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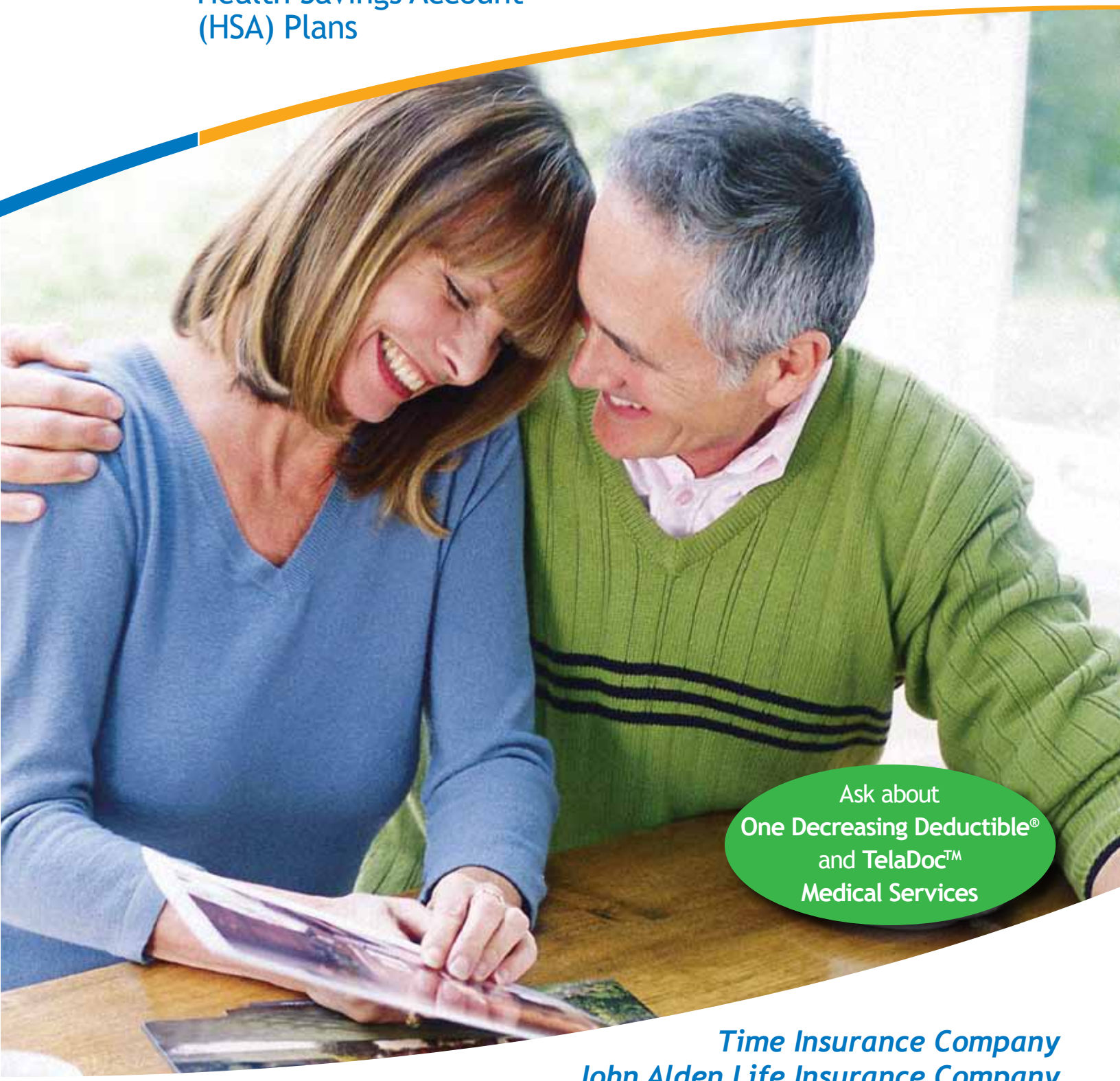
ASSURANT Health®

Assurant. On **your** terms.®

Health Savings Account (HSA) Plans



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.

Assurant Health

Staying power you can count on

An insurance plan is only as reliable as the company behind it. For health insurance you can depend on, insist on a track record of *expertise, strength and commitment*.

EXPERTISE

Long-term stability and success in any business takes expertise. Tracing its roots back to 1892, Assurant Health has been selling individual medical insurance longer than any company. And with almost one million customers nationwide, it has earned a solid reputation for health insurance know-how.

