



ASSURANT
Health®

Assurant. On your terms.®

Real Choices® Portfolio

Medical Insurance Plans
for Small Employer Groups



Assurant Health

An Assurant Health medical insurance plan provides more than just protection – it provides peace of mind. That peace of mind comes from knowing you've chosen a health insurance carrier with the commitment and financial resources to be there when you or your employees need them.

The Assurant Health companies¹ are rated A- (Excellent) for financial strength and ability to meet policyowner obligations by the highly respected insurance industry analyst, A.M. Best Company.²

Flexible

The Assurant Health Real Choices portfolio offers small business owners **an array of choices** – including many benefits typically reserved for big businesses. This flexibility enables you to construct the ideal plan for your group.

Affordable

Flexibility and affordability go hand in hand. You can have the coverage you want at an economical price because you **choose and pay for the benefits that are most important** to your group.

Responsive

When you choose an Assurant Health plan, you can rely on receiving **prompt, accurate claims payment and quick, courteous customer service.**

Whether you prefer the convenience of online service or the personal touch of a knowledgeable person, you and your employees will receive top-notch service.

Discover how easy it is to build your plan and how comfortable it is to be insured by a highly reputable company that understands your needs.

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

² A.M. Best is a rating organization that evaluates insurers' financial strength. The rating represents the organization's opinion of Time Insurance Company's and John Alden Life Insurance Company's ability to meet their ongoing obligations to policyholders. Source: A.M. Best Ratings and Analysis, November 2009.



The Real Choices® Portfolio

The *Real Choices* small group portfolio is designed to provide you with the ability to construct the ideal plan for your business. Start by selecting one of the following plans. Then tailor it by choosing the features you want.

In-depth information on each of the plans is available in the brochures shown below.

Real Choices I

Premier Plans that offer the *Most Extensive Coverage*

- Designed for employers seeking the highest level of benefits.
- Offers office visit/emergency room/urgent care facility copays.
- Provides choice of prescription drug copays including a \$0 copay option for generics.
- Covers preventive care including first-dollar benefits for many services.
- Includes an annual \$500 first-dollar benefit for imaging and lab services.
- Offers tax-savings opportunities for you and your employees.
- Includes access to Patient Care, an independent advocacy service.



Real Choices II

Popular Plans that offer the *Most Choices*

- Designed for employers seeking maximum plan design flexibility.
- Offers office visit/emergency room/urgent care facility copays.
- Offers the most choices for prescription drug coverage.
- Covers preventive care including first-dollar benefits for many services.
- Offers tax-savings opportunities for you and your employees.
- Includes access to Patient Care, an independent advocacy service.



Consumer Choice Plans

HSA and HRA Products that offer *Flexibility and Savings*

- Designed for those seeking premium savings and tax savings.
- Provide exclusive, online HSA account services.
- Offer many first-dollar benefits with an HRA.
- Cover preventive care including first-dollar benefits for many services.
- Offer additional tax-savings through a Premium Only Plan.
- Include access to Patient Care, an independent advocacy service.



Portfolio Highlights

Real Choices provides *meaningful* choices including popular standards and benefit trend-setters.

Everyday Benefits that can Benefit Everyone

Too often small business owners have to sacrifice many of the benefits that employees use and value most. Real Choices makes such benefits available and affordable.

\$0 Copay for Generic Drugs

Choose a \$0 generic drug copay for you and your employees. Generic drugs meet the same health and safety standards set by the United States Food and Drug Administration as their brand name equivalents. So it may make sense to choose one of the \$0 generic drug options and purchase generic prescription drugs.

Preventive Care Benefits

Real Choices covers preventive care recommended by the United States Preventive Services Task Force. Many services such as routine physicals, mammograms, well-child exams and immunizations are covered at 100%.

Copays for Emergency Rooms and Urgent Care Centers

Sooner or later almost everyone needs urgent medical attention. That's why many Real Choices plans offer the convenience of hospital emergency room and urgent care facility copays.*

* Not available in all states. Please refer to the State Variation for state-specific differences.

Choose a Network and Save

With Real Choices, you and your employees are free to choose any hospital or physician. However, when you choose a PPO (Preferred Provider Organization) plan and use participating providers, **you save money**.

