

Assurant Health Access[®]

Keeping you selling 12 months a year

For agent use only

Strong and experienced company

Part of Assurant, Inc., a Fortune 500 company

Rated A- (Excellent) by A.M. Best Company

120 years of experience

Health insurance solutions for small businesses and individuals nationwide



Source A.M. Best Ratings and Analysis of Time Insurance Company

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

Value provided to agents

Financially secure and experienced

120 years of dedicated focus to agents' needs

Business model for success

Products sold through agents from the start

Service that stands out

Administrative support with dedicated customer service centers

Broad portfolio

Reach more customers with more product choices



No matter the need, there's a solution

Individual Major Medical

Assurant Health Access®

Small Group Major Medical

Assurant Supplemental Coverage

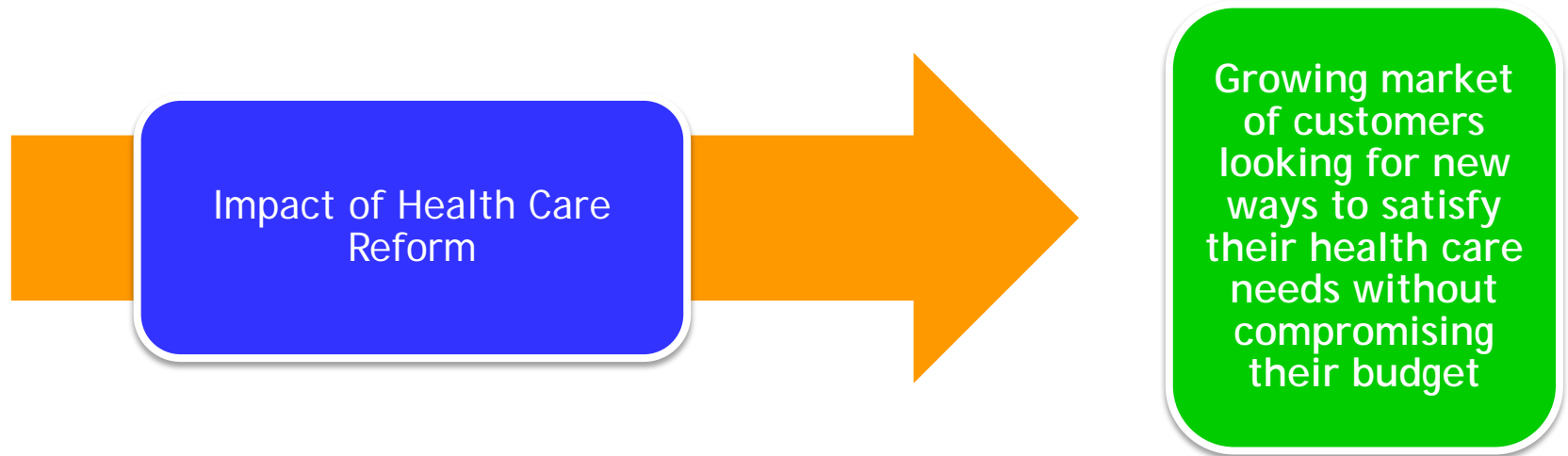
Agents must be licensed and appointed by the state in which our products are sold.



Assurant Health Access

Why are customers seeking different options?

Clients are looking for different solutions



WHY?

- High individual major medical premiums
- Many will not qualify for federal subsidies
- Partially subsidized coverage may still be unaffordable
- Employer-sponsored coverage declining

Solutions offered to a growing market



Assurant Health Access fixed-benefit plans could be the right solution for those seeking different health insurance solutions.

Assurant Health Access

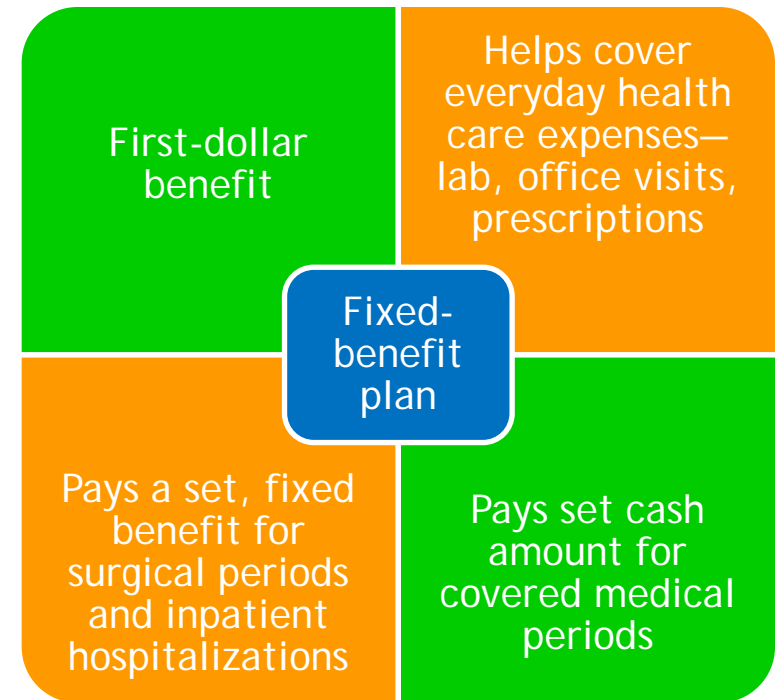
What is it?

