered – with no special limits
Office Visits	Up to \$1,000 in benefits • If selecting the Office Visit Copay, see page 12 for details
Diagnostic Imaging and Laboratory Services	Covered • If selecting the Office Visit Copay, see page 12 for details
Outpatient Hospital, Surgical Center or Urgent Care Facility	Covered
Professional Ground and Air Ambulance	Covered
Emergency Room	Covered • \$75 emergency room fee – waived if admitted to the hospital
Health Care Practitioner Services	Covered
TelaDoc™ Medical Services	Up to three FREE physician consultations by telephone • Additional consultations are covered subject to deductible and coinsurance and cost only \$35 each • This service is not covered on plans designed with an Office Visit Copay option
Outpatient Physical Medicine	Up to \$3,000 in benefits
Home Health Care	Up to 160 hours

Inpatient Benefits

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

Inpatient Hospital	Covered
Inpatient Rehabilitation Facility	Up to 90 days
Subacute Rehabilitation and Skilled Nursing Facilities	Up to 90 days
Transplants	Covered
Behavioral Health and Substance Abuse	Inpatient and outpatient benefits are paid at 50% up to \$2,500 • Coinsurance does not apply to the out-of-pocket maximum

6

¹ Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons.
² Newborn screening tests and diagnostic follow up for hearing loss are not subject to deductible or a waiting period. Childhood immunizations are not subject to deductible, coinsurance, copays or a waiting period.

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

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**

(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)

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 \$15 million

RightStart[®] Plan

\$500, \$1,000, **\$2,000 or \$3,000**

(Family deductible maximum is three times the deductible and is met collectively by three or more persons.)

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 *(All outpatient benefits are subject to this maximum)*
• Optional RightStart Cancer Benefit – see page 9 for details

\$50,000, \$100,000 or \$250,000 *(All benefits are subject to this maximum)*

\$2 million

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

Option 1	Option 2
Subject to plan deductible and coinsurance	\$15 copay
Subject to plan deductible and 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 – after you have been insured for 6 months • 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 three FREE physician consultations by telephone • Additional consultations are covered subject to deductible and coinsurance and cost only \$35 each • This service is not covered on plans designed with an Office Visit Copay option	
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 – after you have been insured for 12 months • 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
Not covered
\$50 per visit for up to two visits • Chiropractic services are not covered
Not 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)

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—You may never pay your full plan deductible again!** 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 \$15 million

SaveRightSM Plan (plans available with or without an HSA)

\$2,300, \$3,000 or \$5,100

(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)

100%, 75% or 50%

0%, 25% or 50%

\$0 to \$3,000 depending on coinsurance

Not available

\$15,000 or \$25,000 (All outpatient benefits are subject to this maximum)

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 • \$75 emergency room fee – waived if admitted to the hospital
Covered
Covered • These physician consultations by telephone cost only \$35 each
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 – after you have been insured for 12 months
Covered
Covered
Covered
Up to \$1,000 for one trip
Covered • \$75 emergency room fee – waived if admitted to the hospital
Covered
Not covered
\$50 per visit for up to two visits • Chiropractic services are not covered
Not 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 — once you have been insured for 12 months. Remaining preventive services are covered subject to deductible and coinsurance up to the annual preventive services benefit maximum.

Maternity Benefit

This benefit pays 100% of covered routine maternity services after you meet your selected maternity deductible — for any pregnancy that begins after the 30-day benefit waiting period. And the benefit can pay for itself, even before the \$5,000 or \$10,000 maternity deductible is met, by giving you access to significant network discounts on doctor and hospital bills.

The maternity benefit is not available with RightStart or SaveRight plans. Covered complications of pregnancy remain subject to the plan deductible and coinsurance.

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.