STRENGTH

A company's strength is most important when it's time to pay benefits. A.M. Best, the highly respected insurance rating source, consistently rates Assurant Health insurance companies[1] A- (Excellent)[2] — affirming their outstanding ability to meet claims-paying obligations.

COMMITMENT

Assurant Health specializes in you. While many health insurance companies focus on large businesses, Assurant Health's commitment is to individuals and families. This commitment makes it a leader and innovator in individual medical insurance — and the best choice for those who buy their own health insurance coverage.

Expertise, strength and commitment — *together they mean staying power.*

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

[2] Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, June 2009.

The Health Savings Account (HSA) Solution

Lower Premiums + Tax Advantages = *Greater Savings*

With health care costs increasing year after year, many people responsible for buying their own health insurance find that conventional plans with low deductibles and high premiums are impractical. But going without coverage is unacceptable. An HSA program that offers premium savings and tax advantages may be the perfect solution.

The HSA solution combines a high deductible insurance plan with a tax-favored savings account.

- Selecting a higher deductible plan provides premium savings.
- Paying for medical expenses with pre-tax dollars from the account provides tax advantages.
- What you don't spend on expenses you can save for retirement!

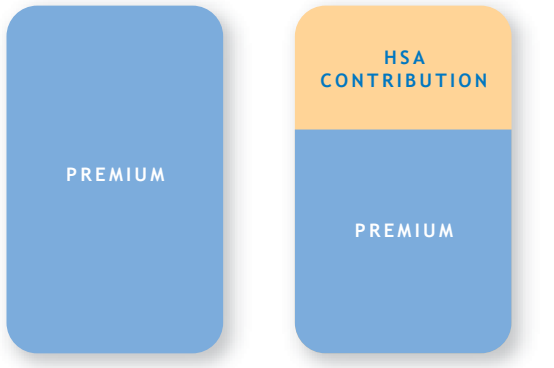
HSAs

An HSA is a tax-favored savings account set up for you and your family. Tax-free deposits can be made to the account. Then you can use the funds to pay for current and future health care expenses or accumulate them to supplement retirement income.

- The money deposited and the earnings on the deposits are tax-free.
- Withdrawals to pay for qualified medical expenses are tax-free.
- Unused balances roll over from year to year.
- At age 65, withdrawals for non-medical expenses are penalty-free but taxed based at current (typically lower) income levels.

Conventional Insurance vs. High Deductible Plan with HSA

The money you save on premiums with a high deductible plan can be put into your tax-sheltered HSA to grow tax-free year after year. You own the HSA funds and choose how to spend them.



Conventional Plan Premium

High Deductible Plan Premium and HSA Contribution

Medical Expenses Payable with HSA Dollars

Following is a partial list of medical expenses which can be paid for with your tax-free HSA funds. For the complete list, see *IRS Publication 502* at http://www.irs.gov.

- Acupuncture
- Alcoholism treatment
- Artificial teeth
- Bandages
- Birth control pills
- Breast reconstruction surgery
- Chiropractic treatment
- Contact lenses
- Crutches
- Dental treatment
- Diagnostic devices
- 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

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.

The Assurant Health HSA Solution

Flexible, Affordable Coverage + Integrated Account Services = *Greater Satisfaction*

Assurant Health enhanced the HSA concept by creating an HSA program that provides broad, HSA-qualified coverage with plenty of options to design a plan that meets your needs and budget.

Assurant Health HSA Plan Highlights

Speedy Plan Approval

Apply through our exclusive ***Express*YES®** program and expect a response in less than 48 hours. Many applicants receive approval and can print an insurance card on the spot! [1, 2]

Your Choice of HSA Plan Types

- **OneDeductible** plans offer simplicity. With a single deductible for the family, covered expenses for all covered family members, including prescriptions, are applied to one common deductible. Once this deductible is met, the plan pays benefits for all covered family members.
- **SaveRight℠** plans provide greater premium savings, which you can use to increase your HSA contributions.

One Decreasing Deductible

Choose a OneDeductible plan design with the **One Decreasing Deductible**[1] feature and get:

- 10% credited toward your deductible as often as twice a year *and*
- As much as **70% in deductible savings** when your credits accumulate year after year.

See the One Decreasing Deductible pamphlet for details.

