Assurant® Catastrophic Plan

Hospice care

Select the Catastrophic plan for cost-effective coverage for preventive care, everyday needs and hospitalization, with special benefits for accidental injuries. You'll have the flexibility to control premiums without giving up important benefits or the convenience of an office visit copay. The benefits below apply to plans with effective dates October 1, 2010 and later.

Special benefits for accidental injuries – Accident Medical Expense coverage pays the first \$2,000 of expenses per accident even if you haven't met your plan deductible.

Plan Design Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and reset each January 1. Benefits are in network and subject to deductible and coinsurance unless otherwise noted.

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Deductible (amount you pay toward covered expenses before the plan pays any benefits. The family deductible maximum is two times the deductible and is met collectively by two or more people)	\$2,000	\$2,000	\$3,000	\$3,000	\$5,000	\$5,000	\$10,0
Benefit percentage (percentage of covered expenses the plan pays after you meet the deductible)	75%	75%	75%	75%	75%	50%	50%
Coinsurance (percentage of covered expenses you pay after you meet the deductible)	25%	25%	25%	25%	25%	50%	509
Total out-of-pocket maximum (after you have paid this amount, which includes the deductible, the plan pays 100% of covered expenses. The family out-of-pocket maximum is two times the out-of-pocket maximum and is met collectively by two or more people)	\$4,500	\$7,000	\$5,500	\$8,000	\$10,000	\$15,000	\$20,0
enefits							
Office visit copay (one copay covers office visits, including examination, consultation, evaluation, treatment plan development and allergy shots)	\$35 copay for each of four network office visits per person; additional visits covered subject to deductible and coinsurance						
Accident Medical Expense benefit	Up to \$2,000 covered per accident or injury, before deductible and coinsurance						
Preventive services	Immediate coverage paid at 100% for preventive services mandated by th Patient Protection and Affordable Care Act (see ahrq.gov/clinic/uspstfix.h for more information)						
Mammograms	Preventive covered at 100%; diagnostic covered subject to coinsurance deductible waived						
Maternity (your plan gives you access to network discounts on doctor and hospital bills)	Charges from a routine pregnancy that exceeds the plan's separate \$20,0 deductible are paid at 100% — even if you haven't met the plan deductible						
Complications of pregnancy (includes emergency Cesarean section and any sickness associated with pregnancy except hyperemesis gravidarum)	Covered						
Diagnostic imaging and laboratory services (includes x-rays, ultrasounds, CAT scans, MRIs, lab tests and interpretation)	Covered						
Outpatient hospital, surgical center or urgent care facility (includes the services of the facility and supplies)	Covered						
Professional ground or air ambulance (includes transport to the nearest facility equipped to provide appropriate care, not just the closest)	Covered						
Emergency room (includes the services of the facility and supplies; benefits are paid at higher network benefit percentage even if you are out of network)	Access fee: \$75 copay, then subject to deductible and coinsurance; \$75 copay waived if admitted to the hospital						
Health care practitioner services (includes doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses)	Covered						
Outpatient physical medicine (includes physical, speech and occupational therapies; cardiac and pulmonary rehabilitation; treatment of developmental delay; massage therapy; acupuncture and chiropractic services)		tation: 20 victure: 10 vi		hiropractic Il subject to	: 10 visits o deductibl	e and coins	urance
Home health care	Up to 130 visits covered; subject to deductible and coinsurance						
Behavioral health	Covered						
Inpatient hospital (includes the services of the facility such as semi-private room and board, intensive care and supplies)	Covered						
Inpatient rehabilitation facility	Up to 10	Up to 10 days					
Subacute rehabilitation and skilled nursing facilities	Up to 45	Up to 45 days					
Transplants (after 12-month waiting period, includes kidney, cornea, skin, bone marrow, heart, liver, lung and other transplants when performed by network provider or designated transplant provider)	deductil at any p	ble and coi	nsurance; a \$500,000 p	all others c lus \$10,000	ered subjec overed up () in travel e	to \$350,000	

designated transplant provider

Covered

Assurant Catastrophic Plan

Network Services

When you use network providers, covered charges are eligible for discounts and never exceed the maximum allowable amount.

