

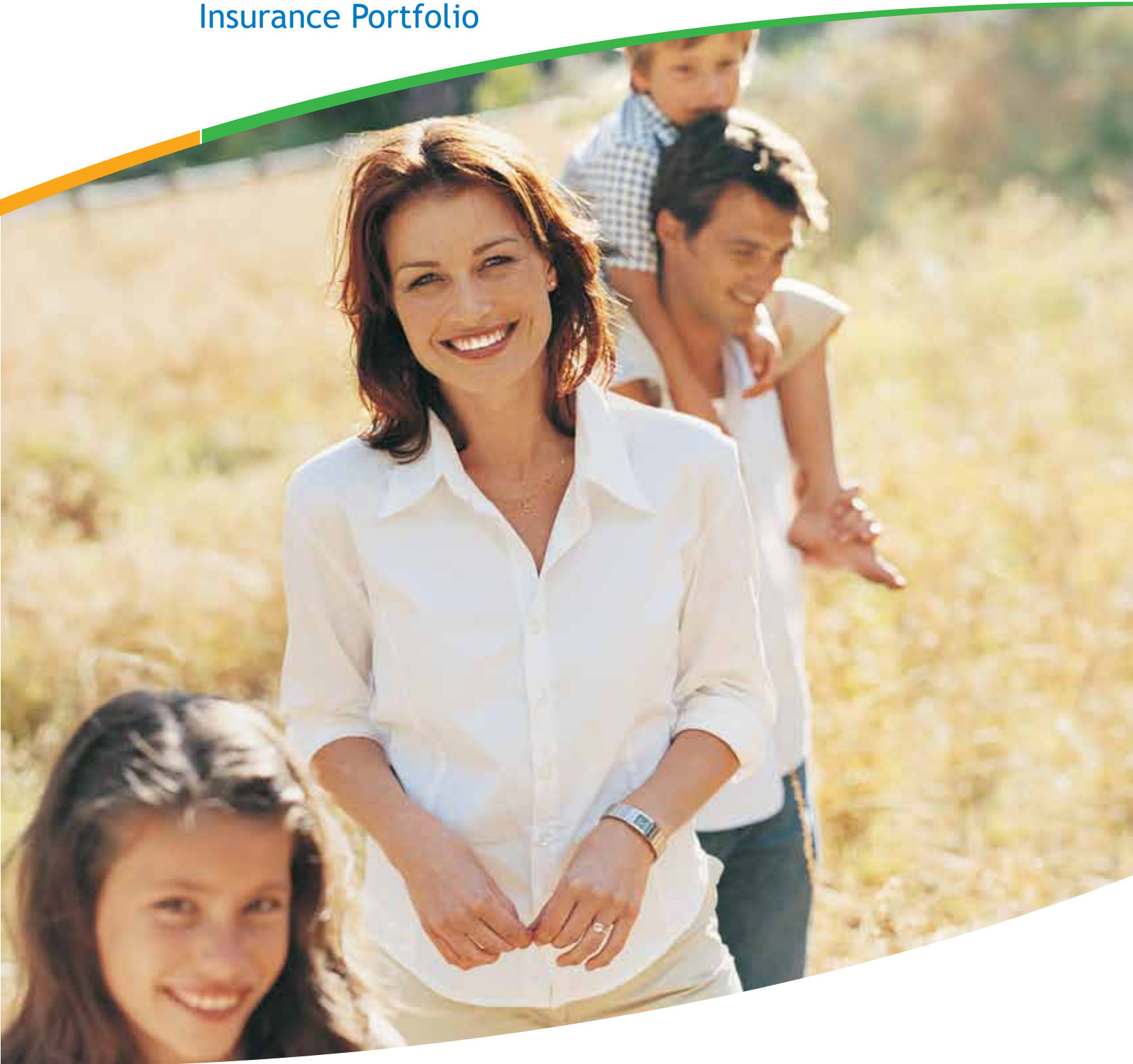


ASSURANT
Health®

MINNESOTA

Assurant. On your terms.™

Individual Health Insurance Portfolio



You don't need a group to have a planSM

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 company. And with almost 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 Assurant Health insurance companies¹ A- (Excellent)²—affirming their outstanding ability to meet claims-paying obligations.

