ASSURANT Health®

Assurant. On **your** terms.®

Time Insurance Company and
John Alden Life Insurance Company

Assurant Self-Funded Health Plans is a program of services developed by Assurant Health for self-funding small group employers. Stop-loss insurance for these self-funded plans is underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

Assurant® Self-Funded Health Plans

A **commitment** to protection

When you choose insurance coverage for your small business, you want solid protection that will be there when your employees need it. That's what you get from Assurant Health — strong financial resources and a long-term commitment to protecting small businesses.

- Rated A- (Excellent) by the highly respected insurance industry analyst, A.M. Best Company*
- Part of Assurant, Inc., a Fortune 500 company
- 120 years† in health insurance — experience and expertise you won't find anywhere else
- Health insurance solutions offered to small businesses and individuals across the U.S.

* Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, December 2012.

† Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892) and John Alden Life Insurance Company (est. 1961).

A health care solution financing solution

Predictable costs

Your maximum self-funding cost for the year is determined up front — and it's guaranteed, subject to enrollment and benefit changes. So you pay a flat monthly bill — typically less than what you'd pay for a comparable traditional health insurance plan.

Protection of assets

Even if your group's claims become larger than projected, your costs do not increase. Stop-loss protects your business' assets.

- An **aggregate stop-loss benefit** protects against high, unexpected claims incurred by your group as a whole. If your group's combined claims exceed the total predetermined amount of the claims fund for the year, your stop-loss insurance covers your remaining claims costs for the year.
- A **specific stop-loss benefit** protects against high, unexpected claims by an individual group member. If an individual member's claims exceed the limit you select: $10,000, $15,000, $20,000 or $25,000* per person, your stop-loss insurance covers you for that individual's remaining claims costs for the year.

Predictable cash flow

Any month in which claims exceed the current balance in your claims fund, Assurant Health advances to your claims fund the extra funds your group needs for that month. So, as long as you pay your monthly bill, you'll never have to pay more in a given month than you've planned for.

Best of all, if your group's actual claims expenses for the year are less than the amount set aside in your claims fund, you get money back.

*Not all options are available in all states.

Gain control over health care expenses

— and lower your group's costs now and for years to come — by putting a self-funded health plan to work for your small business. With self funding — directly funding your group's own claims — you pay only for the health care services your group actually uses. If your group's claims expenses are relatively low, your overall savings can be significant.

Assurant Self-Funded Health Plans give you a complete self-funding package: the tools to easily establish your health benefit plan, stop-loss insurance and plan administration. Your monthly bill includes an installment toward your claims fund, the premium for the stop-loss insurance and administration fees. We give you all the advantages of self funding and none of the hassles — meaning you're free to focus on your business.

We handle the administrative details

Our trusted third-party plan administrator, Allied Benefit Systems, Inc. (Allied), has more than 30 years of experience in benefit management and administration services. Allied offers online services and monthly reports that make it easy for you and your employees to access information when it's convenient.

Look to Allied for:

- Answers about benefits, plan costs and billing
- Quick claims processing and payment
- ID cards, summary plan descriptions, summary of benefits and coverage, and changes to your plan
- Administration and compliance of Health Reimbursement Arrangements, COBRA and HIPAA
- Refund of unused claim funds
- Online resources for your members that will enable them to:
  - Compare hospitals and physicians
  - Estimate costs of prescription drug or provider services
  - View their claim status or plan/benefit information
  - Help finding doctors and hospitals in your network

Assurant Self-Funded Health Plans is a program of services developed by Assurant Health for self-funding small group employers. This program includes tools to assist with establishing and maintaining a self-funded health benefit plan under the Employee Retirement Income Security Act (ERISA), along with stop-loss insurance and plan administration. Stop-loss insurance for these self-funded plans is underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

A hand with getting the **benefits** and **features** you value most

We help you build your health benefit plan and give you the freedom to choose and pay for the benefits that are most important to your group — now, and as your needs change. You can even offer multiple plans and/or networks to satisfy different employee needs. This flexibility means your plan will continue to fit your group and your budget year after year.

