

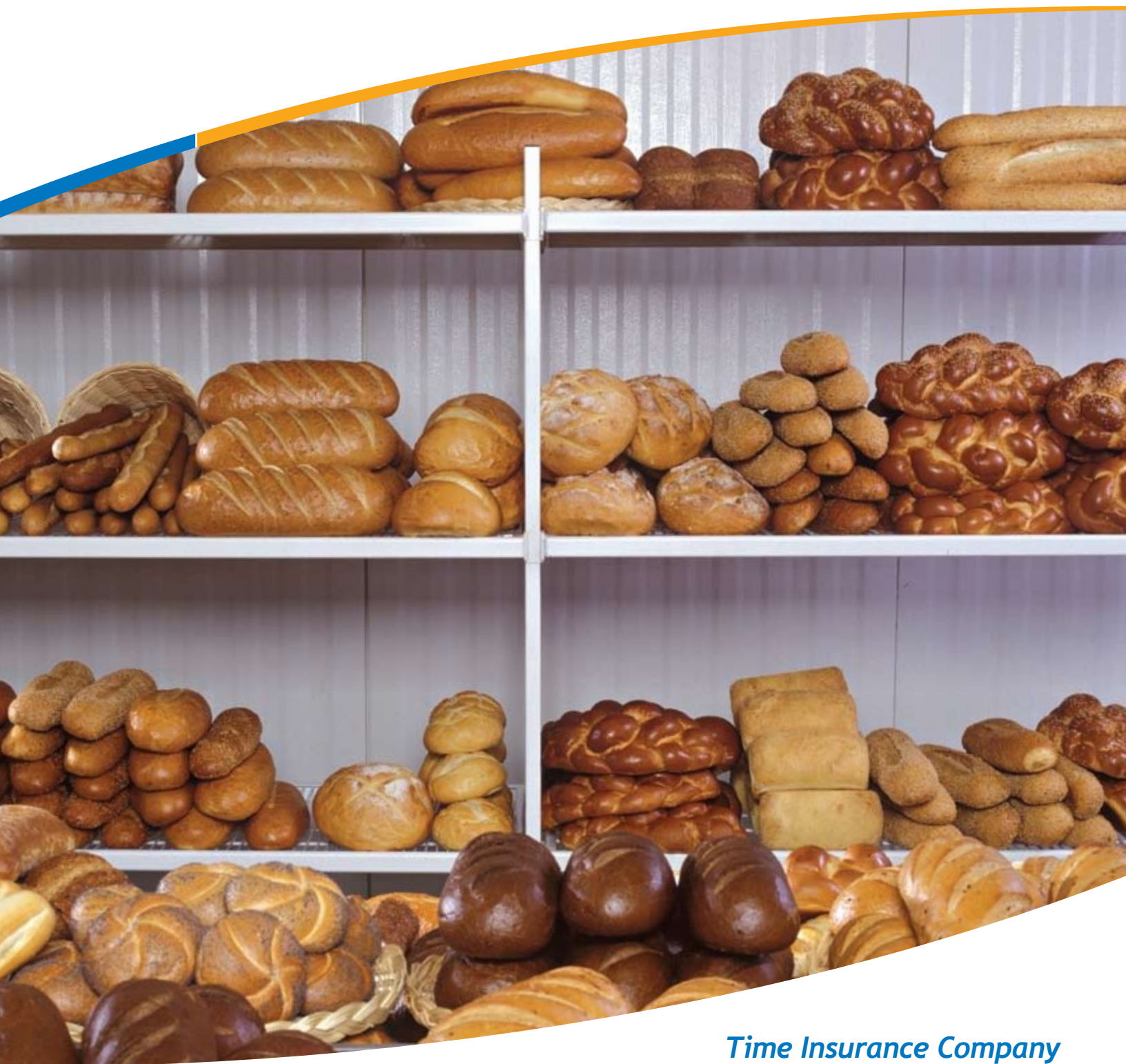


ASSURANT  
Health

# Real Choices<sup>SM</sup> Special PPO Plans

Medical Insurance Plans for Small Employer Groups

IDAHO



*Time Insurance Company*  
*John Alden Life Insurance Company*

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

# 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 companies<sup>1</sup> are rated A- (Excellent) for financial strength and ability to meet policyowner obligations by the highly respected insurance industry analyst, A.M. Best Company.<sup>2</sup>

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.

