



Cancer and Heart/Stroke coverage

Assurant Supplemental Coverage

» *Pays cash right to you*



You never expect a life-threatening illness like cancer, heart attack or stroke. But if the unexpected happens to you, as it does to the 1.2 million U.S. residents who suffer heart attacks each year,¹ you want to be prepared. With Cancer and Heart/Stroke coverage, you'll receive cash benefits if you're diagnosed with life-threatening cancer, heart attack or stroke,² allowing you to get the care you need and pay expenses.

Sarah's story

Sarah, a 50-year-old mother of two teenagers, works at a floral store. One night while she was home with her family, she felt some chest pain and feared she was having a heart attack. Her husband rushed her to the emergency room, where she was diagnosed with coronary artery disease that resulted in a heart attack.

Sarah's major medical insurance paid for her treatment and care, but she was responsible for paying the plan deductible and coinsurance. In addition, she faced a lot of other expenses she hadn't anticipated. Sarah was given a number of new medications to take regularly. She also was instructed to see a dietician and attend cardiac rehabilitation therapy weekly. Her hospital time and appointments were hours she was unable to work and collect a paycheck.

Since she needed to strengthen her heart through exercise, Sarah decided to buy a treadmill for her home. When added to the deductible and coinsurance from her hospital stay, and figuring in her lost income, Sarah's expenses really added up.

Sarah paid
\$38.50/month
for \$25,000
in cancer and
heart/stroke
benefits.

**Individual rates
start at less than
\$7 per month.**

Not an actual case — presented for illustration only. Sample premium rate is for a 50-year-old female, nonsmoking, with a \$25,000 cancer and heart/stroke benefit.

¹ National Institutes of Health, 2011.

² Plan pays Heart/Stroke benefits for 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.

Time Insurance Company

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

Cancer and Heart/Stroke plan benefits

Your Cancer and Heart/Stroke plan will pay cash benefits for a number of common, life-threatening diagnoses.

Here's how it works.

If you're diagnosed with this:

Your plan pays this:

Life-threatening cancer	100% of your selected benefit amount
Coronary artery disease or cardiac arrhythmia resulting in heart attack	100% of your selected benefit amount
Coronary artery disease or cardiac arrhythmia resulting in coronary artery bypass	25% of your selected benefit amount*
Coronary artery disease resulting in coronary angioplasty	10% of your selected benefit amount*
Cerebrovascular disease resulting in stroke	100% of your selected benefit amount

*For conditions paying partial benefits, your plan will pay you for other covered conditions until 100% of your selected benefit amount has been paid.

When you purchase Cancer and Heart/Stroke coverage, you receive your full selected benefit amount for each condition. Therefore, it's possible to rely on the security of your plan twice and receive your selected benefit amount again if you suffer both life-threatening cancer *and* heart attack or stroke. Also, each covered person is paid his or her own benefit, bringing much-needed additional help if multiple family members receive life-threatening diagnoses.



A life-threatening diagnosis is scary enough.

With Cancer and Heart/Stroke coverage, you get cash benefits when you need them most, so you can concentrate on recovery without worrying about your bills piling up.

Assurant. On **your** terms.®

A life-threatening illness is costly, but with an Assurant Supplemental Coverage Cancer and Heart/Stroke plan that pays you a lump-sum cash benefit, you can keep up with household bills and pay for your care without burdening your family. *Though you hope to never use it*, a Cancer and Heart/Stroke plan provides the financial help you need when it matters most.

Simple, flexible, affordable coverage

Simple

- You're paid a lump-sum cash benefit for life-threatening cancer and heart attack or stroke
- Plan pays cash benefits per covered person³
- It's easy to add Cancer and Heart/Stroke coverage to an Assurant Health medical plan, using the same application

Flexible

- You choose coverage for cancer, heart attack/stroke, or both — so you pay for only the conditions you're most worried about
- Plan pays in addition to any other coverage you may have
- You receive payment regardless of the doctors, hospitals and treatments you choose

Affordable

- You choose the benefit amount that fits your needs and budget, from \$10,000 to \$75,000⁴
- You pay just one family rate for any number of children

³ In LA, coverage is available for individuals only. Separate policies are required for each family member.

⁴ Premiums vary with the amount of benefits.

You choose your benefit amount and how to spend your benefits

Cancer, heart attack and stroke bring all sorts of expenses. Even if you have good medical insurance, you may have to pay \$5,000-\$10,000 for deductible and coinsurance. With lost income and regular household expenses, it's easy to see why medical bills cause more than 60% of U.S. bankruptcies.⁵

With Cancer and Heart/Stroke coverage, you choose the benefit amount of your plan. When deciding, consider the amount that would help you replace lost income; cover medical bills, including your health plan's deductible, coinsurance, and other out-of-pocket expenses; and pay household bills if you suffered an extended illness.

⁵American Journal of Medicine, 2009.

A Cancer and Heart/Stroke plan allows you to use your cash benefits however you need.



General expenses

mortgage/rent • utilities • car payments •
gas • food



Medical expenses

health plan deductible and coinsurance • alternative and
other treatments not covered by major medical insurance •
copayments for rehabilitation or physical therapy



Miscellaneous expenses

child care • travel expenses to seek the best care •
home adaptations

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; *or*
 - b. Chemotherapy; *or*
 - c. Immunotherapy; *or*
 - d. Complete excision of an internal organ without need for further treatment; *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.

Please note that in most states, a 90-day waiting period applies to Cancer benefits, and a 30-day waiting period applies to Heart/Stroke benefits.

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 (varies by state)

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:

- 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 (as listed) 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 (as shown in the benefit schedule) 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.

*In most states, a 90-day waiting period applies to Cancer benefits, and a 30-day waiting period applies to Heart/Stroke benefits. Where waiting periods do not apply, benefit payments will be reduced for a limited time.

Coverage is renewable to age 75 provided there is compliance with 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.

About Assurant Health

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892), John Alden Life Insurance Company (est. 1961) and Union Security Insurance Company (est. 1910) ("Assurant Health"). Together, these three underwriting companies provide health insurance coverage for people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual, small employer group and short-term limited-duration 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 website is 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. The four key businesses — Assurant Solutions, Assurant Specialty Property, Assurant Health, and Assurant Employee Benefits — partner with clients who are leaders in their industries and build leadership positions in a number of specialty insurance market segments in the U.S. and select worldwide markets. The Assurant business units provide debt protection administration; credit-related insurance; warranties and service contracts; pre-funded funeral insurance; lender-placed homeowners insurance; manufactured housing homeowners insurance; individual health and small employer group health insurance; group dental insurance; group disability insurance; and group life insurance.
