



ASSURANT
Health®

Assurant. On your terms.™

Real Choices® Traditional Plans

Medical Insurance 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

Nearly one million people are covered by Assurant Health plans.

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, July 2008.

Real Choices®

Traditional Medical Insurance Plans

Real Choices Traditional plans are designed to provide the *freedom to choose health care providers*.

Real Choices Traditional Highlights:

- Choice of three traditional plan types:
 - Indemnity plans provide employees with the freedom to choose any physician or hospital without incurring additional costs.
 - Indemnity HSA plans combine provider choice with premium savings and create tax-saving opportunities.
 - Indemnity HRA plans combine provider choice, premium savings, and great flexibility in plan design and in the financing of an insurance plan.
- Different levels of benefits for indemnity plans:
 - Real Choices I plans provide the highest level of benefits.
 - Real Choices II plans offer the most choices.
 - Real Choices III indemnity plans are the most affordable.
- Preventive care including first-dollar benefits on all plans.
- Choice of prescription drug copays, including a \$0 copay option for generics.
- First-dollar benefit options for office visits, accident expenses and imaging and lab services.
- Access to Patient Care, an independent advocacy service that helps employees navigate the health care system by answering questions and working through concerns, all at no cost to you.
Refer to the Patient Care Pamphlet for additional information. (Form 29895)
- A free, easy-to-set-up Premium Only Plan (POP) so employees can pay their portion of health insurance premiums with pretax dollars, reducing their taxable income and your payroll taxes.
Refer to the POP Brochure for additional information. (Form 50514)
- The ability to cover employees at branch locations and offer multiple plans to accommodate different employee needs.
- Dental, Life and Short Term Disability coverage to enhance your employee benefit package.
Refer to the Ancillary Brochure for additional information. (Form 50506)
- Online administrative capabilities.



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

Deductible: Individual (You Pay)	\$0, \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000
Family (Refer to page 6 for Family Deductible Accumulation information.)	\$0, \$1,000, \$2,000, \$3,000, \$4,000, \$5,000, \$7,000, \$10,000 or \$20,000
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
Outpatient Services Maximum	None – the plan pays benefits up to the lifetime maximum
Annual Maximum	None – the plan pays benefits up to the lifetime maximum
Office Visit Maximum Benefit (OVMB) (Optional) (Plan Pays)	First-dollar benefit pays \$40 per office visit
Lifetime Maximum (Plan Pays)	\$5 million or \$10 million

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

Outpatient Hospital/Surgical Center Care, Physician Services, Durable Medical Equipment, Allergy Shots	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/\$25/\$50 copays, or • \$15/\$25/\$50 copays, or • \$15/\$45/\$60 copays, or • \$15/\$50/\$75 copays, or • Deductible/Coinsurance, or • No outpatient drug coverage
Preventive Medical Services <i>First-dollar benefit, then subject to deductible and coinsurance up to the lifetime maximum.</i>	\$750 or \$1,250 first-dollar benefit
Office Visits	Covered If OVMB option selected, \$40 per visit first-dollar benefit
Emergency Room <i>Nonemergency use of the ER is subject to a 30% penalty.</i>	Covered
Urgent Care Services	Covered If OVMB option selected, \$40 per visit first-dollar benefit
Diagnostic Imaging and Laboratory Services	\$500 first-dollar benefit, then subject to deductible and coinsurance
Professional Ground and Air Ambulance	Covered
Outpatient Physical Medicine	Up to \$5,000 in benefits
Home Health Care	Covered up to 50 visits
Family Planning Services <i>Covers contraceptive products and drugs – oral contraceptives covered under Rx Drugs.</i>	Covered If OVMB option selected, \$40 per visit first-dollar benefit
Temporomandibular Joint Dysfunction (TMJ)	\$1,000 lifetime maximum
Behavioral Health and Substance Abuse <i>Inpatient benefits listed below. Coinsurance does not apply to out-of-pocket maximum.</i>	Deductible and 50% coinsurance – Outpatient annual limit: \$3,000

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	Covered up to 90 days
Subacute Rehabilitation and Nursing Facilities	Covered up to 90 days
Hospice Care Services	Covered at 100%
Transplants (Refer to page 5 for additional information.) a) Kidney, cornea and skin b) Other covered transplants (e.g., bone marrow, heart, liver)	Deductible/Coinsurance a) No special limits b) When performed at a designated transplant provider, no special limits
Behavioral Health and Substance Abuse	Covered up to 28 days

Optional Coverages Optional coverages 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) <i>Benefit paid per occurrence.</i>	\$500 or \$1,000 first-dollar benefit

Real Choices II (Plan Types – Indemnity, HRA Indemnity)

Real Choices III (Plan Type – Indemnity)