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

<sup>2</sup> 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, July 2007.

# Real Choices<sup>SM</sup>

Real Choices offers PPO (Preferred Provider Organization) plans specially designed to meet the needs of rural customers.

## Real Choices Special PPO Plan Highlights:

- Choice of two PPO plan types designed for rural customers:
  - PPO Flex Plans offer convenient copays for office visits to participating (network) providers as well as nonparticipating (out-of-network) providers.
  - Preferred Hospital Plans (PHPs) offer the premium savings available with a hospital network combined with the freedom to choose any physician.Health Savings Account (HSA) Plans are also available.

*Refer to the Traditional Plan Brochure for information on indemnity plans. (Form 50513-ID)*

- Different levels of benefits for PPO Flex and Preferred Hospital Plans:
  - Real Choices I plans provide the highest level of benefits.
  - Real Choices II plans offer the most choices.
- Preventive care including first-dollar benefits on all plans at any provider.
- Choice of prescription drug copays, including a \$0 copay option for generics.

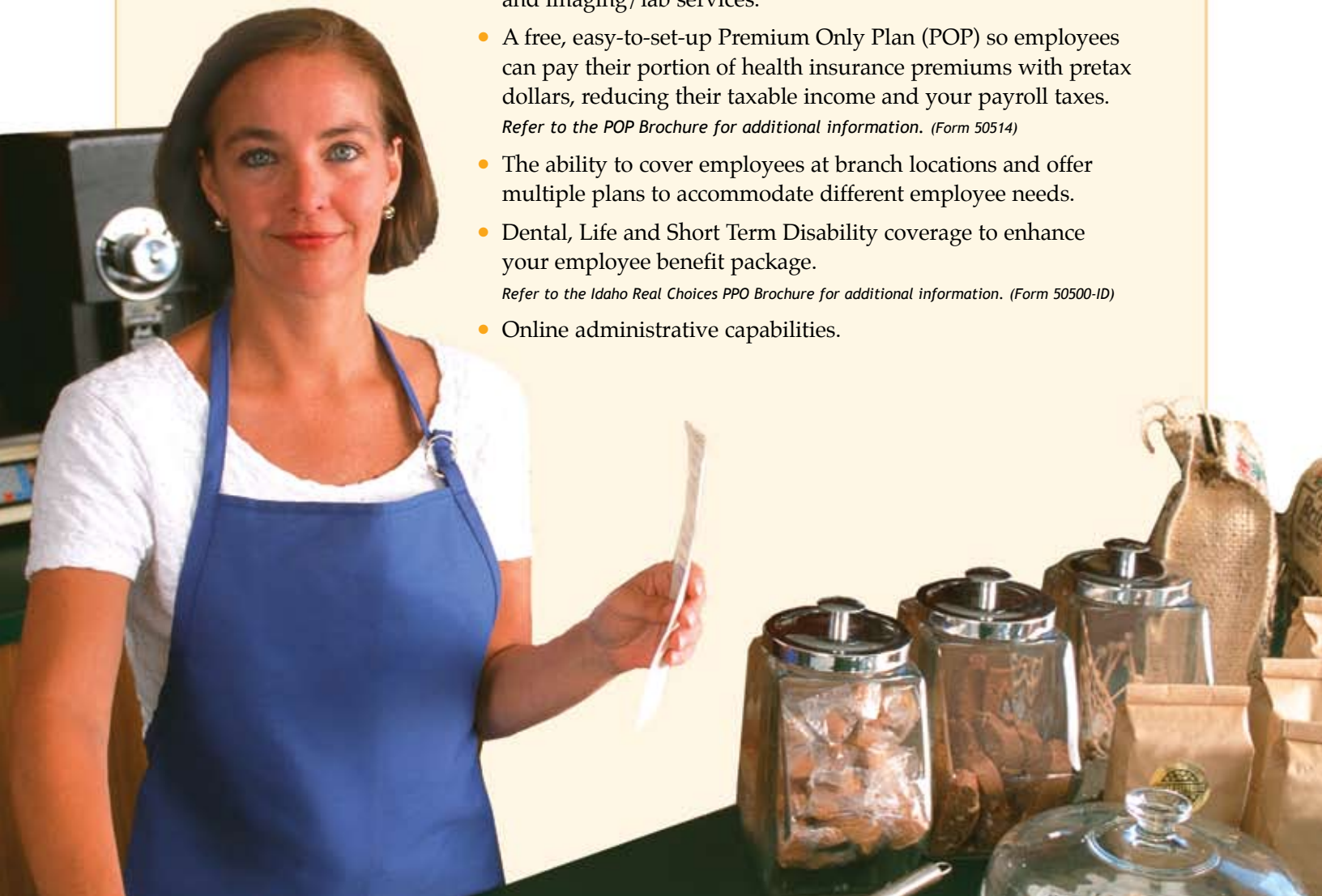
- First-dollar benefit options for office visits, accidents, and imaging/lab services.
- A free, easy-to-set-up Premium Only Plan (POP) so employees can pay their portion of health insurance premiums with pretax dollars, reducing their taxable income and your payroll taxes.

