

Individual Major Medical Insurance

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.

Expertise

- 115+ years selling individual and family health plans
- More experience in individual health insurance than any other company

Strength

- Rated A- (Excellent) by highly respected insurance rating source A.M. Best*
- Part of Assurant, a Fortune 500 company

*Source: A.M. Best Business Unit Analysis of One Insurance Company and Two Other Life Insurance Companies, June 2009.

*Delivering confidence —
every step of the way*

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ASSURANT
Health®

Assurant. On your terms.®

The information in this brochure applies to plans with effective dates September 23, 2010, and later.

Protection for your peace of mind

Assurant Health individual major medical plans always have delivered the *strong financial protection* you and your family need, and now they provide the benefits set forth in the new Patient Protection and Affordable Care Act (PPACA). Whether you choose a CoreMedSM or OneDeductible plan, you can count on *broad major medical coverage* with no maximums on hospitalization, emergency care, outpatient care, prescriptions and doctor visits.

All CoreMed and OneDeductible plans include 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 coverage for preventive care, even before you meet your deductible
- Preferred rates at time of purchase and through renewal¹
- Independent advocates provided by Patient Care help you navigate the health care system and compare costs among providers²
- Medical treatment by phone 24/7 through TelaDocTM Medical Services³

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 individual 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



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)
- Receive broad benefits, including behavioral health
- Reduce the deductible amount you pay with the One Decreasing Deductible program⁴

Look inside for information on plan benefits, network discounts and supplemental products. ➤

¹ Preferred risk class is subject to approval and is not available in OR.

² Patient Care is an independent advocacy service and may be discontinued at any time.

³ TelaDoc is not available in FL, GA, ID, MI, MT, NH, NV, OR and PR and is not available on CoreMed plans with a copay option.



⁴ Valid on plans with an individual deductible of \$2,850+ or family deductible of \$5,700+.







Not available in CO, KS, MN, NH, IA, NV, OR and WY.

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

Not available in CT, MA, NJ, NY and VT.

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 and  to see richer benefits only available with OneDeductible.

MAKE CHOICES TO BUILD YOUR PLAN	CoreMed	OneDeductible 
<small>Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1.</small>		
Deductible⁵	<ul style="list-style-type: none"> • Individual: \$500; \$1,000; \$1,500; \$2,000; \$3,500; \$5,000; \$7,500; \$10,000; \$15,000 or \$25,000 • Family: 2x the deductible, met collectively by 2 or more people 	<ul style="list-style-type: none"> • Individual: \$1,200; \$1,600; \$2,100; \$2,850; \$3,750 or \$5,000 • Family: \$2,400; \$3,200; \$4,200; \$5,700; \$7,500; or \$10,000
Benefit Percentage/Coinsurance⁶	100%/0%, 80%/20%, 70%/30% or 50%/50% (GA: 60%/40% instead of 50%/50%)	100%/0%, 80%/20% or 50%/50% (GA PPO plans: 60%/40% instead of 50%/50%)
Coinsurance Out-of-Pocket Maximum⁵	<ul style="list-style-type: none"> • Individual: \$0 to \$7,500 depending on coinsurance • Family: 2x the 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 coinsurance out-of-pocket maximum, met collectively by 2 or more people (GA: \$0 to \$2,000)
Office Visit Copay	 <ul style="list-style-type: none"> • Option 1: No copays; office visits subject to deductible and coinsurance; includes TelaDoc • Option 2: \$35 copay for 4 office visits per person; additional visits subject to deductible and coinsurance 	Not available
Prescription Drugs	 <ul style="list-style-type: none"> • Option 1: Subject to plan deductible and coinsurance⁵ • Option 2: \$15 copay for generics; \$500 individual deductible/\$25 copay + 50% coinsurance for brand; family deductible \$1,000, met collectively by 2 or more people 	Covered, subject to plan deductible and coinsurance
Outpatient and inpatient Facility Fees⁵	 <ul style="list-style-type: none"> • Option 1: \$750 per day for first 3 days as inpatient, \$200 per outpatient surgery • Option 2: \$200 per day for first 3 days as inpatient, \$200 per outpatient surgery • Option 3: No inpatient or outpatient facility fees <p>Facility fees apply first, then charges subject to deductible and coinsurance</p>	None
<small>Benefits are subject to the selected deductible and coinsurance unless otherwise noted.</small>		
Office Visits; 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	Covered	
Preventive Services¹	Immediate coverage paid at 100% for preventive services mandated by the Patient Protection and Affordable Care Act (see ahrq.gov/clinic/uspstfx.htm for more information); additional preventive services paid subject to deductible and coinsurance	
TelaDoc™ Medical Services⁶	 <ul style="list-style-type: none"> • Covered only on plans designed without an Office Visit Copay option • 3 FREE physician consultations by phone • Additional consultations covered for \$35 each, subject to deductible and coinsurance 	<ul style="list-style-type: none"> • Covered • Physician consultations by phone for \$35 each, subject to deductible and coinsurance
Emergency Room	Covered; \$75 emergency room fee, waived if admitted to hospital ⁷	
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	
Behavioral Health and Substance Abuse⁵	Not covered	Subject to plan deductible, then 50% coinsurance to out-of-pocket maximum; 100% coverage after out-of-pocket maximum 

