ASSURANT Health

Assurant Health MaxPlan℠

Individual Medical Insurance

You don't need a group to have a plan℠

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 of its competitors. And with more than 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 Time Insurance Company[1] A- (Excellent)[2]—affirming its outstanding ability to meet claims-paying obligations.

COMMITMENT

Assurant Health specializes in you. While many health insurance companies focus on the large group market, 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.

[2] Source: A.M. Best Ratings and Analysis, June 2006.

MaxPlan℠ offers security and peace of mind

Protect your health and your assets with an insurance plan that offers very broad coverage—Assurant Health MaxPlan. It provides the extensive benefits you want—and the most options for achieving the security and peace of mind you deserve.

Regardless of the choices you make, you can depend on unlimited prescription drug benefits—and you'll pay just $15 when you fill a generic prescription. Likewise, add the office visit copay benefit and, no matter how many visits you and other covered family members make, you pay as little as $35 each time.

With MaxPlan, you have the freedom to use any doctor or hospital—and when you select PPO network providers, you get advantages like discounts on services, no claim forms and fewer out-of-pocket expenses.

Starting with a quality framework of security, convenience and cost savings, MaxPlan offers:

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!

Lifetime benefit maximum options up to $8 million
You choose the amount of protection you want.

Your choice of doctors and hospitals
You'll have access to some of the largest and best preferred provider (PPO) networks in the nation.

No referrals necessary to see a specialist
You don't have to jump through hoops when you need a specialist's care—simply make an appointment.

Single deductible for accidents
In the event there's an accident involving more than one person in your family, you'll pay only one deductible.

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.

Ground and air ambulance
You get coverage for emergency air or ground ambulance to the nearest facility equipped to provide appropriate care—not just the closest.

Healthy*Discount*
Available in most states, Healthy*Discount* rewards you for maintaining your good health by providing 10% off your renewal rates.

Ongoing coverage for your children
Regardless of age or student status, your covered children can remain under your plan until they marry or are no longer primarily dependent on you for financial support.

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 as well as a number of valuable benefits and 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.

All the basics are here

Built-In Features

Your plan comes with coverage for the following medical services—subject to deductible and coinsurance, unless otherwise noted.

Prescription Drugs

You pay only $15 each time you fill a generic prescription at a participating pharmacy. Mail-order service is available.

Preventive Services

Includes mammograms, Pap tests and PSA screening—with no annual dollar limit—as well as benefits up to $1,000 for other preventive services including physical exams, laboratory tests, immunizations, tuberculosis tests and colonoscopies.

Office Visits

Includes evaluation, diagnosis and management of illness or injury, and allergy shots.

Imaging and Laboratory Services

Includes x-rays, ultrasounds, CAT scans, MRIs, lab tests and interpretation.

Outpatient Hospital, Surgical Center and Urgent Care Facilities

Includes the services of the facility and supplies.

Emergency Room

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.

Health Care Practitioner Services

Includes the services of doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

Outpatient Physical Medicine

Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, treatment of developmental delay and chiropractic.

Inpatient Hospital

Includes the services of the facility such as semi-private room and board, intensive care (including specialty units such as neonatal and cardiac) and supplies.

Transplants

Includes:

- Kidney, cornea and skin transplants with no special limits.
- Transplants such as bone marrow, heart, liver and lung with no special limits when performed at a designated transplant provider—you and your doctor select a provider from more than 80 facilities nationwide.
- Up to $10,000 toward travel expenses to a designated transplant provider.
- Up to $10,000 toward donor expenses.
- Transplants other than kidney, cornea or skin that are not performed at a designated provider—up to a lifetime benefit maximum of $100,000 per person.

Complications of Pregnancy

Includes emergency Caesarean section and any sickness associated with a pregnancy except hyperemesis gravidarum.

Other covered services include:

- Ambulance—ground and air
- Behavioral health and substance abuse
- Dental injuries
- Diabetic services
- Durable and personal medical equipment
- Home health care
- Hospice care and related counseling services (inpatient or home care)
- Inpatient rehabilitation
- Parenteral drug therapy
- Reconstructive surgery
- Skilled nursing and subacute rehabilitation facilities
- Sterilization ($500 lifetime maximum)
- Treatment of TMJ/CMJ ($1,000 lifetime maximum)

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.

Build your MaxPlan℠

Plan Design

Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1.

	Standard choices	$0 Deductible Package
Select an underlined deductible and you'll receive a 24-month rate guarantee—with the option to extend it to 36 months!		
Deductible[1] *Amount you pay toward covered expenses before the plan pays benefits*	$500, $1,000, $1,500, $2,500, **$3,500, $5,000, $10,000, $15,000 or $25,000**	$0
Benefit Percentage *Percentage of covered expenses the plan pays after the deductible*	100%, 80%, 70% or 50% (GA: 60% not 50%)	50% (GA: 60%)
Coinsurance *Percentage of covered expenses you pay after the deductible*	0%, 20%, 30% or 50% (GA: 40% not 50%)	50% (GA: 40%)
Coinsurance Out-Of-Pocket Maximum[2] *After this maximum is met, the plan pays 100% of covered expenses*	$0 to $7,500 depending on coinsurance	$10,000
Office Visit Copay *With this benefit, you pay your copay and the plan pays 100% of the remaining cost of an eligible network office visit—evaluation, consultation, examination and development of a physician treatment plan—for an illness, injury, immunizations or allergy shots. See page 7 for details.*	$35 copay *Optional benefit*	$45 copay *Built-in benefit*
	Copay applies to each network office visit—no limits on visits	
Lifetime Benefit Maximum *The total maximum amount the plan pays*	$3 million or $8 million	