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

- The ability to cover employees at branch locations and offer multiple plans to accommodate different employee needs.
- Dental, Life and Short Term Disability coverage to enhance your employee benefit package.

*Refer to the Idaho Real Choices PPO Brochure for additional information. (Form 50500-ID)*

- Online administrative capabilities.



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

<b>Deductible Individual</b> (You Pay)	\$0, \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000																
<b>Family</b> (Refer to page 6 for Family Deductible Accumulation choices.)	\$0, \$1,000, \$2,000, \$3,000, \$4,000, \$5,000, \$7,000, \$10,000 or \$20,000																
<b>Benefit Percentage</b> (Plan Pays)	100%, 90%, 80%, 70% or 50%																
<b>Coinsurance Percentage</b> (You Pay)	0%, 10%, 20%, 30% or 50%																
<b>Coinsurance Out-Of-Pocket Maximum</b> (You Pay)	\$0, \$1,000, \$2,000, \$2,500, \$3,000, \$3,500, \$5,000 or \$10,000																
<b>Office Visit (OV) Copay</b> Primary Care Provider (PCP) (You Pay)	Unlimited Visits																
	<table border="1"> <tr> <td>PCP Copays (network/out-of-network)</td> <td>\$20/\$40</td> <td>\$25/\$40</td> <td>\$35/\$50</td> </tr> <tr> <td>Specialist Copays (network)</td> <td>\$40</td> <td>\$40</td> <td>\$50</td> </tr> <tr> <td>Specialist (out-of-network)</td> <td colspan="3">Deductible/Coinsurance</td> </tr> <tr> <td></td> <td colspan="3">Not available</td> </tr> </table>	PCP Copays (network/out-of-network)	\$20/\$40	\$25/\$40	\$35/\$50	Specialist Copays (network)	\$40	\$40	\$50	Specialist (out-of-network)	Deductible/Coinsurance				Not available		
PCP Copays (network/out-of-network)	\$20/\$40	\$25/\$40	\$35/\$50														
Specialist Copays (network)	\$40	\$40	\$50														
Specialist (out-of-network)	Deductible/Coinsurance																
	Not available																
<b>Office Visit Maximum Benefit (OVMB)</b> (Optional)																	
<b>Lifetime Benefit Maximum</b> (Plan Pays)	\$5 million or \$10 million																

