



ASSURANT
Health®

OKLAHOMA
TEXAS
VIRGINIA

Assurant. On your terms.®

Health AccessSM



Having Access PaysSM

Time Insurance Company

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



Having Access PaysSM

It's time to think a little differently about health care. When you're spending your hard-earned dollars on a plan, you want one that delivers real value. With Health AccessSM plans, you'll see how **Having Access Pays**.

These plans give you convenient access to health care, while providing the immediate kind of value you feel when you're able to visit the doctor, ID card in hand – and the kind that comes later, when you can get help paying for your health care costs.

You can use the cash payment from these limited-benefit plans to help pay for health care expenses – for a visit to the doctor office, an x-ray, even a hospital stay. Your plan pays you a set amount when you receive a particular service. And you choose how to use the money – either be paid the cash benefit directly or have us pay your doctors for you, which allows you to take advantage of the discounts we've already negotiated with numerous providers. It's another way **Having Access Pays**.

Whether you've had coverage before, or this is the first time you've had access to affordable, quality health care, you'll appreciate getting what you need for you and your entire family. Assurant Health uses its century-plus years of experience to give you a new way to access health care that delivers what you truly value.

More for Your Money

Real value comes from getting the most out of something. With Health Access, it's easy to get more for your money. Value isn't just a word we promise, but the experience you'll receive.

Low costs on medical services

To start, we've negotiated discounts on services from a wide range of doctors and hospitals, as well as pharmacies, so you're already saving money. It's easy to take advantage of these discounts when you have us pay your doctor directly.

Discounts on products and services you'll use

We look at the whole you, not just your need to visit a doctor. That's why we include a discount card at no added cost for things to complement and better your life, like vision care, chiropractic care, alternative health and wellness, vitamins and more.

Discount card is not insurance and may not be available in all states.

Retail health clinics

You'll walk in to a convenient retail clinic saving money because we've negotiated with two of the leading pharmacy chains for a \$65 visit, including lab work. And, because your plan pays a set amount of \$50 for an office visit, you'll end up paying just \$15 out of your pocket.

Dedicated service team

You won't be bounced around the company when you have a question. You'll have a dedicated team of well-trained service representatives whose goal is to bring quick resolution to any questions and issues you may have, as well as continually suggest ways for you to save money.

An independent advocate to guide you

Patient Care is an independent service with specially trained health care advocates who can provide you with information about the lowest-price doctors and hospitals. You'll even get help identifying low costs for services your plan doesn't pay cash for, so you're always getting the best value.

Patient Care is an independent advocacy service that may be discontinued at any time.

Have the confidence that comes from showing your ID card — and getting *access* to the services you need.



Health Access

Unlike a traditional health insurance plan, this plan pays a set cash amount when you receive a particular service, regardless of what your provider charges you. All benefits are per person. Take a look at all the details.