A different way to plan for everyday needs

AHA plans pay fixed benefits that help pay for health care

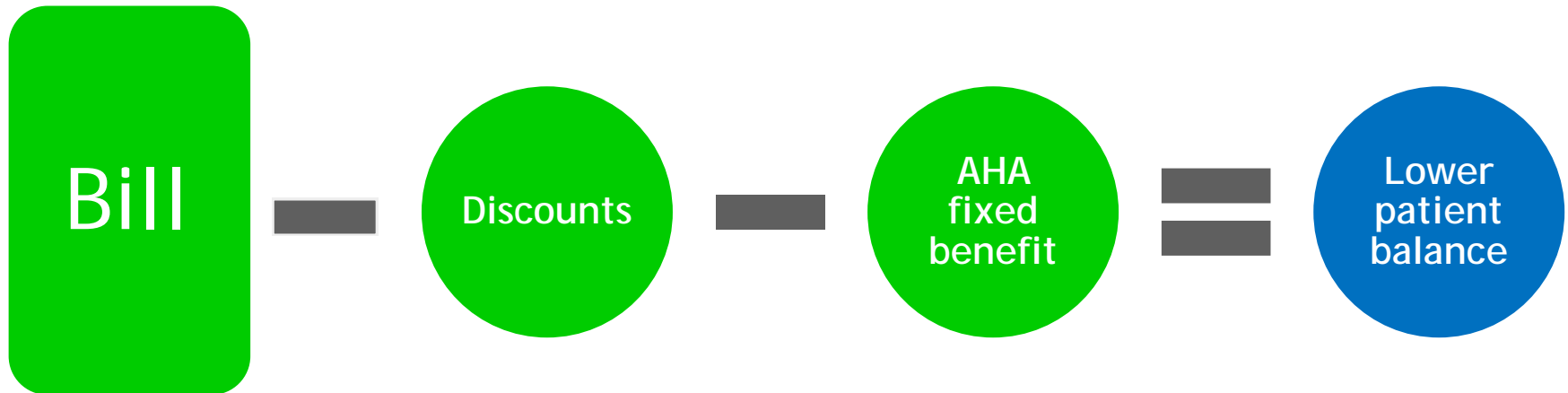
Fixed benefits are:

Set cash amounts that won't change no matter which provider is used, or how much the provider charges



Set cash amounts paid

Assurant Health Access plans are insurance plans that pay set, limited benefits.



The customer must assign the fixed benefit to the provider to receive the network discount.