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

<b>Outpatient Hospital/Surgical Center Care, Physician Services, Durable Medical Equipment</b>	Covered
<b>Prescription Drugs (Generic/Preferred Brand/Nonpreferred Brand)</b> 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.	<ul style="list-style-type: none"> <li>• \$0/\$25/\$50 copays, or</li> <li>• \$15/\$25/\$50 copays, or</li> <li>• \$15/\$45/\$60 copays, or</li> <li>• \$15/\$50/\$75 copays, or</li> <li>• Deductible/Coinsurance, or</li> <li>• No outpatient drug coverage</li> </ul>
<b>Preventive Medical Services</b> (First-dollar annual benefit) Deductible, coinsurance and copay apply after the annual benefit.	\$750 or \$1,250 first-dollar benefit
<b>Office Visits</b>	Subject to copay – no limit on number of visits
<b>Emergency Room</b> Nonemergency use of the ER is subject to a 30% penalty.	Subject to \$100 copay, then covered at 100%
<b>Urgent Care Services</b>	Subject to \$50 copay, then covered at 100% Copay covers network, physician diagnostic services performed in the office or the network urgent care facility.
<b>Diagnostic Imaging and Laboratory Services</b> MRIs and CAT scans are not eligible for first-dollar benefits.	\$500 first-dollar benefit, then subject to deductible/coinsurance
<b>Professional Ground and Air Ambulance</b>	Covered
<b>Outpatient Physical Medicine</b>	Up to \$5,000 in benefits
<b>Allergy Shots</b>	Covered at 100%
<b>Home Health Care</b>	Covered up to 50 visits
<b>Family Planning Services</b> Covers contraceptive products and drugs – oral contraceptives covered under Rx Drugs.	Subject to copay, then 100%
<b>Temporomandibular Joint Dysfunction (TMJ)</b>	\$1,000 lifetime maximum
<b>Behavioral Health and Substance Abuse</b> Inpatient benefits listed below. Coinsurance does not apply to out-of-pocket maximum.	Deductible and 50% coinsurance – Outpatient annual limit: \$3,000

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

<b>Hospital and Physician Services</b> Hospital services include semi-private room, board, intensive care and miscellaneous services and supplies.	Covered
<b>Inpatient Rehabilitation Facility</b>	Covered up to 90 days
<b>Subacute Rehabilitation and Skilled Nursing Facilities</b>	Covered up to 90 days
<b>Hospice Care Services</b>	Covered at 100%
<b>Transplants</b> (Refer to page 7 for additional information.)	Covered
<b>Behavioral Health and Substance Abuse</b>	Covered up to 28 days

**Optional Coverages** Optional coverages are available at an additional cost.

<b>Maternity Care Services</b> Includes prenatal, delivery, well-newborn and postpartum care.	<ul style="list-style-type: none"> <li>• Deductible/Coinsurance, or</li> <li>• Separate \$7,500 maternity deductible, then 100%</li> </ul>
<b>Accident Medical Expense (AME)</b>	\$500 or \$1,000 first-dollar benefit per occurrence

## Real Choices II Plan Type – PPO Flex

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									
100%, 90%, 80%, 70% or 50%									
0%, 10%, 20%, 30% or 50%									
\$0, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$5,000 or \$10,000									
<ul style="list-style-type: none"> <li>Unlimited Visits, or</li> <li>4-Visit Copay Limit (per person per year)</li> </ul>									
<table border="1"> <tr> <td>PCP Copays (network/out-of-network)</td> <td>\$25/\$50</td> <td>\$35/\$50</td> </tr> <tr> <td>Specialist Copays (network)</td> <td>\$50</td> <td>\$50</td> </tr> <tr> <td>Specialist (out-of-network)</td> <td colspan="2">Deductible/Coinsurance</td> </tr> </table>	PCP Copays (network/out-of-network)	\$25/\$50	\$35/\$50	Specialist Copays (network)	\$50	\$50	Specialist (out-of-network)	Deductible/Coinsurance	
PCP Copays (network/out-of-network)	\$25/\$50	\$35/\$50							
Specialist Copays (network)	\$50	\$50							
Specialist (out-of-network)	Deductible/Coinsurance								
Not available									
\$2 million or \$5 million									