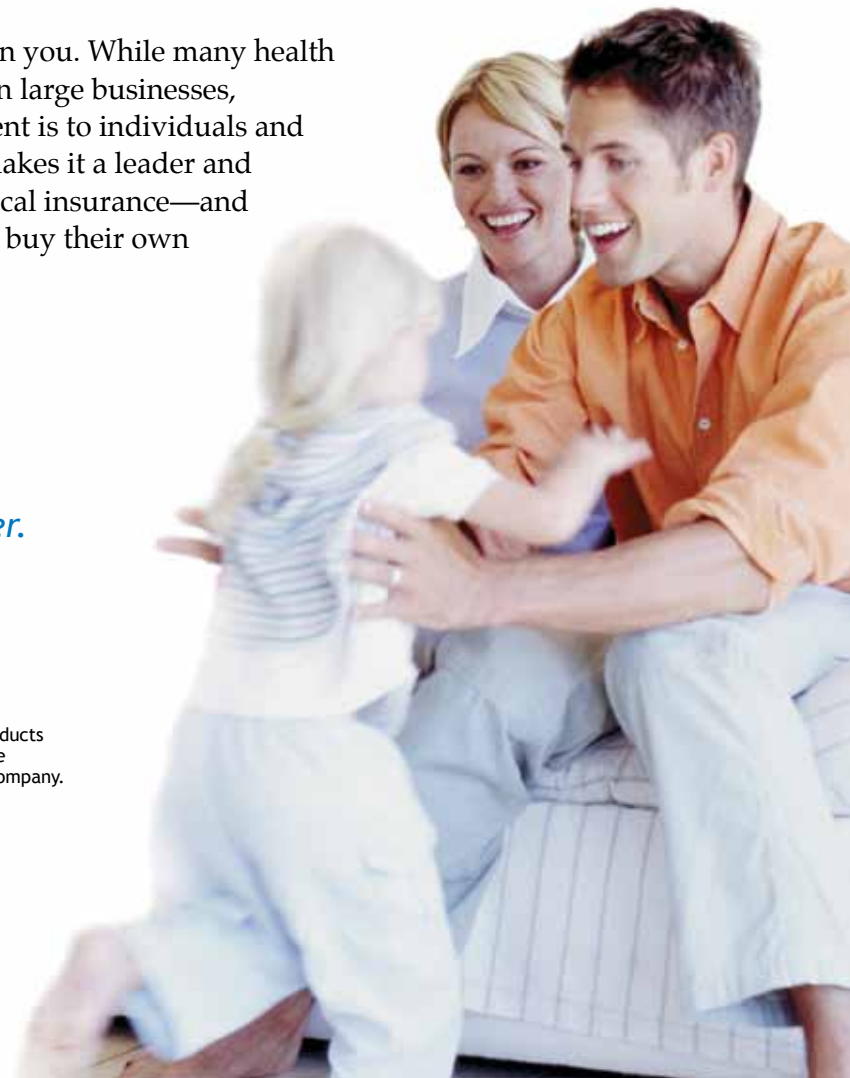
COMMITMENT

Assurant Health specializes in you. While many health insurance companies focus on large businesses, 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 and John Alden Life Insurance Company.

² Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, July 2008.



Distinct plans are the start

Whether you're looking for extensive benefits or premium savings, *Assurant Health has the plan for you.*

All plans include a participating provider organization (PPO) network. That means you have the freedom to use any doctor or hospital—and when you select network providers, you get advantages like discounts on covered services, no claim forms and fewer out-of-pocket expenses.