Attraction points of AHA plans

LARGE NETWORK

- Offers a broad choice of doctors for network discounts

CONVENIENT RESOURCES

- Provides access to tools to prepare for and save on health care expenses

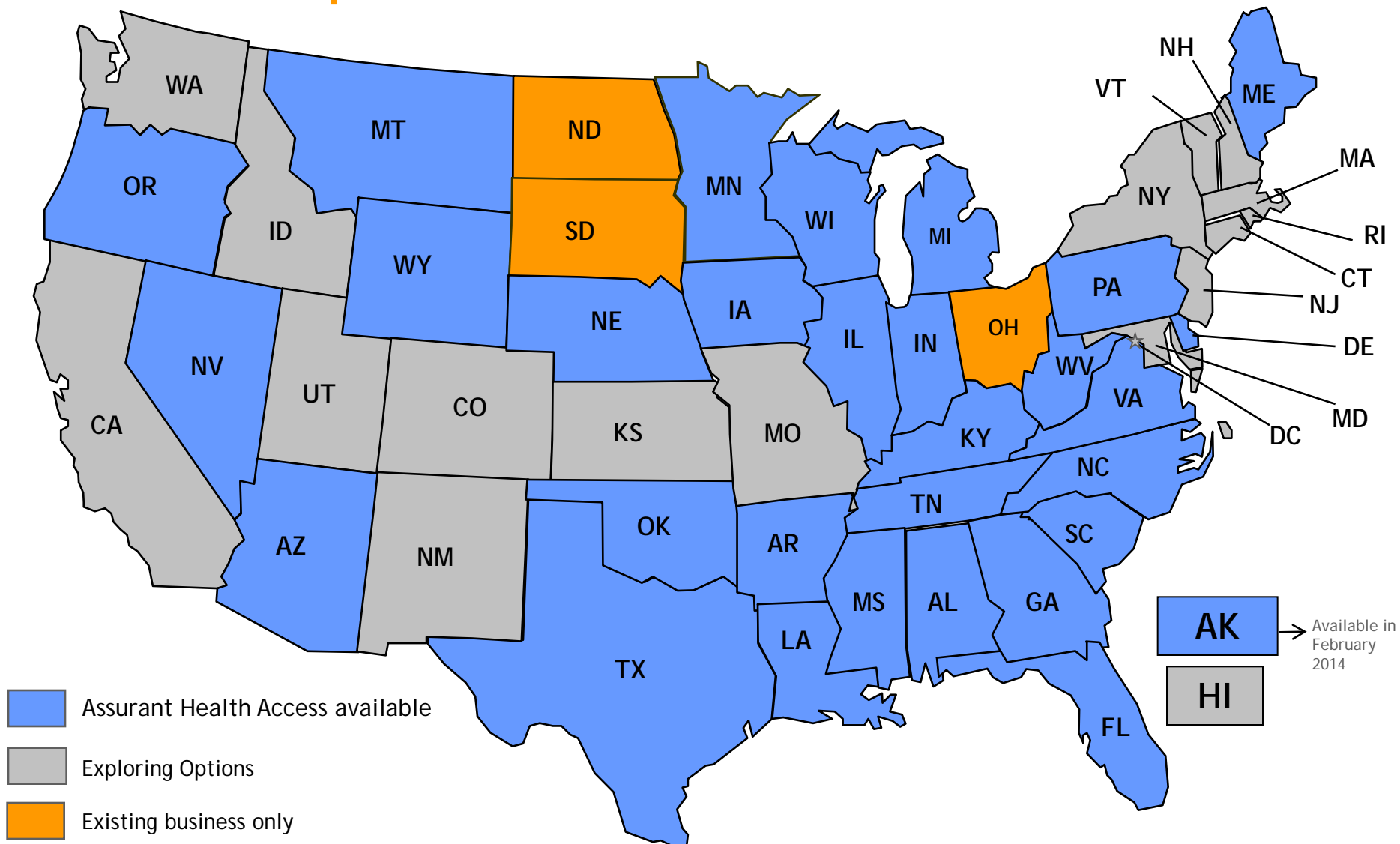
CASH BENEFITS

- Pays first-dollar benefits for covered medical periods

Additional ways customers can prepare for and save on health care expenses:

- Tools to research the cost of services
- Third-party advocates to schedule doctor appointments, compare health care costs and help with claim issues
- Third-party professional negotiators to help manage out-of-pocket expenses

Broad footprint



Benefits vary by state

Sample premiums for customers*

AGE	0-17	18-30	31-40	41-50	51-64
Value	\$54	\$67	\$74	\$94	\$144
Fundamentals	\$89	\$109	\$119	\$159	\$249
Enhanced	\$139	\$169	\$189	\$249	\$386

