



ASSURANT
Health®

Assurant. On your terms.®

Real Choices® Portfolio

Medical Insurance Plans
for Small Employer Groups



Assurant Health

An Assurant Health medical insurance plan provides more than just protection – it provides peace of mind. That peace of mind comes from knowing you've chosen a health insurance carrier with the commitment and financial resources to be there when you or your employees need them.

The Assurant Health companies¹ are rated A- (Excellent) for financial strength and ability to meet policyowner obligations by the highly respected insurance industry analyst, A.M. Best Company.²

Nearly one million people are covered by Assurant Health plans.

Flexible

The Assurant Health Real Choices portfolio offers small business owners **an array of choices** – including many benefits typically reserved for big businesses. This flexibility enables you to construct the ideal plan for your group.

Affordable

Flexibility and affordability go hand in hand. You can have the coverage you want at an economical price because you **choose and pay for the benefits that are most important** to your group.

Responsive

When you choose an Assurant Health plan, you can rely on receiving **prompt, accurate claims payment and quick, courteous customer service.**

Whether you prefer the convenience of online service or the personal touch of a knowledgeable person, you and your employees will receive top-notch service.

Discover how easy it is to build your plan and how comfortable it is to be insured by a highly reputable company that understands your needs.

¹ Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

² A.M. Best is a rating organization that evaluates insurers' financial strength. The rating represents the organization's opinion of Time Insurance Company's and John Alden Life Insurance Company's ability to meet their ongoing obligations to policyholders. Source: A.M. Best Ratings and Analysis, June 2009.



The Real Choices® Portfolio

The *Real Choices* small group portfolio is designed to provide you with the ability to construct the ideal plan for your business. Start by selecting one of the following plans. Then tailor it by choosing the features you want.

In-depth information on each of the plans is available in the brochures shown below.

Real Choices I

Premier Plans that offer the *Most Extensive Coverage*

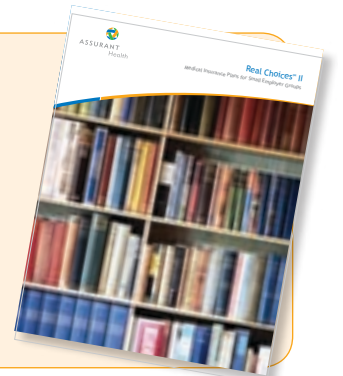
- Designed for employers seeking the highest level of benefits.
- Offers office visit/emergency room/urgent care facility copays.
- Provides choice of prescription drug copays including a \$0 copay option for generics.
- Covers preventive care including up to \$1,250 in first-dollar benefits.
- Provides \$6 million per person in lifetime maximum benefits.
- Includes an annual \$500 first-dollar benefit for imaging and lab services.
- Includes a free Premium Only Plan (POP).



Real Choices II

Popular Plans that offer the *Most Choices*

- Designed for employers seeking maximum plan design flexibility.
- Offers office visit/emergency room/urgent care facility copays.
- Offers the most choices for prescription drug coverage.
- Covers preventive care including up to \$800 in first-dollar benefits.
- Includes a free Premium Only Plan (POP).



Real Choices III

Streamlined Plans that offer the *Most Affordable Coverage*

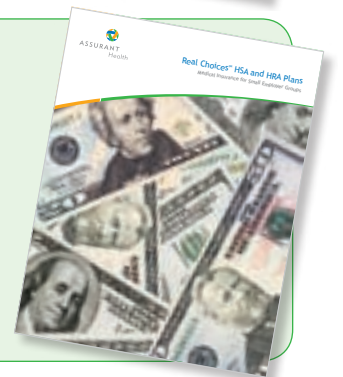
- Designed for first-time buyers and employers who want to offer basic health insurance.
- Includes preventive care and prescription drug benefits.
- Offers an optional first-dollar doctor office visit benefit.
- Includes a free Premium Only Plan (POP).



Consumer Choice Plans

HSA and HRA Products that offer *Flexibility and Tax Advantages*

- Designed for those seeking premium savings and tax savings.
- HSA plans offer a 24-month rate lock option.
- HRA plans offer many first-dollar benefits.
- Covers preventive care including first-dollar benefits.
- Includes a free Premium Only Plan (POP).



Portfolio Highlights

Real Choices provides *meaningful* choices including popular standards and benefit trend-setters.

