ASSURANT
Health®

Assurant. On **your** terms.®

CALIFORNIA
COLORADO
KANSAS
NORTH CAROLINA
OKLAHOMA
TEXAS
VIRGINIA

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.

Major Medical Insurance for Individuals and Families

Form 29233-B (Rev. 04/2013)

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 individual medical insurance.** Our major medical 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 individual medical 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. Availability varies by state.

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 individual medical plan can do for you.

Higher deductible means lower premium

Generally, when you increase your deductible, you'll pay a **lower premium**. And you can use the savings to set aside money for health-related expenses such as office visits or prescriptions — expenses that, in turn, would apply to your deductible.

You can also 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 10 for more information.*

What is a copay?

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. For illustration only; 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.

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 major medical 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.

So do copays pay?

Actually, for most health care consumers, they don't. 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.

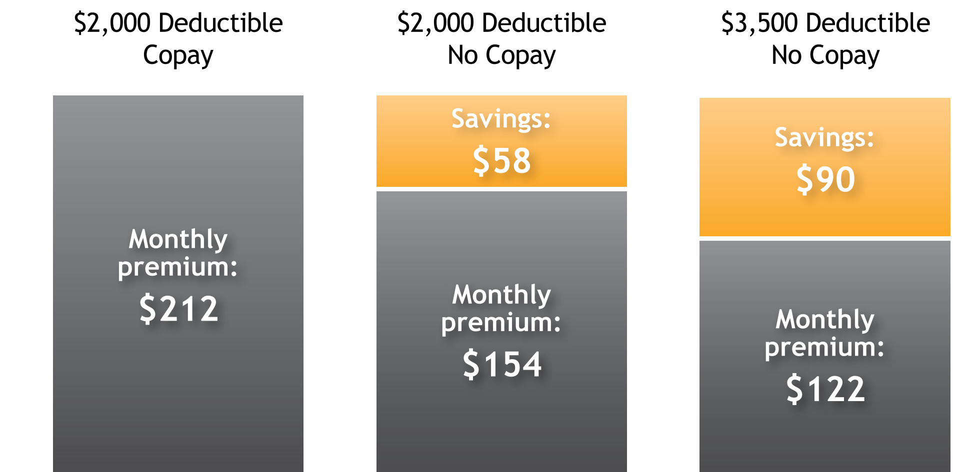
You'll save about $53 per doctor visit by paying a copay instead of an office visit charge. At two visits a year, that's a savings of $106. But you'll pay $360–720 more per year in premiums for that copay plan!

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.

In certain states, 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.

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 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.

Varies by state. Sample rates for illustration are 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.

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 you and your family.

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.

DISCLOSURES:

Teladoc/Discount Card is NOT insurance.

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.

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

Please see page 19 of this brochure for additional information and disclosures.

CoreMed℠ & OneDeductible

Assurant Health major medical insurance for individuals and families

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 a 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 includes, at no additional cost:

- **Retail Health Clinics** — Use a convenient Retail Health Clinic when you need care for common medical conditions such as strep throat, a physical examination, or a vaccination. You'll save money and time by not scheduling a doctor's visit for more simple illnesses, and you'll benefit from:
  - Quality nurse practitioners and physician assistants located right in the pharmacy
  - Discounted treatment and care on a first-come, first-served basis
  - Flexible, extended hours — even on weekends
- **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

	CoreMed	OneDeductible
In-network options		
Deductible[2]	• **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
Benefit percentage (plan pays)/coinsurance (you pay)[2]	100%/0%, 80%/20%, 70%/30% or 50%/50%	100%/0%, 80%/20% or 50%/50%
Coinsurance out-of-pocket maximum[2]	• **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
Outpatient and inpatient facility fees[2]	• **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 and coinsurance)	None
HSA-compatible options[3] (Deductible/benefit percentage/coinsurance/coinsurance out-of-pocket maximum) ★ HSA-compatible options	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		
Office visits;[4] prescription drugs;[5] specialty pharmaceuticals;[6] 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)*	Covered, subject to plan deductible and coinsurance	Covered, subject to plan deductible and coinsurance
Emergency room	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; $75 emergency room access fee (does not apply to deductible or coinsurance), waived if admitted to hospital
Home health care	Covered, subject to plan deductible and coinsurance, limited to 160 hours	Covered, subject to plan deductible and coinsurance, limited to 160 hours
Inpatient rehabilitation facility, subacute rehabilitation and skilled nursing facilities	Covered, subject to plan deductible and coinsurance, limited to 90 days	Covered, subject to plan deductible and coinsurance, limited to 90 days
Behavioral health and substance abuse[7]	Not covered	Covered, subject to plan deductible and 50% coinsurance
Out-of-network[8] plan benefits		
Deductible	• **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
Benefit percentage (plan pays)	Selected benefit percentage less 20%	• For 100% and 80% benefit percentages: 50%[2] • For 50% benefit percentage: 30%[2]
Coinsurance out-of-pocket maximum	• **Individual:** $10,000 • **Family:** $20,000	• **Individual:** $6,000[7] • **Family:** $12,000[7]

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 Varies by state.