You share in that savings through lower PPO plan premiums. When your employees use participating providers, typically they are charged less, have lower out-of-pocket costs, and never have to complete a claim form.

Affiliated Provider Benefit

Assurant Health has PPO arrangements with local and national provider networks so you have convenience and choice. However, many times physicians and other healthcare providers such as radiologists, anesthesiologists, pathologists and emergency room personnel are affiliated with participating hospitals and clinics but are not members of the network. If care is received at a network facility from **those nonparticipating providers**, covered charges will be **paid at the network benefit level**. Though the plan pays a greater percentage of the charge, the covered person is responsible for any remaining balance.

Emergency Care Benefit

PPO plans pay for emergency treatment at the **network benefit level** whether treatment is received from a participating or nonparticipating provider.

Indemnity Plans

If you are in an area where there is no PPO available, you can select an indemnity plan that provides the freedom to choose any provider without incurring additional cost.

Refer to the Traditional Brochure for additional information on indemnity plans. (Form 50513)



HSAs – Innovative, All-in-One Money-Saving Program

Health Savings Accounts (HSAs) provide **tax advantages**. HSA-qualified health insurance plans are designed to provide **premium savings**. Assurant Health adds cutting-edge features and services.

When you choose Assurant Health for your HSA program, you and your employees will have access to our **exclusive account administration at no additional cost**. Account services and features include:

- Efficient online claims payment, account tracking services, and employer contributions to employee accounts
- VISA® debit card for easy withdrawals
- A mutual fund investment option for those with larger account balances
- Tax-free interest on HSA funds.

HRAs – Employer-Favored Consumer Choice Products

Similar to an HSA, a Health Reimbursement Arrangement (HRA) is a money-saving program that provides employers with:

- More control and choices in designing an HRA plan than an HSA plan
- More flexibility in funding an HRA than an HSA – which can improve the business' cash flow.

Save More on Taxes

Assurant Health includes a tax-favored program, a Premium Only Plan (POP), that allows employees to pay their portion of health insurance premiums or make HSA contributions with pretax dollars.

A POP reduces your employees' taxable income and your payroll-related taxes. POP services are available on Assurant Health medical and stand-alone dental plans **at no additional cost**.

Refer to the POP Brochure for additional information. (Form 50514)

Employee Choice – When One Won't Do

Maybe your executives want an HSA but your other employees prefer a copay plan. Perhaps your business has multiple locations but your preferred network isn't available in remote locations.

Assurant Health remedies situations such as these with its Employee Choice program. With Employee Choice, you can

- Cover employees at branch locations and
- Satisfy different needs by offering multiple plans and/or networks.

Simplifying Health Care

When you or your employees need help navigating the health care system, reach out to **Patient Care**, an independent advocacy service. A specially trained Advocate can help to:

- Save money by providing valuable information for locating the most cost-effective care prior to receiving medical services
- Work through any billing or claims issues after services are received

Services are available at no cost to you. Refer to the Patient Care Pamphlet for additional information. (Form 29895)

Customer Service on Your Time or Ours

Assurant Health provides online capabilities so that you can take care of some of your administrative duties – adding/deleting employees, updating employee information, requesting ID cards – whenever it's best for you. Or, contact Customer Service for assistance during normal business hours.



Plan Design* Unless otherwise noted, all deductibles, out-of-pocket expenses and benefit amounts are applied per person and are reset each January 1. Plans do not have a lifetime maximum.

Deductible Individual Family Family Deductible Accumulation	(You Pay)	\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000, \$7,500 or \$10,000 \$1,000, \$2,000, \$3,000, \$4,000, \$5,000, \$7,000, \$10,000, \$15,000 or \$20,000 Individual/Family Deductible or One Deductible
Benefit Percentage	(Plan Pays)	100%, 90%, 80%, 70% or 50%
Coinsurance Percentage	(You Pay)	0%, 10%, 20%, 30% or 50%
Coinsurance Out-Of-Pocket Maximum	(You Pay)	\$0, \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000
Office Visit (OV) Copay Primary Care Provider (PCP)	(You Pay)	Copays: PCP/Specialist - \$20/\$40, \$25/\$40, \$35/\$50 or \$50/\$50 Copay applies to visits to network PCPs and Specialists

