



## Personal Health Insurance Plans for Individuals and Families

Time Insurance Company  
Ohio - Form 770  
State Variations

The product brochure is used nationwide and does not reflect state-specific information. Use this State Variations form along with the product brochure. This form contains a list of available benefit options and a summary of major contract variations for Ohio.

**Benefit Options**      Accident Medical Expense  
Dental-Vision Discount Plan (Discount programs are not insurance)  
Maternity Benefit (Deductible options of \$1,000, \$2,500, \$5,000 and \$10,000)  
Office Visit Copayment  
First-Dollar Preventive Services Benefit (OneDeductible plan only)  
Life Insurance

**Office Visit Copayment Option**      *Refer to EASE or software for availability.*

**State-specific Benefits**      Pre-Existing Condition - A sickness or an 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 6-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
- That produced signs or symptoms during the 6-month period immediately prior to the covered person's effective date.

Preventive Medicine Services - Preventive Medicine Services include but are not limited to: Child Health Supervision Services, mammograms, Pap tests and PSA screenings. The calendar year maximum does not apply to Child Health Supervision Services. CoreMed Plan's 6-month benefit waiting period does not apply to mammograms, cervical cancer screening and Child Health Supervision Services.

Child Health Supervision Services - Child health supervision services provided to a child from birth to age one shall not exceed a maximum limit of \$500. Benefits shall include a hearing screening not to exceed a maximum limit of \$75. Child health supervision services provided to a child after age one shall not exceed a maximum limit of \$150.

Behavioral Health - Benefits for outpatient treatment by a health care practitioner or a state licensed intensive outpatient behavioral health program or behavioral partial hospital and day treatment behavioral facility or program are limited to \$550 each

calendar year per covered person. Benefits will continue to be available for outpatient treatment of behavioral health even when other maximums have been met.

Substance Abuse - Benefits for outpatient treatment by a health care practitioner or a state licensed intensive outpatient behavioral health program or behavioral partial hospital and day treatment behavioral facility or program are limited to \$550 each calendar year per covered person. Benefits will continue to be available for outpatient treatment of substance abuse even when other maximums have been met.

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*This document 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 document, the terms and conditions of the coverage documents will govern.*

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