



ASSURANT  
Health®

Assurant. On your terms.®

MINNESOTA



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<sup>†</sup>
- Part of Assurant, a Fortune 500 company
- 120 years<sup>‡</sup> 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.

<sup>†</sup> Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, December 2012.

<sup>‡</sup> 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 CoreMed<sup>SM</sup> 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 renewal<sup>1</sup>
- The health care advocates at Patient Care help you navigate the health care system and compare costs among providers<sup>2</sup>

Ask how to increase the benefits, flexibility and value of your CoreMed or OneDeductible major medical plan with **supplemental products**.<sup>3</sup> 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.*

<sup>1</sup> Preferred risk class is subject to approval.

<sup>2</sup> Patient Care advocates are not employees of Assurant Health. Patient care service may be discontinued at any time.

<sup>3</sup> Supplemental products are separate contracts and are available at an additional cost. Availability varies by state.



## 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
<b>Deductible</b>	<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$2,000; \$3,500; \$5,000; \$7,500; \$10,000; \$15,000 or \$25,000</li> <li>• <b>Family:</b> 2X the individual deductible, met collectively by 2 or more people</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$2,850; \$3,750 or \$5,000</li> <li>• <b>Family:</b> \$5,700; \$7,500 or \$10,000 per family</li> </ul>
<b>Benefit Percentage/Coinsurance</b>	100%/0%, 80%/20%, 70%/30% or 50%/50%	100%/0%, 80%/20% or 50%/50%
<b>Coinsurance Out-of-Pocket Maximum</b>	<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$0 to \$7,500 depending on coinsurance</li> <li>• <b>Family:</b> 2x the individual coinsurance out-of-pocket maximum, met collectively by 2 or more people</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$0 to \$2,500 depending on coinsurance</li> <li>• <b>Family:</b> 2x the individual coinsurance out-of-pocket maximum</li> </ul>
<b>Outpatient and Inpatient Facility Fees</b>	 <ul style="list-style-type: none"> <li>• <b>Option 1:</b> \$750 per day for first 3 days as inpatient, \$200 per outpatient surgery</li> <li>• <b>Option 2:</b> No inpatient or outpatient facility fees</li> </ul> <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	CoreMed	OneDeductible
<b>Office visits; prescription drugs, specialty pharmaceuticals;<sup>4</sup> 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 6 for more information)</b>	Covered, subject to plan deductible and coinsurance	Covered, subject to plan deductible and coinsurance
<b>Preventive Services</b>	Immediate coverage paid at 100% for preventive services mandated by the Patient Protection and Affordable Care Act (go to <a href="http://uspreventiveservicestaskforce.org">uspreventiveservicestaskforce.org</a> , click on Recommendations and then the Affordable Care Act link for more information); additional preventive services paid subject to deductible and coinsurance	Immediate coverage paid at 100% for preventive services mandated by the Patient Protection and Affordable Care Act (go to <a href="http://uspreventiveservicestaskforce.org">uspreventiveservicestaskforce.org</a> , click on Recommendations and then the Affordable Care Act link for more information); additional preventive services paid subject to deductible and coinsurance
<b>Emergency Room</b>	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
<b>Home Health Care</b>	Covered, subject to plan deductible and coinsurance, limited to 160 hours	Covered, subject to plan deductible and coinsurance, limited to 160 hours
<b>Inpatient Rehabilitation Facility, Subacute Rehabilitation and Skilled Nursing Facilities</b>	Covered, subject to plan deductible and coinsurance, limited to 90 days	Covered, subject to plan deductible and coinsurance, limited to 90 days

<sup>4</sup> Charges for specialty pharmaceuticals obtained from a provider other than a specialty pharmacy provider are not covered and will not count toward satisfying any deductible or out-of-pocket limit. Specialty pharmaceuticals will not be covered unless they have been authorized by us in accordance with the utilization review provisions and our specialty pharmacy program. Specialty pharmaceuticals must be obtained from a specialty pharmacy provider to be considered at the participating provider benefit level.

## 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 outside your 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 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		BENEFIT PERCENTAGE (PLAN PAYS)	
INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY		
<b>CoreMed</b>					
For individual deductibles from \$2,000 to \$15,000: 2X selected deductible. For \$25,000 individual deductible: + \$1,000	2x individual out-of-network deductible, met collectively by 2 or more people	\$10,000	\$20,000	Selected benefit percentage less 20%	
<b>OneDeductible</b>					
2X selected individual deductible	2X selected family deductible	\$6,000	\$12,000	<ul style="list-style-type: none"> <li>• For 100% and 80% benefit percentages: 50%</li> <li>• For 50% benefit percentage: 30%</li> </ul>	

### 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.



### **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

### **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.

### **Pre-Existing Conditions**

A pre-existing condition is an illness or injury and related complications, not fully disclosed on the application, for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to the effective date of your health insurance coverage regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed. 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. This 12-month period will be reduced by the length of time the covered person was covered under prior creditable coverage if this policy becomes effective within 63 days of the prior creditable coverage's termination date. After the 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.

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

## 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

For a complete list of qualified medical expenses you can pay for with your tax-sheltered HSA funds, see IRS Publication 502 at [irs.gov](https://www.irs.gov).<sup>5</sup>

<sup>5</sup> Depending on the plan you choose, services on the IRS list 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.



## Optional 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.

Fortunately, you can fortify your major medical insurance with supplemental options, which pay 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.

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 \$8 to \$19 per month.

Sample premium rates are for Dental coverage for an adult, age 30, residing in Minnesota ZIP code 56001, and purchased along with an Assurant Health major medical plan for individuals and families. 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.

### 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

Sample membership fee is for a plan with a \$2,500 benefit for an individual. 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](http://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.

## CoreMed and OneDeductible exclusions summary

No benefits are provided for the following:

- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care or foot orthotics
- Routine dental care
- 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
- 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
- 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

## CoreMed and OneDeductible exclusions summary, con't

- Growth hormone stimulation treatment to promote or delay growth
- Charges for treatment of behavioral health (mental/nervous disorders) including prescription drugs
- Charges for substance abuse including prescription drugs, unless the Optional Substance Abuse Rider is purchased
- 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 that are related to or a complication of a pre-existing condition, for the duration of the pre-existing provision. The pre-existing condition limitation will be reduced by the length of time the covered person was covered under prior creditable coverage if this policy becomes effective within 63 days of the prior creditable coverage's termination date
- Charges in excess of any stated benefit maximum
- 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



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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 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.

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### *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](http://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](http://www.assurant.com).

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**The information in this brochure applies to plans with effective dates July 1, 2013 and later. Product forms Series TIM, Series JIM and 8079.**

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

Supplemental coverage products are not available for sale through the John Alden Life Insurance Company legal entity.

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