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered
<ul style="list-style-type: none"> <li>\$0/\$50/\$75 copays with a \$500 brand name deductible, or</li> <li>\$15/\$25/\$50 copays with a \$250 brand name deductible, or</li> <li>\$15/\$25/\$50 copays, or</li> <li>\$15/\$45/\$60 copays, or</li> <li>\$20/\$50/\$75 copays, or</li> <li>Deductible/Coinsurance, or</li> <li>No outpatient drug coverage</li> </ul>
\$300 or \$800 first-dollar benefit
Subject to copay – copay limits apply <i>If 4-Visit Copay selected, subject to deductible and coinsurance after 4th visit</i>
Covered <ul style="list-style-type: none"> <li>Option to add \$250 ER copay <i>Plan pays 100% after \$250 copay. Option is available at an additional cost.</i></li> </ul>
Subject to \$50 copay, then covered at 100% <i>Copay covers network, physician diagnostic services performed in the office or the network urgent care facility.</i>
<ul style="list-style-type: none"> <li>\$200 first-dollar benefit, or</li> <li>Deductible/Coinsurance</li> </ul>
Covered
Up to \$3,000 in benefits
Covered at 100%
Covered up to 30 visits
Subject to copay – copay limits apply <i>If 4-Visit Copay selected, subject to deductible and coinsurance after 4th visit</i>
\$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
Covered at 100%
Covered
Covered up to 21 days

Optional coverages are available at an additional cost.

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

## Real Choices I Plan Type – Preferred Hospital Plan (PHP)

\$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
100%, 90%, 80%, 70% or 50%
0%, 10%, 20%, 30% or 50%
\$0, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000
Not available
First-dollar benefit pays \$40 per office visit
\$5 million or \$10 million

Covered
<ul style="list-style-type: none"> <li>\$0/\$25/\$50 copays, or</li> <li>\$15/\$25/\$50 copays, or</li> <li>\$15/\$45/\$60 copays, or</li> <li>\$15/\$50/\$75 copays, or</li> <li>Deductible/Coinsurance, or</li> <li>No outpatient drug coverage</li> </ul>
\$750 or \$1,250 first-dollar benefit
Covered If OVMB option selected, \$40 per visit first-dollar benefit
Subject to \$100 copay, then covered at 100%
Covered If OVMB option selected, \$40 per visit first-dollar benefit
\$500 first-dollar benefit, then subject to deductible and coinsurance
Covered
Up to \$5,000 in benefits
Covered
Covered up to 50 visits
Covered If OVMB option selected, \$40 per visit first-dollar benefit
\$1,000 lifetime maximum
Deductible and 50% coinsurance – Outpatient annual limit: \$3,000

Covered
Covered up to 90 days
Covered up to 90 days
Covered at 100%
Covered
Covered up to 28 days

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

## Real Choices II *Plan Type – Preferred Hospital Plan (PHP)*

## Real Choices HSA I *(PHP)*

## Real Choices HSA II *(PHP)*

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

\$0, \$1,000, \$1,500, \$2,500, \$3,500, \$5,000 or \$10,000	\$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$5,000	\$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$5,000
\$0, \$2,000, \$3,000, \$5,000, \$7,000, \$10,000 or \$20,000	\$3,000,** \$4,000,** \$5,000, \$6,000, \$7,000, \$10,000	\$3,000,** \$4,000,** \$5,000, \$6,000, \$7,000, \$10,000
100%, 90%, 80%, 70% or 50%	100%, 90%, 80%, 70% or 50%	100%, 90%, 80%, 70% or 50%
0%, 10%, 20%, 30% or 50%	0%, 10%, 20%, 30% or 50%	0%, 10%, 20%, 30% or 50%
\$0, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000 or \$10,000	\$0, \$1,500, \$2,000, \$2,500, or \$3,500	\$0, \$1,500, \$2,000, \$2,500, or \$3,500
Not available	Not available	Not available
First-dollar benefit pays \$40 per office visit	Not available	Not available
\$2 million or \$5 million	\$5 million or \$10 million	\$2 million or \$5 million