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.

5 Varies by state. 6 TelaDoc is not available in FL, GA, ID, MI, MT, NH, NV, OH and OR. 7 No emergency room fee in IL.

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.

- * The money deposited and interest generated are sheltered from taxes
- * Withdrawals for qualified medical expenses are sheltered from taxes
- * 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.* For the complete list, see *IRS Publication 502* at irs.gov.

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

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

Health Savings Account Administration

If you choose to open an HSA, Assurant Health offers two convenient and fee-free administration services. Choose the one that best suits your needs.

HSA Fundamentals

With HSA Fundamentals, you deposit your HSA money into an interest-bearing account. You can set up the account to automatically reimburse you for out-of-pocket costs every time a claim is paid or leave your money to grow tax-sheltered in the account until you request a release of funds.

HSA Tools

HSA Tools provides extensive account services for easily managing your HSA funds.

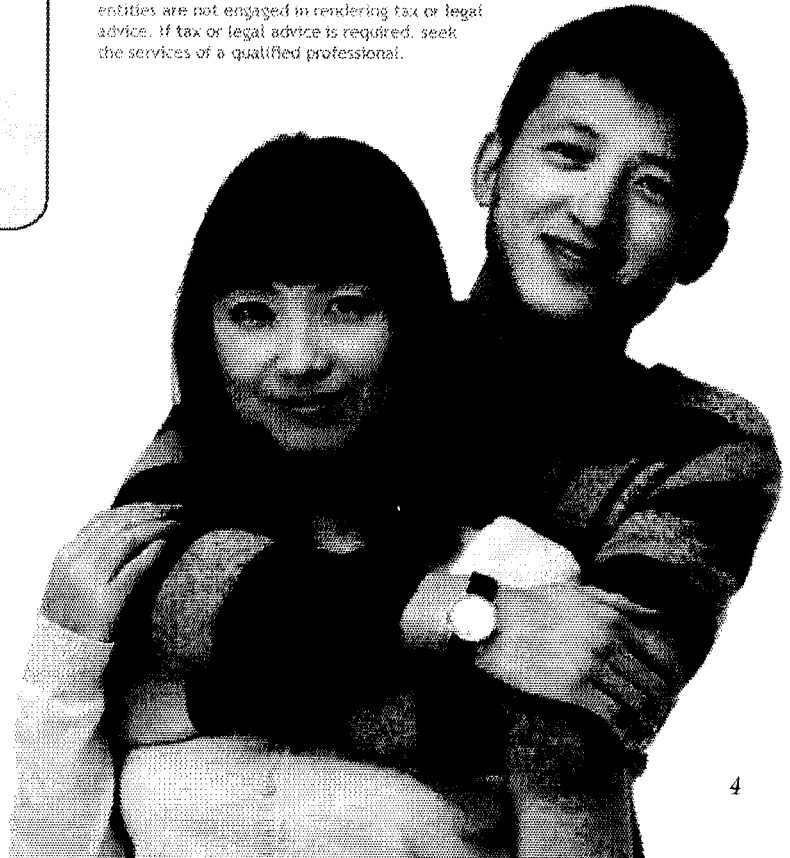
Services include:

- * Easy online claims payment and account tracking services
- * A Visa® debit card
- * Tax-sheltered interest on HSA funds
- * A mutual fund investment option for those with larger account balances

For more information on HSA Tools and HSA Fundamentals, see *HSA Administration, Form 29697*.