** For primary policyholder. 2014 rates shown do not include a one-time, non-refundable \$25 application processing fee. Premiums shown are for TX; premiums and fees may vary by state.*

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Who is my target customer?

AHA target customer

Those who are:



Customer profile:

- Budget-conscious men and women, ages 30-50
- Households with 2 adults and up to 2 children
- Median household income around \$78,500
- Part-time occupations with no insurance offered
- May need to purchase a single policy (primary, partner or child only)

The mindset of an AHA customer



Possible Need vs. Probable Need

In the world of affordability, consumers want specific needs to be met without creating noticeable gaps in other areas of their lives.

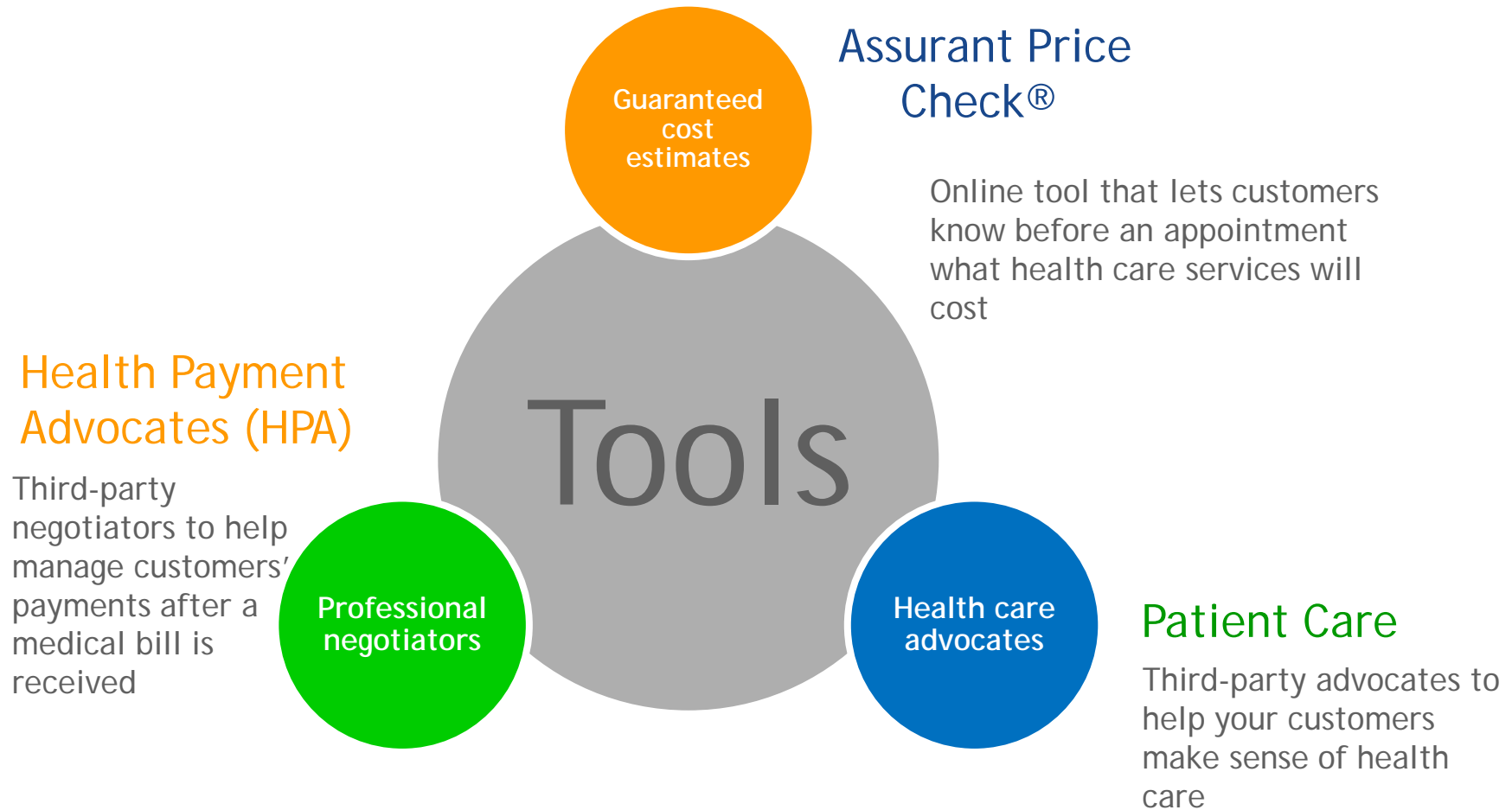
Suitability — what to consider for your customer