Access Fundamentals SM Plan		
EVERYDAY NEEDS YOU VALUE	Office Visit	<ul style="list-style-type: none"> You receive \$50 per office visit Limit of 4 visits per calendar year
	Prescription Drugs	<ul style="list-style-type: none"> You receive \$10 per generic prescription You receive \$25 per brand prescription Limit of \$750 per calendar year for all prescriptions
	Allergy Shots and Immunizations	<ul style="list-style-type: none"> You receive \$10 per immunization You receive \$10 per allergy shot Limit of \$100 per calendar year for all allergy shots and immunizations
	Outpatient Medical Events	<ul style="list-style-type: none"> Laboratory services <ul style="list-style-type: none"> You receive \$100 per surgical pathology test You receive \$25 per laboratory service, excluding surgical pathology Radiology services <ul style="list-style-type: none"> You receive \$100 per mammogram You receive \$100 per CT scan You receive \$250 per MRI scan You receive \$250 per PET scan You receive \$50 per other radiology service, including x-ray and ultrasound Physical medicine services <ul style="list-style-type: none"> You receive \$25 per occupational therapy, physical therapy and speech therapy visit You receive \$25 per other outpatient event not listed Limit of \$1,000 per calendar year for all outpatient events
SURGICAL AND HOSPITALIZATION BENEFITS	Surgery	Includes surgical benefits for both inpatient and outpatient surgery paid at the scheduled benefit amount. Benefits paid per surgery vary greatly. See surgical schedule (Form 30272) for details.
	Anesthesia	<ul style="list-style-type: none"> You receive \$200 per anesthesia event Limit of 2 events per calendar year
	Ground and Air Ambulance	<ul style="list-style-type: none"> You receive \$100 per ground transportation You receive \$1,000 per air transportation Limit of 2 trips per calendar year for all ambulance transportation
	Emergency Room or Urgent Care	<ul style="list-style-type: none"> You receive \$250 per visit Limit of 1 visit per calendar year
	Inpatient Hospital Confinement	<ul style="list-style-type: none"> You receive \$2,000 per day for sickness You receive \$4,000 per day for injury Limit of \$200,000 per calendar year for all inpatient confinements
OTHER INFO	Life Insurance ¹	Limit of \$10,000 for the primary insured (\$2,000 for primary insured under age 18)
	Lifetime Maximum	Limit of \$1 million
	Medical Questions for Qualification	Limited medical questions to qualify
	Pre-existing Conditions	Benefits available after you have been continuously insured under this plan for 12 months
	Value-Added Discount Card ²	Access to discounts for everyday needs

All Health Access plans are limited-benefit fixed-indemnity plans. This means they are not major medical insurance plans. Fixed-indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in specific amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on your health care provider's bill.

Benefits and availability vary by state.

¹ Not available in TX or VA.

² Discounts may vary or may not be available in all states.

Your money goes further with Health Access

Assurant Health knows you need to find value in your plan. That's why we've put together additional ways for you to make smart choices and save money – all to get the most from your plan.

Save money with network discounts – have your doctors paid directly

With your plan, you choose who gets paid – you or your doctors. When you choose to have your doctors paid, you take advantage of discounts we've already negotiated with doctors and hospitals from the MultiPlan Limited Payor Plan. Visit multiplan.com for more details.

Savings on prescriptions

Use a Medco®-participating pharmacy for discounts on your prescriptions. See medco.com for additional information.

Receive lab services at a discount of 20-60%

You'll save 20-60% on outpatient lab services when you show your ID card with its Lab Card Select logo and request your doctor send your lab work to a Lab Card Select lab.

Receive help with medical bills – use Health Payment Advocates negotiators

Professional negotiators can work with your doctor, hospital or pharmacy to reduce the amount you may owe. Health Payment Advocates works on your behalf to get you the best possible savings.

Help making smart choices – Health Advocates Alliance

In certain states, membership in Health Advocates Alliance is required to apply for Assurant Health's plan. Dedicated to the health and well-being of its members, Health Advocates Alliance membership includes access to a 24-hour nurse helpline, a scholarship program for qualified students studying in a health-related field and a number of additional benefits as well as discounts. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health also may realize some benefit from these fees.



What Health Access plans do not pay benefits for

Knowing exactly what your plan does and doesn't provide benefits for is important. Use the following summary of what is not eligible for benefits so you know the details. Complete information, which varies by state, will be included in your insurance contract.

Maintenance care and therapies:

- Routine hearing care, artificial hearing devices, cochlear implants, auditory prostheses, routine vision care, vision therapy, surgery to correct vision, routine foot care and foot orthotics
- Routine dental care, unless you choose the dental insurance option

Cosmetic services and procedures:

- Services including chemical peels, plastic surgery and medications
- Any correction of malocclusion (irregular tooth contact), protrusion, hypoplasia (abnormality in dental enamel) or hyperplasia (abnormality) of the jaws

Reproductive-related procedures or concerns:

- Diagnosis and treatment of infertility
- Maternity, pregnancy (except complications of pregnancy), routine newborn care, surrogate pregnancy, routine nursery care and abortion
- Sterilization and contraceptive procedures, drugs or devices