Visa® is a registered trademark of VISA International Service Association. Assurant Health and its legal entities are not engaged in rendering tax or legal advice. If tax or legal advice is required, seek the services of a qualified professional.

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CoreMed and OneDeductible network information and plan provisions

Network Discounts

You'll maximize your preferred provider organization (PPO) plan's benefits by using network providers, who offer negotiated discounts to Assurant Health and minimize your out-of-pocket expenses.

Assurant Health understands that when you're faced with an emergency, you don't have time to ensure providers are in network before seeking care. Therefore, **in emergency situations, benefits are paid at the network benefit percentage regardless of where services are performed.** All benefits are subject to the maximum allowable amount.

Out-of-Network Services

If you choose to use out-of-network providers for routine and non-emergency care, you will not receive Assurant Health's PPO discounts and you may incur additional charges. Covered services are subject to the maximum allowable amount provision, out-of-network deductible, out-of-network benefit percentage and out-of-network coinsurance out-of-pocket maximum. *The chart below outlines these costs, which may vary by state.¹*

Plan Limits

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.

Out-of-Network Costs

	CoreMed	OneDeductible PPO
Out-of-Network Deductible	Individual: <ul style="list-style-type: none"> - For \$500, \$1,000 and \$25,000 deductibles: selected deductible + \$2,000 - For deductibles from \$1,500 to \$15,000: 2x selected deductible Family: <ul style="list-style-type: none"> - 2x individual out-of-network deductible met collectively by 2 or more people 	2x selected plan deductible
Out-of-Network Coinsurance Out-of-Pocket Maximum	<ul style="list-style-type: none"> - Individual: \$10,000 - Family: \$20,000 	<ul style="list-style-type: none"> - Individual: \$6,000² - Family: \$12,000²
Out-of-Network Benefit Percentage	Selected benefit percentage less 20%	<ul style="list-style-type: none"> - For 100% and 80% benefit percentages: 50% - For 50% benefit percentage: 30%

¹Out-of-network costs vary in FL, GA, KS, LA, MT, NC, NY, OR, DR, TX and WI.

²Behavioral health/substance abuse coinsurance is 70% for out-of-network providers (varies by state).

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Transplants¹

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 Conditions²

A pre-existing condition is an illness or injury and related complications 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.

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¹ Varies by state.

² Definition varies by state.

This brochure provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the certificate of insurance. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern. Refer to the state variations for major state-specific benefits, provisions and exclusions.

Supplemental products expand the coverage of your CoreMed or OneDeductible plan

Dental Insurance

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

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

Not available in MN and VA. For additional information, ask for Form 29998.

Life Insurance

Term life insurance is available to everyone on your individual medical plan. The options are: primary insured only, spouse only, primary insured and spouse only, dependents and primary insured and/or spouse.

Life insurance face amount options¹ are:

- * \$50,000; \$75,000; \$100,000; \$150,000 or \$200,000 for primary insured or spouse
- * \$10,000 or \$25,000 for dependents aged one year to eighteen years
- * \$2,000 for dependents age two months to one year

An accidental death benefit equal to two times the face amount is included. And an accelerated benefit equal to 50% of the face amount of the policy is paid if a covered person is diagnosed with a terminal illness and has a life expectancy of 12 months or less.

Life insurance is not available in FL, GA, KS and MN. Not all face values are available in NH.

Dental-Vision Discount Plan

This plan provides discounts on services from a nationwide network of dental and eyewear providers. Save 15% to 50% on dental services and 10% to 60% on eyewear.

Discount Plan is not insurance. Actual costs and savings may vary by provider and geographical area. Not available in AK, FL, MT, ND, NH, NY, SD and WY.