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

Outpatient Hospital/Surgical Center Care, Physician Services, Durable Medical Equipment, Outpatient Physical Medicine	Covered
Prescription Drugs (Generic/Preferred Brand/Nonpreferred Brand) <i>Contraceptive products (self-administered) are covered. Mail order prescriptions are available in most states. Save 10% on your 3 copays for a 3-month supply. A Preferred Pricing Card is included with all plans that don't have a prescription copay.</i>	<ul style="list-style-type: none"> • \$0/\$35/\$55 copays, or • \$15/\$35/\$55 copays, or • \$15/\$45/\$60 copays, or • \$15/\$50/\$75 copays, or • Deductible/Coinsurance, or • Preferred Pricing Card only
Office Visits	Covered If OV Copay selected, subject to copay – no limit on number of visits
Emergency Room <i>Nonemergency use of the ER is subject to a 30% penalty.</i>	Covered If OV Copay selected, subject to \$250 copay, then covered at 100%
Urgent Care Services	Covered If OV Copay selected, subject to \$50 copay, then covered at 100%
Diagnostic Imaging and Laboratory Services	\$500 first-dollar benefit, then subject to deductible/coinsurance
Professional Ground and Air Ambulance	Covered
Allergy Shots	Covered If OV Copay selected, covered at 100%
Home Health Care	50-visit benefit
Family Planning Services <i>Covers contraceptive products and drugs - oral contraceptives covered under Rx Drugs.</i>	Covered If OV Copay selected, subject to copay, then 100%
Behavioral Health and Substance Abuse <i>Inpatient benefits listed below.</i>	Deductible and 50% coinsurance <i>Coinsurance does not apply to out-of-pocket maximum.</i>

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

Hospital and Physician Services <i>Hospital services include semi-private room, board, intensive care and miscellaneous services and supplies.</i>	Covered
Inpatient Rehabilitation Facility	90-day benefit
Subacute Rehabilitation and Nursing Facilities	90-day benefit
Hospice Care Services	Covered at 100%
Transplants <i>(Refer to page 11 for additional information.)</i>	Covered
Behavioral Health and Substance Abuse	28-day benefit

Optional Features Optional features are available at an additional cost.

Maternity Care Services <i>Includes prenatal, delivery, well-newborn and postpartum care.</i>	<ul style="list-style-type: none"> • Deductible/Coinsurance, or • Separate \$7,500 maternity deductible, then 100%
Accident Medical Expense (AME)	\$500 or \$1,000 first-dollar benefit per occurrence

Real Choices II (Plan Types – Copay, PPO, HRA)

Real Choices HSA I (Plan Type – PPO)

Unless otherwise noted, all deductibles, out-of-pocket expenses and benefit amounts are applied per person and are reset each January 1. Plans do not have a lifetime maximum.

\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000, \$7,500 or \$10,000
 \$1,000, \$2,000, \$3,000, \$4,000, \$5,000, \$7,000, \$10,000, \$15,000 or \$20,000
 Individual/Family Deductible or One Deductible

100%, 90%, 80%, 70% or 50%

0%, 10%, 20%, 30% or 50%

\$0, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000

Copays: PCP - \$20, \$25, \$35, \$50 Specialist - \$50
 • Copay applies to unlimited visits to network PCPs and Specialists, or
 • Copay applies to unlimited visits to network PCPs only, or
 • 4-visit copay limit per person, per year to network PCP or Specialist

\$1,500, \$2,000, \$2,500, \$3,000, \$3,500 or \$5,000
 \$3,000**, \$4,000**, \$5,000, \$6,000, \$7,000 or \$10,000
 Individual/Family Deductible or One Deductible

100%, 90%, 80%, 70% or 50%

0%, 10%, 20%, 30% or 50%

\$0, \$1,500, \$2,000, \$2,500 or \$3,500

Not available

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered

- \$0/\$50/\$75 copays with a \$500 brand name deductible, or
- \$15/\$35/\$55 copays with a \$250 brand name deductible, or
- \$15/\$35/\$55 copays, or
- \$15/\$45/\$60 copays, or
- \$20/\$50/\$75 copays, or
- Deductible/Coinsurance, or • Preferred Pricing Card only

Covered
 If OV Copay selected, subject to copay – copay limits apply

Covered
 If OV Copay selected, option to add \$500 ER copay
Plan pays 100% after \$500 copay. Option is available at an additional cost.

