ASSURANT Health®

Assurant. On your terms.®

ARIZONA

Time Insurance Company
John Alden Life Insurance Company

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company. Throughout this brochure, Assurant Health is used to refer to Time Insurance Company and John Alden Insurance Company.

Major Medical Insurance for Individuals and Families

When it comes to major medical insurance, you have hundreds of options. How do you know which insurance plan is best for you and your family?

At Assurant Health, we simply offer **a great value on major medical insurance for individuals and families.** Our plans are designed to help you fund your medical coverage effectively by providing the benefits and asset protection you need with customizable options, all at an affordable price.

Our plans can save you money on benefits that are of value to you while giving you choices on benefits that you may not value. And that gives you more control over how you spend your health care dollars.

And while our plans offer outstanding, affordable coverage on their own, they can also be easily customized with supplemental coverage options that can really ramp up your protection while still keeping monthly payments under control.[1]

1 Assurant Supplemental Coverage products are separate contracts and are available at an additional cost. Additional provisions may apply.

A smarter way to fund your health care.

When you have insurance, you pay a premium *every month, whether you need care or not* — and that adds up. That's why the biggest key to keeping health coverage affordable is keeping that premium payment low.

A plan that costs $100 more every month will cost $1,200 more in premiums each year. And once those premiums are paid, they're gone. But if you could keep that $1,200 a year, you would control how you spend it. And that's what an Assurant Health major medical insurance plan for individuals and families can do for you.

Higher deductible means lower premium

Generally, when you increase your deductible, you'll pay a **lower premium**, which means you can set aside money for health-related expenses such as office visits or prescriptions — expenses that would go toward your deductible.

You can lessen the potential impact of a higher deductible by using a portion of that money for **supplemental coverage** that pays cash right to you to help you pay your deductible or other expenses if you have a costly accident or critical illness — or even if you have dental work done. *See page 8 for more information.*

Preventive care: covered

A big reason people visit the doctor is wellness, or **preventive care** — health care designed to help *prevent* diseases and conditions, such as physicals, mammograms and immunizations for kids.

It's much less expensive — and of course, much better for your well-being — to catch health conditions early. That's why **your Assurant Health plan pays 100% of preventive services recommended under the Affordable Care Act** when you use in-network doctors, meaning you don't have to pay a copay, office visit charge or coinsurance.

Do copays pay?

You may be used to paying a copay when you visit the doctor — a set amount per visit, generally less than a regular office visit charge. But guess what? You're paying extra for that copay plan, typically about $30–$60 extra for an individual and even more for a family — *every month*.* Essentially, you are **purchasing the privilege of paying a copay** when you go to the doctor.

* Varies by state. Sample rates are for illustration only and are based on monthly premium rate comparison of copay and no-copay policies for a male age 30 (previously insured), CoreMed℠ policy with a $2,000 deductible, 50/50 coinsurance, $3,500 coinsurance out-of-pocket maximum, no facility fee, policy effective June 1, 2012 for Indiana ZIP code 46201, North Carolina ZIP code 27602 and Colorado ZIP code 80014.

So is it worth it?

Actually, for most health care consumers, it's not. You don't have to pay a copay for preventive care recommended under the Affordable Care Act, and the average person visits the doctor for *non-preventive reasons* less than two times a year. That person will spend significantly less in the course of a year with a **no-copay plan** than with a copay plan with a higher premium.

You'll save about $53 per doctor visit by paying a copay instead of an office visit charge. At two visits a year, that's a savings of $106. But you'll pay $360–$720 more per year in premiums for that copay plan!

Average network-discounted doctor visit cost: $88. Average copay: $35. Savings per office visit with the copay plan: $53. Average office visits and charges based on actual experience of Assurant Health individual medical consumers in 2011. Actual average is 1.6 non-preventive office visits per year. All prices rounded to the nearest dollar.

Membership in Health Advocates Alliance is required in order to buy Assurant Health insurance. Health Advocates Alliance is an association dedicated to the health and well-being of its members. 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 realizes some benefit from these fees.

Higher value. Lower cost.

Health care is expensive. But you can save money with an Assurant Health no-copay, higher deductible plan — and a bigger percentage of the health care dollars you do spend will go to services *you* actually use.