MaxPlanSM

If you want the most extensive coverage—and the most choice—consider Assurant Health MaxPlan. It gives you the security of \$3 million in lifetime benefits with the option to increase to \$8 million — one of the highest benefit amounts available. And, if you select the unlimited office visit copay benefit, you'll have the convenience of knowing what you'll spend each time you see a network doctor.

CoreMedSM Plan

If you want broad coverage at the best value, CoreMed is for you. It's the most cost-effective plan for both everyday and catastrophic needs. You'll be able to control your premiums without giving up benefits, and you can still choose to add optional features, like an office visit copay, for more protection and convenience. Providing \$2 million in lifetime benefits—with the option to increase to \$6 million—CoreMed offers quality and flexibility.

RightStart[®] Plan

If you want the peace of mind that health insurance brings at the most affordable price, RightStart fits the bill. You'll get essential benefits for as little as half the price of other popular plans. RightStart is ideal if you are without health insurance or are thinking about dropping your current coverage due to cost. It gives you access to doctors and hospitals—and you'll benefit from significant discounts on covered medical services.

Health Savings Account (HSA) Plans

If you want the most innovative approach to health insurance, an HSA Plan is the answer. HSA Plans include a health insurance plan and a tax-favored Health Savings Account. The insurance plan protects you from the large medical bills that accompany a serious accident or illness, and the HSA lets you pay everyday medical expenses with tax-free funds.

You can choose from two HSA plans. **OneDeductible** provides extensive coverage, the simplicity and convenience of a single, common deductible for all members of the family, and the security of \$3 million in lifetime benefits — with the option to increase to \$8 million.

SaveRightSM gives you essential coverage for as much as 40% less than OneDeductible.

Use your premium savings to fund your HSA, and you'll make the most of this plan.

The OneDeductible and SaveRight plans are also available without a Health Savings Account.

Assurant Health and its legal entities are not engaged in rendering tax advice. Clients should contact a qualified tax professional for tax advice. References are to federal tax laws. State tax laws may differ. Federal and state tax laws are subject to change.

Quality is the framework

No matter what health insurance plan you choose, quality is essential. Assurant Health plans begin with a quality framework that sets them apart. It's a framework of security, convenience and cost savings exemplified by valuable plan elements such as these:

Speedy plan approval

Apply through our exclusive **ExpressYESSM** program and expect a response in less than 48 hours. Many applicants receive approval and can print an insurance card on the spot!*

Lifetime benefit maximum up to \$8 million

On most plans, you choose the amount of protection you want—with options up to \$8 million.

Worldwide coverage, 24 hours a day

It doesn't matter whether you're nearby or far from home—you're covered.

Your choice of doctors and hospitals

You'll have access to some of the largest and best participating provider organization (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.