Covered
 If OV Copay selected, subject to \$50 copay, then covered at 100%

- \$200 first-dollar benefit or,
- Deductible/Coinsurance

Covered

Covered
 If OV Copay selected, covered at 100%

30-visit benefit

Covered
 If OV Copay selected, subject to copay – copay limits apply

Deductible and 50% coinsurance
Coinsurance does not apply to out-of-pocket maximum.

Covered

- Deductible/Coinsurance, or
- Preferred Pricing Card only

Covered

Covered

Covered

Covered

Covered

Covered

50-visit benefit

Covered

Deductible and 50% coinsurance

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered

90-day benefit

90-day benefit

Covered at 100%

Covered

21-day benefit

Covered

90-day benefit

90-day benefit

Deductible, then covered at 100%

Covered

28-day benefit

Optional features are available at an additional cost.

- Deductible/Coinsurance, or
- Separate \$7,500 maternity deductible, then 100%

\$500 or \$1,000 first-dollar benefit per occurrence

Deductible/Coinsurance

\$500 or \$1,000 first-dollar benefit per occurrence

Real Choices HSA II (Plan Type – PPO)

\$1,500, \$2,000, \$2,500, \$3,000, \$3,500 or \$5,000
 \$3,000**, \$4,000**, \$5,000, \$6,000, \$7,000 or \$10,000
 Individual/Family Deductible or One Deductible

100%, 90%, 80%, 70% or 50%

0%, 10%, 20%, 30% or 50%

\$0, \$1,500, \$2,000, \$2,500 or \$3,500

Not available

Covered

- Deductible/Coinsurance, or
- Preferred Pricing Card only

Covered

Covered

Covered

Covered

Covered

Covered

30-visit benefit

Covered

Deductible and 50% coinsurance

Covered

90-day benefit

90-day benefit

Deductible, then covered at 100%

Covered

21-day benefit

Deductible/Coinsurance

\$500 or \$1,000 first-dollar benefit per occurrence



** Only available with One Deductible.

Terms

PAYMENT RELATED

Benefit Percentage is the portion of covered expenses the plan pays after the deductible.

Coinsurance is the portion of covered expenses a covered person pays after the deductible.

Coinsurance Out-of-Pocket Maximum is the total amount of coinsurance a covered person is responsible to pay in a calendar year. The plan pays 100% of covered expenses after this limit is reached, except for copays. The family coinsurance out-of-pocket maximum is two times the individual maximum.

Copay is a fixed fee paid by a covered person each time for certain visits, services or benefits.

Deductible is the amount a covered person pays toward covered expenses before the plan pays benefits. The family deductible is two times the individual deductible.

Family Deductible Accumulation refers to the method for applying covered expenses to satisfy the family deductible. Most plans provide a choice between an Individual/Family Deductible and One Deductible.

- **Individual/Family Deductible** is an accumulation method for a family deductible where expenses for all covered family members are applied to the family deductible. If a covered family member incurs expenses exceeding the single deductible amount, additional expenses for the individual are paid according to the group's plan. This is the most commonly used accumulation method in the industry.
- **One Deductible** is the accumulation method for a family deductible in which covered expenses for all covered family members are combined to satisfy the total deductible. The entire deductible must be satisfied before benefits are paid for any family member.

First-Dollar describes benefits paid by the plan that are not subject to the deductible, coinsurance or a copay.

Maximum Allowable Amount is the most the plan pays for services performed by providers. The negotiated rate is the maximum allowable amount paid to participating (network) providers. For nonparticipating (out-of-network) providers, the plan offers a choice for determining the maximum allowable amount.

- **Scheduled Network Option (SCH)** – This option uses the network fee schedule. It costs less than the UCR option but requires the covered person to pay more in out-of-pocket expenses for going out of the network.
- **Usual, Customary and Reasonable (UCR)** – This option uses charges by area providers to determine the maximum allowable amount. A covered person has less out-of-pocket expenses when going out of the network.

With either method, a covered person using a nonparticipating provider is responsible for any amount in excess of the maximum.