Lifetime Benefit Maximum up to $15 Million

With OneDeductible, you choose the amount of protection you want — with options up to $15 million.[1]

Worldwide Coverage, 24 Hours a Day

It doesn't matter whether you're nearby or far from home — you're covered.

Initial Rate Guarantees Up to 36 Months Available

You'll lock in your premium rate for at least the first 12 months. With many deductibles you have a 24-month rate guarantee — and the option to extend it to a full 36 months! [1, 3]

Your Choice of Doctors and Hospitals

You'll have access to some of the largest and best participating provider organization (PPO) networks in the nation. And no referrals are necessary to see a specialist. You'll find our PPO plans provide the most value for your health care dollar.

Patient Care — for Assistance, Answers, Guidance and Support

This independent advocacy service [4] provides specially trained health care advocates who help you:

- Understand how your plan works
- Work through medical billing issues
- Save money by comparing cost and quality data for network doctors and hospitals

24-Hour Access to Doctors by Telephone

With OneDeductible, you get access to **TelaDoc™ Medical Services**[1], a network of physicians who provide consultation by telephone 24 hours a day, 365 days a year. TelaDoc physicians diagnose non-emergency medical issues, recommend treatment, and prescribe medication when appropriate.

Take Care with Preventive Services

With coverage for services recommended by the U.S. Preventive Services Task Force (USPSTF), you can monitor your health with regular check-ups. It's better to catch and treat any problem in the early stages.

Emergency Room Care at Network Rate

Care includes the services of the facility and supplies. Benefits for covered emergency services are always paid at the higher network benefit percentage — even if you are out of network.

No Limits on Intensive Care Unit (ICU)

With no daily dollar limit when confined in an ICU, you'll have the peace of mind you need at a critical time.

Healthy*Discount*

Healthy*Discount* rewards you for maintaining your good health by providing 10% off your renewal rate.[1]

Ongoing Coverage for Your Children

Regardless of age or student status, your covered children can remain under your plan until they marry.

Conversion Privilege for Your Family

Should your spouse or child become ineligible for coverage under your plan, he or she may obtain a similar plan without having to provide proof of good health.

Health Advocates Alliance Membership

Health Advocates Alliance is an association dedicated to the health and well-being of its members. Membership is available in all states and 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 this health insurance. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health may also realize some benefit from these fees.

Expand Your Coverage

Add dental insurance, life insurance or other coverages — affordably and conveniently.

No additional application or underwriting is required and one bill covers your total premium.

[1] *Availability varies by state.*
[2] *Express*YES *is subject to full underwriting.*
[3] *Changes to your address, your benefits or the number of people on your plan may change your premium rate or rate guarantee eligibility.*
[4] *Patient Care is an advanced level of customer service and may be discontinued at any time.*

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.

Assurant Health HSA Account Service Choices

Both of our HSA account administration services offer the convenience of integrated claim payments. Choose the service which best meets your other administrative account needs.

HSA Fundamentals

With HSA Fundamentals, you deposit your HSA money in 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 you may leave your money to grow tax-free in the account until you request a release of funds.

Comprehensive HSA Tools

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

Services include:

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

Visa® is a registered trademark of VISA International Service Association.