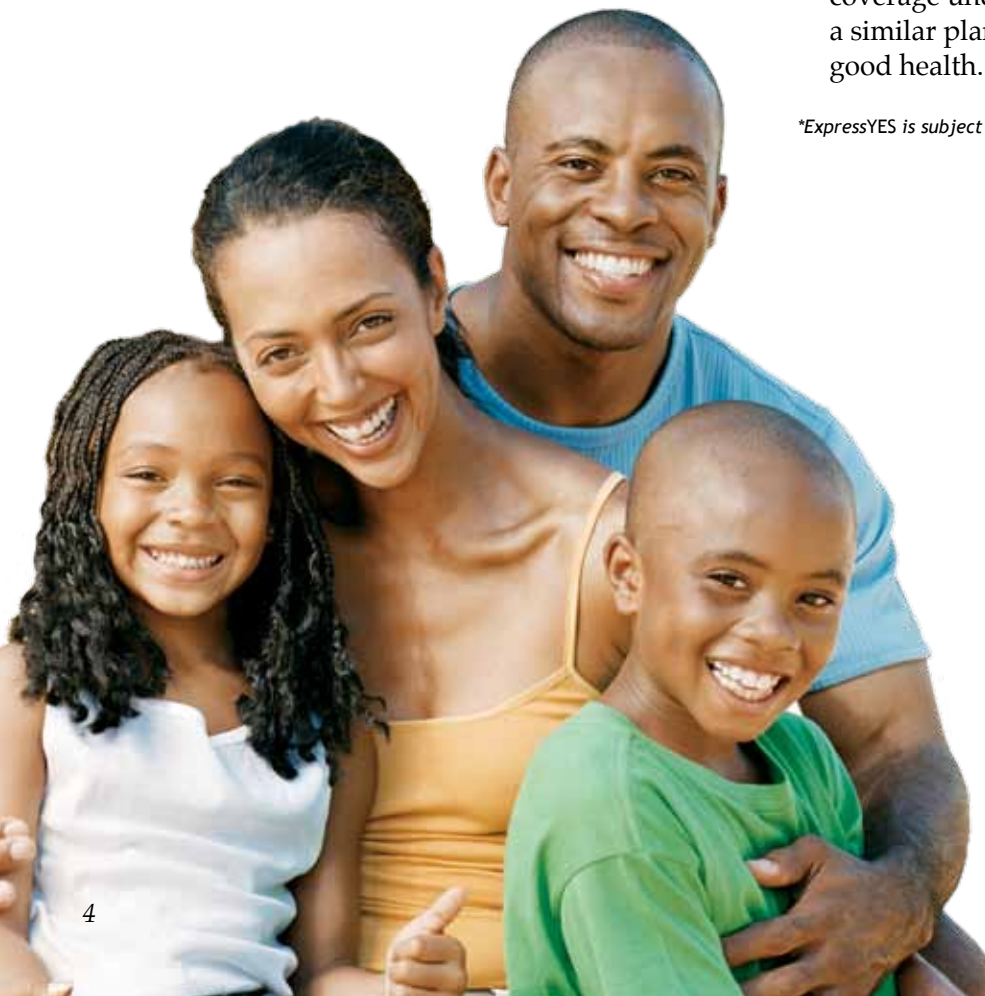
Ongoing coverage for your children

Regardless of age or student status, your covered children can remain under your plan until they marry.

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.

**ExpressYES is subject to full underwriting.*



All the basics are here

Regardless of the selections you make, you can count on many important built-in features. Your plan comes with coverage for the following services. Benefits are subject to deductible and coinsurance.

Prescription Drugs

For most plans, you pay only \$15 each time you fill a generic prescription at a participating pharmacy. Under all plans, coverage is for the price of generics—or for the price of brand name prescriptions when a generic equivalent is not available—at a participating pharmacy. Mail-order service is available.

Preventive Services

Includes mammograms, Pap tests and PSA screening—with no special limits—as well as benefits up to \$500 (\$750 for MaxPlan and OneDeductible plans) for other services recommended by the U.S. Preventive Services Task Force (USPSTF), laboratory tests, immunizations, 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.

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.

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 doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

Outpatient Physical Medicine

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

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

MaxPlan, CoreMed and OneDeductible plans cover:

- Kidney, cornea and skin transplants as any other service.
- Transplants such as bone marrow, heart, liver and lung as any other service when performed at a designated transplant provider.
- 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.

RightStart and SaveRight plans cover transplants up to the applicable maximums—and include up to \$10,000 toward donor expenses.

Complications of Pregnancy

MaxPlan, CoreMed and OneDeductible plans cover emergency Caesarean section and any sickness associated with pregnancy except hyperemesis gravidarum.

RightStart and SaveRight plans cover medically necessary Caesarean section, ectopic pregnancy, miscarriage, gestational diabetes mellitus and medical conditions distinct from, but adversely affected by, pregnancy.

Other covered services include:

- Dental injuries
- Diabetic services
- Durable and personal medical equipment
- 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 and, for RightStart and SaveRight, a 12-month waiting period)
- Treatment of TMJ/CMJ

Some plans offer even more!