Quality of life concerns:

- Inpatient treatment of chronic pain disorders
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Treatment, services and supplies related to sex transformation, gender dysphoric disorder and gender reassignment; treatment of sexual dysfunction or inadequacy; or restoration or enhancement of sexual performance or desire
- Treatment for smoking cessation and hair loss
- Cognitive enhancement
- Prophylactic treatment, services and surgery

Prescription drug benefits do not include and will not provide benefits for:

- Over-the-counter products
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- Take-home drugs dispensed at an institution

This plan also will not provide benefits for:

- Any amount in excess of any maximum benefit or for non-covered events and associated complications
- Durable medical equipment and personal medical equipment

- Treatment undergone outside the United States
- Treatment of behavioral health or substance abuse
- Treatment, services, supplies, diagnosis, drugs, medication, surgery or medical regimen related to controlling weight, obesity or morbid obesity
- Treatment for snoring or sleep disorders
- Experimental or investigational treatments; homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation and services; massage therapy
- Telehealth and telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Illness or injury caused by war or while in the military; commission of a felony; or influence of an illegal substance
- Illness or injury caused or aggravated by suicide, attempted suicide or self-infliction
- Treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing
- Services ordered, directed or performed by a health care practitioner or medical provider who is an immediate family member
- Treatment used to improve memory or slow the normal process of aging
- Home health care, hospice care, skilled nursing facility care, inpatient rehabilitation services, custodial care and respite care
- Sickness or injury arising out of or as the result of any work for wage or profit that is eligible for benefits under Workers' Compensation, employers' liability or similar laws
- Treatment for behavioral modification or behavioral (conduct) problems; learning disabilities; developmental delays; attention deficit disorders; hyperactivity; educational testing, training or materials; memory improvement; cognitive enhancement or training; vocational or work-hardening programs and transitional living
- Growth hormone stimulation treatment to promote or delay growth
- Treatment for TMJ and/or CMJ and certain jaw/tooth disorders
- Services incurred due to a pre-existing condition for the first 12 months the plan is in force

This plan has terms under which the plan may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or the company.

This plan is renewable provided premiums are paid on time, there has not been fraud or misrepresentation by an insured person or any representative, there is compliance with the plan provisions, including eligibility requirements, the company has not discontinued or suspended active business operations and the plan has not been discontinued in these states. The company has the right to change premium rates upon providing appropriate notice.

Pre-existing conditions limitation (varies by state)

We will not pay benefits for events that result from or are related to a pre-existing condition, or its complications, until the covered person has been continuously insured under this plan for 12 months. After this period, benefits will be available for events resulting from or related to a pre-existing condition, or its complications, provided that the covered event occurs while this plan is in force.

State-specific information

Please see the section for your state below to learn how your plan may differ from the plans described in this brochure.

OKLAHOMA:

State-specific product form number: 292.CER.OK

Pre-existing condition definition:

A sickness or an injury and related complications:

1. for which medical advice, diagnosis, care or treatment was received or recommended from a provider or prescription drugs were prescribed during the 6-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced signs or symptoms during the 6-month period immediately prior to your effective date. The signs or symptoms were significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
 - b. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

TEXAS:

State-specific product form number: 290.POL.TX

Pre-existing condition definition:

A sickness or an injury and related complications:

1. for which medical advice, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced symptoms during the 12-month period immediately prior to your effective date which reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

VIRGINIA:

Pre-existing condition definition:

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

1. for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced signs or symptoms during the 12-month period immediately prior to your effective date. The signs or symptoms were significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms reasonably should have allowed or would have allowed one knowledgeable in medicine to diagnose the condition; or
 - b. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

State-specific product form number: 292.CER.VA

Application form number: 49800-VA



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

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 people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual, small employer group and short-term limited-duration health insurance products, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. 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 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.

For plans beginning on or after October 1, 2010.

This brochure is for use in OK, TX and VA.
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