Save on plan costs and taxes

You know that you'll pay less for your plan when you choose a higher deductible. But you might not know that you can lessen the potential impact on your employees with tax-advantaged Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs).

To get the tax advantages of HSAs, select an HSA plan. With HSAs, your employees have their own tax-favored savings accounts to save for health care expenses.

- Contributions are tax deductible or can be made with pretax dollars
- Both you and your employees can contribute and see tax savings
- Interest paid on the account balance and withdrawals for qualified medical expenses are tax free
- Unused funds accumulate year after year and belong to the employee — there's no use-it-or-lose-it provision

An HRA gives you tax advantages and control over cash flow no matter which plan you choose. With an HRA, you directly reimburse employees for a predesignated portion of their qualified medical expenses.

- You make reimbursements only if qualifying claims are submitted
- Reimbursements for qualified medical expenses are tax deductible for you and tax free for your employees

Save even more on taxes

A Premium Only Plan (Section 125 Plan) allows employees to pay health insurance and other eligible premiums with pretax dollars.

- Employees save $25 to $30 of every $100 paid for eligible premium through pretax payroll deduction, depending on their income
- You save 7.65% (the FICA payroll tax match) on every dollar employees pay

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

No matter which plan and options you choose, you and your employees will have many ways to save when you need health care services.

Get discounts by using doctors and hospitals in your network

Choose from an array of broad networks with both local and national networks available — decide what's right for your group. When you and your employees use doctors and hospitals that are part of your network, you get better discounts on the services.

Pay less for prescriptions

When you fill your prescriptions at a participating pharmacy, you and your employees will pay the lowest of: 1) the pharmacy's retail price, 2) your plan's discounted rate or 3) the amount of your copay. For example, if the discounted rate for a generic is $22 and you have a $15 copay, you pay $15. But if your pharmacy's price is only $4, then $4 is all you pay.

Seek convenient care at retail health clinics

Time and money-saving health clinics located inside select retail stores allow you and your employees to walk in for routine care and treatment of non-emergency conditions.Your health benefit plan covers these services the same as services performed by providers in your network.


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Assurant Self-Funded Health Plans

Build the plan that best meets your needs — our benefit options give you the freedom to make adjustments as your needs change.

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

Build your health benefit plan

1 Choose a plan

- **Classic PPO** – many deductible options and first-dollar benefits available
- **HSA** – premium savings from higher deductibles, plus tax savings from Health Savings Accounts (HSAs)

2 Choose options to build your plan

3 Add Accident Medical Expense *(optional)*

Pays the first covered expenses for each accidental injury at 100%. You choose the amount: $500 or $1,000.

Additional expenses and treatment that occurs more than 90 days after the accident are subject to the plan deductible and coinsurance.

4 Add more tax-saving vehicles *(optional)*

- Health Reimbursement Arrangement (HRA)
- Premium Only Plan (Section 125 Plan)

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

Accidental Medical Expense is an optional benefit available at an additional cost. It is not a voluntary supplemental product. Availability varies by state.

Choose options to build your plan

Deductible

Benefit Percentage/Coinsurance

Coinsurance Out-Of-Pocket Maximum

Office Visits (OV)

Prescription Drugs

Covers oral contraceptives.

Mail order copays are three times the selected copay for a three-month supply.

Plans without a copay include a preferred pricing card for use at participating pharmacies.

Diagnostic Imaging and Laboratory Services

MRI, CT scan, PET scan, ultrasound, EKG, chemotherapy, radiation therapy and dialysis are always subject to deductible and coinsurance.

Plan benefits

Services covered subject to deductible and coinsurance:

Preventive Care

Urgent Care

Emergency Room

Outpatient Physical Medicine

Includes physical, speech and occupational therapies; chiropractic care; cardiac and pulmonary rehabilitation, and treatment for developmental delay.