Individual major medical	Assurant Health Access
Higher premiums for most	Lower premiums for most
Deductibles	No deductibles
No set amount for inpatient, outpatient or lifetime payments	Fixed, set payments
Guaranteed issue	Pre-existing condition limitation and subject to underwriting
Meets minimum essential coverage requirements	Does not meet minimum essential coverage requirements
Not subject to a tax penalty	May be subject to a tax penalty

Assurant Health Access

How can I help customers get the most from AHA plans?

Tools to help control health care costs



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

Patient Care customer services



Customers can call

800.305.0377

Monday through Friday

7 a.m. to 9 p.m. CT

Client support

- Answer questions about benefits
- Help plan for non-emergency medical services
- Schedule doctor appointments

Quality check

- Compare costs and quality ratings of doctors and hospitals

Post-claim support

- Research and resolve claim and appeal issues
- Negotiate bills under \$1,500

Many customers find value through Patient Care!

Team of experts to help with your customers' post-sale needs

You spend more time selling

Guaranteed pricing exclusively for AHA customers



Find Assurant Price Check under the fixed-benefit tab at AssurantHealthSales.com, or
AssurantPriceCheck.com

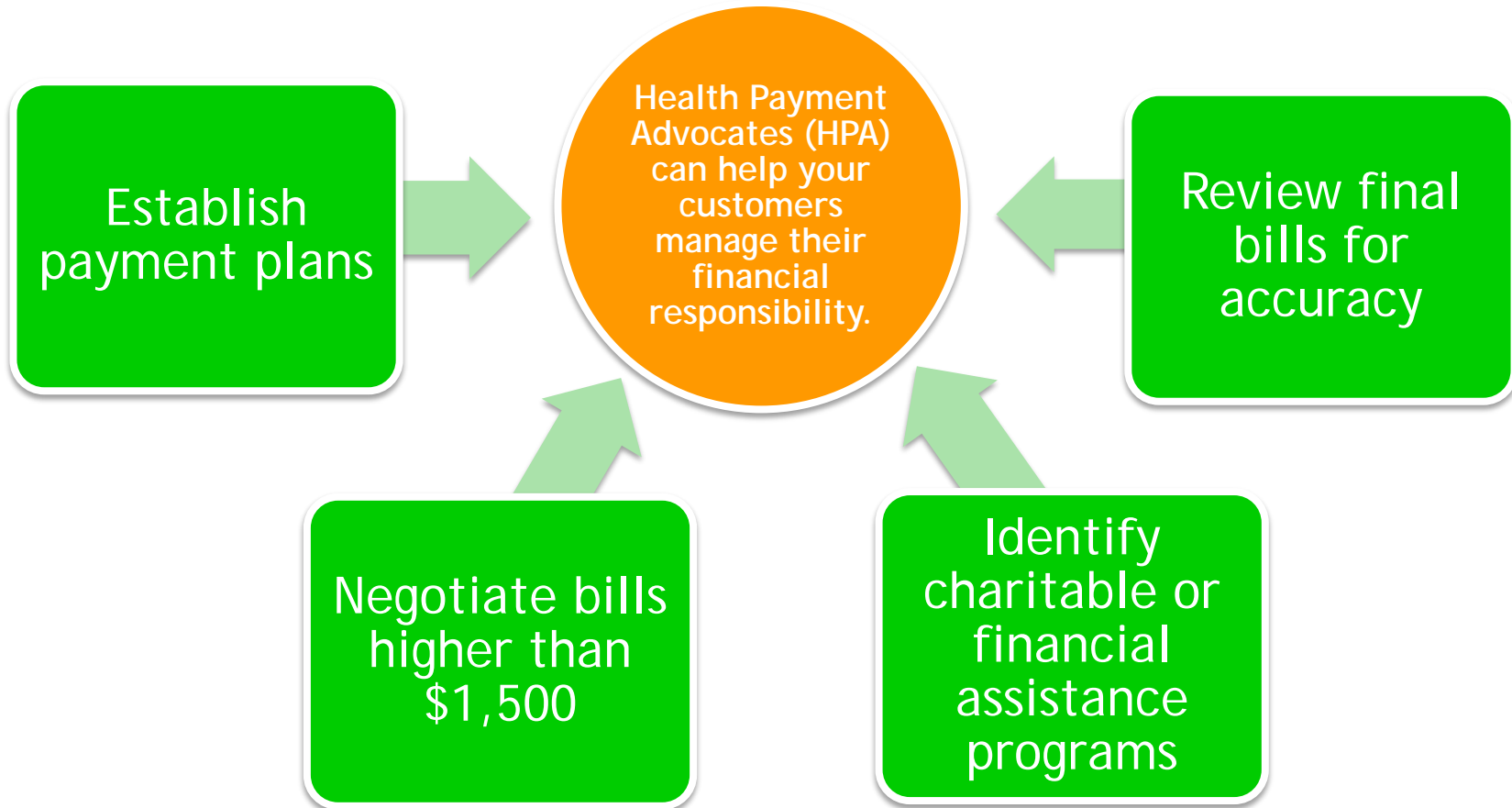
Assurant® Price Check Guarantee

Customers will not be responsible for any cost that exceeds 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.

**Guarantee is not available in Georgia.*

Experienced negotiators to help with bills



More ways to help customers control costs

First Health Network

- Average discount of 40% when customers have us pay providers
- More than 595,000 health professional for access to network discounts

Retail health clinics

- Save on office visits at retail clinics located in some Walgreens and CVS locations
- Little to no out-of-pocket expenses

CVS Caremark

- Discounts on prescriptions

Outpatient lab services

- Average savings of 20-60% on outpatient laboratory testing, such as blood work, when customers use Quest Diagnostics laboratories

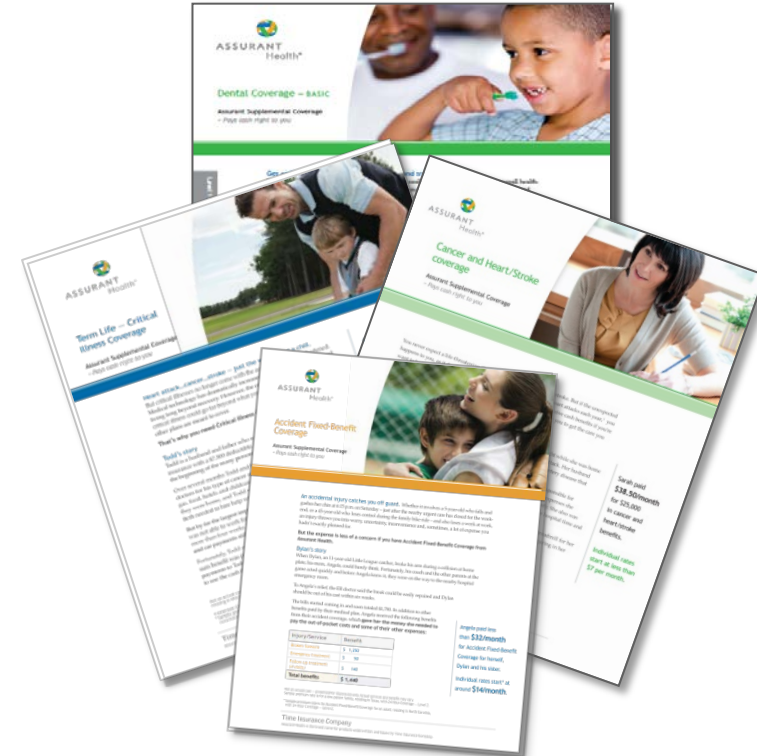
Assurant Supplemental Coverage

- Add supplemental coverage to help cover costs not covered by AHA plans
- Dental, Accident and Critical Illness plan options

Add-on products for added protection

Get Dental, Accident and Critical Illness with Assurant Supplemental Coverage

- Additional protection to fill in gaps — cash benefits for medical and non-medical costs
- Minimize the amount customers pay out of their own pockets
- Dental plans pay immediate fixed benefits for preventive care for any dentist



Just one click

Create a bundled solution to enhance your customers' protection and increase your compensation

- Just one click to bundle Assurant Supplemental Coverage with Assurant Health Access
- Easy, online quotes and submissions
- Make more money when you sell both products
- Just a few additional health questions
 - Only when adding Cancer and Heart/Stroke to Assurant Health Access
- One seamless application process

Every
customer is
potential
purchaser of
supplemental
coverage

Assurant Health Access

What do the three plan options look like?