Everyday Benefits that can Benefit Everyone

Too often small business owners have to sacrifice many of the benefits that employees use and value most. Real Choices makes such benefits available and affordable.

\$0 Copay for Generic Drugs

Choose a \$0 generic drug copay and your employees will have a prescription copay that's lower than the well-publicized generic copays at Wal-Mart® and Target®.

Generic drugs meet the same health and safety standards set by the United States Food and Drug Administration as their brand name equivalents. So it makes sense to choose one of the \$0 generic drug options and purchase generic prescription drugs.

First-Dollar Preventive Care Benefits

Real Choices preventive benefits provide something for everybody – routine physical exams, mammograms, well-child exams, immunizations and much more.

All plans enable employees to receive preventive care benefits without satisfying a deductible, copay or paying any coinsurance. Benefits range from \$200 to \$1,250 per person, per year.

Copays for Emergency Rooms and Urgent Care Centers

Sooner or later almost everyone needs urgent medical attention. That's why many Real Choices plans offer the convenience of hospital emergency room and urgent care facility copays.

Choose a Network and Save

With Real Choices, you and your employees are free to choose any hospital or physician. However, when you choose a PPO (Preferred Provider Organization) plan and use participating providers, **you save money.**

You share in that savings through lower PPO plan premiums. When your employees use participating providers, typically they are charged less, have lower out-of-pocket costs, and never have to complete a claim form.

Affiliated Provider Benefit

Assurant Health has PPO arrangements with local and national provider networks so you have convenience and choice. However, many times physicians and other healthcare providers such as radiologists, anesthesiologists, pathologists and emergency room personnel are affiliated with participating hospitals and clinics but are not members of the network. If care is received at a network facility from **those nonparticipating providers**, covered charges will be **paid at the network benefit level.** Though the plan pays a greater percentage of the charge, the covered person is responsible for any remaining balance.

Emergency Care Benefit

PPO plans pay for emergency treatment at the **network benefit level** whether treatment is received from a participating or nonparticipating provider.

Indemnity Plans

If you are in an area where there is no PPO available, you can select an indemnity plan that provides the freedom to choose any provider without incurring additional cost.

Refer to the Traditional Brochure for additional information on indemnity plans. (Form 50513)

HSAs – Innovative, All-in-One Money-Saving Program

Health Savings Accounts (HSAs) provide tax advantages. HSA-qualified health insurance plans are designed to provide premium savings. Assurant Health adds cutting-edge features and services.

When you choose Assurant Health for your HSA program, you and your employees will have:

- A convenient way of receiving service for both the HSA insurance plan and account
- The option to choose a 24-month rate lock so rates remain stable for two full years
- Preventive care benefits
- Access to Assurant Health's **exclusive account administration at no additional cost**. Account services and features include:
 - efficient online: claims payment, account tracking services, and employer contributions to employee accounts
 - a VISA® debit card for easy withdrawals
 - a mutual fund investment option for those with larger account balances
 - tax-free interest on HSA funds.

HRAs – Employer-Favored Consumer Choice Products

Similar to an HSA, a Health Reimbursement Arrangement (HRA) is a money-saving program that provides employers with:

- More control and choices in designing an HRA plan than an HSA plan
- More flexibility in funding an HRA than an HSA – which can improve the business' cash flow.

Save Money with Our Free POP

A Premium Only Plan (POP) is a tax-favored program that allows employees to pay their portion of health insurance premiums or make HSA contributions with pretax dollars.

A POP reduces your employees' taxable income and your payroll-related taxes. POP services are available on Assurant Health medical and stand-alone dental plans **at no additional cost**.

Refer to the POP Brochure for additional information. (Form 50514)

Assurant Health is not engaged in rendering tax advice. Please see a qualified tax professional for tax advice.

Employee Choice – When One Won't Do

Maybe your executives want an HSA but your other employees prefer a copay plan. Perhaps your business has multiple locations but your preferred network isn't available in remote locations.

Assurant Health easily remedies situations such as these with its Employee Choice program.

With Employee Choice, you can

- cover employees at branch locations and
- satisfy different needs by offering multiple plans and/or networks.

