



ASSURANT
Health®



Time Insurance Company

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

Assurant Health Access®

Health. Within Reach.

Arizona, Louisiana, Oklahoma,
Texas and Virginia

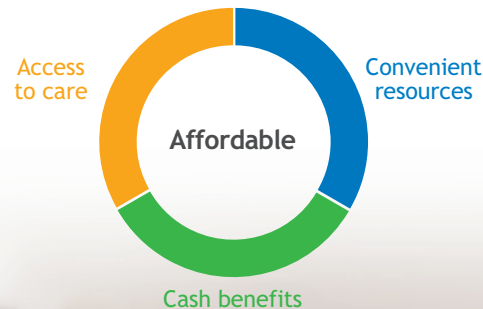
THESE PLANS PROVIDE LIMITED BENEFITS

A different way to plan for everyday health care needs

Assurant Health Access® is health insurance that works differently by helping you affordably manage the *probable* health care needs of today — checkups, prescriptions, lab tests — versus the *possible* needs of tomorrow.

Assurant Health Access provides:

- Access to a **large network** of doctors and health services
- **Convenient resources** that help you prepare for and save on health care services
- **Cash benefits** that help you pay for health care and other expenses



Choose Assurant Health

We are backed by 120 years¹ of health insurance experience and an A- (Excellent) financial strength rating.²

Feel confident.

You have access to convenient resources that make health care easier to understand and help you save money.

Feel respected.

No matter your question, concern or request, you can contact us knowing we'll treat you with respect.

¹ Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892).

² Source: A.M. Best Ratings and Analysis of Time Insurance Company, December 2012.

Assurant Health Access plans are fixed-indemnity insurance plans that pay limited benefits. Assurant Health Access plans do not constitute comprehensive health insurance coverage (often referred to as major medical coverage) and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Without minimum essential coverage, you may need to pay a tax penalty, depending on your income level and the cost of insurance plans available. Fixed-indemnity benefits are paid in specific amounts for covered periods without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on the health care provider's bill.

In certain states, membership in Health Advocates Alliance is required in order to buy this 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.

Benefits and availability vary by state. Benefits are paid per covered person.

Helps you prepare for and save on health care expenses

You can start using your Assurant Health Access plan right away,* knowing convenient resources are available to help you make the most of your plan's benefits and savings.

Know before an appointment what health care services will cost

Visit **Assurant® Price Check** — Guaranteed^ cost estimates you can trust for most medical services and treatments. View a demo at AssurantPriceCheck.com.



Assurant® Price Check

Someone on your side, helping you make sense of health care

Call a **health care advocate** who can help you find doctors and hospitals in your network, research their costs and quality, schedule visits, understand how your plan works and more.



Health care advocates

A connection that can get you discounts on health care services

Take advantage of our **discount agreements**:

Save an average of:

- 40% at more than 595,000 health professionals — just use the First Health network and have us pay the cash benefits to your providers. Find providers at assuranthealth.com/fhn
- 30-50% on prescription drugs when you use a pharmacy that participates with the CVS Caremark network



Discount agreements

Someone to negotiate your payment after you get a medical bill

Contact a **professional negotiator** who can help you by securing discounts on outstanding medical bills and creating payment plans with your health care providers.



Professional negotiators

* Plans include limitations on pre-existing conditions. For details, please see the back page.

^ For details on the Assurant Price Check guarantee, please see the back page.

Value

CASH BENEFITS: Assurant Health Access Value pays fixed benefits that help you pay for health care. The fixed benefits are set cash amounts that won't change no matter which provider you use or how much the provider charges you. You may have an amount left to pay after your plan pays the fixed benefits. Your plan will pay the benefit amounts listed below whether you're being treated for an illness or injury, or having preventive care.

EVERYDAY NEEDS

Office Visits	<ul style="list-style-type: none"> • \$50 per day on which a visit occurs • Limit of 2 benefits per calendar year
Prescription Drugs	Discounts on prescription drugs
Allergy Shots and Immunizations	<ul style="list-style-type: none"> • \$10 per day on which an immunization or allergy shot occurs • Limit of \$100 per calendar year