Outpatient Benefits

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Prescription Drugs — Generic	$15 copay (no deductible or coinsurance)
Prescription Drugs — Brand name	$500 deductible / $25 copay + 20% coinsurance *(Family deductible maximum is $1,000 and is met collectively by two or more persons)*
Preventive Services	*Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.*
Mammograms, Pap tests and PSA screening	Covered—with no special limits
Other covered preventive services	Up to $1,000 in benefits • If selecting the Office Visit Copay, see page 7 for details
Office Visits	Covered • If selecting the Office Visit Copay, see page 7 for details
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	Covered
Outpatient Physical Medicine	Up to $3,000 in benefits
Home Health Care	Up to 160 hours

Inpatient Benefits

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Inpatient Hospital	Covered
Inpatient Rehabilitation Facility	Up to 90 days
Subacute Rehabilitation and Skilled Nursing Facilities	Up to 90 days
Transplants	Covered
Behavioral Health and Substance Abuse	Inpatient and outpatient benefits are paid at 50% up to $2,500 • Coinsurance does not apply to the out-of-pocket maximum

[1] *Family deductible maximum is two times the deductible and is met collectively by two or more persons.*
[2] *Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons.*

The amount of benefits depends upon the plan components selected, and the premium varies with the amount of benefits.
Non-network provisions may apply. See page 7 for details.

Optional features make it yours

Make MaxPlan℠ your own with additional benefits.

Office Visit Copay

With an office visit copay, you have the convenience of knowing what you'll spend when you visit a network doctor. Your copay is your only cost for each eligible network office visit, including immunizations and allergy shots.

Maternity Benefit

This benefit pays 100% of covered routine maternity services after you meet your maternity deductible—for any pregnancy that begins after the nine-month benefit waiting period. Maternity deductible options are $1,000, $2,500, $5,000 and $10,000.

If you select a lower deductible, you'll get more in paid benefits—meaning you'll pay fewer bills out of your pocket. Or, choose a high deductible and still get access to significant network discounts. The high deductible option pays for itself with the savings on doctor and hospital bills.

Covered complications of pregnancy remain subject to the plan deductible and coinsurance.

Dental Insurance, Accident Medical Expense Benefit and other Supplemental Products

See the separate Supplemental Products brochure and learn how to get valuable added protection—affordably and conveniently:

- No additional application or underwriting is required
- One bill covers your total premium

Optional features are available at an additional cost. Additional provisions may apply. See page 7 for details.

Plan Provisions

State Variations

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

Office Visit Copay

With this benefit, a copay is your only cost for an eligible network office visit for an illness, injury, immunizations or allergy shots. The benefit covers evaluation, consultation, examination and development of a physician treatment plan. The following services, if otherwise covered, are subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay: office visits with non-participating providers, surgical procedures, allergy tests, treatment of behavioral health or substance abuse, imaging or laboratory services, maternity-related visits and preventive services other than immunizations.

Network Services

A PPO network plan gives you the most value for your health care dollar. When you use network providers, covered charges are discounted and never exceed the maximum allowable amount. That means savings for you, and no worries about being billed for additional charges. Network services are subject to a determination of medical necessity and deductible and coinsurance, unless otherwise noted.

Maximum Allowable Amount

Charges for covered services performed by non-network providers are subject to the maximum allowable amount. Non-network providers may bill more than this amount, and you are responsible for any balance due to the provider.

Non-network Services*

Emergencies: Covered services are always paid at the network benefit percentage—even if you are out of network—subject to a determination of medical necessity, the deductible and the maximum allowable amount.

Non-emergencies: Covered services are subject to a determination of medical necessity, the non-network deductible, the maximum allowable amount provision, a benefit percentage reduction, and the increased non-network coinsurance maximum.

Individual non-network deductible is the individual deductible plus $1,000.

Family non-network deductible is two times the individual non-network deductible and is met collectively by two or more persons.

Non-network benefit percentage is the selected benefit percentage less 20 percentage points.

Non-network coinsurance out-of-pocket maximum for the standard choices is $6,000 or $8,500/person, *depending on coinsurance selected*, and $12,000 or $17,000/family, *depending on coinsurance selected*. For the $0 Deductible Package it is $11,000/person and $22,000/family.

**In GA, MT, NC and NH, please see the State Variations sheet for non-network provisions.*

Utilization Review

Authorization is required before receiving 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.

Benefit Waiting Periods on Certain Treatment

Benefits for certain types of treatment are payable after the benefit waiting period listed here:

- Surgical treatment of tonsils/adenoids—3 months
- Surgical treatment of bunions, hemorrhoids, inguinal hernia (except strangulated or incarcerated), varicose veins—6 months
- Sterilization—12 months

Benefit waiting periods are waived when this plan is replacing other similar in-force coverage.

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. This 12-month limitation does not apply to health conditions that, at the time of underwriting, receive a rating load or are subject to a condition-specific deductible, or to routine prescription drugs if their use is 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.

Maternity Benefit (optional feature)

The maternity deductible does not apply to the plan deductible. Prescription drugs are covered under the plan prescription drug benefit. If conception occurs during the first nine months of coverage, routine maternity charges will be excluded. Covered complications of pregnancy remain subject to the plan deductible and coinsurance.

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
- 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 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 unless you choose the maternity option
- 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
- 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
- Behavior modification
- 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 naturopathic medicine or non-medical items
- Charges related to health care practitioner-assisted suicide

ASSURANT Health

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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 for more than one million people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group, short-term and student health insurance products, consumer choice products such as Health Savings Accounts and Health Reimbursement Arrangements, as well as non-insurance products. With almost 3,000 employees, Assurant Health is headquartered in Milwaukee, Wis., and has 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 selected international 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, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than $20 billion in assets and $7 billion in annual revenue. The Assurant Web site is www.assurant.com.

Product forms 770 and 778
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Form 29263 (Rev. 2/2007)