Simplifying Health Care

When you or your employees need help navigating the health care system, reach out to **Patient Care**, an independent advocacy service. A specially trained Advocate can help to:

- Save money by providing valuable information for locating the most cost-effective care prior to receiving medical services
- Work through any billing or claims issues after services are received

Services are available at no cost to you. Refer to the Patient Care Pamphlet for additional information. (Form 29895)

Customer Service on Your Time or Ours

Assurant Health provides online capabilities so that you can take care of many simple administrative duties – adding / deleting employees, updating employee information, requesting ID cards – whenever it's best for you. Or, simply contact Customer Service for assistance during normal business hours.



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

Deductible Individual Family Family Deductible Accumulation	(You Pay)	\$0, \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000 \$0, \$1,000, \$2,000, \$3,000, \$4,000, \$5,000, \$7,000, \$10,000 or \$20,000 Individual/Family Deductible or One Deductible
Benefit Percentage	(Plan Pays)	100%, 90%, 80%, 70% or 50%
Coinsurance Percentage	(You Pay)	0%, 10%, 20%, 30% or 50%
Coinsurance Out-Of-Pocket Maximum	(You Pay up to the Maximum)	\$0, \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000
Office Visit (OV) Copay Primary Care Provider (PCP)	(You Pay)	Copays: PCP/Specialist – \$20/\$40, \$25/\$40, \$35/\$50 or \$50/\$50 Copay applies to visits to network PCPs and Specialists
Outpatient Services Maximum	(Plan Pays up to the Maximum)	None – the plan pays benefits up to the lifetime benefit maximum
Annual Maximum	(Plan Pays up to the Maximum)	None – the plan pays benefits up to the lifetime benefit maximum
Lifetime Benefit Maximum	(Plan Pays up to the Maximum)	\$6 million

Outpatient Benefits Benefits are subject to deductible and coinsurance unless otherwise noted.

Outpatient Hospital/Surgical Center Care, Physician Services, Durable Medical Equipment	Covered
Prescription Drugs (Generic/Preferred Brand/Nonpreferred Brand) <i>Contraceptive products (self-administered) are covered. Mail order prescriptions are available in most states. Save 10% on your 3 copays for a 3-month supply. A Preferred Pricing Card is included with all plans that don't have a prescription copay.</i>	<ul style="list-style-type: none"> • \$0/\$35/\$55 copays, or • \$15/\$35/\$55 copays, or • \$15/\$45/\$60 copays, or • \$15/\$50/\$75 copays, or • Deductible/Coinsurance, or • Preferred Pricing Card only
Preventive Medical Services <i>First-dollar benefit, then subject to deductible, coinsurance and copay up to the lifetime maximum.</i>	\$750 or \$1,250 first-dollar benefit
Office Visits	Covered If OV Copay selected, subject to copay – no limit on number of visits
Emergency Room <i>Nonemergency use of the ER is subject to a 30% penalty.</i>	Covered If OV Copay selected, subject to \$250 copay, then covered at 100%
Urgent Care Services	Covered If OV Copay selected, subject to \$50 copay, then covered at 100%
Diagnostic Imaging and Laboratory Services	\$500 first-dollar benefit, then subject to deductible/coinsurance
Professional Ground and Air Ambulance	Covered
Outpatient Physical Medicine	Up to \$5,000 in benefits
Allergy Shots	Covered If OV Copay selected, covered at 100%
Home Health Care	Covered up to 50 visits
Family Planning Services <i>Covers contraceptive products and drugs – oral contraceptives covered under Rx Drugs.</i>	Covered If OV Copay selected, subject to copay, then 100%
Temporomandibular Joint Dysfunction (TMJ)	\$1,000 lifetime maximum
Behavioral Health and Substance Abuse <i>Inpatient benefits listed below.</i>	Deductible and 50% coinsurance – Outpatient annual limit: \$3,000 <i>Coinsurance does not apply to out-of-pocket maximum.</i>

Inpatient Benefits Benefits are subject to deductible and coinsurance unless otherwise noted.

Hospital and Physician Services <i>Hospital services include semi-private room, board, intensive care and miscellaneous services and supplies.</i>	Covered
Inpatient Rehabilitation Facility	Covered up to 90 days
Subacute Rehabilitation and Nursing Facilities	Covered up to 90 days
Hospice Care Services	Covered at 100%
Transplants (Refer to page 11 for additional information.)	Covered
Behavioral Health and Substance Abuse	Covered up to 28 days

Optional Features Optional features are available at an additional cost.

