



ASSURANT
Health®

Assurant. On your terms.®

IDAHO



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

Delivering confidence — every step of the way

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, 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).

For reliable temporary (less than six months) insurance protection, ask about Assurant Health **Short Term Medical** plans.

Protection for your peace of mind

Assurant Health major medical plans always have delivered the **strong financial protection** you and your family need, including the benefits set forth in the Patient Protection and Affordable Care Act (health care reform). Whether you choose a CoreMedSM or OneDeductible plan, you can count on **broad major medical coverage** with many preventive services paid at 100%, and no annual or lifetime dollar limits on hospitalization, emergency care, outpatient care, prescriptions and doctor visits.

With all CoreMed and OneDeductible plans, you get the **personal assistance** you need to make the most of your coverage and other **value-added features**.

- Freedom to choose your own doctors and hospitals, with discounts for using PPO network providers
- Immediate benefits for preventive care recommended under health care reform, with no copay, even before you meet your deductible
- Preferred rates at time of purchase and through renewal¹
- The health care advocates at Patient Care help you navigate the health care system and compare costs among providers²

Ask how to increase the benefits, flexibility and value of your CoreMed or OneDeductible major medical plan with **supplemental products**.³ Added benefits that:

- Pay cash when you have dental care, treatment for an accidental injury or a critical illness
- Provide the cash you need to pay the expenses other plans don't pay
- Are easy to add to your CoreMed or OneDeductible major medical plan — **no additional application or underwriting required**

See page 7 for more information.

¹ Preferred risk class is subject to approval.

² Patient Care advocates are not employees of Assurant Health. Patient Care service may be discontinued at any time.

³ Supplemental products are available at an additional cost.



CoreMed – flexible options and great value

If you're looking for flexible major medical coverage that will fit your budget, check out CoreMed, Assurant Health's most popular major medical plan.

- Customize a plan from CoreMed's wide array of benefit options
- Control your premiums by adjusting benefit levels
- Protect yourself from the unexpected and provide for your everyday health care needs

OneDeductible – simplicity and savings ★ HSA eligible

Look to a OneDeductible major medical plan for simplicity, convenience and tax savings.

- Simplify your plan design with one common deductible for all family members and all covered expenses, even prescriptions
- Realize tax advantages with a Health Savings Account (HSA)

Assurant Health and its legal entities are not engaged in rendering tax advice. Please consult a qualified tax professional for tax advice.

CoreMed and OneDeductible network plan benefits

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

Look for  to see CoreMed-specific options that help you save money.


CoreMed

OneDeductible

 HSA eligible

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

MAKE CHOICES TO BUILD YOUR PLAN

| | CoreMed | OneDeductible |
|---|---|--|
| Deductible | <ul style="list-style-type: none"> • Individual: \$2,000; \$3,500; \$5,000 or \$10,000 • Family: 2x the deductible, met collectively by 2 or more people | <ul style="list-style-type: none"> • Individual: \$2,850, \$3,750 or \$5,000 • Family: \$5,700, \$7,500 or \$10,000 |
| Benefit Percentage/Coinsurance | 100%/0%, 80%/20%, 70%/30% or 50%/50% | 100%/0%, 80%/20% or 50%/50% |
| Coinsurance Out-of-Pocket Maximum | <ul style="list-style-type: none"> • Individual: \$0 to \$7,500 depending on coinsurance • Family: 2x the individual coinsurance out-of-pocket maximum, met collectively by 2 or more people | <ul style="list-style-type: none"> • Individual: \$0 to \$2,500 depending on coinsurance • Family: 2x the individual coinsurance out-of-pocket maximum |
| Office Visit Copay | <ul style="list-style-type: none"> • \$35 copay • Copay applies to each of four network office visits per person • Additional visits are covered subject to deductible and coinsurance | Not available |
| Prescription Drugs | <ul style="list-style-type: none"> • Generic: \$15 copay (no deductible or coinsurance) • Brand: \$500 deductible / \$25 copay + 50% coinsurance (<i>family deductible maximum is \$1,000 and is met collectively by 2 or more people</i>) | Covered, subject to plan deductible and coinsurance |
| Outpatient and Inpatient Facility Fees |  <ul style="list-style-type: none"> • Option 1: \$750 per day for first 3 days as inpatient, \$200 per outpatient surgery • Option 2: No inpatient or outpatient facility fees <p>Facility fees apply first, then charges subject to deductible and coinsurance</p> | None |