HOSPITALIZATION AND SURGICAL BENEFITS

Inpatient Hospital Confinement	<ul style="list-style-type: none"> • \$1,000 per day of confinement for sickness • \$2,000 per day of confinement for injury • Limit of \$200,000 per calendar year
Inpatient and Outpatient Surgery	Amount paid per period for scheduled benefits varies by type of procedure and is the same or higher than the 2010 Medicare Physician Fee Schedule rate. If more than one procedure occurs in the same day, the benefit is based on the procedure with the highest scheduled benefit. See surgical schedule (Form 30353) for details.
Anesthesia	<ul style="list-style-type: none"> • \$200 per day on which anesthesia is administered • Limit of 1 benefit per calendar year
Ground and Air Ambulance	<ul style="list-style-type: none"> • \$100 per day on which a trip by ground occurs • \$1,000 per day on which a trip by air occurs • Limit of 2 benefits per calendar year
Emergency Room / Urgent Care	<ul style="list-style-type: none"> • \$150 per day on which a visit occurs • Limit of 1 benefit per calendar year

The surgical services benefit is determined by the CPT code for the procedure. Unlike Medicare, you may be responsible for the difference between the physician charge and the plan benefit payment. All benefits are subject to your contract's terms and limitations.

Three plans are available — Value, Fundamentals and Enhanced

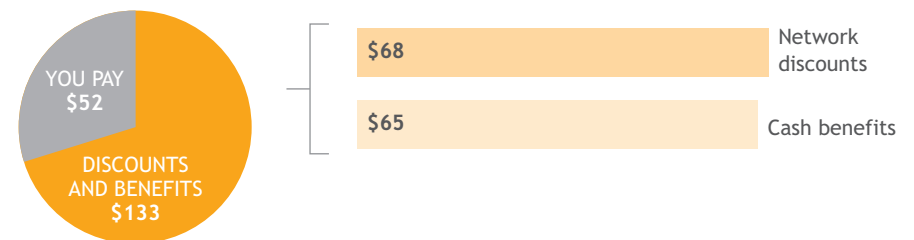
OTHER BENEFITS

Outpatient Medical	<ul style="list-style-type: none"> • \$100 per day on which a surgical pathology test occurs • \$15 per day on which a laboratory service, excluding surgical pathology, occurs • \$130 per day on which a mammogram occurs • \$450 per day on which an MRI scan occurs • \$300 per day on which a CT scan occurs • \$250 per day on which a PET scan occurs • \$50 per day on which any other radiology service, including x-ray or ultrasound, occurs • \$25 per day on which an occupational, physical or speech therapy visit occurs • Limit of \$1,000 per calendar year
Lifetime Maximum	Limit of \$1 million

BENEFIT EXAMPLE

Without Assurant Health Access, you'd pay \$185 for a routine office visit and a lab test.

With Assurant Health Access, you pay \$52 out of your own pocket.



Amounts based on Assurant Health claims data. Results may vary.

Fundamentals

CASH BENEFITS: Assurant Health Access Fundamentals pays fixed benefits that help you pay for health care. The fixed benefits are set cash amounts that won't change no matter which provider you use or how much the provider charges you. You may have an amount left to pay after your plan pays the fixed benefits. Your plan will pay the benefit amounts listed below whether you're being treated for an illness or injury, or having preventive care.

EVERYDAY NEEDS

Office Visits	<ul style="list-style-type: none"> ★ \$75 per day on which a visit occurs ★ Limit of 4 benefits per calendar year
Prescription Drugs	<ul style="list-style-type: none"> • Discounts on prescription drugs ★ \$10 per fill cycle for generic ★ \$25 per fill cycle brand name ★ Limit of \$750 per calendar year
Allergy Shots and Immunizations	<ul style="list-style-type: none"> • \$10 per day on which an immunization or allergy shot occurs • Limit of \$100 per calendar year

HOSPITALIZATION AND SURGICAL BENEFITS

Inpatient Hospital Confinement	<ul style="list-style-type: none"> ★ \$2,000 per day of confinement for sickness ★ \$4,000 per day of confinement for injury ★ Limit of \$500,000 per calendar year
Inpatient and Outpatient Surgery	Amount paid per period for scheduled benefits varies by type of procedure and is the same or higher than the 2010 Medicare Physician Fee Schedule rate. If more than one procedure occurs in the same day, the benefit is based on the procedure with the highest scheduled benefit. See surgical schedule (Form 30353) for details.
Anesthesia	<ul style="list-style-type: none"> • \$200 per day on which anesthesia is administered ★ Limit of 2 benefits per calendar year
Ground and Air Ambulance	<ul style="list-style-type: none"> ★ \$300 per day on which a trip by ground occurs ★ \$2,500 per day on which a trip by air occurs • Limit of 2 benefits per calendar year
Emergency Room / Urgent Care	<ul style="list-style-type: none"> ★ \$250 per day on which a visit occurs • Limit of 1 benefit per calendar year

Three plans are available — Value, Fundamentals and Enhanced.
With Fundamentals, you receive all the benefits of Value and more.