Maternity Care Services <i>Includes prenatal, delivery, well-newborn and postpartum care.</i>	<ul style="list-style-type: none"> • Deductible/Coinsurance, or • Separate \$7,500 maternity deductible, then 100%
Office Visit Maximum Benefit	Not available
Accident Medical Expense (AME)	\$500 or \$1,000 first-dollar benefit per occurrence

Real Choices II (Plan Types – Copay, PPO, HRA)

Real Choices III (Plan Type – PPO)

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

\$0, \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000 \$0, \$1,000, \$2,000, \$3,000, \$4,000, \$5,000, \$7,000, \$10,000 or \$20,000 Individual/Family Deductible or One Deductible
100%, 90%, 80%, 70% or 50%
0%, 10%, 20%, 30% or 50%
\$0, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000
Copays: PCP – \$20, \$25, \$35, \$50 Specialist – \$50 • Copay applies to unlimited visits to network PCPs and Specialists, or • Copay applies to unlimited visits to network PCPs only, or • 4-visit copay limit per person, per year to network PCP or Specialist
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

PPO 1		PPO 2
\$1,000 or \$2,000 \$2,000 or \$4,000 Individual/Family Deductible		\$0, \$1,000 or \$2,000 \$0, \$2,000 or \$4,000 Individual/Family Deductible
80%	50%	50%
20%	50%	50%
\$3,000		\$4,000
Not available		Not available
\$10,000 or \$25,000		\$5,000
\$250,000		\$100,000
\$2,000,000		\$2,000,000

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered
<ul style="list-style-type: none"> • \$0/\$50/\$75 copays with a \$500 brand name deductible, or • \$15/\$35/\$55 copays with a \$250 brand name deductible, or • \$15/\$35/\$55 copays, or • \$15/\$45/\$60 copays, or • \$20/\$50/\$75 copays, or • Deductible/Coinsurance, or • Preferred Pricing Card only
\$300 or \$800 first-dollar benefit
Covered If OV Copay selected, subject to copay – copay limits apply
Covered If OV Copay selected, option to add \$500 ER copay <i>Plan pays 100% after \$500 copay. Option is available at an additional cost.</i>
Covered If OV Copay selected, subject to \$50 copay, then covered at 100%
<ul style="list-style-type: none"> • \$200 first-dollar benefit or, • Deductible/Coinsurance
Covered
Up to \$3,000 in benefits
Covered If OV Copay selected, covered at 100%
Covered up to 30 visits
Covered If OV Copay selected, subject to copay – copay limits apply
\$500 lifetime maximum
Deductible and 50% coinsurance – Outpatient annual limit: \$1,500 <i>Coinsurance does not apply to out-of-pocket maximum.</i>

Covered
\$15/\$50/\$75 copays with a \$250 brand name deductible
\$200 or \$500 first-dollar benefit Annual maximums apply
Covered If Office Visit Maximum Benefit option selected, \$40 per visit first-dollar benefit
\$100 access fee, then Deductible/Coinsurance (fee waived if admitted)
Covered If Office Visit Maximum Benefit option selected, \$40 per visit first-dollar benefit
Covered
Covered up to an annual maximum of \$1,000
Benefits available up to the selected outpatient annual maximum
Covered If Office Visit Maximum Benefit option selected, \$40 per visit first-dollar benefit
Not available
Covered If Office Visit Maximum Benefit option selected, \$40 per visit first-dollar benefit
\$500 lifetime maximum
Not available

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered
Covered up to 90 days
Covered up to 90 days
Covered at 100%
Covered
Covered up to 21 days

Covered
Covered up to 90 days (subject to plan maximums)
Covered up to 90 days (subject to plan maximums)
Covered at 100% (subject to plan maximums)
Covered
Not available

Optional features are available at an additional cost.