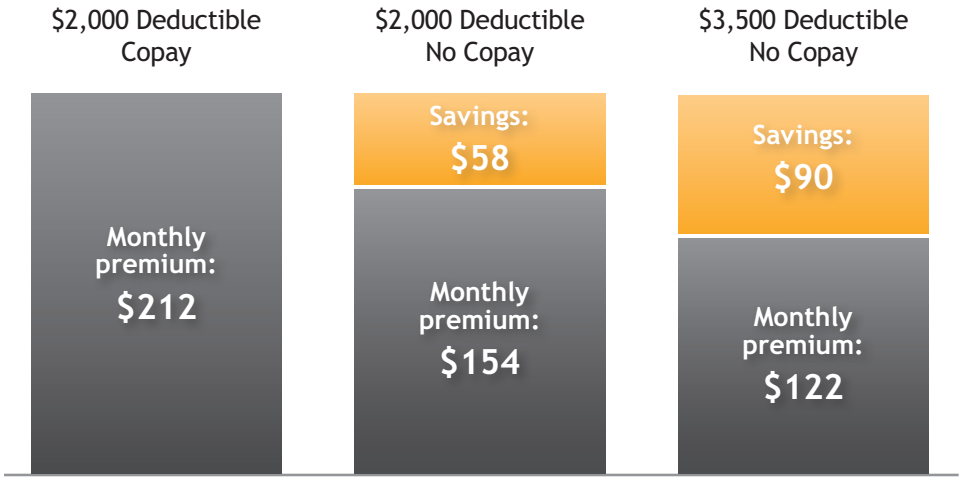
You'll save money up front. You and your family will have the coverage and asset protection that a major medical insurance plan provides. And chances are you'll still save money in the long run.

That's why we believe Assurant Health plans provide a great value on major medical insurance for individuals and families — and for you.

Pay for the health care you use

An Assurant Health no-copay plan will cost significantly less in monthly premiums than a comparable plan with copays. That money you save on premiums is yours to use as you wish. And you can *really* maximize your premium savings with a higher deductible. Take a look at this example of a typical individual plan:

> The money you save on premiums is yours.



Varies by state. Sample rates are for illustration only and are based on monthly premium rates for a male, age 30 (previously insured) in Indiana ZIP code 46201, CoreMed℠ policy with 50/50 coinsurance, $3,500 coinsurance out-of-pocket maximum and no facility fee. Policy effective June 1, 2012. Rates are rounded to the nearest dollar.

▶ **The savings can be put toward services you actually use!**

Savvy health care consumers use premium savings to pay for the *health care their families are actually using*. It's a smarter way to fund your health care that can save you money in the long run.

Assurant Health major medical insurance for individuals and families: CoreMed℠ & OneDeductible

Most people look to major medical insurance to protect them from the financial loss that a catastrophic illness or injury can bring about. Our major medical plans for individuals and families do just that.

We offer two plan designs for value and savings: CoreMed offers a wide range of deductible levels and flexible options. OneDeductible's simplified design is easy to understand, and all covered expenses for all family members are applied to one single common deductible.

Ask your agent to explain the choices outlined in the benefits chart on the next page.

Plan benefits

Compare benefits to find the plan that best suits your needs.

1 Choose a plan

- CoreMed
- OneDeductible

2 Choose in-network options to build your plan

3 Understand your plan benefits

4 Benefits if you go out of network

Assurant Health major medical insurance for individuals and families includes, at no additional cost:

- **Retail Health Clinics** — Save with discounts at retail health clinics nationwide. Located in pharmacies and department stores, retail clinics can treat many common conditions with:
  - Discounted flat rate pricing, often from $49 to $69
  - Broader hours of access
  - No appointment necessary
- **Preventive Benefits** — Preventive services recommended by the Affordable Care Act are paid at 100% when using in-network doctors
- **Patient Care** — Personal assistance navigating the health care system is just a phone call away

  Patient Care advocates are not employees of Assurant Health. Patient Care service may be discontinued at any time.
- **Registered Nurses** — On-staff nurses help you manage complex conditions, serving as liaisons between you and your provider

In-network options

Deductible

Benefit percentage (plan pays)/coinsurance (you pay)

Coinsurance out-of-pocket maximum

Outpatient and inpatient facility fees

HSA-compatible options
(Deductible/benefit percentage/coinsurance/coinsurance out-of-pocket maximum)

HSA-compatible options

In-network plan benefits

Office visits; prescription drugs; specialty pharmaceuticals;[2] health care practitioner services; diagnostic imaging and laboratory services; professional air and ground ambulance; inpatient hospital; outpatient hospital, surgical center and urgent care; outpatient physical medicine; transplants
(see page 10 for more information)

Emergency room

Home health care

Inpatient rehabilitation facility, subacute rehabilitation and skilled nursing facilities

Behavioral health and substance abuse

Out-of-network plan benefits

Deductible

Benefit percentage (plan pays)

Coinsurance out-of-pocket maximum

Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1. Benefits are subject to the selected deductible and coinsurance unless otherwise noted. 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. Additional provisions may apply. OneDeductible is also available without a PPO network.