Acute and Subacute Rehabilitation Facilities

Skilled Nursing Facility

Home Health Care

Hospice Care

Transplants

Behavioral Health and Substance Abuse

benefits

Benefits and options may vary by state. Not all plan payment combinations are available.
The amount of benefits depends on the options selected, and the cost will vary with the amount of benefits. Out-of-network provisions apply. See page 10 for details.

Classic PPO plan	HSA plan
$500, $1,000, $1,500, $2,000, $2,500, $3,000, $3,500, $5,000, $7,500 or $10,000 *Family maximum is two times the individual deductible. Please see "Family Deductible Accumulations" section on page 10 for details.*	**Individual plan:** $1,500, $2,000, $2,500, $3,000, $3,500 or $5,000 **Family plan:** $3,000, $4,000, $5,000, $6,000, $7,000 or $10,000 *HSA family plans have two available deductible accumulation methods: OneDeductible and Individual/Family. Please see "Family Deductible Accumulations" section on page 10 for details.*
100%/0%, 90%/10%, 80%/20%, 70%/30% or 50%/50%	100%/0%, 90%/10%, 80%/20%, 70%/30% or 50%/50%
$0, $1,000, $1,500, $2,000, $2,500, $3,500, $5,000 or $10,000 *Family maximum is two times the coinsurance out-of-pocket maximum.*	$0, $1,000, $1,500, $2,000, $2,500 or $3,500 *Family maximum is two times the coinsurance out-of-pocket maximum.*
• No copay — subject to deductible and coinsurance or • Copay options (Primary Care Provider/Specialist): $20/$35, $35/$50 ($30/$50 in Colorado) or $40/$60	Covered subject to deductible and coinsurance

• No copay — subject to deductible and coinsurance
• $15 copay for generics, brand not covered or
• Copay options (generic/preferred brand/nonpreferred brand):
  • $20/$50/$75
  • $300 deductible for brand, and then $15/$45/$60 or
  • $15/$45/$60
	Covered subject to deductible and coinsurance

• Covered subject to deductible and coinsurance or • Paid at 100% option ** Varies by state.*	Covered subject to deductible and coinsurance

Physician Services, Allergy Testing, Professional Air and Ground Ambulance, Outpatient Hospital/Surgical Center, Colonoscopy, Maternity Care, Inpatient Hospital and Durable Medical Equipment	
Preventive services and related office visits are paid at 100% when the service, such as a routine mammogram, well-child exam or immunization, is recommended by the United States Preventive Services Task Force, Centers for Disease Control or Health Resources and Services Administration	
Covered subject to deductible and coinsurance If an OV copay is selected, urgent care is subject to a $50 copay.	Covered subject to deductible and coinsurance
$100 access fee, then deductible and coinsurance Nonemergency use of an emergency room is subject to a 30% benefit penalty.	Covered subject to deductible and coinsurance Nonemergency use of an emergency room is subject to a 30% benefit penalty.
Covered subject to deductible and coinsurance If an OV copay is selected, physical medicine performed in a network provider's office is subject to the copay.	Covered subject to deductible and coinsurance
31-day combined benefit, subject to deductible and coinsurance	
31-day benefit, subject to deductible and coinsurance	
50-visit benefit, subject to deductible and coinsurance	
Paid at 100%	Subject to deductible, then paid at 100%
• Covered subject to deductible and coinsurance at a designated provider • $100,000 lifetime benefit maximum per organ at a nondesignated provider	
Outpatient: Covered subject to deductible and 50% coinsurance **Inpatient:** 30-day benefit, subject to deductible and 50% coinsurance *Coinsurance does not apply to out-of-pocket maximum.*	**Outpatient:** Covered subject to deductible and 50% coinsurance **Inpatient:** 30-day benefit, subject to deductible and 50% coinsurance

Terms and Provisions

Out-of-Network Services

If a covered person uses a doctor or hospital that is not part of your network for non-emergency care, he or she will not receive network discounts and may incur additional expenses.