<ul style="list-style-type: none"> • Deductible/Coinsurance, or • Separate \$7,500 maternity deductible, then 100%
Not available
\$500 or \$1,000 first-dollar benefit per occurrence

<ul style="list-style-type: none"> • Deductible/Coinsurance, or • Separate \$7,500 maternity deductible, then 100%
First-dollar benefit pays \$40 per office visit
\$500 or \$1,000 first-dollar benefit per occurrence

Real Choices HSA I (Plan Type – PPO)

Real Choices HSA II (Plan Type – PPO)

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

\$1,500, \$2,000, \$2,500, \$3,000, \$3,500 or \$5,000 \$3,000**, \$4,000**, \$5,000, \$6,000, \$7,000 or \$10,000 Individual/Family Deductible or One Deductible
100%, 90%, 80%, 70% or 50%
0%, 10%, 20%, 30% or 50%
\$0, \$1,500, \$2,000, \$2,500 or \$3,500
Not available
None – the plan pays benefits up to the lifetime benefit maximum
None – the plan pays benefits up to the lifetime benefit maximum
\$6 million

\$1,500, \$2,000, \$2,500, \$3,000, \$3,500 or \$5,000 \$3,000**, \$4,000**, \$5,000, \$6,000, \$7,000 or \$10,000 Individual/Family Deductible or One Deductible
100%, 90%, 80%, 70% or 50%
0%, 10%, 20%, 30% or 50%
\$0, \$1,500, \$2,000, \$2,500 or \$3,500
Not available
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

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered
<ul style="list-style-type: none"> • Deductible/Coinsurance, or • Preferred Pricing Card only
\$750 or \$1,250 first-dollar benefit
Covered
Covered
Covered
Covered
Covered
Covered
Up to \$5,000 in benefits
Covered
Covered up to 50 visits
Covered
\$1,000 lifetime maximum
Deductible and 50% coinsurance – Outpatient annual limit: \$3,000

Covered
<ul style="list-style-type: none"> • Deductible/Coinsurance, or • Preferred Pricing Card only
\$300 or \$800 first-dollar benefit
Covered
Covered
Covered
Covered
Covered
Covered
Up to \$3,000 in benefits
Covered
Covered up to 30 visits
Covered
\$500 lifetime maximum
Deductible and 50% coinsurance – Outpatient annual limit: \$1,500

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered
Covered up to 90 days
Covered up to 90 days
Deductible, then covered at 100%
Covered
Covered up to 28 days

Covered
Covered up to 90 days
Covered up to 90 days
Deductible, then covered at 100%
Covered
Covered up to 21 days

Optional features are available at an additional cost.

Deductible/Coinsurance
Not available
\$500 or \$1,000 first-dollar benefit per occurrence

Deductible/Coinsurance
Not available
\$500 or \$1,000 first-dollar benefit per occurrence

** Only available with One Deductible.

Terms

PAYMENT RELATED

Annual Maximum is the total amount the plan pays per person for benefits on a yearly basis.

Benefit Percentage is the portion of covered expenses the plan pays after the deductible.

Coinsurance is the portion of covered expenses a covered person pays after the deductible.

Coinsurance Out-of-Pocket Maximum is the total amount of coinsurance a covered person is responsible to pay in a calendar year. The plan pays 100% of covered expenses after this limit is reached, except for copays. The family coinsurance out-of-pocket maximum is two times the individual maximum.

Copay is a fixed fee paid by a covered person each time for certain visits, services or benefits.

Deductible is the amount a covered person pays toward covered expenses before the plan pays benefits. The family deductible is two times the individual deductible.

Family Deductible Accumulation refers to the method for applying covered expenses to satisfy the family deductible. Most plans provide a choice between an Individual/Family Deductible and One Deductible.

- **Individual/Family Deductible** is an accumulation method for a family deductible where expenses for all covered family members are applied to the family deductible. If a covered family member incurs expenses exceeding the single deductible amount, additional expenses for the individual are paid according to the group's plan. This is the most commonly used accumulation method in the industry.
- **One Deductible** is the accumulation method for a family deductible in which covered expenses for all covered family members are combined to satisfy the total deductible. The entire deductible must be satisfied before benefits are paid for any family member.

First-Dollar describes benefits paid by the plan that are not subject to the deductible, coinsurance or a copay.

Lifetime Benefit Maximum is the total amount the plan pays per person.

Maximum Allowable Amount is the most the plan pays for services performed by providers. The negotiated rate is the maximum allowable amount paid to participating (network) providers. For nonparticipating (out-of-network) providers, the plan offers a choice for determining the maximum allowable amount.