Network and Out-of-Network Services

Emergencies: Covered services are always paid at the 75% or 50% network benefit percentage — even if you are out of network — subject to the maximum allowable amount.

Non-emergencies: Covered services are subject to the out-of-network deductible, the maximum allowable amount provision, the 50%* out-of-network benefit percentage and the increased out-of-network coinsurance out-of-pocket maximum. See chart below.

^{*50%} benefit percentage applies to both the 75% and 50% benefit percentage plans.

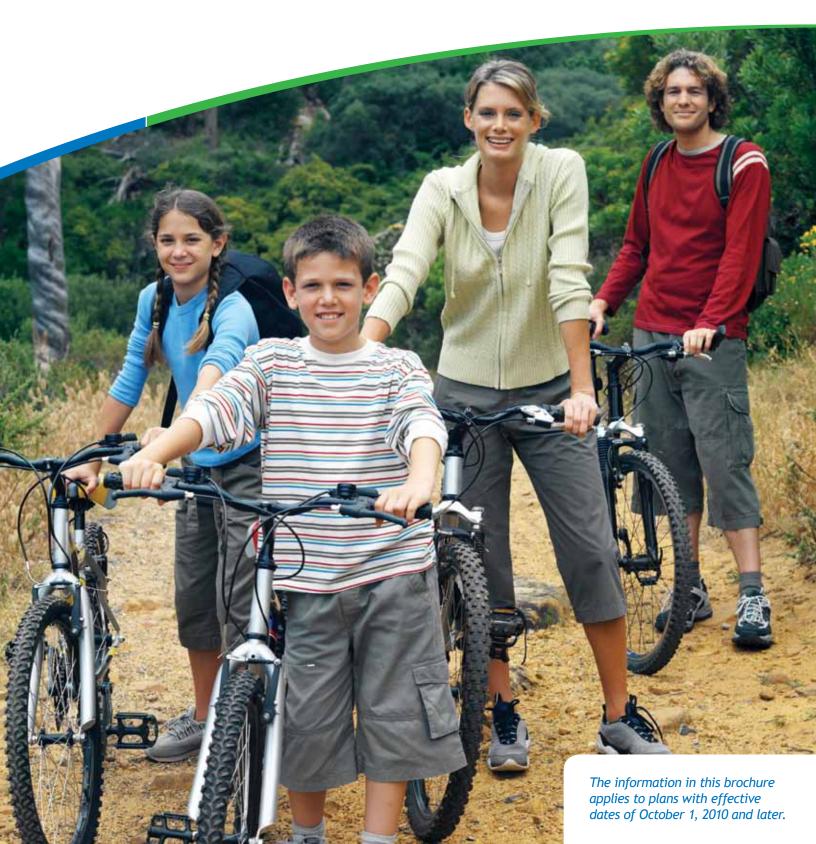
ASSURANT CATASTROPHIC PLANS OUT-OF-NETWORK COSTS					
OUT-OF-NETWORK DEDUCTIBLE					
Individual	Family				
2x in-network deductible	2x individual out-of- network deductible met collectively by 2 or more people				
OUT-OF-NETWORK TOTAL OUT-OF-POCKET MAXIMUM					
Individual	Family				
\$9,000 — \$30,000 depending on coinsurance	2x individual out-of- network total out-of-pocket maximum met collectively by 2 or more people				

No benefits are provided for the following:

- Charges incurred due to a pre-existing condition until you have been continuously insured for nine months.
 Any pre-existing conditions limitation does not apply to covered enrollees under 19 years of age
- Sickness or injury caused by war, participation in a felony, attempted suicide 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 insurance carriers
- Growth hormone stimulation treatment to promote or delay growth
- Routine dental care
- · Services provided through a school system
- · Diagnosis and treatment of infertility
- 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
- Outpatient prescription drugs
- Treatment of "quality of life" or "lifestyle" concerns, including, but not limited to: smoking cessation, obesity, hair loss or cognitive enhancement
- Cranial orthotic devices, except following cranial surgery
- Experimental or investigational services
- Charges in excess of any benefit maximum
- Charges for non-medical items
- Charges related to health care practitioner assisted suicide
- Treatment of substance abuse, including related prescription drugs



Individual and Family Medical Plans



Health insurance is vital to protecting not only your physical well-being but also your financial well-being. When you choose an Assurant Health plan, you receive reliable, dependable coverage you can customize to your own needs. Create your optimum balance of broad coverage and great value.