Out-of-Network Charge is an additional amount paid by a covered person who receives treatment from a nonparticipating provider (a provider that is not in the network).

- The out-of-network deductible is two times the network deductible, with a minimum of \$1,000.
- The out-of-network coinsurance amount is typically an additional 20% of charges.
- The out-of-network, coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum.
- Copays for office and facility visits are not accepted at nonparticipating providers. Those charges are subject to the out-of-network deductible and out-of-network coinsurance.
- Out-of-network charges are applied to the network deductible and network coinsurance out-of-pocket maximum as well as the out-of-network deductible and coinsurance maximum.
- Charges are subject to the maximum allowable amount.

MEDICAL SERVICE RELATED

Emergency Care covers treatment, services or supplies for an illness or injury that develops suddenly and unexpectedly, which if not treated immediately would place the covered person's life in jeopardy or cause serious bodily impairment.

Health Care Practitioner is a person licensed to treat an illness or injury and includes the services of doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

Office Visit is a meeting with a health care practitioner that takes place in an office, an acute medical facility's outpatient department or a free-standing facility, for evaluation, diagnosis and management of an illness or injury, or preventive services.

Outpatient Physical Medicine Services include physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, chiropractic care and treatment for developmental delay.

Primary Care Provider is a general caregiver, commonly a physician who is a general or family practitioner, internist, pediatrician, obstetrician or gynecologist.

Rx Preferred Pricing Card provides a discounted rate for many outpatient prescriptions at network pharmacies. The Rx Preferred Pricing Card is not insurance.

Urgent Care covers treatment or services for an illness or injury that develops suddenly or unexpectedly outside of a health care practitioner's normal business hours that requires immediate treatment, but is not of sufficient severity to be considered emergency treatment.

Optional Coverages

Choose from these options and enhance your employees' benefit package.

Maternity Benefit

The birth of a child is typically a joyous and exciting time for a family. You can help your employees enjoy this special time with the financial security that maternity coverage provides.

Employees will have coverage for: prenatal care, delivery, including medically necessary cesarean section, well-newborn care and postpartum care. Covered charges are applied to the plan deductible and coinsurance, or you can select a separate \$7,500 deductible for maternity charges.

The \$7,500 deductible option offers premium savings over standard maternity coverage while providing access to network discounts that would not be available if maternity coverage is waived. Charges in excess of the \$7,500 maternity deductible are paid at 100%.

Employers with 10 or more employees should verify state and federal requirements regarding providing maternity coverage for their employees.

Diagnostic Imaging and Lab Services Benefit

Covered employees and dependents have 100% first-dollar benefits for outpatient imaging and lab services to the selected plan maximum. Remaining imaging and lab charges are subject to the deductible and coinsurance. This benefit is automatically included with Real Choices I plans.

Accident Medical Expense (AME) Benefit

If you choose this option, covered persons have 100% first-dollar coverage – subject to the selected benefit amount of \$500 or \$1,000 – for treatment of an accidental injury that is received within 90 days of the accident. Treatment in excess of the selected benefit amount, or which occurs more than 90 days after the accident, is subject to the plan deductible and coinsurance.

The AME benefit is particularly well-suited for employees with young, active children.

Life Insurance

Life insurance is included for each employee choosing medical coverage. Life insurance is also available to employees waiving medical coverage. In addition, employees receive Accidental Death & Dismemberment (AD&D) insurance equal to the amount of life insurance provided.

Each employee receives a base amount of life insurance dependent on whether you choose a Real Choices I or II plan.

	REAL CHOICES I	REAL CHOICES II
Base Amount	\$30,000	\$20,000

Supplemental Life Insurance

You may also provide or offer additional life insurance coverage in \$5,000 increments to a maximum of \$500,000.

Dependent Life Insurance

Dependent life insurance is available to employees as an additional benefit. For a spouse under 65, there is a choice of three amounts – \$10,000, \$20,000 or \$30,000. \$10,000 in coverage for children from six months to 26 years of age is included with any of the three spousal amounts.

Short Term Disability Insurance

You can design a short term disability benefit to accompany the medical plan you select for your group. With Real Choices you have the flexibility to offer coverage as a percentage of salary or to choose a flat amount.

If you choose the salary-based benefit, employees receive a benefit amount equal to 66% of their weekly base pay, up to a maximum of \$1,000.