Look for this feature included with plans that provide the broadest coverage:

- Home health care

Compare Benefits. Make Choices. Build Your Plan.

MaxPlanSM

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

Deductible Amount you pay toward covered expenses before the plan pays benefits	\$1,000, \$1,500, \$2,500, \$3,500, \$5,000, \$10,000, \$15,000 or \$25,000 (Family deductible maximum is two times the deductible and is met collectively by two or more persons.)
Benefit Percentage Percentage of covered expenses the plan pays after the deductible	100%, 80%, 70% or 50%
Coinsurance Percentage of covered expenses you pay after the deductible	0%, 20%, 30% or 50%
Coinsurance Out-Of-Pocket Maximum* After this maximum is met, the plan pays 100% of covered expenses	\$0 to \$7,500 depending on coinsurance
Office Visit Copay With this optional benefit, you pay your copay and the plan pays 100% of the remaining cost of an eligible network office visit including examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots. See page 11 for details.	\$35 copay Copay applies to each network office visit – no limits on visits
Outpatient Services Maximum The annual maximum amount the plan pays toward outpatient services	None – the plan pays benefits up to the lifetime benefit maximum
Annual Maximum The total annual maximum amount the plan pays	None – the plan pays benefits up to the lifetime benefit maximum
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 Routine screening procedures for cancer, including mammograms, Pap tests, PSA screening and colorectal screening; prenatal services, and child health supervision services† Other USPSTF-recommended services	Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted. Covered – with no special limits
Office Visits	Up to \$750 in benefits • If selecting the Office Visit Copay, see page 11 for details
Diagnostic Imaging and Laboratory Services	Covered • If selecting the Office Visit Copay, see page 11 for details
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

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

† Prenatal and child health supervision services are not subject to deductible, coinsurance or copays.

The amount of benefits depends upon the plan design components selected, and the premium varies with the amount of benefits. Plan design components are not available in all combinations. Out-of-network provisions may apply. See page 11 for details.

CoreMedSM Plan

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

\$1,000, \$1,500, \$2,000, \$3,500, \$5,000 or \$10,000 <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)</i>
80%, 70% or 50%
20%, 30% or 50%
\$2,000 to \$7,500 depending on coinsurance
\$35 copay Copay applies to each of four network office visits per person Additional visits are covered subject to deductible and coinsurance
None – the plan pays benefits up to the lifetime benefit maximum
None – the plan pays benefits up to the lifetime benefit maximum
\$2 million or \$6 million

RightStart[®] Plan

\$1,000 or \$2,500 <i>(Family deductible maximum is three times the deductible and is met collectively by three or more persons.)</i>
75% or 50%
25% or 50%
\$2,000 with 50% coinsurance \$3,000 with 25% coinsurance
\$25 copay Copay applies to each of two network office visits per person Additional visits are covered subject to deductible and coinsurance
\$2,500 or \$5,000 <i>(All outpatient benefits are subject to this maximum)</i> • Optional RightStart Cancer Benefit – see page 9 for details
\$50,000, \$100,000 or \$250,000 <i>(All benefits are subject to this maximum)</i>
\$2 million

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

\$15 copay (no deductible or coinsurance)
\$500 deductible / \$25 copay + 50% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons.)</i>
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
Covered – with no special limits
Up to \$500 in benefits • If selecting the Office Visit Copay, see page 11 for details
Covered • If selecting the Office Visit Copay, see page 11 for details
Covered
Covered • Outpatient facility fee: \$0 or \$200 per outpatient surgery
Covered
Covered • \$75 emergency room fee – waived if admitted to the hospital
Covered
Up to \$3,000 in benefits
Up to 160 hours