3 HSA-compatible options vary by state. Additional HSA options available for KS. Please see quoting software for details.

4 Office visit copay options vary by state and are available in NC.

5 Prescription drug deductible/copay options vary by state and are available in NC.

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

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

8 Out-of-network costs vary in KS, NC, OK and TX.

Assurant Supplemental Coverage

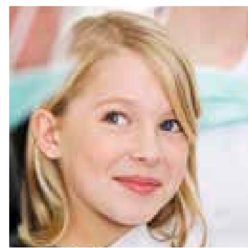
Fortify your protection

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. Additional provisions may apply. Availability varies by state.

Please see page 19 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 $9 to $21 per month.

Sample premium rates are for Dental coverage for an adult, age 30, residing in Texas, and purchased along with an Assurant Health individual major medical plan.

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 $27 per month.

Sample premium rates are for a female, age 30, residing in Texas 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 ($27).

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 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 Texas 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).

Other optional coverage

SuiteSolutions®

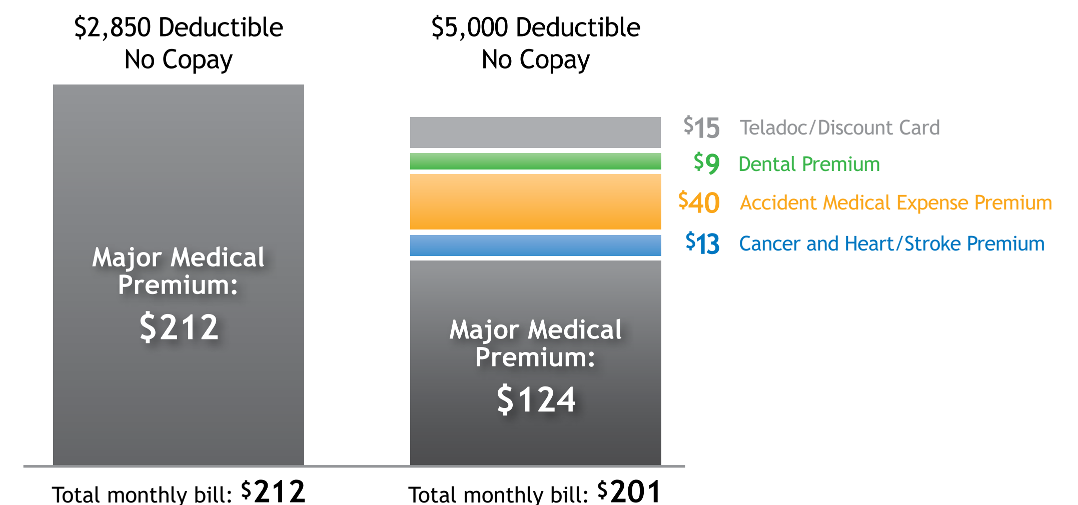
Available through membership in Health Advocates Alliance, SuiteSolutions is another option to help you pay some or all of your deductible and coinsurance in the event of an accident or critical illness. Cash benefits are sent directly to you, no matter what doctor or hospital you use. There are two membership levels available, starting at around $35 per month for individuals.

Availability varies by state. Sample membership fee is for a plan with a $2,500 benefit for an individual. SescureSolution is not available in NC, OK or TX. SelectSolution is not available in NC.

Please see page 19 of this brochure for additional information and disclosures.

Savings

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



▶ Additional coverage for $11 less!

Varies by state. Sample rates for illustration only and are based on a male, age 30 (previously insured), non-tobacco user in Wisconsin ZIP code 53202. 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 is NOT insurance.

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.[9]

Transplants[9]

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

9 Varies by state.

State-specific information

Please see the section for your state below to learn how some benefits may differ from the benefits shown in this brochure.

California

State-specific product form number: TIM.CER.CA, JIM.CER.CA.

Pre-existing condition definition
A pre-existing condition is a sickness or injury and related complications, not fully disclosed on the enrollment form, for which medical advice, diagnosis, care or treatment was received or recommended from a health care practitioner or prescription drugs were prescribed during the six-month period immediately prior to your effective date.

Pre-existing conditions limitation
We will not pay benefits under this plan for an otherwise covered charge related to a pre-existing condition until you have been continuously covered under this plan for six months.

A condition specifically excluded from coverage will continue to be excluded after six months of continuous coverage.

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

Maternity
Maternity is covered the same as an illness or injury.