★ Look for extras associated with Fundamentals.

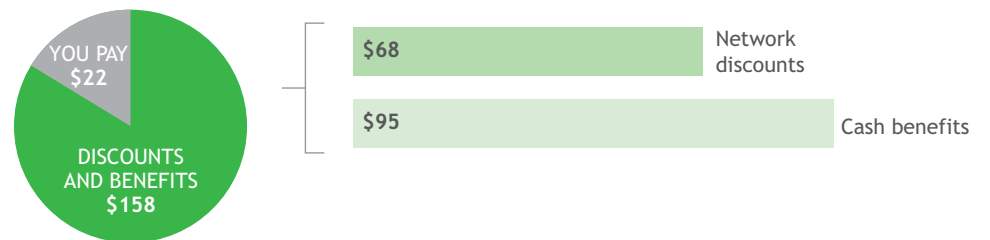
OTHER BENEFITS

Outpatient Medical	<ul style="list-style-type: none"> • \$100 per day on which a surgical pathology test occurs ★ \$20 per day on which a laboratory service, excluding surgical pathology, occurs ★ \$200 per day on which a mammogram occurs • \$450 per day on which an MRI scan occurs • \$300 per day on which a CT scan occurs • \$250 per day on which a PET scan occurs ★ \$75 per day on which any other radiology service, including x-ray or ultrasound, occurs • \$25 per day on which an occupational, physical or speech therapy visit occurs • Limit of \$1,000 per calendar year
Lifetime Maximum	★ Limit of \$2 million

BENEFIT EXAMPLE

Without Assurant Health Access, you'd pay \$185 for a routine office visit and a lab test.

With Assurant Health Access, you pay \$22 out of your own pocket.



Amounts based on Assurant Health claims data. Results may vary.

The surgical services benefit is determined by the CPT code for the procedure. Unlike Medicare, you may be responsible for the difference between the physician charge and the plan benefit payment. All benefits are subject to your contract's terms and limitations.

Enhanced

CASH BENEFITS: Assurant Health Access Enhanced pays fixed benefits that help you pay for health care. The fixed benefits are set cash amounts that won't change no matter which provider you use or how much the provider charges you. You may have an amount left to pay after your plan pays the fixed benefits. Your plan will pay the benefit amounts listed below whether you're being treated for an illness or injury, or having preventive care.

EVERYDAY NEEDS

Office Visits	<ul style="list-style-type: none"> \$75 per day on which a visit occurs ★ Limit of 6 benefits per calendar year
Prescription Drugs	<ul style="list-style-type: none"> Discounts on prescription drugs \$10 per fill cycle for generic ★ \$35 per fill cycle for brand name Limit of \$750 per calendar year for all prescriptions
Allergy Shots and Immunizations	<ul style="list-style-type: none"> \$10 per day on which an immunization or allergy shot occurs Limit of \$100 per calendar year

HOSPITALIZATION AND SURGICAL BENEFITS

Inpatient Hospital Confinement	<ul style="list-style-type: none"> ★ \$3,000 per day of confinement for sickness ★ \$6,000 per day of confinement for injury ★ Limit of \$1 million per calendar year for all inpatient confinements
Inpatient and Outpatient Surgery	<ul style="list-style-type: none"> ★ Amount paid per period for scheduled benefits varies by type of procedure and at least 150% of the 2010 Medicare Physician Fee Schedule rate. If more than one procedure occurs in the same day, the benefit is based on the procedure with the highest scheduled benefit. See surgical schedule (Form 30353) for details.
Anesthesia	<ul style="list-style-type: none"> \$200 per day on which anesthesia is administered ★ Limit of 3 benefits per calendar year
Ground and Air Ambulance	<ul style="list-style-type: none"> \$300 per day on which a trip by ground occurs \$2,500 per day on which a trip by air occurs Limit of 2 benefits per calendar year
Emergency Room / Urgent Care	<ul style="list-style-type: none"> ★ \$400 per day on which an ER visit occurs ★ \$100 per day on which an urgent care visit occurs ★ Limit of 1 ER benefit and 1 urgent care benefit calendar year

Three plans are available — Value, Fundamentals and Enhanced.

With Enhanced, you receive all the benefits of Fundamentals and more.

★ Look for extras associated with Enhanced.