2 Please refer to your State Variations document for state-specific specialty pharmaceutical benefits information.

CoreMed	OneDeductible
In-network options	**In-network options**
• **Individual:** $2,000; $3,500; $5,000; $7,500; $10,000; $15,000 or $25,000 • **Family:** 2x the individual deductible, met collectively by 2 or more people	• **Individual:** $2,850; $3,750 or $5,000 • **Family:** $5,700; $7,500 or $10,000
100%/0%, 80%/20%, 70%/30% or 50%/50%	100%/0%, 80%/20% or 50%/50%
• **Individual:** $0 to $7,500 depending on coinsurance • **Family:** 2x the individual coinsurance out-of-pocket maximum, met collectively by 2 or more people	• **Individual:** $0 to $2,500 depending on coinsurance • **Family:** 2x the individual coinsurance out-of-pocket maximum
• **Option 1:** $750 per day for first 3 days as inpatient, $200 per outpatient surgery • **Option 2:** no inpatient or outpatient facility fees Facility fees apply first, then charges subject to deductible and coinsurance (facility fees do not apply to deductible or coinsurance)	None
1) Choose one option • $3,500/50%/50%/$2,000 • $5,000/100%/0%/$0 2) Choose facility fees option 2	All options are HSA-compatible
In-network plan benefits	**In-network plan benefits**
Covered, subject to plan deductible and coinsurance	
Covered, subject to plan deductible and coinsurance; $75 emergency room access fee (does not apply to deductible or coinsurance), waived if admitted to hospital	
Covered, subject to plan deductible and coinsurance, up to 160 hours	
Covered, subject to plan deductible and coinsurance, up to 90 days	
Not covered	Covered, subject to plan deductible and 50% coinsurance
Out-of-network plan benefits	**Out-of-network plan benefits**
• **Individual:** For deductibles from $2,000 to $15,000: 2x selected deductible. For $25,000 deductible: + $1,000 • **Family:** 2x individual out-of-network deductible, met collectively by 2 or more people	2x selected plan deductible
Selected benefit percentage less 20%	• For 100% and 80% benefit percentages: 50% • For 50% benefit percentage: 30%
• **Individual:** $10,000 • **Family:** $20,000	• **Individual:** $6,000[3] • **Family:** $12,000[3]

3 Behavioral health/substance abuse coinsurance is (you pay) 70% for out-of-network providers.

Fortify your protection with affordable

Assurant Supplemental Coverage

An Assurant Health major medical plan is a great way to get affordable, quality health coverage — but no policy can cover everything. For example, very few major medical plans cover dental, an important part of overall health. And having options to help you handle out-of-pocket expenses in the event of a more serious injury or illness is key to keeping things affordable.

Fortunately, you can fortify your major medical insurance with Assurant Supplemental Coverage, which pays cash benefits to help you with expenses other plans don't cover. Supplemental coverage is easy to add — no additional application or complicated medical questions are required. You can choose from several supplemental plans depending on your needs.

Supplemental products are separate contracts available at an additional cost. Availability varies by state. Additional provisions may apply.

Please see page 15 of this brochure for additional information and disclosures.

Dental coverage

Regular dental care can lead to both a great smile and better overall health. Dental coverage pays set cash benefits when you have dental checkups and treatment from any dentist. Choose from three benefit levels with individual rates starting at around $8 to $19 per month.

Sample premium rates are for Dental coverage for an adult, age 30, residing in Arizona ZIP code 85001, and purchased along with an Assurant Health major medical plan for individuals and families.

Accident coverage

Accident coverage helps cover expenses in the event of an unexpected accidental injury. You have two plans to choose from that pay cash benefits if you have an accident: **Accident Fixed-Benefit** pays you a set cash amount for each covered service you receive to treat injuries; **Accident Medical Expense** pays covered out-of-pocket medical expenses up to your chosen benefit level (less a $250 deductible). And neither has an annual maximum, no matter how many accidents you have. Individual rates start around $23 to $25 per month.