Colorado

State-specific product form numbers: TIM.POL.COR.CO, TIM.POL.ODP.CO, TIM.POL.ODT.CO, JIM.POL.COR.CO, JIM.POL.ODP.CO, JIM.POL.ODT.CO.

Pre-existing condition definition
A pre-existing condition is an injury, sickness, or pregnancy for which a covered person incurred charges, received medical treatment, consulted a health care practitioner, or took prescription drugs within twelve months immediately prior to the covered person's effective date.

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.

Autism
There are no benefits for autism.

Home health care
Benefits are limited to 60 visits per covered person per calendar year. Services up to four hours by a home health aide are considered one visit.

Maternity
Maternity is covered the same as an illness or injury.

Colorado State Notices
We maintain an access plan for each network offered in Colorado. The access plan includes information regarding availability and accessibility of participating providers and our method of informing you of the plan's services and features. The access plan is available upon request by contacting us at 800.800.1212.

State-specific information, continued

Colorado, cont.

Network adequacy:

I. Depending on the network chosen, there may be counties with no participating providers available. Please see provider directory for additional information.

II. Non-network providers may bill more than we determine to be a maximum allowable amount and you are responsible for payment of any amount billed above the maximum allowable amount.

III. You may request the usual, customary and reasonable rate for reimbursement for specific services by contacting us at 800.553.7654.

Kansas

State-specific product form number: TIM.POL.KS, JIM.POL.KS.

Pre-existing condition definition

A pre-existing condition is an illness or injury and related complications, not fully disclosed on the enrollment form, for which any of the following occurred during the 12-month period immediately prior to the effective date of your health insurance coverage:

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

Benefits are not 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 it is specifically excluded from coverage.

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

Outline of coverage available

An outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of this health benefit plan.

IMPORTANT NOTICE: YOU AND YOUR COVERED DEPENDENTS ARE FREE TO USE ANY PROVIDER YOU AND YOUR COVERED DEPENDENTS CHOOSE. IT IS THE COVERED PERSON'S RESPONSIBILITY TO DETERMINE IF A PROVIDER IS A PARTICIPATING PROVIDER OR A NON-PARTICIPATING PROVIDER BEFORE ANY SERVICES ARE RENDERED. PLEASE SEE THE BENEFIT SUMMARY FOR SPECIFIC BENEFIT LEVELS. NON-PARTICIPATING PROVIDERS MAY BILL SUBSTANTIALLY MORE THAN WE DETERMINE TO BE A MAXIMUM ALLOWABLE AMOUNT AND THE COVERED PERSON IS RESPONSIBLE FOR PAYMENT OF ANY AMOUNT BILLED ABOVE THE MAXIMUM ALLOWABLE AMOUNT. THE COVERED PERSON IS NOT RESPONSIBLE FOR PAYMENT OF AMOUNTS BILLED BY A PARTICIPATING PROVIDER IN EXCESS OF THE MAXIMUM ALLOWABLE AMOUNT FOR COVERED CHARGES RECEIVED WITHIN THE COVERED PERSON'S NETWORK.

Behavioral health coverage

Coverage for behavioral health includes mental illness, alcoholism, drug abuse and substance abuse disorders. Inpatient treatment is limited to 45 days each calendar year. Outpatient treatment is limited to 30 days each calendar year.

North Carolina

State-specific product form number: TIM.POL.NC, JIM.POL.NC.

Pre-existing condition definition

A condition, whether physical or mental, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the 12-month period immediately prior to the covered person's effective date.

Pregnancy will not be considered a pre-existing condition. The pre-existing condition definition will not apply to newborn, adopted and foster dependents.

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

Credit for previous coverage

The pre-existing condition provision may not apply to a covered person who was continuously covered for an aggregate period of 18 months under any creditable coverage that was in effect up to a date not more than 63 days before the covered person's enrollment date for coverage under this plan. The period of any such pre-existing condition exclusion is reduced by the aggregate of the periods of creditable coverage applicable to the participant or beneficiary as of the effective date. *For additional details and definitions, please contact a licensed Assurant Health agent.*

Contraceptives

Prescription drugs used for contraception that are oral contraceptives, contraceptive patches, contraceptive vaginal rings or diaphragms are covered under the outpatient prescription drug section.

Receiving care for emergency conditions

Until the covered person's condition has stabilized, covered charges for out-of-network emergency treatment, urgent care and emergency confinement will be paid at the network provider benefit level. In such cases, we will determine benefits based on the actual charge or the rate we negotiate with the provider of service, if less.

Receiving ancillary services

Certain ancillary services — such as lab tests or services performed by anesthesiologists, radiologists, pathologists or emergency room physicians — that are ordered by a network provider are sometimes outsourced to a non-network provider. Covered charges for such services rendered by a non-network provider in association with direct treatment from a network provider will be paid at the network provider benefit level and without penalty to the covered person.