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

\$0, \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000
 \$0, \$1,000, \$2,000, \$3,000, \$4,000, \$5,000, \$7,000, \$10,000 or \$20,000

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

None – the plan pays benefits up to the lifetime maximum

None – the plan pays benefits up to the lifetime maximum

First-dollar benefit pays \$40 per office visit

\$2 million or \$5 million

\$1,000 or \$2,000

\$2,000 or \$4,000

50%

50%

\$3,000

\$5,000

\$100,000

First-dollar benefit pays \$40 per office visit

\$2 million

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered

- \$0/\$50/\$75 copays with a \$500 brand name deductible, or
- \$15/\$25/\$50 copays with a \$250 brand name deductible, or
- \$15/\$25/\$50 copays, or
- \$15/\$45/\$60 copays, or
- \$20/\$50/\$75 copays, or
- Deductible/Coinsurance, or
- No outpatient drug coverage

\$300 or \$800 first-dollar benefit

Covered

If OVMB option selected, \$40 per visit first-dollar benefit

Covered

Covered

If OVMB option selected, \$40 per visit first-dollar benefit

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

Covered

Up to \$3,000 in benefits

Covered up to 30 visits

Covered

If OVMB option selected, \$40 per visit first-dollar benefit

\$500 lifetime maximum

Deductible and 50% coinsurance – Outpatient annual limit: \$1,500

Covered

\$15/\$50/\$75 copays with a \$250 brand name deductible

\$200 or \$500 first-dollar annual benefit

Covered

If OVMB option selected, \$40 per visit first-dollar benefit

\$100 access fee, then Deductible/Coinsurance (fee waived if admitted)

Covered

If OVMB option selected, \$40 per visit first-dollar benefit

Covered

Covered up to \$1,000

Benefits available up to the selected Outpatient Services Maximum

Not available

Covered

If OVMB option selected, \$40 per visit limit first-dollar benefit

\$500 lifetime maximum

Not available

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered

Covered up to 90 days

Covered up to 90 days

Covered at 100%

Deductible/Coinsurance

- No special limits
- When performed at a designated transplant provider, no special limits

Covered up to 21 days

Covered

Covered up to 90 days (subject to plan maximums)

Covered up to 90 days (subject to plan maximums)

Covered at 100% (subject to plan maximums)

Deductible/Coinsurance (subject to plan maximums)

- No special limits
- When performed at a designated transplant provider, no special limits

Not available

Optional coverages are available at an additional cost.

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

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

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

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

Real Choices I (HSA Indemnity)

Real Choices II (HSA Indemnity)

\$1,500, \$2,000, \$2,500,
\$3,000, \$3,500, \$5,000
\$3,000,** \$4,000,** \$5,000,
\$6,000, \$7,000, \$10,000

\$1,500, \$2,000, \$2,500,
\$3,000, \$3,500, \$5,000
\$3,000,** \$4,000,** \$5,000,
\$6,000, \$7,000, \$10,000

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

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

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

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

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

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

None

None

None

None

Not available

Not available

\$5 million or \$10 million

\$2 million or \$5 million

Covered

Covered

- Deductible/Coinsurance, or
- No outpatient drug coverage

- Deductible/Coinsurance, or
- No outpatient drug coverage

\$750 or \$1,250 first-dollar benefit

\$300 or \$800 first-dollar benefit

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Up to \$5,000 in benefits

Up to \$3,000 in benefits

Covered up to 50 visits

Covered up to 30 visits

Covered

Covered

\$1,000 lifetime maximum

\$500 lifetime maximum

Deductible and 50% coinsurance –
Outpatient annual limit: \$3,000.

Deductible and 50% coinsurance –
Outpatient annual limit: \$1,500.

Covered

Covered

Covered up to 90 days

Covered up to 90 days

Covered up to 90 days

Covered up to 90 days

Deductible, then covered at 100%

Deductible, then covered at 100%

Deductible/Coinsurance

Deductible/Coinsurance

- No special limits
- When performed at a designated transplant provider, no special limits

- No special limits
- When performed at a designated transplant provider, no special limits

Covered up to 28 days

Covered up to 21 days

Deductible/Coinsurance

Deductible/Coinsurance

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

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

Important Provisions

Transplants

At designated providers, up to \$10,000 is available for travel expenses for the covered person and a companion.

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

Donor expenses are limited to a maximum benefit 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 up to \$1,000 could be applied. No benefits are paid for transplants which are not authorized. Authorization is not a guarantee of coverage.

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 are available:

0 days 30 days 60 days 90 days 180 days

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. The family coinsurance out-of-pocket maximum is two times the individual maximum.

Copay is a fixed fee paid by a covered person for each prescription.

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 or coinsurance.

Lifetime Benefit Maximum is the total amount the plan pays per person.