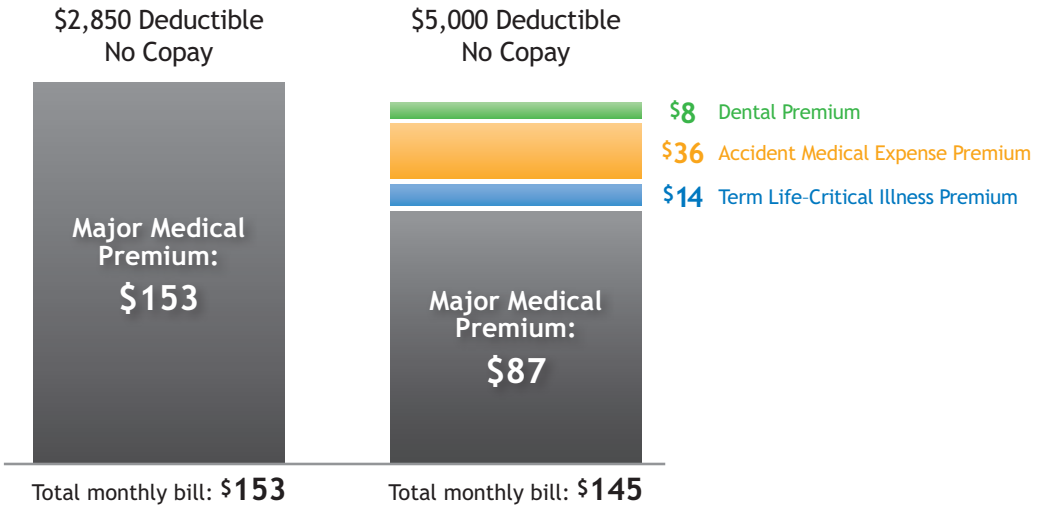
Sample premium rates are for a female, age 30, residing in Arizona ZIP code 85001 for Accident Fixed-Benefit 24-hour coverage, level 2, industry class C, integrated with a major medical plan ($23) or Accident Medical Expense coverage with a $2,500 benefit level ($25).

Critical Illness coverage

The cost of fighting a critical illness goes beyond medical bills. Our critical illness coverage pays cash right to you — over and above any benefits you receive from other plans — in the event of a covered illness. Choose from our newest, most affordable plan, **Cancer and Heart/Stroke**, or a **Term Life-Critical Illness** plan with benefits for 15 illnesses, starting from around $7 per month.

Sample premium rate is for an 18-year-old nonsmoking female residing in Arizona ZIP code 85001 for Cancer and Heart/Stroke coverage ($10,000 benefit level) or Critical Illness coverage ($10,000 critical illness benefit, 50% term life benefit, 10-year policy term).

With the savings from your major medical plan, you can buy coverage you didn't have before — and still spend less overall.



▶ **Additional coverage for $8 less!**

Varies by state. Sample rates for illustration only and are based on a male, age 30 (previously insured), non-tobacco user in Arizona ZIP code 85001. Individual major medical premiums reflect standard rates for OneDeductible plans with 100% coinsurance. Dental premium is for Basic coverage. Accident Medical Expense premium is for $5,000 coverage level. Cancer and Heart/Stroke premium is for $25,000 coverage level. Rates are rounded to the nearest dollar.

Teladoc/Discount Card

The Teladoc/Discount Card is an optional feature that can be a great complement to a no-copay plan. For $14.95 a month, your Teladoc/Discount Card membership saves you money two ways:

- **Teladoc Membership** — Unlimited access to U.S. board-certified doctors online or by phone, 24 hours a day
- **Vision Discount Plan** — Save 10 to 60% on eyeglasses, contact lenses (excluding disposables) and other retail items at over 12,000 locations nationwide

Teladoc doctors can diagnose, treat and prescribe medication when necessary for non-emergency medical issues including cold and flu symptoms, allergies, bronchitis, sinus problems, urinary tract infection, respiratory infection, pink eye, ear infection and more. Pediatric services are also available for children ages 0-17. And because there are no expensive office visit charges, Teladoc can save you money — perfect if you have a lower-premium, no-copay plan.

Teladoc/Discount Card is NOT insurance.

Not available in AK, FL, MA, MT, ND, NH, NV, OK, RI, SD or WY. Actual costs and savings may vary by provider and geographic area.

Please see pages 10 and 15 of this brochure for additional information and disclosures.

Teladoc/Discount Card (cont.)

DISCLOSURES:

This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. **This discount card program contains a 30-day cancellation period.** LA, MD, MS, SC and TX residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: www.locateproviders.com.

Plan provisions

Medically necessary care

To be covered, treatment, services and supplies must be medically necessary:

- Appropriate and consistent with the diagnosis
- Commonly accepted as proper treatment
- Reasonably expected to result in improvement of the condition
- Provided in the least intensive setting without affecting the quality of medical care provided

Maximum allowable amount

The maximum allowable amount is the most the plan pays for covered services. If you have a PPO plan and use an out-of-network provider, you are responsible for any balance in excess of the maximum allowable amount.

Utilization review

Authorization is required before receiving inpatient treatment and certain types of outpatient treatment. Unauthorized services will result in a penalty of 25% of the charge (up to $1,000). Unauthorized transplants are not covered. Benefits will not be paid for any Specialty Pharmaceuticals that are not authorized by the Medical Review Manager.