Accident Medical Expense Benefit

This benefit pays first in the event of an injury — before any copay, access fee, deductible or coinsurance. You select the benefit amount: \$500; \$1,000 or \$2,500.

Widen your protection with Assurant Health's supplemental products, which help you pay expenses not covered by other insurance. It's easy and convenient to obtain both an individual medical plan and supplemental coverage.

- * **Easy** — No additional application or additional underwriting is required
- * **Convenient** — One bill covers your total premium

SuiteSolutions®

Available through membership in Health Advocates Alliance, SuiteSolutions provides cash benefits that can protect you financially if sudden, serious medical needs bring significant medical bills.

Choose from two membership levels — *SecureSolution* or *SelectSolution*. With both, you:

- * Select a benefit option that covers some or all of your deductible or total out-of-pocket amount
- * Receive cash benefits sent directly to you
- * Get the same full benefit with any doctor or hospital
- * Can retain the coverage even if you discontinue your individual medical coverage

SecureSolution

Benefits for accidents

SecureSolution can cover the amount you would otherwise pay out of pocket toward injury expenses and provide additional accident benefits.

Accident Medical Expense Benefit

- * Benefit options: \$2,500; \$5,000 or \$10,000 per insured, per accident
- * \$250 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

Up to \$10,000 for the primary insured and up to \$1,000 for the spouse and each child.

Weekly Accident Indemnity Benefit

70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only.

SelectSolution

Benefits for accidents, critical illnesses and more

SelectSolution includes all the benefits of SecureSolution, plus it can cover the amount you would otherwise pay out of pocket toward critical illness expenses, and it provides additional services and discounts.

Critical Illness Expense Benefit

Benefit options: \$2,500; \$5,000 or \$10,000 for the primary insured and spouse. Covers life-threatening cancer, heart attack, stroke, renal failure, coma, major organ transplant, loss of sight/speech/hearing and paralysis — as each is defined in the insurance certificate.

Selected benefit option must be the same as Accident Medical Expense.

Additional Benefits

- * Identity network child safety services
- * Financial relief for identity fraud
- * Travel assistance
- * Discounts on hearing aids and more

SelectSolution is not available in IN or OR.

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Optional coverages are available at an additional cost. Dental insurance is a separate contract. Additional provisions may apply.

SuiteSolutions accident medical expense benefits are reduced by benefits payable under any other insurance plan. Accident and critical illness benefits are underwritten by National Union Fire Insurance Company of Pittsburgh, PA, a subsidiary of Chartis Insurance Company. Supplemental products are available at an additional cost. SuiteSolutions plans are separate contracts. Discount programs are not insurance. Additional provisions may apply.

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.

In certain states, membership in Health Advocates Alliance is required in order to buy Assurant Health insurance. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health also may realize some benefit from these fees.

Exclusions summary

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. 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
- Contraceptive 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: smoking cessation; obesity; hair loss; sexual function, dysfunction, inadequacy or desire or cognitive enhancement
- Prophylactic treatment
- Chelation therapy
- Charges for non-medical items
- Charges for alternative medicine, including acupuncture and naturopathic medicine
- Experimental or investigational services
- Over-the-counter products
- 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, attempted suicide, 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 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
- Testing related to the diagnosis of behavioral conduct or developmental problems
- 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 in excess of any stated benefit maximum

Additional Exclusion for CoreMed

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

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About Assurant Health

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. Together, these three underwriting companies provide health insurance coverage to people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group and short-term 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 Web site is www.assuranthealth.com.

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and select worldwide markets. Its four key businesses — Assurant Employee Benefits, Assurant Health, Assurant Solutions and Assurant Specialty Property — have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty insurance market segments worldwide.

This brochure is for use in AL, AK, AR, AZ, DC, DE, FL, GA, IA, IL, IN, KY, LA, MD, MI, MO, MS, MT, NC, ND, NE, NV, OH, OR, PA, SC, SD, TN, UT, WI, WV and WY.

The information in this brochure applies to plans with effective dates September 23, 2010, and later. Product forms Series TIM and Series JIM.

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

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