3 different plan options to choose from

Medical Event	Value	Fundamentals	Enhanced
Office Visit	\$50 Per day on which a visit occurs 2 benefits per calendar year	\$75 Per day on which a visit occurs 4 benefits per calendar year	\$75 Per day on which a visit occurs 6 benefits per calendar year
Inpatient Hospitalization	\$1,000 per day of confinement for sickness \$2,000 per day of confinement for injury	\$2,000 per day of confinement for sickness \$4,000 per day of confinement for injury	\$3,000 per day of confinement for sickness \$6,000 per day of confinement for injury
Prescriptions	Discounts on prescriptions	\$10 generic per fill cycle \$25 brand per fill cycle	\$10 generic per fill cycle \$35 brand per fill cycle

Inpatient hospitalization calendar year maximum benefits: \$200,000 Value, \$500,000 Fundamentals, \$1 million Enhanced.

Assurant Health Access

How does it work?

AHA claim examples: important notes

The following examples are for illustrative purposes only

- The listed amounts, including network and other discounts, are based on Assurant Health claims data. Actual amounts may vary.
- All benefits amounts are based on the Enhanced plan.

Fixed-benefit plan

- AHA is a limited-indemnity insurance plan that provides a fixed-benefit period during which the customer has medical treatment or hospitalization.
- The benefits listed are based on a period of illness during which the services are obtained.

Network discounts

- The customer must assign the fixed benefit to the provider in order to receive the network discount.

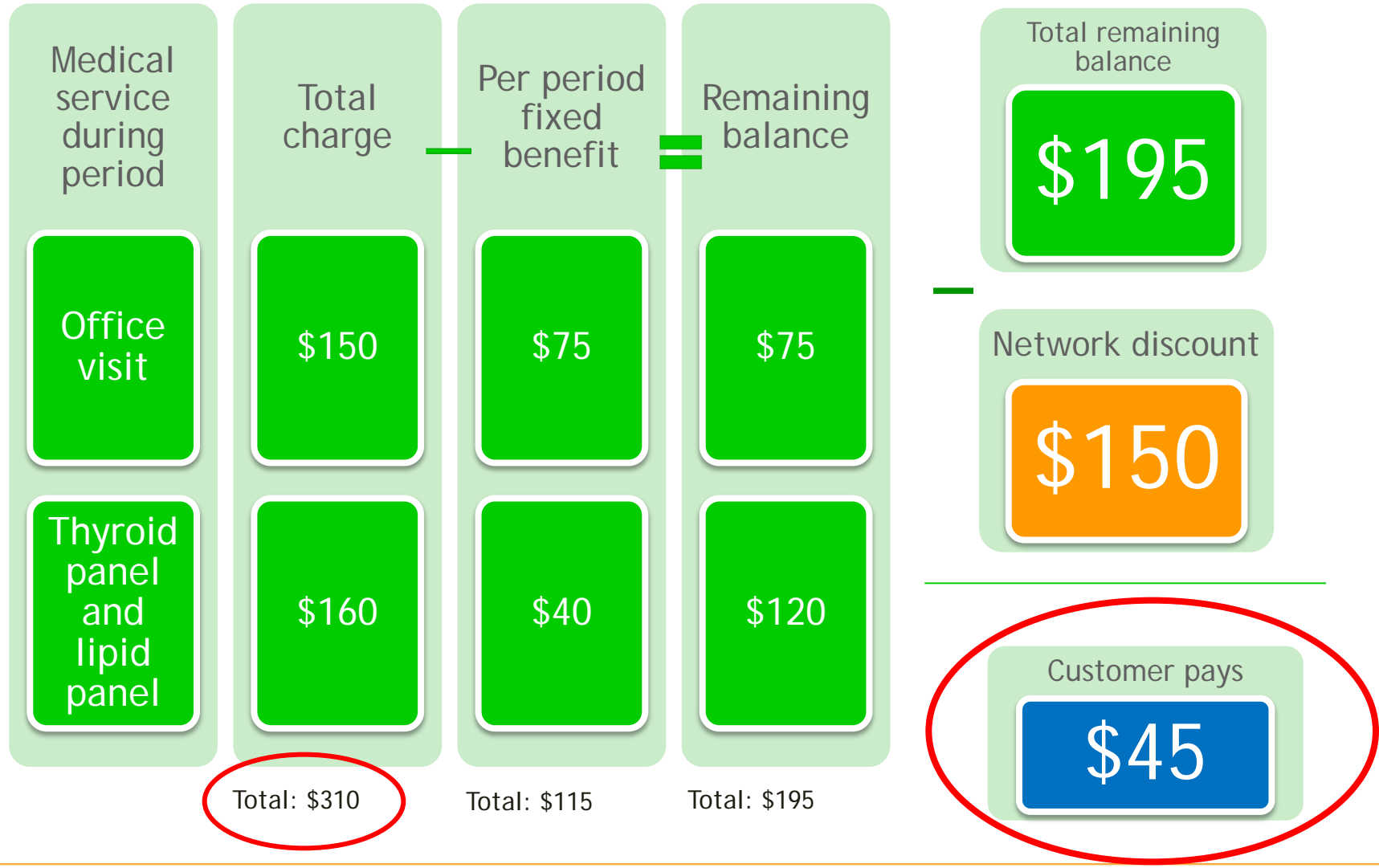
Pre-existing condition limitation

- All benefits are subject to the terms and limitations of the plan, including a pre-existing condition limitation.