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

PLAN BENEFITS

| | |
|---|---|
| Health Care Practitioner Services; Specialty pharmaceuticals;* Diagnostic Imaging and Laboratory Services; Professional Air and Ground Ambulance; Inpatient Hospital; Outpatient Hospital, Surgical Center and Urgent Care; Outpatient Physical Medicine <small>*Please refer to your State Variations document for state-specific specialty pharmaceutical benefits information.</small> | Covered, subject to plan deductible and coinsurance |
| Preventive Services | Immediate coverage paid at 100% for preventive services mandated by the Patient Protection and Affordable Care Act (go to uspreventiveservicestaskforce.org , click on Recommendations and then the Affordable Care Act link for more information); additional preventive services paid subject to deductible and coinsurance |
| Emergency Room | Covered, subject to plan deductible and coinsurance; \$75 emergency room fee, waived if admitted to hospital |
| Home Health Care | Up to 160 hours |
| Inpatient Rehabilitation Facility, Subacute Rehabilitation and Skilled Nursing Facilities | Up to 90 days |
| Transplants (see page 6 for more information) | Covered, subject to plan deductible and coinsurance |
| Behavioral Health and Substance Abuse | Not covered |
| | Covered, subject to plan deductible and 50% coinsurance |

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.

CoreMed and OneDeductible network information and plan provisions

Network Services

When you use network providers, covered charges are discounted and never exceed the maximum allowable amount.

Out-of-Network Services

Emergencies: Covered services are always paid at the network benefit percentage – even if the provider is your outside network – subject to the maximum allowable amount.

Non-emergencies: Covered services are subject to the out-of-network deductible, the maximum allowable amount provision, a 20% benefit percentage reduction and the increased out-of-network coinsurance out-of-pocket maximum. *See the chart below for details.*

| | OUT-OF-NETWORK COSTS | | | |
|----------------------|---|---|---|-----------------------|
| | OUT-OF-NETWORK DEDUCTIBLE | | OUT-OF-NETWORK COINSURANCE OUT-OF-POCKET MAXIMUM | |
| | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| CoreMed | Selected deductible + \$1,000 | 2x individual out-of-network deductible, met collectively by 2 or more people | \$10,000 | \$20,000 |
| OneDeductible | Selected individual plan deductible + \$500 | Selected family plan deductible + \$1,000 | \$6,000 ⁴ | \$12,000 ⁴ |

⁴ Behavioral health/substance abuse coinsurance is 70% for out-of-pocket network providers.

Medically Necessary Care

Treatment must be medically necessary to be covered. Medically necessary services or supplies must be:

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

Maximum Allowable Amount

The maximum allowable amount is the most the plan pays for covered services. If you have a non-PPO plan or 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 performed by out-of-network providers 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 a sickness or an injury and related complications: 1) for which medical advice, diagnosis, care or treatment was recommended or received from a provider or prescription drugs were prescribed during the 6-month period immediately prior to the effective date; or 2) that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the 6-month period immediately prior to the effective date.

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

Benefits will not be paid under this plan for an otherwise covered charge that is related to a pre-existing condition until you have been continuously covered under this plan for 12 months. This 12-month period will be reduced by the length of time you were covered under qualifying previous coverage if this policy becomes effective within 63 days of the prior plan's termination date.

Conditions that are fully disclosed on the application will not be considered pre-existing.

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



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.



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 Idaho ZIP code 83701, and purchased along with an Assurant Health individual major medical plan. 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 COVERAGE

Accident Fixed-Benefit helps cover expenses in the event of an unexpected accidental injury by paying you a set cash amount for each covered service you receive to treat injuries. There is no annual maximum, no matter how many accidents you have. Individual rates start around \$23 per month.

Sample premium rate is for a female, age 30, residing in Idaho ZIP code 83701 for Accident Fixed-Benefit 24-hour coverage, level 2, industry class C, integrated with a major medical plan. 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.



CRITICAL ILLNESS COVERAGE

The cost of fighting a critical illness goes beyond medical bills. Our critical illness coverage is a term life plan that pays cash right to you – over and above any benefits you receive from other plans – in the event of one of 15 covered illnesses, starting from around \$7 per month.

Sample premium rate is for an 18-year-old nonsmoking female residing in Idaho ZIP code 83701 for Critical Illness coverage (\$10,000 critical illness benefit, 50% term life benefit, 10-year policy term). 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.

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.

- **SecureSolutions** – Benefits for accidents
- **SelectSolutions** – Benefits for accidents, critical illnesses and more

Availability varies by state. Sample membership fee is for a plan with a \$2,500 benefit for an individual. See page 15 for additional information and disclosures. 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.