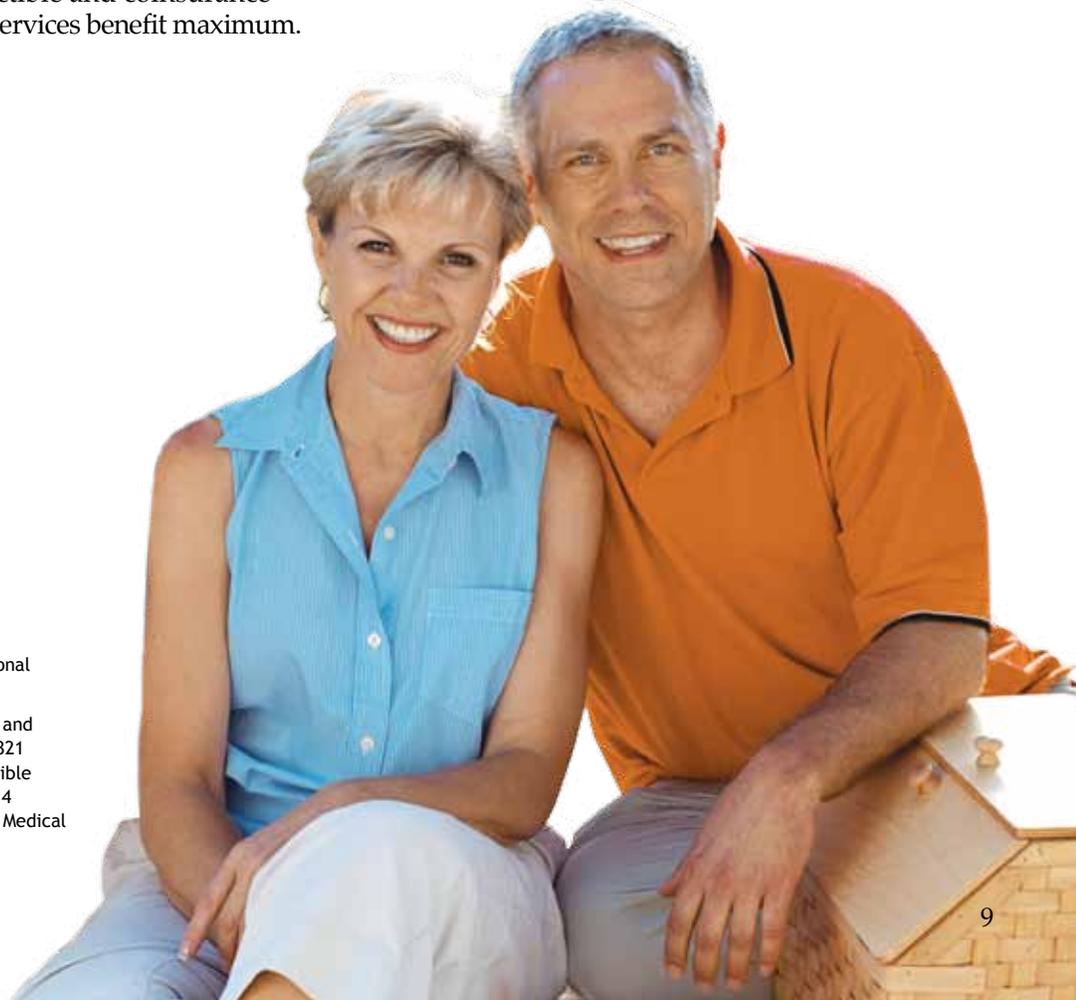
Dental-Vision Discount Plan

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. Time Insurance Company and John Alden Life Insurance Company have contracted with a third party to provide the benefits of this plan.

*Optional features are available at an additional cost.

RightStart Office Visit Copay—Riders B184-TX and B185-TX. 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. 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

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.

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)

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

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

Temporomandibular joint arthrogram	\$ 90	\$ 275
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† Combined Annual Benefit

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

Basic and Major Services combined	\$1,000	\$1,500
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*Optional coverages are available at an additional cost.

Supplemental products are available at an additional cost. RightStart and SaveRight Life Insurance—Riders 2961 and 2963. The dental insurance plan is a separate contract: 035-TX and 065-TX. 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

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). 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. Supplemental products are available at an additional cost. 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.

After any applicable preventive services waiting period, 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.

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. If conception occurs during the first 30 days of coverage, routine maternity charges will be excluded. 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 (except the 50% option which has no additional 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 (\$500 with \$500 deductible)	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

Optional features are available at an additional cost.

Utilization Review/Preauthorization

Authorization is required before receiving inpatient treatment and certain types of outpatient treatment. Unauthorized services will result in a penalty of 25% of the charge (up to \$1,000). Benefits for unauthorized transplants will be reduced by 50%.

Pre-Existing Conditions

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 or received medical advice, diagnosis, care, treatment or prescription drugs or 2) symptoms were produced, that would have caused an ordinarily prudent person to seek diagnosis 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, unless the condition was fully disclosed on the application. After the 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.

Exclusions Summary

No benefits are provided for the following:

- Charges incurred due to a pre-existing condition until you have been continuously insured for 12 months unless the condition was fully disclosed on the application
- Illness or injury caused by war, commission of a felony, attempted suicide, influence of an illegal substance, or a hazardous activity for which compensation is received
- Routine hearing care except for newborn screening and diagnostic follow up; 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. 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
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Growth hormone stimulation treatment to promote or delay growth
- Routine dental care, unless you choose the dental insurance option
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws

- 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 and routine nursery charges unless you choose the maternity option
- Pregnancy, maternity and other expenses related to surrogate pregnancy
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Charges for sex transformation, treatment of sexual dysfunction or inadequacy, or to restore or enhance sexual performance or desire
- Over-the-counter products
- Drugs not approved by the FDA
- Drugs obtained outside the United States
- 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
- Testing related to the diagnosis of behavioral conduct or developmental problems
- Chelation therapy
- Prophylactic treatment
- Cranial orthotic devices, except following cranial surgery
- Experimental or investigational services
- Charges in excess of the lifetime maximum or any other benefit maximum
- Charges for non-medical items
- Charges for alternative medicine including acupuncture and naturopathic medicine
- Charges related to health care practitioner-assisted suicide

Additional Exclusions for CoreMed

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

Additional Exclusions for RightStart and SaveRight

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



ASSURANT
Health®

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

Assurant Health
501 W. Michigan
Milwaukee, WI 53203

About Assurant Health

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892), John Alden Life Insurance Company (est. 1961) and Union Security Insurance Company (est. 1910) (“Assurant Health”). 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, small employer group, short-term limited-duration 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.

For coverage beginning on and after October 1, 2009.

Product forms 253-TX, 376-TX, SIG: 015.002.TX and SIG: 016.001.TX

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ASSURANT
Health®

SaveRight Deductible Options

Effective January 1, 2010, deductible options for SaveRight Plans are:

\$2,500, \$3,000 and \$5,100

(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)

- Choose \$5,100 – You'll receive a 24-month rate guarantee with the option to extend it to 36 months!*
- With \$2,500 and \$3,000, you have the option to extend your 12-month rate guarantee to 24 or 36 months.*

Assurant. On your terms.®

*Rate guarantees are not available in MN, MS, ND, NM, NV, OR or WV.

These deductible options are available everywhere SaveRight is marketed except Kansas and Nevada.

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

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