If you choose the flat-dollar benefit, you can select benefit amounts for employees from \$50 to \$1,000 per week, not to exceed 66% of an employee's weekly salary.

Regardless of the method you choose, benefits are provided for up to 26 weeks. There is no benefit waiting period for an accident and a seven-day waiting period for an illness or pregnancy.

Save on Ancillary Coverage!

When you add life, short term disability or dental insurance to your Assurant Health medical plan, you save on your ancillary premium. The more products you add – the greater your savings!

- 20% savings for adding one ancillary product
- 24% savings for adding two ancillary products
- 30% savings for adding all three ancillary products

Dental Insurance

Real Choices Dental offers you great flexibility. Choose between three PPO plans and three indemnity plans. The PPO plans provide maximum coverage when services are received from network providers. The national dental network, Dental Health Alliance, even provides discounts to indemnity customers and discounts on some services which are not covered (e.g., teeth whitening) when network providers are used.

All plans provide preventive services with no deductible at network providers.

All plans also include coverage for basic services. Plans I and II include benefits for major dental services and offer optional orthodontic services for children. Basic services include selected endodontic, periodontic and oral surgical services. Major services include bridges, crowns and dentures.

You can use the Employee Choice feature to offer both an indemnity and a PPO plan to your employees.

Ancillary dental plans selected along with medical coverage are available to groups of up to 50 employees. Dental-only coverage is available to groups of three or more employees.

Assurant Health's stand-alone dental plans can be set up with a POP to save on employee taxes and your payroll tax.

Premier Dental Plans

Real Choices Premier Dental plans reclassify many major services as basic services (e.g., root canal therapy, periodontal scaling, surgical extraction) which are paid at a higher benefit percentage. Premier benefits are available with PPO and Indemnity I and III dental plans.

DENTAL INSURANCE FEATURES

Benefit Level	PPO I	PPO II	PPO III	Indemnity I	Indemnity II	Indemnity III			
Deductibles*	\$0/\$0 \$50/\$50 \$100/\$100 (network/out-of-network)			\$0, \$50, \$100					
Preventive Services <i>(Deductible waived for network services)</i>	100% network 80% out-of-network	50% network 50% out-of-network	100% network 80% out-of-network	100%	50%	100%			
Basic Services <i>(Paid after deductible)</i>	80% network 60% out-of-network	50% network 50% out-of-network	50% network 50% out-of-network	80%	50%	50%			
Major Services** <i>(Paid after deductible)</i>	50% network 50% out-of-network	50% network 50% out-of-network	Not covered	50%	50%	Not covered			
Annual Maximum	\$500	\$1,000	\$1,500	\$2,000	\$500	\$1,000	\$1,500	\$2,000	
Optional Children's Orthodontic Services†	An amount equal to the selected Annual Maximum			Not available		An amount equal to the selected Annual Maximum		Not available	
Orthodontic Lifetime Maximum <i>(Not part of annual maximum benefit)</i>									
Orthodontic Coinsurance	50%	50%	NA	50%	50%	NA			

* Family deductible is 3x the single deductible. ** 12-month waiting period † Available to employers with 10 or more covered employees – dependent children only.

Dental insurance has a separate contract and is available at an additional cost. Not all options available in all states.

Important Provisions

Employment Waiting Period

The employment waiting or affiliation period is the number of consecutive days an employee must be working before he/she is eligible to be covered.

The following choices are available:

0 days 30 days 60 days 90 days 180 days

Medically Necessary Care

Treatment, services or supplies that are rendered to diagnose or treat an illness or an injury must be medically necessary to be covered. Medically necessary care is:

- 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.

Transplants

Benefits for kidney, cornea and skin transplants are the same as for any other illness. Benefits for other covered transplants (e.g., heart, bone marrow, liver) have no special limits at designated providers. In addition, \$10,000 is available for travel expenses for the covered person and a companion.

If services are performed at a network, nondesignated transplant provider, there is a \$100,000 lifetime benefit maximum per organ.

If services are performed at a nonparticipating, nondesignated transplant provider, in addition to the \$100,000 organ maximum, charges are subject to the out-of-network coinsurance percentage.

Donor expenses are limited to a maximum of \$10,000.