Benefit levels

- Benefits vary in DE, GA, IN, KY, ME, MN, NV, OH, OR, SD and WV.

Woman's routine checkup example



Mammogram

Medical service during period	Total charge	Per period fixed benefit	Remaining balance
Office visit	\$175	\$75	\$100
Mammogram	\$200	\$200	\$0
Scan Reading	\$45	\$0	\$45
	Total: \$420	Total: \$275	Total: \$145

Total remaining balance

\$145

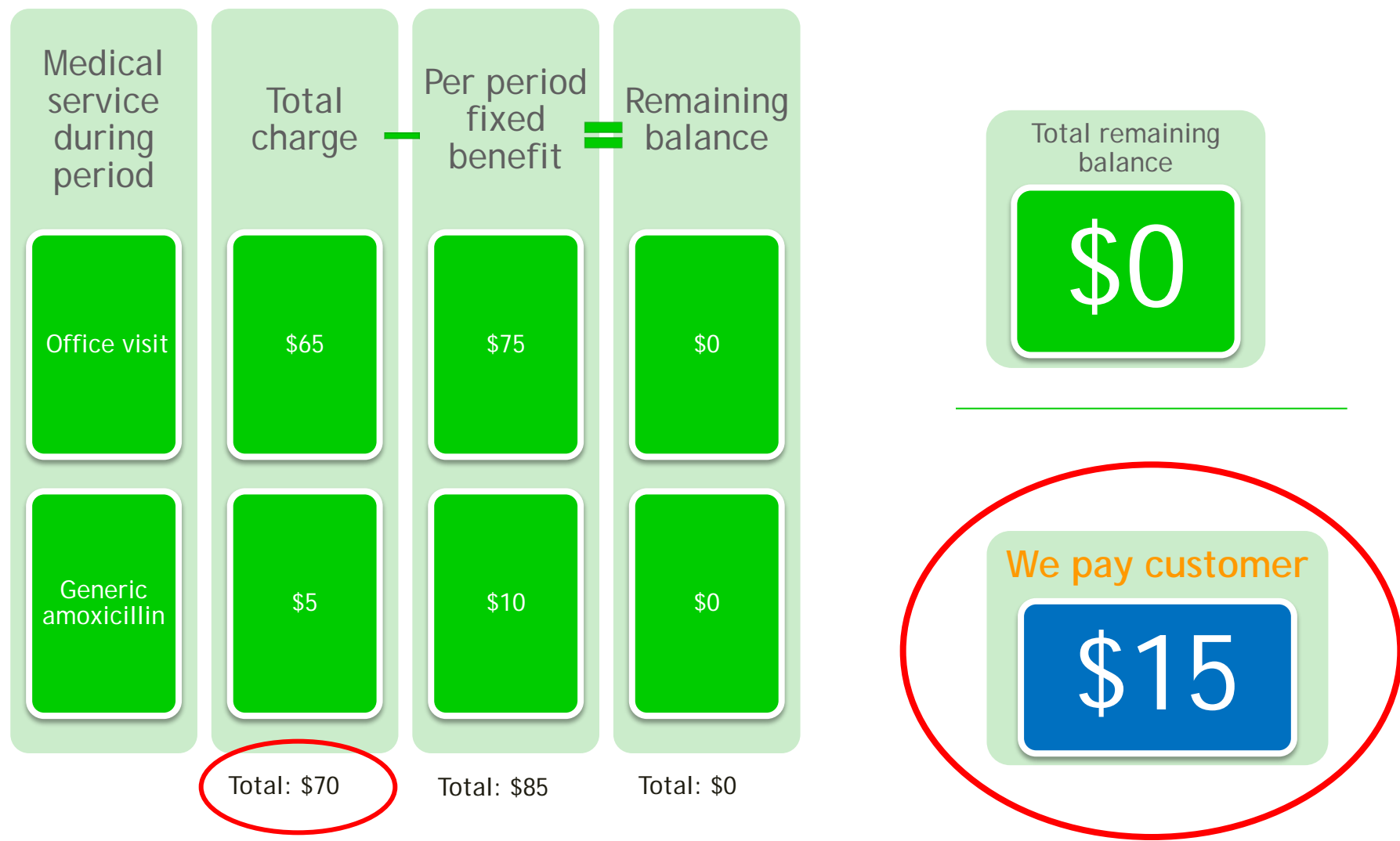
Network discount

\$117

Customer pays

\$28

Retail health care clinic for strep throat



Broken arm (radius)

Medical service during period	Total charge	Per period fixed benefit	Remaining balance
ER/physician charge	\$1,444	\$400	\$1,044
Cast application	\$300	\$127	\$173
Follow-up office visits (4)	\$465	\$300	\$165
X-rays (5)	\$475	\$375	\$100
	Total: \$2,684	Total: \$1,202	Total: \$1,482

Total remaining balance	\$1,482
Network discount	\$894
HPA discount	\$117.60
Customer pays	\$470.40

A supplemental accident plan would have paid an additional \$700 in cash benefits