Assurant Health's HSA Plans

Compare the benefits available with the OneDeductible

	OneDeductible Plan *(plans available with or without an HSA)*
Plan Design	Unless otherwise noted, all deductibles, maximums and benefit
Deductible *Amount you pay toward covered expenses before the plan pays benefits*	Individual plan: $1,200, $1,600, $2,100, $2,850, $3,750 or $5,000 Family plan: $2,400, $3,200, $4,200, $5,700, $7,500 or $10,000 per family $2,100 individual/$4,200 family options and higher: Extend your 12-month rate guarantee to 24 or 36 months!* **Choose $2,850 individual/$5,700 family or higher**, with a 100% benefit percentage, and get **One Decreasing Deductible***—***You may never pay your full plan deductible again**! See the One Decreasing Deductible pamphlet for details.
Benefit Percentage *Percentage of covered expenses the plan pays after deductible*	100%, 80% or 50% (GA: 60% not 50% for PPO plan)
Coinsurance *Percentage of covered expenses you pay after deductible*	0%, 20% or 50% (GA: 40% not 50% for PPO plan)
Coinsurance Out-Of-Pocket Maximum *After this maximum is met, the plan pays 100% of covered expenses*	$0 to $2,500 depending on coinsurance *(Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons)*
Outpatient Services Maximum *Annual maximum amount paid by the plan*	None—the plan pays benefits to the lifetime benefit maximum
Lifetime Benefit Maximum *The maximum amount the plan pays per person*	$3 million or $15 million*
Outpatient Benefits	Benefits are subject to the selected deductible
Prescription Drugs	Covered
Preventive Services*	
Mammograms, Pap tests and PSA screening	Covered—with no special limits
Other USPSTF-recommended services	Up to $1,000 in benefits • Optional First-Dollar Preventive Services Benefit—see page 8 for details
Office Visits	Covered
Diagnostic Imaging and Laboratory Services	Covered
Outpatient Hospital, Surgical Center or Urgent Care Facility	Covered
Professional Ground and Air Ambulance	Covered
Emergency Room	Covered • $75 emergency room fee—waived if admitted to the hospital
Health Care Practitioner Services *Doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses*	Covered
TelaDoc™ Medical Services*	Covered* • These physician consultations by telephone cost only $35 each
Outpatient Physical Medicine *Physical, speech and occupational therapies; cardiac and pulmonary rehabilitation; treatment of developmental delay; chiropractic services*	Up to $3,000 in benefits
Home Health Care	Up to 160 hours
Inpatient Benefits	Benefits are subject to the selected deductible
Inpatient Hospital *Semi-private room, intensive care, specialty units and miscellaneous supplies*	Covered
Inpatient Rehabilitation Facility	Up to 90 days
Subacute Rehabilitation and Skilled Nursing Facilities	Up to 90 days
Transplants	Covered • Kidney, cornea and skin transplants covered as any other service • Transplants such as bone marrow, heart, liver and lung covered as any other service when performed at a designated transplant provider • Up to $10,000 toward travel expenses to a designated transplant provider • Up to $10,000 toward donor expenses • For transplants other than kidney, cornea or skin that are not performed at a designated provider, the lifetime benefit maximum is $100,000 per person
Behavioral Health and Substance Abuse*	Inpatient and outpatient benefits are paid at 50% up to $2,500* • Coinsurance applies to the out-of-pocket maximum

* Varies by state.

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 and SaveRight are also available without a PPO network (SaveRight—Riders 2806 and 2826).

SaveRight℠ Plan *(plans available with or without an HSA)*

amounts are applied per person and are reset each January 1.

$2,500, $3,000 or $5,100 *(Family deductible maximum is two times the deductible and is met collectively by two or more persons)* Extend your 12-month rate guarantee to 24 or 36 months!*
100%, 75% or 50% (GA: 60% not 50% for PPO plan)
0%, 25% or 50% (GA: 40% not 50% for PPO plan)
$0 to $3,000 depending on coinsurance *(Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons)*
$15,000 or $25,000 *(All outpatient benefits are subject to this maximum)*
$2 million

and coinsurance unless otherwise noted.

Covered • Maximum: $2,000—for brand and generic combined—or no annual maximum
Covered—with no special limits—after you have been insured for 12 months
Up to $500 in benefits—after you have been insured for 12 months
Covered
Covered
Covered
Up to $1,000 for one trip
Covered • $75 emergency room fee—waived if admitted to the hospital
Covered
Not covered
$50 per visit for up to two visits • Chiropractic services are not covered
Not covered

and coinsurance unless otherwise noted.

Covered
$100 per day for up to 50 days
Up to 30 days
Covered • Includes up to $10,000 toward donor expenses • Related outpatient services are subject to outpatient maximum
Not covered*

Other Services

Covered by both plans:

- Complications of pregnancy
- Dental injuries
- Diabetic services
- Durable and personal medical equipment
- Hospice care and related counseling services (inpatient or home care)
- Parenteral drug therapy
- Reconstructive surgery
- Sterilization (12-month waiting period and $500 lifetime maximum)
- Treatment of TMJ/CMJ ($1,000 lifetime maximum)

Out-of-Network Services

If you use providers outside of the network, you are subject to significant additional costs as indicated in the chart below.