- **Scheduled Network Option (SCH)** – This option uses the network fee schedule. It costs less than the UCR option but requires the covered person to pay more in out-of-pocket expenses for going out of the network.
- **Usual, Customary and Reasonable (UCR)** – This option uses charges by area providers to determine the maximum allowable amount. A covered person has less out-of-pocket expenses when going out of the network.

With either method, a covered person using a nonparticipating provider is responsible for any amount in excess of the maximum.

Out-of-Network Charge is an additional amount paid by a covered person who receives treatment from a nonparticipating provider (a provider that is not in the network).

- The out-of-network deductible is two times the network deductible, with a minimum of \$1,000.
- The out-of-network coinsurance amount is typically an additional 20% of charges.
- The out-of-network, coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum.
- Copays for office and facility visits are not accepted at nonparticipating providers. Those charges are subject to the out-of-network deductible and out-of-network coinsurance.
- Out-of-network charges are applied to the network deductible and network coinsurance out-of-pocket maximum as well as the out-of-network deductible and coinsurance maximum.
- Charges are subject to the maximum allowable amount.

Outpatient Services Maximum is the total amount the plan pays for outpatient services on a yearly basis. The maximum applies to benefits for products and services including office visits, emergency room, prescription drugs and durable medical equipment.

MEDICAL SERVICE RELATED

Emergency Care covers treatment, services or supplies for an illness or injury that develops suddenly and unexpectedly, which if not treated immediately would place the covered person's life in jeopardy or cause serious bodily impairment.

Health Care Practitioner is a person licensed to treat an illness or injury and includes the services of doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

Office Visit is a meeting with a health care practitioner that takes place in an office, an acute medical facility's outpatient department or a free-standing facility, for evaluation, diagnosis and management of an illness or injury, or preventive services.

Outpatient Physical Medicine Services include physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, chiropractic care and treatment for developmental delay.

Preventive Services include: routine physicals, routine lab work, well-child exams to age 7, immunizations, mammograms, Pap tests, colonoscopies, sigmoidoscopies, prostate exams and occult blood tests.

Primary Care Provider is a general caregiver, commonly a physician who is a general or family practitioner, internist, pediatrician, obstetrician or gynecologist.

Rx Preferred Pricing Card provides a discounted rate for many outpatient prescriptions at network pharmacies. The Rx Preferred Pricing Card is not insurance.

Urgent Care covers treatment or services for an illness or injury that develops suddenly or unexpectedly outside of a health care practitioner's normal business hours that requires immediate treatment, but is not of sufficient severity to be considered emergency treatment.

Optional Coverages

Choose from these options and enhance your employees' benefit package.

Maternity Benefit

The birth of a child is typically a joyous and exciting time for a family. You can help your employees enjoy this special time with the financial security that maternity coverage provides.

Employees will have coverage for: prenatal care, delivery, including medically necessary cesarean section, well-newborn care and postpartum care. Covered charges are applied to the plan deductible and coinsurance, or you can select a separate \$7,500 deductible for maternity charges.

The \$7,500 deductible option offers premium savings over standard maternity coverage while providing access to network discounts that would not be available if maternity coverage is waived. Charges in excess of the \$7,500 maternity deductible are paid at 100%.

Employers with 10 or more employees should verify state and federal requirements regarding providing maternity coverage for their employees.

Diagnostic Imaging and Lab Services Benefit

Covered employees and dependents have 100% first-dollar coverage for outpatient imaging and lab services up to the selected plan maximum. Remaining imaging and lab charges are subject to the deductible and coinsurance. This benefit is automatically included with Real Choices I plans.

Office Visit Maximum Benefit

A first-dollar benefit of \$40 is paid for each office visit. This option is available with Real Choices III and Indemnity plans.

Accident Medical Expense (AME) Benefit

If you choose this option, covered persons have 100% first-dollar coverage – up to the selected benefit amount of \$500 or \$1,000 – for treatment of an accidental injury that is received within 90 days of the accident. Treatment in excess of the selected benefit amount, or which occurs more than 90 days after the accident, is subject to the plan deductible and coinsurance.

The AME benefit is particularly well-suited for employees with young, active children.

Life Insurance

Life insurance is included for each employee choosing medical coverage. Life insurance is also available to employees waiving medical coverage. In addition, employees receive Accidental Death & Dismemberment (AD&D) insurance equal to the amount of life insurance provided.

Each employee receives a base amount of life insurance dependent on which medical plan level you choose – I, II or III.