Transplants

Kidney, cornea, skin, bone marrow, heart, liver and lung transplants are covered as any other service. All transplants include the following:

- Up to $10,000 toward travel expenses
- Up to $10,000 toward donor expenses

Pre-existing conditions

A pre-existing condition is an illness or injury and related complications for which any of the following occurred during the 6-month period immediately prior to the effective date of your health insurance coverage, regardless of whether the condition was diagnosed or not:

- You sought, received or were recommended medical advice, consultation, diagnosis, care or treatment;
- Prescription drugs were prescribed or;
- Symptoms were produced

The symptoms must have been significant enough that either they would allow somebody knowledgeable in medicine to diagnose the condition or they reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

Enrollees under the age of 19 are not subject to the pre-existing condition limitation.

Limitations and exclusions

Knowing exactly what your health plan does and doesn't cover is important. To give you the best possible experience, we offer the following summary of what is not covered by your CoreMed or OneDeductible plan. Complete details are included in your insurance contract. No benefits are provided for the following, except as otherwise specified in your insurance contract.

- For policyholders age 19 and older, 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
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Charges caused by or contributed to by war or any act of war, participation in the military or international organization, foreign or domestic acts of terrorism resulting in a nationwide epidemic
- Routine hearing care, artificial hearing devices, routine vision care, vision therapy, surgery to correct vision, routine foot care, foot orthotics
- Routine dental care unless you choose the dental insurance option
- Treatment of TMJ or CMJ other than that described in the contract, any related surgical treatment that is not preauthorized; appliance, medical or surgical expenses for malocclusion or protrusion or recession of the mandible, maxillary or mandibular hyperplasia or hypoplasia
- Charges related to weight control or obesity, including surgery, physical fitness programs, exercise equipment and exercise therapy unless otherwise required by law
- Cosmetic services including chemical peels, plastic surgery and medications
- Charges for prophylactic treatment, services or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery performed to prevent a disease process from becoming evident in the organ or tissue at a later date
- Charges for private duty nurse; private duty professional skilled nursing service; massage therapy; rolfer; home health aide or personnel with similar training and experience; stand-by health care practitioner; custodial care; respite care; rest care; supportive care; homemaker services
- Charges from a health care practitioner not properly licensed or authorized in the state
- Telemedicine services
- Health care practitioner administrative expenses including, but not limited to, expenses for claim filing, contacting utilization review organizations or case management fees
- Charges for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth
- Charges related to maternity, pregnancy and routine well newborn care, including nursery charges at birth or non-spontaneous abortion
- Charges related to sex transformation; gender dysphoric disorder; gender reassignment; treatment of sexual function, dysfunction or inadequacy; treatment to enhance, restore or improve sexual desire
- Genetic testing, counseling and services; treatment, services, supplies or drugs designed or used to diagnose, treat, alter, impact or differentiate genetic make-up or genetic predisposition
- Infertility diagnosis and treatment, family planning, cryopreservation of sperm or eggs, surrogate pregnancy, umbilical cord stem cell or other blood component harvest and storage in the absence of a sickness or injury
- Chelation therapy
- Charges to address quality of life or lifestyle concerns and similar charges for non-functional conditions
- Charges for behavior modification or behavioral (conduct) problems; learning disabilities; educational testing, training or materials; cognitive enhancement or training; vocational or work hardening programs; transitional living
- Charges for services provided by or through a school system
- Charges for non-medical items, self-care or self-help programs; aroma therapy; meditation or relaxation therapy; naturopathic medicine; treatment of hyperhidrosis (excessive sweating); acupuncture; biofeedback; neurotherapy; electrical stimulation; aversion therapy; inpatient treatment of chronic pain disorders; snoring; treatment or prevention of hair loss; change in skin pigmentation; stress management

Exclusions, cont.

