



Assurant Supplemental Coverage

Cancer and Heart/Stroke covered conditions and plan exclusions

Cancer and Heart/Stroke coverage provides benefits for cancer; coronary artery disease or cardiac arrhythmia resulting in heart attack; coronary artery disease or cardiac arrhythmia resulting in coronary artery bypass; coronary artery disease resulting in coronary angioplasty; and cerebrovascular disease resulting in stroke.

Definitions of covered conditions

Cancer

1. A malignant tumor, including an in situ, and hematopoietic malignancy for which any of the following is recommended by your health care practitioner:
 - a. Radiation;
 - b. Chemotherapy; or
 - c. Immunotherapy; or
2. Any metastatic cancer for which no therapy is recommended.

For purposes of this policy, cancer does not include:

1. Non-invasive dermatologic carcinomas (basal cell carcinoma [BCC], squamous cell carcinomas [SCC], melanoma in-situ), cervical carcinoma in situ or other premalignant conditions such as myelodysplastic and myeloproliferative disorders, leukoplakia, hyperplasia; or
2. An incidental pathological diagnosis found following surgical excision of an organ unless additional chemotherapy, radiation therapy and/or immunotherapy is recommended.

Heart coverage:

Coronary artery disease

Acute coronary occlusion, coronary atherosclerosis, aneurysm and dissection of the heart, and coronary atherosclerosis due to lipid rich plaque.

Cardiac arrhythmia

Cardiac dysrhythmias, paroxysmal supraventricular tachycardia, paroxysmal ventricular tachycardia, atrial fibrillation and flutter, and ventricular fibrillation and flutter.

Heart attack

A myocardial infarction resulting in the death of an area of the heart muscle due to insufficient blood supply to that area. The basis of the diagnosis must include:

1. serial measurements of cardiac biomarkers showing a pattern and level consistent with an acute myocardial infarction; and
2. new electrocardiographic changes consistent with acute myocardial infarction.

For the purposes of this policy, heart attack does not include:

1. Any other disease or injury involving the cardiovascular system;
2. A cardiac arrest that is not caused by myocardial infarction.

Coronary artery bypass

A procedure which uses a saphenous vein or internal mammary artery graft to surgically bypass obstructions in a native coronary artery or arteries to treat coronary artery atherosclerosis. Coronary artery bypass does not include balloon angioplasty, laser relief of obstruction or any other intra-arterial procedures.

Coronary angioplasty

An interventional procedure to widen or unblock the right coronary artery; left main stem; left anterior descending; or circumflex artery.

Stroke coverage:**Cerebrovascular disease**

Subarachnoid hemorrhage, intracerebral hemorrhage, occlusion and stenosis of precerebral arteries, and occlusion of cerebral arteries.

Stroke

Brain tissue infarction due to acute cerebrovascular incident, embolism, thrombosis or hemorrhage. The basis of the diagnosis must include imaging documentation of new brain tissue infarction in association with acute onset of symptoms consistent with central nervous system neurological damage.

For the purposes of this policy, stroke does not include:

1. Transient ischemic attacks (TIAs).
2. Transient global amnesia (TGA).
3. External trauma causing accidental injury to the brain.
4. Brain damage due to infection, vasculitis, encephalopathy and inflammatory disease.
5. Ischemic disorders of the vestibular system.

Pre-existing conditions limitation

A pre-existing condition is not eligible for benefits unless the first-ever diagnosis occurs after the pre-existing condition limitation period has expired. We will not pay benefits for specified diseases that are, result from or are related to a pre-existing condition diagnosed within the first 12 months this plan is in force.

Definition of pre-existing condition

A specified disease:

1. For which medical advice, consultation, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 24-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. That produced signs or symptoms during the 24-month period immediately prior to the covered person's 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

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

Exclusions

This plan provides benefits for specified diseases (listed above) identified in the benefit schedule. We will not pay benefits for claims resulting, whether directly or indirectly, from specified diseases related to or resulting from any of the following:

- Any disease the covered person was diagnosed with prior to the effective date of this policy.
- Any disease first diagnosed in the applicable benefit waiting period* immediately following the policy effective date. In such event, we will terminate the covered person's coverage under this policy and refund the premium paid for that coverage.
- Arrhythmia resulting in heart attack in association with use of an illegal drug or controlled substance, except when administered with advice of the covered person's health care practitioner.
- Any amount in excess of any maximum benefit.

- Diseases or conditions that do not meet the definition of a specified disease in this plan.
- Suicide or attempted suicide.
- Self-inflicted sickness, injury or accidental injury.

*There will be a 90 day waiting period for cancer benefits and a 30 day waiting period for heart/stroke benefits. The following states have state specific waiting periods: IA, OK, SC, UT & WV. Please review the benefit schedule for details.