	REAL CHOICES I	REAL CHOICES II	REAL CHOICES III
Base Amount	\$30,000	\$20,000	\$10,000

Supplemental Life Insurance

You may also provide or offer additional life insurance coverage in \$5,000 increments to a maximum of \$500,000.

Dependent Life Insurance

Dependent life insurance is available to employees as an additional benefit. For a spouse under 65, there is a choice of three amounts – \$10,000, \$20,000 or \$30,000. \$10,000 in coverage for children from six months to 25 years of age is included with any of the three spousal amounts.

Short Term Disability Insurance

You can design a short term disability benefit to accompany the medical plan you select for your group. With Real Choices you have the flexibility to offer coverage as a percentage of salary or to choose a flat amount.

If you choose the salary-based benefit, employees receive a benefit amount equal to 66% of their weekly base pay, up to a maximum of \$1,000.

If you choose the flat-dollar benefit, you can select benefit amounts for employees from \$50 to \$1,000 per week, not to exceed 66% of an employee's weekly salary.

Regardless of the method you choose, benefits are provided for up to 26 weeks. There is no benefit waiting period for an accident and a seven-day waiting period for an illness or pregnancy.

Save on Ancillary Coverage!

When you add life, short term disability or dental insurance to your Assurant Health medical plan, you save on your ancillary premium. The more products you add – the greater your savings!

- 20% savings for adding one ancillary product
- 24% savings for adding two ancillary products
- 30% savings for adding all three ancillary products

Dental Insurance

Real Choices Dental offers you great flexibility. Choose between three PPO plans and three indemnity plans. The PPO plans provide maximum coverage when services are received from network providers. The national dental network, Dental Health Alliance, even provides discounts to indemnity customers and discounts on some services which are not covered (e.g., teeth whitening) when network providers are used.

All plans provide preventive services with no deductible at network providers.

All plans also include coverage for basic services. Plans I and II include benefits for major dental services and offer optional orthodontic services for children. Basic services include many endodontic, periodontic and oral surgical services. Major services include bridges, crowns and dentures.

You can use the Employee Choice feature to offer both an indemnity and a PPO plan to your employees.

Ancillary dental plans selected along with medical coverage are available to groups of up to 50 employees. Dental-only coverage is available to groups of three or more employees.

Assurant Health's stand-alone dental plans can be set up with a POP to save on employee taxes and your payroll tax.

Premier Dental Plans

Real Choices Premier Dental plans provide enhanced benefits by reclassifying many major services as basic services (e.g., root canal therapy, periodontal scaling, surgical extraction) which are paid at a higher benefit percentage. Premier benefits are available with PPO and Indemnity I and III dental plans.

DENTAL INSURANCE FEATURES

Benefit Level	PPO I	PPO II	PPO III	Indemnity I	Indemnity II	Indemnity III			
Deductibles*	\$0/\$0 \$50/\$50 \$100/\$100 (network/out-of-network)			\$0, \$50, \$100					
Preventive Services <i>(Deductible waived for network services)</i>	100% network 80% out-of-network	50% network 50% out-of-network	100% network 80% out-of-network	100%	50%	100%			
Basic Services <i>(Paid after deductible)</i>	80% network 60% out-of-network	50% network 50% out-of-network	50% network 50% out-of-network	80%	50%	50%			
Major Services** <i>(Paid after deductible)</i>	50% network 50% out-of-network	50% network 50% out-of-network	Not covered	50%	50%	Not covered			
Annual Maximum	\$500	\$1,000	\$1,500	\$2,000	\$500	\$1,000	\$1,500	\$2,000	
Optional Children's Orthodontic Services†	An amount equal to the selected Annual Maximum			Not available		An amount equal to the selected Annual Maximum		Not available	
• Orthodontic Lifetime Maximum <i>(Not part of annual maximum benefit)</i>									
• Orthodontic Coinsurance	50%	50%	NA	50%	50%	NA			

*Family deductible is 3x the single deductible. ** 12-month waiting period † Available to employers with 10 or more covered employees – dependent children only.

Dental insurance has a separate contract and is available at an additional cost.

Important Provisions

Employment Waiting Period

The employment waiting or affiliation period is the number of consecutive days an employee must be working before he/she is eligible to be covered.