- Drugs that have not been fully approved by the FDA for marketing in the U.S.; drugs limited by federal law to investigational use; drugs used for experimental or investigational services, even when a charge is made; drugs with no FDA-approved indications for use; FDA approved drugs used for indications, dosage or dosage regimens or administration outside of FDA approval; drugs that are undergoing a review period, not to exceed 12 months, following FDA approval of the drug for use and release into the market; drugs determined by the FDA as lacking in substantial evidence of effectiveness for a particular condition, disease or for symptom control; drugs obtained from sources outside the U.S.
- Charges for treatment or services incurred due to sickness or injury of which a contributing cause was your voluntary attempt to commit, participation in or commission of a felony, whether or not charged
- Charges for prescription drugs, medications or other substances dispensed or administered in an outpatient setting; charges for drugs and medicines, unless otherwise noted as a Covered Charge in the Medical Benefits section; charges for drugs and medicines prescribed for treatment of a sickness or injury not covered under this plan; charges for drugs, medications or other substances that are illegal under federal law, even if they are prescribed for medical use; this includes, but is not limited to, items dispensed by a health care practitioner
- Charges for services ordered, directed or performed by a health care practitioner or supplies purchased from a medical supply provider who is covered by the plan, an immediate family member or a person who ordinarily resides with a covered person
- Charges for any amount in excess of any maximum benefit for covered services
- Charges that do not meet the definition of a covered charge in this plan, including, but not limited to, charges in excess of the maximum allowable amount, as determined by Assurant Health under this plan except as otherwise shown in the benefit summary; charges that are not medically necessary
- Charges incurred for experimental or investigational services
- Charges incurred outside the United States, unless the services would have been covered under this plan if the services had been received in the United States
- Charges for vitamins and/or vitamin combinations even if they are prescribed by a health care practitioner, except for clinically proven vitamin deficiency syndromes that cannot be corrected by dietary intake
- Charges for any over-the-counter or prescription products, drugs or medications in the following categories, whether or not prescribed by a health care practitioner: herbal or homeopathic medicines or products, minerals, health and beauty aids, batteries, appetite suppressants, dietary or nutritional substances or dietary supplements, nutraceuticals, tube feeding formulas and infant formulas, medical foods
- Charges for cranial orthotic devices that are used to redirect growth of the skull bones or reduce cranial asymmetry, except following cranial surgery
- Charges for home traction units; home defibrillators; or other medical devices designed to be used at home
- Charges for any injectable medications that are not specifically authorized under the medical benefits section or outpatient prescription drug benefits section; any administrative charge for drug injections
- Charges for drugs dispensed at or by a health care practitioner's office, clinic, hospital or other non-pharmacy setting for take home by the covered person; amounts above the contracted rate for participating pharmacy reimbursement; difference between the cost of the prescription order at a non-participating pharmacy and the contracted rate that would have been paid for the same prescription order had a participating pharmacy been used; prescription drugs or supplies requiring injectable parenteral administration or use, except insulin or Imitrex, unless authorized before they are dispensed; any administrative charge for drug injections or administrative charges for any other drugs
- Charges for treatment, services, supplies or drugs provided by or through any employer of a Covered Person or the employer of a Covered Person's family member (for purposes of this exclusion, "employer" includes but is not limited to any corporation, partnership, sole proprietorship, self employment, or similar business arrangement, regardless of whether any such arrangement is a for-profit or not-for-profit employer)

- Charges for treatment, services, supplies or drugs provided by or through any entity in which a Covered Person or his/her family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to an ownership interest in any such entity (for purposes of this exclusion, "entity" includes but is not limited to any corporation, organization, partnership, sole proprietorship, self employment, or similar business arrangement, regardless of whether any such arrangement is a for-profit or not-for-profit employer)
- Charges for treatment or services required due to injury received while engaging in any hazardous occupation or other activity for which compensation is received, including, but not limited to, participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, or hang-gliding, or bungee jumping, or racing any motorized or non-motorized vehicle, skiing or rodeo activities; also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity

In addition to the exclusions already listed, the following additional exclusions apply only to the outpatient prescription drug benefits section. We will not pay benefits for any of the following:

- Charges for that part of any prescription order exceeding a 30-consecutive-day supply per prescription order; charges for that part of any prescription order exceeding a 90-consecutive-day supply if the prescription drug is dispensed through a mail service prescription drug vendor
- Charges for that part of any prescription order exceeding 3 vials or a 30-consecutive-day supply of one type of insulin; charges for that part of any prescription order exceeding 9 vials or a 90-consecutive-day supply if it is dispensed through a mail service prescription drug vendor
- Charges for that part of any prescription order exceeding 100 disposable insulin syringes or needles, 100 disposable blood/urine/glucose/acetone testing agents or 100 lancets or a 30-consecutive-day supply; charges for that part of any prescription order exceeding 300 disposable blood/urine/glucose/acetone testing agents or 300 lancets or a 90-consecutive-day supply if the supplies are dispensed through a mail service prescription drug vendor
- Charges for drugs that are paid under another plan sponsor or payor as primary payor
- Charges for drugs that are not listed in a drug list; charges for any ancillary charge or any difference between the cost of the prescription order at a non-participating pharmacy and the contracted rate that would have been paid for the same prescription order had a participating pharmacy been used
- Charges for male contraceptive drugs or devices except as otherwise covered in the contraceptive services provision in the medical benefits section or as otherwise covered in the outpatient prescription drug benefits section or as required by law
- Charges for prescription drugs or supplies requiring injectable parenteral administration or use, except insulin or Imitrex, unless authorized under the outpatient prescription drug benefits section before they are dispensed; charges for any injectable prescription drugs, unless authorized under the outpatient prescription drug benefits section before they are dispensed; any administrative charge for drug injections or administrative charges for any other drugs
- Charges for devices or supplies including, but not limited to, blood/urine/glucose/acetone testing devices, needles and syringes, support garments, bandages and other non-medical items regardless of intended use, except as described under a prescription order
- Charges for over-the-counter (OTC) medications that can be obtained without a health care practitioner's prescription order, except for injectable insulin; or drugs that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by Assurant Health, unless specifically authorized for coverage on our drug list
- Charges for compounded medications that contain one or more active ingredients not covered under this plan; combination drugs or drug products manufactured and/or packaged together and containing one or more active ingredients not covered under this plan; combination drugs or drug products manufactured and/or packaged together, unless authorized under the outpatient prescription drug benefits section before they are dispensed
- Charges for prescription order refills in excess of the number specified on the health care practitioner's prescription order; prescriptions refilled after one year from the health care practitioner's original prescription order; amounts above the contracted rate for participating pharmacy reimbursement

Exclusions, cont.

- Charges for drugs administered or dispensed by an acute medical facility, rest home, sanitarium, extended care facility, convalescent care facility, subacute rehabilitation facility or similar institution; drugs administered or dispensed by a health care practitioner who is not a participating pharmacy, unless authorized under the outpatient prescription drug benefits section before they are dispensed; drugs consumed, injected or otherwise administered at the prescribing health care practitioner's office; drugs dispensed at or by a health care practitioner's office, clinic, hospital or other non-pharmacy setting for take home by the covered person
- Charges for any drug used for cosmetic services as determined by Assurant Health; drugs used to treat onychomycosis (nail fungus); botulinum toxin and its derivatives
- Charges for drugs prescribed for dental services, or unit-dose drugs; drugs used in the treatment of chronic fatigue or related syndromes or conditions; drugs containing nicotine or its derivatives
- Charges for DDAVP (desmopressin acetate) or other drugs used in the treatment of nocturnal enuresis (bedwetting) for a covered person under the age of 8
- Charges for Retin-A (tretinoin) and other drugs used in the treatment or prevention of acne, rosacea or related conditions for a covered person age 30 or older
- Charges for duplicate prescriptions; replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescriptions refilled more frequently than the prescribed dosage indicates
- Charges for drugs used to treat, impact or influence quality of life or lifestyle concerns including, but not limited to, athletic performance; body conditioning, strengthening or energy; prevention or treatment of hair loss; prevention or treatment of excessive hair growth or abnormal hair patterns
- Charges for drugs used to treat, impact or influence obesity; morbid obesity; weight management; sex transformation; gender dysphoric disorder; gender reassignment; sexual function, dysfunction or inadequacy sexual energy, performance or desire; skin coloring or pigmentation; social phobias; slowing the normal processes of aging; memory improvement or cognitive enhancement; daytime drowsiness; overactive bladder; dry mouth; excessive salivation; or hyperhidrosis (excessive sweating) unless otherwise required by law
- Charges for drugs or drug categories that exceed any maximum benefit limit under this plan
- Charges for drugs designed or used to diagnose, treat, alter, impact or differentiate genetic make-up or genetic predisposition
- Charges for prescriptions, dosages or dosage forms used for the convenience of the covered person or the covered person's immediate family member or health care practitioner
- Charges for drugs obtained from pharmacy provider sources outside the United States, except for covered charges received for emergency treatment
- Charges for postage, handling and shipping charges for any drugs
- Charges for vaccines and other immunizing agents; biological sera; blood or blood products
- Charges for treatment, services, supplies or drugs provided by or through any employer of a Covered Person or the employer of a Covered Person's family member (for purposes of this exclusion, "employer" includes but is not limited to any corporation, partnership, sole proprietorship, self employment, or similar business arrangement, regardless of whether any such arrangement is a for-profit or not-for-profit employer)
- Charges for treatment, services, supplies or drugs provided by or through any entity in which a Covered Person or his/her family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to an ownership interest in any such entity (for purposes of this exclusion, "entity" includes but is not limited to any corporation, organization, partnership, sole proprietorship, self employment, or similar business arrangement, regardless of whether any such arrangement is a for-profit or not-for-profit employer)
- Charges for drugs for which prior authorization is required and not obtained

Additional exclusions for CoreMed

- Charges for treatment of behavioral health or substance abuse
- Charges for drugs used for inpatient or outpatient treatment of behavioral health or substance abuse

Additional Information about supplemental products

Dental — Coverage is renewable provided you have not moved to a state where we do not offer this plan or no longer qualify as a dependent. Assurant Health has the right to change premium rates upon providing appropriate notice. For more information about benefits, limitations and exclusions, please see a Dental coverage insert, Form series 30244.