OUT-OF-NETWORK COSTS*		
	OUT-OF-NETWORK DEDUCTIBLE	
	Individual	Family
OneDeductible	2x selected individual plan deductible	2x selected family plan deductible
SaveRight℠	Selected deductible + $1,000	2x individual out-of-network deductible met collectively by 2 or more persons
	OUT-OF-NETWORK COINSURANCE OUT-OF-POCKET MAXIMUM	
	Individual	Family
OneDeductible	$6,000	$12,000
SaveRight℠	$8,000	$16,000
	OUT-OF-NETWORK BENEFIT PERCENTAGE	
OneDeductible	For 100% and 80% benefit percentages: 50% For 50% benefit percentage: 30%	
SaveRight℠	Selected benefit percentage less 20%	

See page 10 for additional information.

Optional Coverages Make It Yours

Take a plan and ***make it your own*** with these optional features and supplemental products.

First-Dollar Preventive Services

Your Assurant Health HSA plan provides benefits for preventive services. Add this first-dollar benefit option and you'll have $500 per person per calendar year for preventive services — before your deductible is met. This benefit is available on OneDeductible plans once you have been insured for 12 months. Remaining preventive services are covered subject to deductible and coinsurance up to the annual preventive services benefit maximum.

Life Insurance

This term life insurance product is available to everyone on your individual medical plan — you decide who will be covered. The options are: primary insured only, spouse only, primary insured and spouse only, dependents and primary insured and/or spouse.

Life Insurance face amount options are:

- $50,000, $75,000, $100,000, $150,000 or $200,000 for primary insured or spouse
- $10,000 or $25,000 for dependents ages one year to eighteen years
- $2,000 for dependents ages 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.

Dental Insurance

This fee-for-service plan pays cash benefits that offset the cost of routine, basic, and, in most states, 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 your provider if you prefer
- Can retain the coverage even if you choose to discontinue your individual medical coverage

See Form 29998 for more information.

Dental-Vision Discount Plan

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

Discount programs are not insurance coverage. Actual costs and savings may vary by provider and geographical area.

Accident Medical Expense

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

Optional features are available at an additional cost. SaveRight Life Insurance — Riders 2952, 2961, 2962, 2963, 9061 and 9062. OneDeductible Accident Medical Expense Benefit—Riders 4014 and 4017. SaveRight Accident Medical Expense Benefit—Riders 2803 and 2829. The dental insurance plan is a separate contract. Discount programs are not insurance. Additional provisions may apply.

SuiteSolutions®

Join thousands of Assurant Health customers who have employed SuiteSolutions to pay deductible and coinsurance expenses.

Available through membership in Health Advocates Alliance, SuiteSolutions is most popular for its cash benefits that can protect you financially should sudden, serious medical needs bring sudden, significant medical bills your way.

Two membership levels are available. With both, you:

- Can select a benefit option that covers some or all of your upfront deductible or total out-of-pocket amount
- Receive cash benefits sent directly to you
- Get the same full benefit no matter what doctor or hospital you use
- Can retain the coverage even if you choose to discontinue your individual medical coverage

SecureSolution — *benefits for accidents*

SecureSolution can cover the amount you would otherwise pay out of your pocket toward injury expenses, and also provides 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 can cover the amount you would otherwise pay out of your pocket toward injury and/or critical illness expenses. Additional benefits, services and discounts are also provided.

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 $25,000 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

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)

Identity Network Child Safety Services

Pre-registry of children using photos and descriptions

Identity Fraud Benefit

Up to $10,000 in financial relief for losses resulting from fraud or embezzlement, theft, forgery, data breach and stolen identity

Travel Assistance

Emergency medical, financial, legal and communication assistance, plus a multilingual information service available before and during travel, for members who are traveling 100 or more miles from home

Discounts

Up to 60% off items such as hearing aids, hotel reservations and travel packages

(Not all discounts are available in all states)

With SuiteSolutions, you can feel more sure about selecting a higher deductible and/or total out-of-pocket amount — and taking advantage of the lower resulting premium. Ask your agent to use the chart below to show you how SuiteSolutions can help you plan financially for unplanned medical expenses.