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered	Covered	Covered
<ul style="list-style-type: none"> <li>\$0/\$50/\$75 copays with a \$500 brand name deductible, or</li> <li>\$15/\$25/\$50 copays, or</li> <li>\$15/\$45/\$60 copays, or</li> <li>\$20/\$50/\$75 copays, or</li> <li>Deductible/Coinsurance, or</li> <li>No outpatient drug coverage</li> </ul>	<ul style="list-style-type: none"> <li>Deductible/Coinsurance, or</li> <li>No outpatient drug coverage</li> </ul>	<ul style="list-style-type: none"> <li>Deductible/Coinsurance, or</li> <li>No outpatient drug coverage</li> </ul>
\$300 or \$800 first-dollar benefit	\$750 or \$1,250 first-dollar benefit	\$300 or \$800 first-dollar benefit
Covered If OVMB option selected, \$40 per visit first-dollar benefit	Covered	Covered
Covered <ul style="list-style-type: none"> <li>Option to add \$250 ER copay</li> </ul> <i>Plan pays 100% after \$250 copay. Option is available at an additional cost.</i>	Covered	Covered
Covered If OVMB option selected, \$40 per visit first-dollar benefit	Covered	Covered
<ul style="list-style-type: none"> <li>\$200 first-dollar benefit, or</li> <li>Deductible/Coinsurance</li> </ul>	Covered	Covered
Covered	Covered	Covered
Up to \$3,000 in benefits	Up to \$5,000 in benefits	Up to \$3,000 in benefits
Covered	Covered	Covered
Covered up to 30 visits	Covered up to 50 visits	Covered up to 30 visits
Covered If OVMB option selected, \$40 per visit first-dollar benefit	Covered	Covered
\$500 lifetime maximum	\$1,000 lifetime maximum	\$500 lifetime maximum
Deductible and 50% coinsurance – Outpatient annual limit: \$1,500	Deductible and 50% coinsurance – Outpatient annual limit: \$3,000	Deductible and 50% coinsurance – Outpatient annual limit: \$1,500

Benefits are subject to deductible and coinsurance unless otherwise noted.

Covered	Covered	Covered
Covered up to 90 days	Covered up to 90 days	Covered up to 90 days
Covered up to 90 days	Covered up to 90 days	Covered up to 90 days
Deductible, then covered at 100%	Deductible, then covered at 100%	Deductible, then covered at 100%
Covered	Covered	Covered
Covered up to 21 days	Covered up to 28 days	Covered up to 21 days

Optional coverages are available at an additional cost.

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

# Terms

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## PAYMENT RELATED

**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. The 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 (provider 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.
  - 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.
- The out-of-network charge does not apply to eligible office visit charges for a covered person with a PPO Flex plan.

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## 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.

**Medically Necessary Care** includes treatments, services or supplies which 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.

**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.

## Additional Benefits

### 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 health care 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.

### Transplants Benefit

Benefits for kidney, cornea and skin transplants are the same as for any other illness. Benefits for other covered transplants (e.g., heart, bone marrow, liver) 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.

### 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

## Our HSA Program

### Health Savings Account (HSA)

An HSA program combines major medical insurance with a tax-favored savings account. With the Assurant Health HSA Program, you and your employees can:

- Save on premium
- Save on income taxes
- Save for future needs
- Save on separate account fees

### Premium Savings

Assurant Health offers a variety of qualified high deductible health plans so you can choose the balance of coverage and premium savings you want. Once you find the right combination, you can lock your rate in for two years with our 24-month rate lock option.

### Tax Savings

Contributions to an HSA account are tax deductible or can be made with pretax dollars.

Contributions can be made by you and/or your employees.

The interest paid on the account balance is tax-free. And withdrawals for qualified medical expenses are tax-free.

### Savings for the Future

Contributions to the account can accumulate from year to year to pay for future medical expenses, or to supplement retirement income.

### Account Services at No Additional Cost

When you select the Assurant Health HSA program, you can have comprehensive health savings account services at no additional cost. Services include:

- Efficient online claims payment and account tracking services
- A VISA® debit card for easy withdrawals
- Tax-free interest on HSA funds
- A line of credit option to help cover expenses if the account balance is low
- A mutual fund investment option for those with larger account balances
- Online access to helpful medical and prescription drug information.