\$15 copay (no deductible or coinsurance) • Maximum: \$2,000 for brand and generic combined
\$500 deductible / \$25 copay + 50% coinsurance <i>(Family deductible maximum is \$1,000 and is met collectively by two or more persons.)</i> • Maximum: \$2,000 for brand and generic combined
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
Covered – with no special limits – after you have been insured for 12 months
Up to \$500 in benefits – after you have been insured for 12 months • If selecting the Office Visit Copay, see page 11 for details
Covered • If selecting the Office Visit Copay, see page 11 for details
Covered
Covered
Up to \$1,000 for one trip
Covered • \$75 emergency room fee – waived if admitted to the hospital
Covered
\$50 per visit for up to two visits
Not covered

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

Covered • Inpatient facility fee: \$0, \$200 or \$750 per day for first three days of each confinement
Up to 90 days
Up to 90 days
Covered

Covered
\$100 per day for up to 50 days
Up to 30 days
Covered

OneDeductible Plan (plan available with or without an HSA)

SaveRightSM Plan (plan available with or without an HSA)

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

Individual plan: \$1,600, \$2,100, \$2,850, \$3,750 or \$5,000 Family plan: \$3,200, \$4,200, \$5,700, \$7,500 or \$10,000 per family	\$2,300, \$3,000 or \$5,100 <i>(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)</i>
100%, 80% or 50%	100%, 75% or 50%
0%, 20% or 50%	0%, 25% or 50%
\$0 to \$2,500 depending on coinsurance	\$0 to \$3,000 depending on coinsurance
Not available	Not available
None – the plan pays benefits up to the lifetime benefit maximum	\$15,000 or \$25,000 <i>(All outpatient benefits are subject to this maximum)</i>
None – the plan pays benefits up to the lifetime benefit maximum	None – the plan pays inpatient benefits up to the lifetime benefit maximum
\$3 million or \$8 million	\$2 million

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

Covered	Covered • Maximum: \$2,000 for brand and generic combined – or no annual maximum
Covered	Covered • Maximum: \$2,000 for brand and generic combined – or no annual maximum
<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>	<i>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</i>
Covered – with no special limits	Covered – with no special limits – after you have been insured for 12 months
Up to \$750 in benefits	Up to \$500 in benefits – after you have been insured for 12 months
Covered	Covered
Covered	Covered
Covered	Covered
Covered	Up to \$1,000 for one trip
Covered • \$75 emergency room fee – waived if admitted to the hospital	Covered • \$75 emergency room fee – waived if admitted to the hospital
Covered	Covered
Up to \$3,000 in benefits	\$50 per visit for up to two visits
Up to 160 hours	Not covered

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

Covered	Covered
Up to 90 days	\$100 per day for up to 50 days
Up to 90 days	Up to 30 days
Covered	Covered

Optional features make it yours

Take a plan and make it 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 an eligible network office visit, including immunizations and allergy shots.

The office visit copay is not available with OneDeductible or SaveRight plans.

RightStart Cancer Benefit

Available only with the RightStart Plan, this benefit activates an additional \$25,000 in outpatient services benefits for each calendar year in which you receive treatment for malignant cancer.

Cancer treatment is often administered on an outpatient basis and can include chemotherapy and/or radiation therapy, follow-up office visits and ongoing diagnostic and lab tests. The RightStart Cancer Benefit adds extra protection when you need it the most.

Accident Medical Expense Benefit

This benefit pays first in the event of an injury—before you pay any copay, access fee, deductible or coinsurance. You select the benefit amount: \$500, \$1,000 or \$2,500.

Dental-Vision Discount Plan

This plan provides discounts on services from a nationwide network of dental and eyewear providers. You'll save 15% to 50% on dental services and 10% to 60% on eyewear.

Actual costs and savings may vary by provider and geographical area.

Optional features are available at an additional cost. RightStart Office Visit Copay—Riders B184 and B185. RightStart Cancer Benefit—Riders B321 and B322. MaxPlan, CoreMed and OneDeductible Accident Medical Expense Benefit—Riders 4014 and 4017. RightStart and SaveRight Accident Medical Expense Benefit—Riders 2844 and 2883. Discount programs are not insurance. Additional provisions may apply. See page 11 for details.