The following choices are available:

0 days 30 days 60 days 90 days 180 days

Medically Necessary Care

Treatment, services or supplies that are rendered to diagnose or treat an illness or an injury must be medically necessary to be covered. Medically necessary care is:

- 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.

Transplants

Benefits for kidney, cornea and skin transplants are the same as for any other illness. Benefits for other covered transplants have no special limits at designated providers. In addition, up to \$10,000 is available for travel expenses for the covered person and a companion.

If services are performed at a network, nondesignated transplant provider, there is a \$100,000 lifetime benefit maximum per organ.

If services are performed at a nonparticipating, nondesignated transplant provider, in addition to the \$100,000 organ maximum, charges are subject to the out-of-network coinsurance percentage.

Donor expenses are limited to a maximum benefit of \$10,000.

Utilization Review

When inpatient treatment or outpatient surgery is needed, the covered person is responsible for calling Assurant Health to receive authorization. The toll-free telephone number appears on the insurance ID card. If authorization is not received, a penalty of 30% of the charge up to \$1,000 could be applied. No benefits are paid for transplants which are not authorized. Authorization is not a guarantee of coverage.

Pre-Existing Condition

A pre-existing condition is a physical or mental condition, regardless of the cause, for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period ending on the enrollment date.

Benefits are not paid for charges incurred due to a pre-existing condition until a covered person is continuously insured under the plan for 12 months, 18 months for late enrollees. This exclusion period can be reduced or eliminated if the covered person had prior creditable coverage.

Takeover Provision

If Real Choices is replacing an existing group major medical plan which has been in force for 12 months, those employees covered by the prior plan receive base plan deductible credit and pre-existing conditions limitation credit.

Continuity of Coverage

The pre-existing conditions limitation is reduced by the amount of time a person was covered under prior creditable coverage, provided there was no more than a 63-day gap between coverages (excluding any employment waiting/affiliation period).

Exclusions Summary

Real Choices does not provide benefits for:

- Treatment not listed in the Covered Medical Services section of the policy
- Treatment of a pre-existing condition, until continuously insured for 12 months
- An illness or injury caused by acts of war, felony, attempted suicide or influence of an illegal substance
- Services by a medical provider who is an immediate family member or who resides with a covered person
- Treatment reimbursable by Medicare, Workers' Compensation, automobile carriers or expenses for which other coverage is available
- Routine hearing care, vision therapy, surgery to correct vision, foot orthotics, or routine vision and foot care unless part of diabetic treatment
- Dental care not related to a dental injury (unless a dental plan is purchased)
- Maternity and routine nursery charges unless maternity coverage is chosen or covered under the Complications of Pregnancy provision
- Diagnosis and treatment of infertility, sex transformation, surrogate pregnancy, sterilization reversal
- Custodial care, private nursing, telemedicine or phone consultations
- Cosmetic services, experimental treatment, complications of an excluded service
- Umbilical cord storage; genetic testing, counseling and services; prophylactic treatment
- Charges in excess of the lifetime maximums of \$50,000 for durable medical equipment and \$1,500 for sterilization
- Treatment of "lifestyle" concerns including but not limited to smoking cessation, weight control surgery or treatments, hair loss, restoration or promotion of sexual function; cognitive enhancement and educational testing or training
- Over-the-counter drugs, 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

Consult the certificate of coverage for a complete listing of benefits, exclusions and terms of coverage.

This brochure provides summary information. Please refer to the State Brochure Supplement for state-specific variations. Please refer to the insurance policy for a complete listing of benefits, exclusions and terms of coverage. In the event that there are discrepancies with the information in this brochure, the terms and conditions of coverage documents will govern.

This form is provided with the understanding that Assurant Health and its legal entities are not engaged in rendering tax or legal advice. If tax or legal advice is required, seek the services of a competent professional. For information on qualified medical expenses, refer to Internal Revenue Service (IRS) Publication 502 titled, "Medical and Dental Expenses," Catalog Number 15002Q. Publications can be ordered from the IRS by calling 800.TAX.FORM (800.829.3676) or by visiting their Web site at www.irs.gov.

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

For plans underwritten and issued by Time Insurance Company, the Master Policy Series is TGM.MPO, TGM.DMP, TGM.LMP and TGM.SMP.

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For more information, or to apply for coverage,
contact your insurance agent.

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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 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.

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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.