Accident Fixed-Benefit — Coverage is guaranteed renewable provided there is compliance with plan provisions, including dependent eligibility requirements. Assurant Health has the right to change premium rates upon providing appropriate notice. For more information about benefits, limitations and exclusions, please see the Accident Fixed-Benefit coverage insert, Form 30245.

Accident Medical Expense — Coverage is renewable to age 75 provided: there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Assurant Health's business operations in this state; and/or you have not moved to a state where this plan is not offered. Assurant Health has the right to change premium rates upon providing appropriate notice. For more information about benefits, limitations and exclusions, please see the Accident Medical Expense coverage insert, Form 30422.

Cancer and Heart/Stroke — Coverage is renewable to age 75 provided there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Assurant Health's business operations in this state; and/or you have not moved to a state where this plan is not offered. Assurant Health has the right to change premium rates upon providing appropriate notice. For more information on benefits, limitations and exclusions, please see the Cancer and Heart/Stroke coverage insert, Form 30484.

Term Life-Critical Illness — Critical Illness coverage is renewable to age 65 provided there is compliance with plan provisions, including dependent eligibility requirements. Life coverage is renewable to the earlier of the death of the policyholder, age 85, or the 20th annual anniversary following the effective date, provided there is compliance with plan provisions, including dependent eligibility requirements. Customers should consult their tax advisor if they intend to purchase a critical illness plan and fund a Health Savings Account (HSA) as there may be negative tax consequences. Assurant Health has the right to change premium rates upon providing appropriate notice. For more information about benefits, limitations and exclusions, please see the Term Life–Critical Illness coverage insert, Form series 30246.

Teladoc/Discount Card

Teladoc/Discount Card is NOT insurance. One of the benefits of the Teladoc/Discount Card is membership in Teladoc.

Teladoc — Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone consultations are available 24 hours, 7 days a week while video consultations are available during the hours of 7 a.m. to 9 p.m., 7 days a week.

Vision Discount Plan — This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. The range of discounts for medical or supplemental services provided under the plan will vary depending on the type of provider and medical or supplemental service received. This contract is not protected by the Utah Life and Health Guaranty Association. The program and program administrators have no liability for providing or guaranteeing service and have no liability for the quality of service rendered.

Only available in AL, AR, AZ, CA, CO, CT, DC, DE, GA, IA, ID, IL, IN, KS, KY, LA, MD, MI, MN, MO, MS, NC, NE, OH, OR, PA, SC, TN, TX, UT, VA, WI AND WV.

ASSURANT Health®

Assurant. On **your** terms.®

Reliability. Experience. Value.

To find the right health insurance solution, you need a company you can rely on. You'll feel confident in your choice when you depend on Assurant Health's expertise and strength.

- Rated A- (Excellent) by the highly respected insurance industry analyst, A.M. Best Company†
- Part of Assurant, Inc., a Fortune 500 company
- 120 years‡ in health insurance — experience and expertise you won't find anywhere else
- Health insurance solutions offered to small businesses and individuals across the U.S.

† Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, December 2011.

‡ Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892) and John Alden Life Insurance Company (est. 1961).

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

Coverage is renewable provided: there is compliance with the plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Assurant Health's business operations in this state; and/or you have not moved to a state where this plan is not offered. Assurant Health has the right to change premium rates upon providing appropriate notice.

This brochure provides summary information. Please refer to the insurance policy or ask your agent for a complete listing of benefits, exclusions and terms of coverage.

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 website is 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 build leadership positions in a number of specialty insurance market segments. Assurant provides debt protection administration; credit-related insurance; warranties and service contracts; pre-funded funeral insurance; solar project insurance; lender-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 approximately $27 billion in assets and $8 billion in annual revenue. Assurant has approximately 14,000 employees worldwide and is headquartered in New York's financial district. www.assurant.com.

This brochure is for use in AZ.

The information in this brochure applies to plans with effective dates January 1, 2013 and later.
Product form TIM.CER.AZ, JIM.CER.AZ, 8032.POL.AZ, 8059.POL.AZ, 8079.POL.AZ and 8227.POL.AZ

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.
Assurant Supplemental Coverage is not available for sale under the John Alden Life Insurance Company legal entity.