SuiteSolutions®

Join thousands of Assurant Health customers who have employed SuiteSolutions to pay deductible and coinsurance expenses.

Available through membership in Health Advocates Alliance, SuiteSolutions is most popular for its cash benefits that can protect you financially should sudden, serious medical needs bring sudden, significant medical bills your way.

Two membership levels are available. With both, you:

- Can select a benefit option that covers some or all of your upfront deductible or total out-of-pocket amount
- Receive cash benefits—sent directly to you, or to your provider if you prefer
- Get the same full benefit no matter what doctor or hospital you use
- Can retain the coverage even if you choose to discontinue your individual medical coverage

SecureSolution — benefits for accidents

SecureSolution can cover the amount you would otherwise pay out of your pocket toward injury expenses, and also provides additional accident benefits.

Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$250 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

Up to \$10,000 for the primary insured and up to \$1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

SelectSolution — benefits for accidents, critical illnesses and more

SelectSolution can cover the amount you would otherwise pay out of your pocket toward injury and/or critical illness expenses. Additional benefits, services and discounts are also provided.

Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$250 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

Up to \$25,000 for the primary insured and up to \$1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

Critical Illness Expense Benefit

Benefit options: \$2,500, \$5,000 or \$10,000 for the primary insured and spouse. Covers life-threatening cancer, heart attack, stroke, renal failure, coma, major organ transplant, loss of sight/speech/hearing, and paralysis – as each is defined in the insurance certificate.

(Selected benefit option must be the same as Accident Medical Expense)

Identity Network Child Safety Services

Pre-registry of children using photos and descriptions

Identity Theft Benefit

Up to \$2,500 in financial relief, including reimbursement for related costs, lost wages, legal fees and expenses

Travel Assistance

Emergency medical, financial, legal and communication assistance, plus a multilingual information service available before and during travel, for members who are traveling 100 or more miles from home

Discounts

Up to 60% off items such as health club dues, hearing aids, hotel reservations and travel packages

With SuiteSolutions, you can feel more sure about selecting a higher deductible and/or total out-of-pocket amount – and taking advantage of the lower resulting premium. Ask your agent to use the chart below to show you how SuiteSolutions can help you plan financially for unplanned medical expenses.

PLAN WITHOUT SUITESOLUTIONS			PLAN WITH SUITESOLUTIONS		
Deductible amount		\$	Deductible amount		\$
Coinsurance out-of-pocket amount	+	\$	Coinsurance out-of-pocket amount	+	\$
Total out-of-pocket amount		\$	Total out-of-pocket amount		\$
			SuiteSolutions benefit amount	–	\$
			Remaining out-of-pocket amount*		\$
Premium		\$ /year	Premium with SuiteSolutions fee		\$ /year
Total out-of-pocket amount	+	\$	Remaining out-of-pocket amount	+	\$
Total cost to you		\$ /year	Total cost to you		\$ /year

*Add \$250 deductible for an accident.

AGENT: Sample cost comparison charts are available in Find A Form on the Assurant Health Sales Web site: <http://www.assuranthealthsales.com>.

Accident Medical Expense benefits are reduced by benefits payable under any other insurance plan. Critical Illness Expense benefits are not available with child-only plans. Accident and critical illness benefits are underwritten by National Union Fire Insurance Company of Pittsburgh, a member of American International Group, Inc. (AIG). 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. Supplemental products are available at an additional cost. SuiteSolutions plans are separate contracts. Discount programs are not insurance. Additional provisions may apply.

Provisions for all plans

Office Visit Copay (optional feature)

With this benefit, a copay is your only cost for an eligible network office visit. Any associated imaging and laboratory services, such as x-rays and blood tests, are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

After any applicable preventive services waiting period, preventive services performed by a network provider during an office visit, such as immunizations and annual examinations, are covered by the office visit copay. Any associated imaging and laboratory services, such as mammograms and PSA tests, are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

Other services that are subject to deductible and coinsurance, but not eligible for benefits under the office visit copay, are: office visits with non-participating providers, surgical procedures, allergy tests and maternity-related visits.