Oklahoma

State-specific product form number: TIM.CER.OK, JIM.CER.OK.

Pre-existing condition definition

A pre-existing condition is a sickness or injury and related complications, not fully disclosed on the enrollment form,

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 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:

State-specific information, continued

Oklahoma, cont.

- The signs or symptoms reasonably should have allowed or would have allowed one knowledgeable in medicine to diagnose the condition; or
- The signs or symptoms 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.

Texas

State-specific product form numbers: TIM.POL.001.TX-LB, TIM.POL.001.TX, JIM.POL.001.TX-LB, JIM.POL.001.TX.

Outline of coverage available
An outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of this health benefit plan.

Transplant benefits
Donor expenses are limited to $10,000 for procedures conducted at designated transplant providers and $200 for procedures not conducted at designated transplant centers.

Pre-existing condition definition
A pre-existing condition is a disease, illness, condition or injury and related complications, not fully disclosed on the application,

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.

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

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

Virginia

State-specific product form number: TIM.CER.VA, JIM.CER.VA.

Application form numbers: 29300-VA, 29400-VA-PKT, JI-2400-PKT.

Pre-existing condition definition
A pre-existing condition is a condition that manifested itself in such a manner as would cause an ordinarily prudent person to seek diagnostic care or treatment or for which medical advice, diagnostic care or treatment was recommended or received within the 12-month period immediately prior to your enrollment date.

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 where state mandates apply:

- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care or foot orthotics
- Routine dental care, unless you choose the dental insurance option
- Cosmetic services including chemical peels, plastic surgery and medications
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Cranial orthotic devices, except following cranial surgery
- Male contraceptive procedures, drugs or devices
- Diagnosis and treatment of infertility
- Maternity and routine nursery charges
- 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
- Treatment of “quality of life” or “lifestyle” concerns, including, but not limited to: obesity; hair loss; sexual function, dysfunction, inadequacy or desire or cognitive enhancement unless otherwise required by law
- Prophylactic treatment
- Chelation therapy
- Charges for non-medical items
- Charges for medical devices designed to be used at home, except as otherwise covered in the Durable Medical Equipment and Personal Medical Equipment provision or the Diabetic Services provision in the Medical Benefits section of the contract
- Charges for devices or supplies, except as described under a prescription order
- Charges for alternative medicine, including acupuncture and naturopathic medicine
- Experimental or investigational services
- Over-the-counter products
- Charges for Retin-A (tretinoin) and other drugs used in the treatment or prevention of acne, rosacea or related conditions for anyone age 30 or older
- Drugs not approved by the FDA

- Drugs obtained from sources outside the United States
- The difference in cost between a generic and brand name drug when the generic is available
- Illness or injury caused by war, commission of a felony, influence of an illegal substance or a hazardous activity for which compensation is received
- 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
- Treatment used to improve memory or to slow the normal process of aging
- Custodial care
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Charges for testing and treatment related to the diagnosis of behavioral conduct or developmental problems, educational testing or training, vocational or work hardening programs, transitional living or services provided through a school system
- Charges related to health care practitioner-assisted suicide
- Growth hormone stimulation treatment to promote or delay growth
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- 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 for particular treatment, services, supplies or drugs that are billed by a non-participating provider that waives the covered person's payment obligation of any copayment, coinsurance and/or deductible amounts for such treatment, services, supplies or drugs, except as provided for under contract or agreement with us
- 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

Additional exclusion for CoreMed

- Behavioral health (mental/nervous disorders) and substance abuse, including related prescription drugs

Additional Information about supplemental products (Availability varies by state.)

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.

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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.

SuiteSolutions — Availability varies by state. SuiteSolutions accident medical expense benefits are reduced by benefits payable under any other insurance plan. 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. SuiteSolutions accident and critical illness benefits are underwritten by ACE American Insurance Company. Membership in Health Advocates Alliance is required in order to buy SuiteSolutions.

ASSURANT
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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 State Variations for state-specific differences. 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.

This brochure is for use in CA, CO, KS, NC, OK, TX and VA.

The information in this brochure applies to plans with effective dates July 1, 2013 and later.
Product forms Series TIM, Series JIM, 8032.POL.CA, 8032.POL.CO, 8032.POL.KS, 8032.POL.NC, 8032.POL.OK, 8032.POL.TX , 8059.POL.CO, 8059.POL.KS, 8059.POL.NC, 8059.POL.OK, 8059.POL.TX, 8079.POL.CA, 8079.POL.CO, 8079.POL.KS, 8079.POL.NC, 8079.POL.OK, 8079.POL.TX, 8079.POL.VA, 8227.POL.NC, 8227.POL.OK, 8227.POL.TX, 8230.POL.CO, 8230.POL.OK and 8230.POL.TX

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