PLAN WITHOUT SUITESOLUTIONS			
Deductible amount		$	
Coinsurance out-of-pocket amount	+	$	
Total out-of-pocket amount		$	
Premium		$	/year
Total out-of-pocket amount	+	$	
Total cost to you		$	/year

PLAN WITH SUITESOLUTIONS			
Deductible amount		$	
Coinsurance out-of-pocket amount	+	$	
Total out-of-pocket amount		$	
SuiteSolutions benefit amount	—	$	
Remaining out-of-pocket amount*		$	
Premium with SuiteSolutions fee		$	/year
Remaining out-of-pocket amount	+	$	
Total cost to you		$	/year

**Add $250 deductible for an accident.*

Accident Medical Expense benefits are reduced by benefits payable under any other insurance plan. Critical Illness Expense benefits are not available with child-only plans. 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.

Plan Provisions

State Variations

Plan design, benefits, features, provisions, definitions and exclusions may vary by state. See the quote summary or the proposal for available features. Refer to the State Variations for state-specific benefits, provisions and exclusions.

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.

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 you are out of 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 Out-of-Network Costs chart on page 7 for details.

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.

Utilization Review

Authorization is required before inpatient treatment and certain types of outpatient procedures. 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 for which, during the 12-month period immediately prior to the effective date of your health insurance coverage: 1) you sought, received or were recommended medical advice, consultation, diagnosis, care or treatment, 2) prescription drugs were prescribed, 3) symptoms were produced, or 4) diagnosis was possible. No benefits are 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 the condition is specifically excluded from coverage.

Exclusions Summary

No benefits are provided for the following, except where state mandates apply:

- 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
- 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
- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care, or foot orthotics
- Cosmetic services including chemical peels, plastic surgery and medications
- 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
- Custodial care
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Growth hormone stimulation treatment to promote or delay growth
- Routine dental care, unless you choose the dental insurance option
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Charges for educational testing or training, vocational or work hardening programs, transitional living, or services provided through a school system
- Diagnosis and treatment of infertility
- Maternity and routine nursery charges
- Pregnancy, hyperemesis gravidarum, 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
- Over-the-counter products
- Contraceptive drugs or devices
- Drugs not approved by the FDA
- Drugs obtained outside the United States
- The difference in cost between a generic and brand name drug when the generic is available
- 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
- Treatment used to improve memory or to slow the normal process of aging
- Testing related to the diagnosis of behavioral conduct or developmental problems
- Chelation therapy
- Prophylactic treatment
- Cranial orthotic devices, except following cranial surgery
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Experimental or investigational services
- Charges in excess of the lifetime maximum or any other benefit maximum
- Charges for non-medical items
- Charges for alternative medicine including acupuncture and naturopathic medicine
- Charges related to health care practitioner-assisted suicide

Additional SaveRight℠ Exclusions

- Behavioral health (mental/nervous disorders) and substance abuse including related prescription drugs
- Chiropractic services
- Home health care

ASSURANT Health®

For more information, or to apply for coverage, contact:

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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.

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 more than $25 billion in assets and $8 billion in annual revenue. Assurant has approximately 15,000 employees worldwide and is headquartered in New York's financial district. The Assurant Web site is www.assurant.com.

COLORADO

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

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.

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.

For coverage beginning on and after May 1, 2010.

Product forms 244, 253, 376, 380, TIM.POL.ODP.CO, TIM.POL.ODT.CO, JIM.POL.ODP.CO, JIM.POL.ODT.CO, Series TIM and Series JIM

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ASSURANT Health®

Plan and Feature Changes Effective May 15, 2010

The plans and features specified below, even if described in this brochure, are no longer available.

After evaluating our current plan designs in light of the new federal benefit-level requirements (Patient Protection and Affordable Care Act — health care reform — enacted on March 23, 2010), we are no longer offering certain products and features in select states.

No longer available:

- **24- and 36-month rate-guarantee options**
- **RightStart® and SaveRight℠ plans in the following states:** Colorado, Delaware, Kansas, Kentucky, Minnesota, Mississippi, North Dakota, New Mexico, Nevada, Oregon, South Dakota, Utah and West Virginia
- **The RightStart $2,500 outpatient-maximum option with the $50,000 annual-maximum option in the following states:** Alaska, Alabama, Arkansas, Arizona, California, Connecticut, District of Columbia, Florida, Georgia, Iowa, Idaho, Illinois, Indiana, Louisiana, Maryland, Michigan, Missouri, Montana, North Carolina, Nebraska, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Wisconsin and Wyoming

Plans issued after March 23, 2010, may receive additional benefits and corresponding rate increases as early as January 1, 2011.

This form is to be used in conjunction with all Assurant Health Individual Major Medical product brochures.
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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