Maximum Allowable Amount is the most the plan pays for services performed by providers. The covered person is responsible for any amount in excess of this limit.

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.

Medically Necessary Care includes treatments, services or supplies which 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.

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.

Preventive Services include: routine physicals, routine lab work, well-child exams to age 7, immunizations, mammograms, pap tests, colonoscopies, sigmoidoscopies, prostate exams and occult blood tests.

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.

Premium-Saving and Tax-Advantaged Options

If Savings is Your Priority, Choose Our HSA Program.

Health Savings Account (HSA)

An HSA program combines major medical insurance with a tax-favored savings account. With the Assurant Health HSA Program, you and your employees can:

- Save on premium
- Save on income taxes
- Save for future needs
- Save on separate account fees

Premium Savings

Assurant Health offers a variety of qualified high deductible health plans so you can choose the balance of coverage and premium savings you want. Once you find the right combination, you can lock your rate in for two years with our 24-month rate lock option.

Tax Savings

Contributions to an HSA account are tax deductible or can be made with pretax dollars. Contributions can be made by you and/or your employees.

The interest paid on the account balance is tax-free. And withdrawals for qualified medical expenses are tax-free.

Savings for the Future

Contributions to the account can accumulate from year to year to pay for future medical expenses, or to supplement retirement income.

Account Services at No Additional Cost

When you select the Assurant Health HSA program, you can have comprehensive health savings account services at no additional cost. Services include:

- Efficient online claims payment and account tracking services
- A VISA® debit card for easy withdrawals
- Tax-free interest on HSA funds
- A line of credit option to help cover expenses if the account balance is low
- A mutual fund investment option for those with larger account balances
- Online access to helpful medical and prescription drug information.

If Flexibility is Your Priority, Choose Our HRA Program.

Health Reimbursement Arrangement (HRA)

An HRA offers a creative way for your business to finance affordable major medical insurance. With the Assurant Health HRA Program, you have:

- More choices in designing a plan
- Greater control over cash flow
- More opportunities for tax deductions
- The option to retain ownership of funds
- HRA services at no additional cost.

Plan Design Choices

As shown in the Benefits Chart on pages 3-5, you have more choices with an HRA indemnity plan than with an HSA plan.

Control Over Cash Flow

An HRA is entirely employer sponsored. You can reimburse employees as claims are submitted.

Or, if you choose to prefund accounts, you determine whether unused funds can be rolled over to the next year, the amount that can be rolled, and whether you or the employee retains ownership upon termination.

Tax Deductible Reimbursements

Your reimbursements for employee medical expenses are tax deductible.

Administrative Services at No Additional Cost

When you select an Assurant Health HRA plan, you and your employees gain access to our HRA administrator's services including some specially designed to expedite reimbursements – all at no additional cost:

- Electronic transfer of reimbursement information from Assurant Health to our HRA administrator
- Reimbursements mailed or deposited directly into employee accounts.

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 1-800-TAX-FORM (1-800-829-3676) or by visiting their Web site at www.IRS.gov.

Limitations and Exclusions Summary

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.

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, 18 months for late enrollees
- 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, routine vision care, vision therapy, surgery to correct vision, routine foot care, or foot orthotics
- 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
- Custodial care, private nursing, telemedicine or phone consultations
- Diagnosis and treatment of infertility, sex transformation, surrogate pregnancy, sterilization reversal
- 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 maximums of \$50,000 for durable medical equipment and \$1,500 for sterilization
- Treatment of "lifestyle" concerns including but not limited to smoking cessation, weight control surgery or treatments, hair loss, restoration or promotion of sexual function, cognitive enhancement and educational testing or training
- Over-the-counter drugs, 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

Additional Exclusions for Real Choices III Plans

- Treatment of behavioral health or substance abuse
- Adjustments, manipulations, massage therapy or subluxation services
- Home health care

This brochure provides summary information. Please refer to the State Brochure Supplement for state-specific variations. Please refer to the insurance policy for a complete listing of benefits, exclusions and terms of coverage. In the event that there are discrepancies with the information in this brochure, the terms and conditions of coverage documents will govern.



ASSURANT Health®

Assurant Health
501 W. Michigan
Milwaukee, WI 53203

About Assurant Health

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

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

Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$24 billion in assets and \$8 billion in annual revenue. Assurant has approximately 15,000 employees worldwide and is headquartered in New York's financial district. The Assurant Web site is www.assurant.com.

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company. For plans underwritten and issued by Time Insurance Company, the Master Policy Series is TGM.MPO, TGM.DMP, TGM.LMP and TGM.SMP. For plans underwritten and issued by John Alden Life Insurance Company, the Master Policy Series is JGM.MPO, JGM.DMP, JGM.LMP and JGM.SMP.