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.

Maximum Allowable Amount

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

Network Services

When you use network providers, covered charges are discounted 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, the maximum allowable amount provision, a 20% benefit percentage reduction, and the increased out-of-network coinsurance out-of-pocket maximum. See the chart below for details.

	OUT-OF-NETWORK COSTS			
	OUT-OF-NETWORK DEDUCTIBLE		OUT-OF-NETWORK COINSURANCE OUT-OF-POCKET MAXIMUM	
	Individual	Family	Individual	Family
MaxPlan	Individual Plan Deductible + \$1,000	2x individual out-of-network deductible met collectively by 2 or more persons	\$6,000 or \$8,500, depending on coinsurance selected	\$12,000 or \$17,000, depending on coinsurance selected
CoreMed	Individual Plan Deductible + \$1,000	2x individual out-of-network deductible met collectively by 2 or more persons	\$10,000	\$20,000
RightStart	Individual Plan Deductible + \$1,000	3x individual out-of-network deductible met collectively by 3 or more persons	\$8,000	\$16,000
OneDeductible	Individual Plan Deductible + \$500	Family Plan Deductible + \$1,000	\$6,000	\$12,000
SaveRight	Individual Plan Deductible + \$1,000	2x individual out-of-network deductible met collectively by 2 or more persons	\$8,000	\$16,000

Utilization Review

Authorization is required before receiving inpatient treatment and certain types of outpatient treatment. Unauthorized services will result in a penalty of 25% of the charge (up to \$1,000). Unauthorized transplants are not covered.

Pre-Existing Conditions

A pre-existing condition is an illness or injury and related complications for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to the effective date of your health insurance coverage regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed. Benefits are not paid for charges incurred due to a pre-existing condition until you have been continuously insured under the plan for 12 months unless the condition was fully 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.

Exclusions Summary

No benefits are provided for the following:

- Charges incurred due to a pre-existing condition for the duration of the pre-existing provision.
- Illness or injury caused by war, commission of a felony, 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 insurance carriers
- Growth hormone stimulation treatment to promote or delay growth
- Charges for treatment of behavioral health (mental/nervous disorders) including prescription drugs
- Charges for substance abuse including prescription drugs, unless the Optional Substance Abuse Rider is purchased

- Routine dental care
- 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
- 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 used to improve memory or to slow the normal process of aging
- Testing related to the diagnosis of behavioral conduct or developmental problems
- 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 non-medical items
- Charges for alternative medicine including acupuncture and naturopathic medicine

Additional Exclusion for RightStart and SaveRight

- Home health care



ASSURANT
Health®

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

Assurant Health
501 W. Michigan
Milwaukee, WI 53203

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 almost 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, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. With almost 3,000 employees, 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 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 and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$24 billion in assets and \$8 billion in annual revenue. Assurant has approximately 15,000 employees worldwide and is headquartered in New York's financial district. The Assurant Web site is www.assurant.com.

For coverage beginning on and after October 1, 2009.

Product forms 253, 376, Series TIM and Series JIM

Form 29233-MN (Rev.7/2009)

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ASSURANT
Health[®]

SaveRight Deductible Options

Effective January 1, 2010, deductible options for SaveRight Plans are:

\$2,500, \$3,000 and \$5,100

(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)

- Choose \$5,100 – You'll receive a 24-month rate guarantee with the option to extend it to 36 months!*
- With \$2,500 and \$3,000, you have the option to extend your 12-month rate guarantee to 24 or 36 months.*

Assurant. On your terms.[®]

*Rate guarantees are not available in MN, MS, ND, NM, NV, OR or WV.

These deductible options are available everywhere SaveRight is marketed except Kansas and Nevada.

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