Neoplasm of frontal lobe

Medical service during period	Total charge	Per period fixed benefit	Remaining balance	
Office visits (3)	\$565	\$225	\$340	Total remaining balance \$74,420
Outpatient hospital	\$5,275	\$0	\$5,275	Network discount \$58,570
Outpatient surgery	\$600	\$0	\$600	HPA discount \$3,298
X-rays, CAT, MRI (4)	\$1,555	\$800	\$755	
Lab tests (21)	\$3,500	\$420	\$3,080	
Surgeon's charge	\$10,800	\$3,375	\$7,425	
Inpatient (3 days)	\$62,600	\$9,000	\$53,600	
Anesthesia	\$3,500	\$200	\$3,300	
Generic Rx (4)	\$450	\$40	\$410	
	Total: \$88,845	Total: \$14,425	Total: \$74,420	Customer pays \$12,552

Assurant Health Access

What makes enrollment and post-sale easy?

Customer-friendly online application process

Over
90%
instant
decision

Few medical questions

No rating for
tobacco, health
or gender

Effective date 1st
or 15th of the
following month

Flexible payments
options — debit,
credit card and
ACH

On-boarding process — you keep focused on selling

Welcome packet

- Introduction, I.D. cards and welcome documents that help your customers understand how to use their benefits
- Award winning for clear, consumer-friendly communications

Welcome call

- Opportunity for your customers to get answers to any health insurance questions

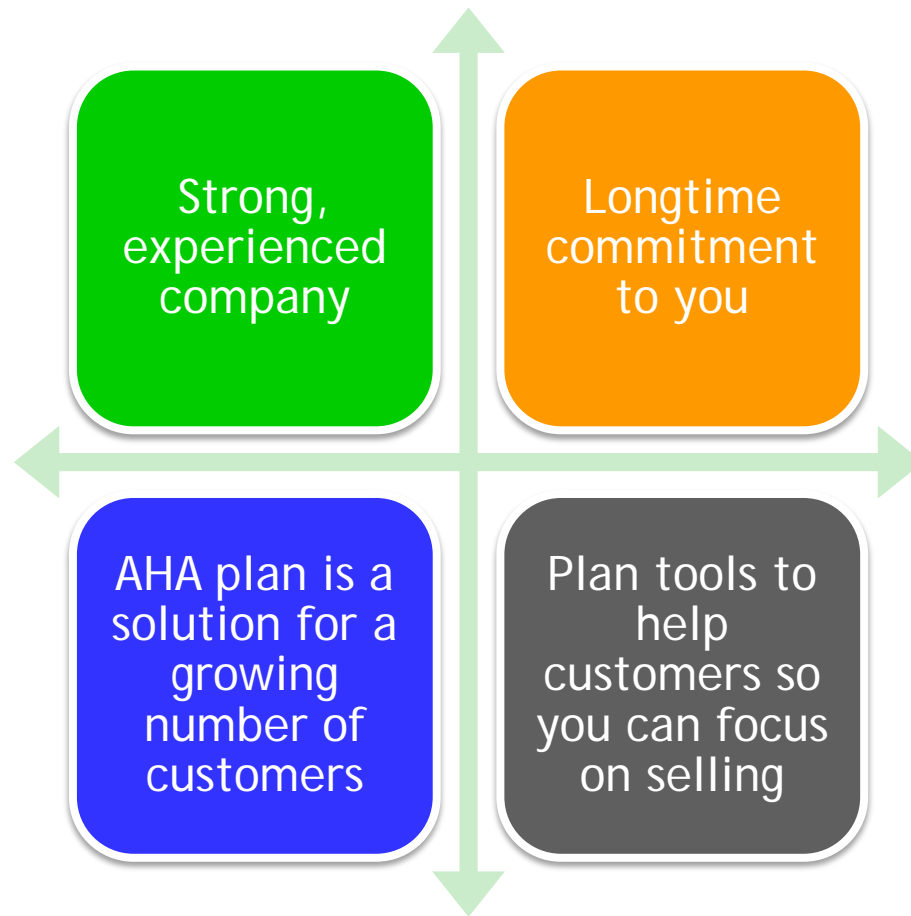
First-claim call

- Proactive call to customers to ensure the claim process went smoothly

Lapse reminder calls

- Proactive call to customers to advise them of potential loss of coverage

Align yourself for success in 2014 with Assurant Health and AHA



Here to help you

- <<sales insert contact information>>

Thank you!

Assurant Health Access plans have limitations and exclusions. A list is available at assuranthealth.com. 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.

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

J-106067 (rev. 1/2014)

Assurant Health Access exclusions

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

Exclusions continued

PRE-EXISTING CONDITIONS LIMITATION

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 periods that result from or are related to a pre-existing condition, or its complications, until the covered person has been continuously insured under this plan for 12 months.

EXCLUSION FOR VALUE ONLY:

Charges for dispensation or fulfillment of prescription drugs

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 ALABAMA, ARKANSAS, FLORIDA, ILLINOIS, IOWA, MICHIGAN, MISSISSIPPI, MONTANA, NEBRASKA, NORTH CAROLINA, PENNSYLVANIA, SOUTH CAROLINA, TENNESSEE, WISCONSIN AND WYOMING.

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, the customer may need to pay a tax penalty, depending on their income level and the cost of insurance plans available.