Assurant Catastrophic Plan

Select the Catastrophic plan for cost-effective coverage for preventive care, everyday needs and hospitalization, with special benefits for accidental injuries. You'll have the flexibility to control premiums without giving up important benefits or the convenience of an office visit copay.

Assurant HSA Plan

The Assurant HSA plan pairs a high deductible health plan with a tax-free health savings account (HSA). Since premiums are usually lower with a high deductible health plan than with a traditional plan, you can use your premium savings to fund an HSA. Whatever funds you don't use for out-of-pocket medical expenses will grow tax free and roll over year to year.

Assurant Comprehensive Plan

If you want comprehensive coverage for maternity and prescription drugs included in your policy, choose the Comprehensive plan. It provides the benefits you want so you can achieve the security and peace of mind you deserve.

All three Assurant Health plans offer **practical benefits** and **high-quality coverage**.

- Twelve-month initial rate guarantee
- Worldwide coverage, 24 hours a day
- No referrals necessary to see a specialist
- Access to independent Patient Care advocates who help you understand your plan, work through billing issues and save money by comparing cost and quality data for network doctors and hospitals

Dental-Vision Discount Plan optional coverage

Receive discounts on services from a nationwide network of dental and eyewear providers - savings of 15-50% on dental services and 10-60% on eyewear.

Actual costs and savings may vary by provider and geographic area. This optional coverage is available at an additional cost. Discount programs are not insurance. Additional provisions may apply.

Plan provisions

Network services

When you use network providers, covered charges are eligible for discounts and never exceed the maximum allowable amount.

Out-of-network services

Emergencies: Covered services are always paid at the network benefit percentage - even if you are out of network - subject to the maximum allowable amount.

Non-emergencies: Covered services are subject to the out-of-network deductible, maximum allowable amount provision, out-of-network coinsurance and increased out-of-network coinsurance out-of-pocket maximum.

Maximum allowable amount

The maximum allowable amount is the most the plan pays for covered services. If you use an out-of-network provider, you are responsible for any balance in excess of the maximum allowable amount.

Medically necessary care

Treatment must be medically necessary to be covered. Medically necessary services or supplies must be:

- · Appropriate and consistent with the diagnosis
- Commonly accepted as proper treatment
- Reasonably expected to result in improvement of the condition
- · Provided in the least intensive setting without affecting the quality of medical care provided

Utilization review

Authorization is required before inpatient treatment and certain types of outpatient procedures. Unauthorized services will result in a penalty. 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:

- Durable and personal medical equipment (\$500 lifetime benefit) six months
- Face and jaw dysfunction services six months
- Surgical treatment of bunions, hemorrhoids, inguinal hernia, varicose veins, tonsils/adenoids — six months
- Transplants 12 months

Pre-existing conditions

A pre-existing condition is a sickness, pregnancy or injury and related complications for which, during the six-month period immediately prior to the effective date of your health insurance coverage:

 You sought, received or were recommended medical advice, consultation, diagnosis, care or treatment

Prescription drugs were prescribed

• Symptoms were produced or 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 nine months. After the nine-month period, benefits are paid for a pre-existing condition. Any pre-existing conditions limitation does not apply to covered enrollees under 19 years of age.

Coverage if you move

Assurant Health offers individual medical coverage in 43 states and DC. If you move to another Assurant Health state, you can maintain continuous coverage with a plan in that state.





For more information, or to apply for coverage, contact:

Assurant Health 501 W. Michigan Milwaukee, WI 53203

About Assurant Health

Assurant is 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 have built 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; creditor-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.

Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$26 billion in assets and \$8 billion in annual revenue. Assurant has approximately 14,500 employees worldwide and is headquartered in New York's financial district, www.assurant.com.