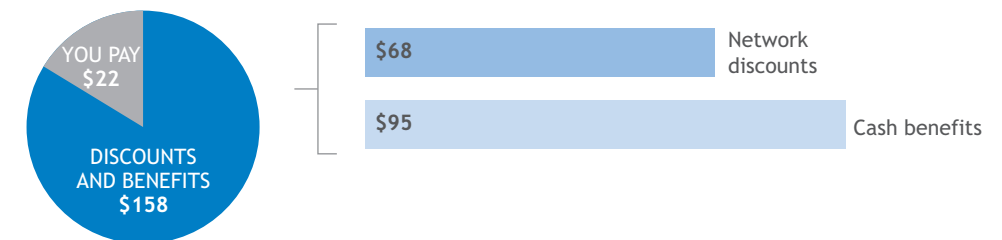
OTHER BENEFITS

Outpatient Medical	<ul style="list-style-type: none"> \$100 per day on which a surgical pathology test occurs \$20 per day on which a laboratory service, excluding surgical pathology, occurs \$200 per day on which a mammogram occurs \$450 per day on which an MRI scan occurs \$300 per day on which a CT scan occurs \$250 per day on which a PET scan occurs \$75 per day on which any other radiology service, including x-ray or ultrasound, occurs \$25 per day on which an occupational, physical or speech therapy visit occurs ★ Limit of \$3,000 per calendar year
Lifetime Maximum	<ul style="list-style-type: none"> ★ Limit of \$3 million

BENEFIT EXAMPLE

Without Assurant Health Access, you'd pay \$185 for a routine office visit and a lab test.

With Assurant Health Access, you pay \$22 out of your own pocket.



Amounts based on Assurant Health claims data. Results may vary.

The surgical services benefit is determined by the CPT code for the procedure. Unlike Medicare, you may be responsible for the difference between the physician charge and the plan benefit payment.

All benefits are subject to your contract's terms and limitations.

State-specific information

Please see the section for your state below to learn how your plan may differ from the plans described in this brochure.

ARIZONA:

Pre-existing condition definition:

A sickness or an injury and related complications:

1. for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced signs or symptoms during the 12-month period immediately prior to the your effective date.

The signs or symptoms were significant enough to establish manifestation or onset by one of the following tests:

- a. The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
- b. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

LOUISIANA:

Pre-existing condition definition:

A sickness or an injury and related complications:

1. for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to the your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced signs or symptoms during the 12-month period immediately prior to your effective date. Signs or symptoms were significant enough to reasonably have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

OKLAHOMA:

State-specific product form number: 292.CER.OK

Pre-existing condition definition:

A sickness or an injury and related complications:

1. for which medical advice, diagnosis, care or treatment was received or recommended from a provider or prescription drugs were prescribed during the 6-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced signs or symptoms during the 6-month period immediately prior to your effective date.

The signs or symptoms were significant enough to establish manifestation or onset by one of the following tests:

- a. The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
- b. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

We will not pay benefits for charges incurred due to a pre-existing condition or its complications until you have been continuously insured under the plan for 12 months. After the 12-month period, benefits are paid for a pre-existing condition as long as the covered event occurs while the plan is in force

TEXAS:

State-specific product form number: 290.POL.TX

Pre-existing condition definition:

A sickness or an injury and related complications:

1. for which medical advice, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced symptoms during the 12-month period immediately prior to your effective date which reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

We will not pay benefits for charges incurred due to a pre-existing condition or its complications until you have been continuously insured under the plan for 12 months. After the 12-month period, benefits are paid for a pre-existing condition as long as the covered event occurs while the plan is in force.

This plan has terms under which the plan may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or the company.

This plan 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 these states. The company has the right to change premium rates upon providing appropriate notice.

VIRGINIA:

State-specific product form number: 292.CER.VA Application form number: 49800-VA

Pre-existing condition definition:

A sickness or an injury and related complications:

1. for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to your effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. that produced signs or symptoms during the 12-month period immediately prior to your effective date. The signs or symptoms were significant enough to establish manifestation or onset by one of the following tests:

- a. The signs or symptoms reasonably should have allowed or would have allowed one knowledgeable in medicine to diagnose the condition; or
- b. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

Additional details for Assurant Health Access fixed-benefit plans

Knowing exactly what your plan does and doesn't provide benefits for is important. Use the following summary of what is not eligible for benefits so you know the details. Complete information, which varies by state, will be included in your insurance contract.