Utilization Review

When inpatient treatment or outpatient surgery is needed, the covered person is responsible for calling Assurant Health to receive authorization. The toll-free telephone number appears on the insurance ID card. If authorization is not received, a penalty of 30% of the charge to a maximum of \$1,000 could be applied. No benefits are paid for transplants which are not authorized. Authorization is not a guarantee of coverage.

Pre-Existing Condition

A pre-existing condition is a physical or mental condition, regardless of the cause, for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period ending on the enrollment date.

Benefits are not paid for charges incurred due to a pre-existing condition until a covered person is continuously insured under the plan for 12 months, 18 months for late enrollees.

This exclusion period can be reduced or eliminated if the covered person had prior creditable coverage. Those under age 19 are covered for pre-existing conditions.

Takeover Provision

If Real Choices is replacing an existing group major medical plan which has been in force for 12 months, those employees covered by the prior plan receive base plan deductible credit and pre-existing conditions limitation credit.

Continuity of Coverage

The pre-existing conditions limitation is reduced by the amount of time a person was covered under prior creditable coverage, provided there was no more than a 63-day gap between coverages (excluding any employment waiting/affiliation period).

Exclusions Summary

Real Choices does not provide benefits for:

- Treatment not listed in the Covered Medical Services section of the policy
- Treatment of a pre-existing condition, until continuously insured for 12 months for ages 19 and older
- An illness or injury caused by acts of war, felony, attempted suicide or influence of an illegal substance
- Services by a medical provider who is an immediate family member or who resides with a covered person
- Treatment reimbursable by Medicare, Workers' Compensation, automobile carriers or expenses for which other coverage is available
- Routine hearing care, vision therapy, surgery to correct vision, foot orthotics, or routine vision and foot care unless part of diabetic treatment
- Dental care not related to a dental injury (unless a dental plan is purchased)
- Maternity and routine nursery charges unless maternity coverage is chosen or covered under the Complications of Pregnancy provision
- Diagnosis and treatment of infertility, sex transformation, surrogate pregnancy, sterilization reversal
- Custodial care, private nursing, telemedicine or phone consultations
- Cosmetic services, experimental treatment, complications of an excluded service
- Umbilical cord storage; genetic testing, counseling and services; prophylactic treatment
- Charges in excess of the lifetime maximum of \$50,000 for durable medical equipment
- Treatment of "lifestyle" concerns including but not limited to hair loss, restoration or promotion of sexual function, cognitive enhancement and educational testing or training
- Over-the-counter drugs (unless recommended by the United States Preventive Services Task Force and authorized by a health care provider), drugs obtained from sources outside the United States, the difference in cost between a generic and brand name drug when the generic is available

Consult the certificate of coverage for a complete listing of benefits, exclusions and terms of coverage.

This brochure provides summary information. Please refer to the State Variation for state-specific differences. Please refer to the insurance policy for a complete listing of benefits, exclusions and terms of coverage.

This form is provided with the understanding that Assurant Health and its legal entities are not engaged in rendering tax or legal advice. If tax or legal advice is required, seek the services of a competent professional. For information on qualified medical expenses, refer to Internal Revenue Service (IRS) Publication 502 titled, "Medical and Dental Expenses," Catalog Number 15002Q. Publications can be ordered from the IRS by calling 800.TAX.FORM (800.829.3676) or by visiting their Web site at www.irs.gov.

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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For more information, or to apply for coverage,
contact your insurance agent.

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About Assurant Health

Assurant is a premier provider of specialized insurance products and related services in North America and select worldwide markets. The four key businesses — Assurant Solutions, Assurant Specialty Property, Assurant Health, and Assurant Employee Benefits — partner with clients who are leaders in their industries and have built leadership positions in a number of specialty insurance market segments in the U.S. and select worldwide markets. The Assurant business units provide debt protection administration; credit-related insurance; warranties and service contracts; pre-funded funeral insurance; creditor-placed homeowners insurance; manufactured housing homeowners insurance; individual health and small employer group health insurance; group dental insurance; group disability insurance; and group life insurance.

Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$26 billion in assets and \$8 billion in annual revenue. Assurant has approximately 14,500 employees worldwide and is headquartered in New York's financial district. www.assurant.com.