## Exclusions continued

- Experimental treatment, growth hormone therapy, cranial orthotic devices, or sex transformation,
- The diagnosis or treatment of a person's genetic make-up, genetic testing or services, infertility diagnosis, surrogate pregnancy, umbilical cord storage
- Charges related to pregnancy, maternity or well-newborn care unless covered by the maternity option or as related to complications of pregnancy
- Complications of pregnancy such as false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy
- Charges for preventive care other than those specified
- Charges to address lifestyle or quality of life (smoking cessation, hair loss, sexual function), chelation therapy, aroma therapy, self-help programs, naturopathic medicine, biofeedback, snoring, or stress
- Prescription drugs – if coverage not selected, drugs not fully approved by the FDA, illegal substances, drugs obtained from pharmacy sources outside the U.S., vitamins, over-the-counter drugs, injectable medications not authorized by us, injectable, parenteral drugs (except for insulin or Imitrex), drugs not appearing on a Drug List, take-home drugs from a practitioner's office, drugs for bed-wetting, vaccines
- Charges for amounts above the contracted pharmacy rate, for more than a 30-day supply (90-day for mail order), for more than 100 insulin syringes (300 for mail order), for refills in excess of the number specified, duplicate prescriptions



ASSURANT  
Health

**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, Wis., and has operations offices in Minnesota, Idaho and Florida, as well as sales offices across the country. The Assurant Health Web site is [www.assuranthealth.com](http://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, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$20 billion in assets and \$7 billion in annual revenue. The Assurant Web site is [www.assurant.com](http://www.assurant.com).

This brochure provides summary information. 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.

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

For plans underwritten and issued by John Alden Life Insurance Company, the Master Policy Series is JGM.MPO, JGM.DMP, JGM.LMP and JGM.SMP.

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 1-800-TAX-FORM (1-800-829-3676) or by visiting their Web site at [www.IRS.gov](http://www.IRS.gov).

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## Important Provisions

### Utilization Review

Authorization is needed, for inpatient treatment or outpatient surgery. Participating providers are responsible for authorizing services. The covered person is responsible for calling Assurant Health to receive authorization if services are rendered by a nonparticipating provider.

The toll-free telephone number appears on the insurance ID card. Participating providers are responsible for authorizing services. If authorization is not received for services from a nonparticipating provider, 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 or that would have caused an ordinary prudent person to seek medical advice, diagnosis, care or treatment 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

### Real Choices Medical Plans do not pay benefits for the following:

- Charges for which our liability cannot be determined due to the failure to receive medical information from a covered person or health care provider
- Treatment of a pre-existing condition until continuously insured for 12 months or treatment incurred before or after the plan effective date
- Treatment not listed in the Covered Medical Services section of the plan
- Charges for any amount in excess of the maximum lifetime benefit, any other maximum benefit, or the maximum allowable amount
- Complications of an excluded service or as a result of leaving a medical facility against medical advice
- Treatment reimbursable by Medicare, Worker's Compensation, any motor vehicle medical expense coverage
- Free services such as those provided by a student health center or school, services for which no charge is normally made in the absence of insurance, or services by a medical provider who is an immediate family member or who resides with a covered person
- An illness or injury caused by acts of war, participation in the military service, participation in a felony, attempted suicide, suicide (including practitioner-assisted), self-inflicted injury or while under the influence of an illegal substance
- Routine vision or hearing care, contacts, eyeglasses, vision therapy, laser surgery to correct vision including lasik, and hearing aids
- Charges for foot care in connection with corns, calluses, flat feet, fallen arches, weak feet including foot orthotics
- Dental care not related to a dental injury (unless a dental plan is purchased)
- Charges for weight control or treatment including surgery, health club memberships, fitness programs, or exercise equipment
- Charges for transplants not specifically indicated as covered
- Cosmetic services, treatment of varicose veins, services not medically necessary, custodial care, private nursing, prophylactic treatment, phone consultations, or telemedicine, behavior modification, educational testing and materials, missed appointments, sales tax, services primarily for comfort or convenience

*Exclusions continued on back cover.*