WHAT ASSURANT HEALTH ACCESS PLANS DO NOT PAY BENEFITS FOR

Maintenance care and therapies:

- Routine hearing care, artificial hearing devices, cochlear implants, auditory prostheses, routine vision care, vision therapy, surgery to correct vision, routine foot care and foot orthotics
- Routine dental care, unless you choose the dental insurance option

Cosmetic services and procedures:

- Services including chemical peels, plastic surgery and medications
- Any correction of malocclusion (irregular tooth contact), protrusion, hypoplasia (abnormality in dental enamel) or hyperplasia (abnormality) of the jaws

Reproductive-related procedures or concerns:

- Diagnosis and treatment of infertility
- Maternity, pregnancy (except complications of pregnancy), routine newborn care, surrogate pregnancy, routine nursery care and abortion
- Sterilization and contraceptive procedures, drugs or devices

Quality of life concerns:

- Inpatient treatment of chronic pain disorders
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Treatment, services and supplies related to sex transformation, gender dysphoric disorder and gender reassignment; treatment of sexual dysfunction or inadequacy; or restoration or enhancement of sexual performance or desire
- Treatment for smoking cessation and hair loss
- Cognitive enhancement
- Prophylactic treatment, services and surgery

Prescription drug benefits do not include and will not provide benefits for:

- Over-the-counter products
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- Take-home drugs dispensed at an institution

THIS PLAN ALSO WILL NOT PAY BENEFITS FOR:

- Any amount in excess of any maximum benefit or for non-covered events and associated complications
- Durable medical equipment and personal medical equipment
- Treatment undergone outside the United States

- Treatment of behavioral health or substance abuse
- Treatment, services, supplies, diagnosis, drugs, medication, surgery or medical regimen related to controlling weight, obesity or morbid obesity
- Treatment for snoring
- Experimental or investigational treatments; homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation and services; massage therapy
- Telehealth and telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Illness or injury caused by war or while in the military; commission of a felony; or influence of an illegal substance
- Treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing
- Services ordered, directed or performed by a health care practitioner or medical provider who is an immediate family member
- Treatment used to improve memory or slow the normal process of aging
- Home health care, hospice care, skilled nursing facility care, inpatient rehabilitation services, custodial care and respite care
- Sickness or injury arising out of or as the result of any work for wage or profit that is eligible for benefits under Workers' Compensation, employers' liability or similar laws
- Treatment for behavioral modification or behavioral (conduct) problems; learning disabilities; developmental delays; attention deficit disorders; hyperactivity; educational testing, training or materials; memory improvement; cognitive enhancement or training; vocational or work-hardening programs and transitional living
- Growth hormone stimulation treatment to promote or delay growth
- Treatment for TMJ and/or CMJ and certain jaw/tooth disorders
- Services incurred due to a pre-existing condition for the first 12 months the plan is in force

PRE-EXISTING CONDITIONS (VARIES BY STATE):

A pre-existing condition is a sickness 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 Assurant Health Access plan:

- You sought, received or were recommended to receive medical advice, consultation, diagnosis, care or treatment;
- You were prescribed prescription drugs;
- You experienced signs or symptoms significant enough that either:

— the signs or symptoms should have or would have allowed a health care provider to diagnose the condition; or

— the signs or symptoms reasonably should have or would have caused an ordinarily prudent person to seek diagnosis or treatment

We will not pay benefits for charges incurred due to a pre-existing condition or its complications until you have been continuously insured under the plan for 12 months. After the 12-month period, benefits are paid for a pre-existing condition as long as the covered event occurs while the plan is in force.

EXCLUSION FOR VALUE ONLY:

- Charges for dispensation or fulfillment of prescription drugs

ASSURANT® PRICE CHECK GUARANTEE

Assurant Health Access customers will be reimbursed by Assurant Health for costs exceeding the quoted price range, provided they receive services for the procedure code shown, from the doctor listed, and for which their First Health Network discounts apply. This price guarantee is good for services received up to 30 days after the date Assurant Price Check provides pricing.

Assurant Price Check is not insurance. It is a price estimate of what you would be charged after your network discount is applied. Assurant Price Check is not a guarantee of Assurant Health Access plan benefits. The program is subject to change.

If you live in Georgia, Assurant Price Check will provide you with accurate cost information, but the price guarantee is not available.

This plan has terms under which the plan may be continued in force or discontinued. For costs and complete details of coverage, call your insurance agent or the company.

Coverage is renewable provided there is compliance with the plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Assurant Health's business operations in this state; and/or you have not moved to a state where this plan is not offered. Assurant Health has the right to change premium rates upon providing appropriate notice.

This brochure provides summary information. For detailed plan benefits, exclusions and limitations, visit assuranthealth.com or refer to the insurance contract. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

THIS BROCHURE IS FOR USE IN ARIZONA, LOUISIANA, OKLAHOMA, TEXAS AND VIRGINIA.