



TEXAS

ASSURANT
Health®

Assurant. On your terms.™

CoreMedSM Elite
Individual Medical Insurance



Time Insurance Company

Assurant Health is the brand name for products underwritten and issued by Time 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 Time Insurance Company¹ 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.

² Source: A.M. Best Ratings and Analysis, July 2008.

CoreMedSM Elite Offers Broad Coverage and Great Value

When protecting your family and yourself is a priority, health insurance isn't optional — *it's an essential part of your financial plan*. Don't settle for less than the optimum blend of broad coverage and great value.

You'll find that in CoreMed Elite. A cost-effective plan for both everyday and catastrophic needs, CoreMed Elite offers you many options for controlling your premiums — without giving up benefits.

With CoreMed Elite, you have the freedom to use any doctor or hospital — and when you use PPO network providers, you get advantages like discounts on covered services, no claim forms and fewer out-of-pocket expenses.

Our PPO plans provide the most value for your health care dollar.

Starting with a quality framework of security, convenience and cost savings, CoreMed Elite offers:

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

\$25 Million Lifetime Benefit Maximum

Enjoy the peace of mind that comes with one of the highest amounts available to individuals in the United States.

Initial Rate Guarantees — Up to 36 Months Available

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

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.

24-Hour Access to Doctors by Telephone

You'll get FREE consultations — up to three per person each year — with doctors from **TelaDoc**[™] **Medical Services**. This network of physicians provides medical consultation by telephone 24 hours a day, 365 days a year.

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.

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

Built-In Features

Your plan comes with coverage for the following medical services.

Prescription Drugs

You choose: pay only \$15 each time you fill a generic prescription at a participating pharmacy or, to lower your premium, keep your prescription drug benefits subject to plan deductible and coinsurance. Mail-order service is available.

Preventive Services

Includes mammograms, Pap tests and PSA screening fecal occult blood tests, flexible sigmoidoscopies, colonoscopies, newborn screening tests and diagnostic follow up for hearing loss, and childhood immunizations — with no annual dollar limit. After you have been insured for six months, you'll also receive benefits of up to \$1,000 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

Includes FREE consultations — up to three per person each year — with doctors from TelaDoc Medical Services. TelaDoc physicians diagnose non-emergency medical issues, recommend treatment, and prescribe medication when appropriate — all by telephone — 24 hours a day, 365 days a year. 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, treatment of developmental delay, and chiropractic services.

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

Includes:

- Kidney, cornea and skin transplants covered as any other service.
- Transplants such as bone marrow, heart, liver and lung covered 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 that 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.

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
- Home health care
- Durable and personal medical equipment
- Hospice care and related counseling services (inpatient or home care)
- Parenteral drug therapy
- Reconstructive surgery
- 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)

For more information on optional coverages — dental, maternity, accident and more — see pages 6 and 7.

Add valuable protection — affordably and conveniently:

- No additional application or underwriting required.
- One bill covers your total premium.

Build Your CoreMedSM Elite Plan

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

| | |
|--|---|
| Deductible <i>Amount you pay toward covered expenses before the plan pays benefits</i> Choose any deductible in green – You'll have the option to extend your 12-month rate guarantee to 24 or 36 months! | \$500, \$1,000, \$1,500, \$2,000, \$3,500, \$5,000, or \$10,000 <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)</i> |
| Benefit Percentage <i>Percentage of covered expenses the plan pays after the deductible</i> | 100%, 80%, 70% or 50% |
| Coinsurance <i>Percentage of covered expenses you pay after the deductible</i> | 0%, 20%, 30% or 50% |
| Coinsurance Out-Of-Pocket Maximum <i>After this maximum is met, the plan pays 100% of covered expenses</i> | \$0 to \$9,500 depending on coinsurance <i>(Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons.)</i> |
| Office Visit Copay <i>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 8 for details.</i> | \$35 copay Copay applies to each of four network office visits per person Additional visits are covered subject to the deductible and coinsurance |
| Lifetime Benefit Maximum <i>The total maximum amount the plan pays</i> | \$25 million |

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

| | Option 1 | Option 2 |
|---|--|--|
| Prescription Drugs Generic | Subject to plan deductible and coinsurance | \$15 copay |
| Brand name | 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> |
| 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* Other USPSTF-recommended services | <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 - after you have been insured for 6 months • If selecting the Office Visit Copay, see page 8 for details | |
| Office Visits | Covered • If selecting the Office Visit Copay, see page 8 for details | |
| Diagnostic Imaging and Laboratory Services | Covered | |
| Outpatient Hospital, Surgical Center or Urgent Care Facility | Covered • Outpatient facility fee: \$0 or \$200 per outpatient surgery | |
| Professional Ground and Air Ambulance | Covered | |
| Emergency Room | Covered | |
| 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 facility fee: \$0, \$200 or \$750 per day for first three days of each confinement |
| Inpatient Rehabilitation Facility | Up to 90 days |
| Subacute Rehabilitation and Skilled Nursing Facilities | Up to 90 days |
| Transplants | Covered |

* 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 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 8 for details.

Optional Coverages Make it Yours

Take CoreMedSM Elite and **make it your own** with these optional features and supplemental products.*

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.

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.

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

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.

*Optional coverages are available at an additional cost.

The dental insurance plan is a separate contract: 035-TX and 065-TX. For additional information on optional features, see page 8.

Dental Insurance

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

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

Here are a few benefit examples:

| | BASIC | PLUS |
|--|------------|------------|
| Wellness Services <i>Two visits per person each policy year.</i> | | |
| • Exams, x-rays, cleanings | \$25/visit | \$75/visit |
| Basic Services[†] <i>Payments are 50% of the listed benefit in the first policy year.</i> | | |
| • 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[†] <i>Payments are 20% of the listed benefit in the first policy year, and 50% in the second year.</i> | | |
| • 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 <i>A lifetime benefit of up to \$500 is available for each person beginning in the third policy year.</i> | | |
| • Temporomandibular joint arthrogram | \$ 90 | \$ 275 |
| [†] Combined Annual Benefit The maximum calendar year benefit for Basic and Major Services combined is: | \$1,000 | \$1,500 |

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 is not responsible for providing non-contractual services or benefits of this plan.

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.

Plan Provisions

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 and maternity-related visits.

Maternity Benefit *(optional feature)*

The maternity deductible does not apply to 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. 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 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 chart for details.

| COREMED ELITE – OUT-OF-NETWORK COSTS | |
|--|---|
| OUT-OF-NETWORK DEDUCTIBLE | |
| Individual | Family |
| Selected deductible + \$2,000 | 2x individual out-of-network deductible met collectively by 2 or more persons |
| OUT-OF-NETWORK COINSURANCE OUT-OF-POCKET MAXIMUM | |
| Individual | Family |
| \$15,000 | \$30,000 |

Utilization Review

Authorization is required before receiving inpatient treatment and certain types of outpatient procedures. 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. No benefits are 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
- Behavioral health (mental/nervous disorders) and substance abuse, including related prescription drugs



ASSURANT
Health®

For more information, or to apply for coverage,
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 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 SIG:015.002.TX and SIG:016.001.TX
Form 29683-TX (Rev. 7/2009) © 2009 Assurant, Inc. All rights reserved.