Teladoc/Discount Card

The Teladoc/Discount Card is an optional feature that can save you money on doctor's office visits with unlimited telephone or online consultations for one low monthly rate. 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.

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.

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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.

Health Savings Account information

Maximize your savings by pairing your OneDeductible plan with a tax-favored Health Savings Account.

A Health Savings Account (HSA) is an account where you can deposit pre-tax money. You can use the funds to pay for out-of-pocket medical expenses or let them accumulate to supplement your retirement income.

- HSA contributions are tax deductible, or pre-tax if made through payroll deduction
- Interest paid on the account balance is tax free, as are withdrawals for qualified medical expenses
- Unused balances are yours to keep and roll over year to year
- At age 65, you may withdraw money for non-medical expenses with no penalty, paying only retirement-level (typically lower) income taxes

Medical expenses payable with HSA dollars

Following are examples of medical expenses you can pay for with your tax-sheltered HSA funds.⁵ For the complete list, see IRS Publication 502 at [irs.gov](https://www.irs.gov).

- Acupuncture
- Alcoholism treatment
- Birth control pills
- Chiropractic treatment
- Contact lenses
- Dental treatment
- Drug addiction treatment
- Eyeglasses
- Fertility enhancement
- Hearing aids
- Long-term care insurance
- Medications
- Nursing home fees
- Psychiatric care
- Smoking cessation program
- Special education
- Sterilization
- Surgery
- Vision correction surgery
- Weight loss program

⁵ Depending on the plan you choose, these services may not be covered by your health benefit plan.

Assurant Health and its legal entities are not engaged in rendering tax advice. Please consult a qualified tax professional for tax advice.



CoreMed and OneDeductible Exclusions

- Charges for pre-existing conditions or diseases, except for policyholders age 18 and younger and congenital anomalies of a covered child dependent.
- Benefits provided under Medicare or other governmental program (except Medicaid), a state or federal workers' compensation law, employers liability or occupational disease law, or motor vehicle no-fault law; services performed by a member of the covered person's immediate family; and services for which no charge is normally made in the absence of insurance.
- Charges for pregnancy, except for complications of pregnancy.
- Charges for an illness, treatment or medical condition arising out of:
 - War or any act of war (whether declared or undeclared);
 - Participation in a felony, riot or insurrections;
 - Services in the armed forces or units auxiliary to it;
 - Aviation;
 - With respect to short-term nonrenewable policies, interscholastic sports; and
 - With respect to disability income protection policies, incarceration.
- Charges for eyeglasses, hearing aids, and examination for the prescription, or fitting of them.
- Charges for foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.
- Charges for dental care or treatment, except as otherwise covered by the dental services provision.
- Charges for cosmetic surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child.
- Charges for rest cures, custodial care, transportation, and routine physical examinations.
- Charges for abortions unless the life of the mother would be in danger if pregnancy continued.
- Charges for professional participation in the following activities: motorcycling, snowmobiling, off-highway vehicle riding, skiing, snowboarding, horseback riding or similar activities.
- 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 or oral contraceptives.

Exclusions, cont.

- Charges for prescription drugs or supplies requiring injectable parenteral administration or use, except insulin or imitrex, unless authorized by us before they are dispensed. Charges for any injectable prescription drugs, unless authorized by us 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 us, unless specifically authorized for coverage by us on our drug list.
- Charges for: compounded medications that contain one or more active ingredients that are not covered under this plan; combination drugs or drug products manufactured and/or packaged together and containing one or more active ingredients that are not covered under this plan; combination drugs or drug products that are manufactured and/or packaged together, unless authorized by us 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.
- 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 by us before they are dispensed; drugs consumed, injected or otherwise administered at the prescribing health care practitioner's office; drugs that are 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 us; 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 a covered person's genetic make-up or genetic predisposition.

Exclusions, cont.

- 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 sources outside the United States, except for covered charges that are 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 drugs for which prior authorization is required by us and is not obtained.
- Charges for: infertility diagnosis and treatment for males or females including, but not limited to, drugs and medications regardless of intended use, artificial insemination, in vitro fertilization, reversal of reproductive sterilization and related tests, services or procedures and any treatment to promote conception.

Additional exclusions for the CoreMed plan only:

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

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 premiums are paid on time, there has not been fraud or misrepresentation by an insured person or any representative, there is compliance with the plan provisions, including eligibility requirements, the company has not discontinued or suspended active business operations and the plan has not been discontinued in this state. The company 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.

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

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