For instance, copays are not accepted by doctors and hospitals that are not part of your network and the covered charges will be handled as any other out-of-network service — subject to:

- The maximum allowable amount — the most the plan pays for covered services. The covered person will be responsible for any balance in excess of this amount.
- The out-of-network deductible — two times the deductible.
- The out-of-network coinsurance — typically an additional 20% of charges.
- The out-of-network coinsurance out-of-pocket maximum — two times the coinsurance out-of-pocket maximum.

Emergency Care Benefit

In emergency situations, covered charges will be handled as network services, no matter where services are performed. All charges are subject to the maximum allowable amount.

Affiliated Provider Services

As long as a covered person uses hospitals and admitting physicians that are part of your network, his or her covered charges will be handled as network services even when affiliated physicians and other health care providers (e.g., radiologists, anesthesiologists, pathologists or surgeons) are not part of your network. All charges are subject to the maximum allowable amount.

Family Deductible Accumulations

Individual/Family ***(available for Classic PPO and HSA plans)***
Covered expenses for each family member accumulate toward his or her individual deductible and benefits begin:

- For the family member — once his or her individual deductible is met.
- For all family members — once the combined amounts accumulated toward two or more individual deductibles reach the amount of the family deductible.

OneDeductible ***(available for HSA plans with family deductibles $5,000 and higher)***
Covered expenses for all family members accumulate toward the family deductible, and benefits begin for all family members once that amount is reached.

Utilization Review

When inpatient treatment is needed, the covered person is responsible for calling Assurant Health to receive authorization. The toll-free telephone number appears on your ID card. If authorization is not received, a penalty of 15% of the charge up to $1,000 could be applied. No benefits are paid for transplants that are not authorized. Authorization is not a guarantee of coverage.

Pre-Existing Conditions

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 the 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. Those under age 19 are covered for pre-existing conditions.

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, 30, 60, 90, 180 or 365 days.

Deductible Credit

When coverage first begins, credit is given for any portion of a calendar-year deductible satisfied under the prior plan during the same calendar year. However, no credit is given for past policy-year deductibles.

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

The health benefit plan does not provide benefits for:

- Treatment of a pre-existing condition, until continuously insured for 12 months (18 months for late enrollees) for ages 19 and older
- Treatment not listed in the Covered Medical Services section of the summary plan description
- Complications of an excluded service
- Charges in excess of any stated benefit maximum
- Treatment reimbursable by Medicare, Workers' Compensation or automobile carriers, or expenses for which other coverage is available
- Treatment of an illness or injury caused by acts of war, felony or influence of an illegal substance
- 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
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not pre-authorized
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Treatment of "quality of life" or "lifestyle" concerns including but not limited to obesity, hair loss, restoration or promotion of sexual function, cognitive enhancement and educational testing or training
- Charges for cranial orthotic devices, except following cranial surgery
- Charges for medical devices designed to be used at home, except as otherwise covered in the Durable Medical Equipment and Personal Medical Equipment provision or the Diabetic Services provision in the Medical Benefits section

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- Charges for devices or supplies, except as described under a Prescription Order
- Charges for cosmetic services including chemical peels, plastic surgery and medications
- Charges for prophylactic treatment
- Charges by a medical provider who is an immediate family member or who resides with a covered person
- Charges related to health care practitioner-assisted suicide
- Charges for custodial care, private nursing, telemedicine or phone consultations
- Charges for growth hormone stimulation treatment to promote or delay growth
- Charges for diagnosis and treatment of infertility, sex transformation, surrogate pregnancy or sterilization reversal
- Charges for umbilical cord storage, genetic testing, counseling or services
- Charges for treatment of behavioral health or substance abuse, except as otherwise covered in the Behavioral Health and Substance Abuse provision in the Medical Benefits section
- Charges for testing and treatment related to the diagnosis of behavioral conduct or developmental problems
- Charges for alternative medicine, including acupuncture and naturopathic medicine
- Charges for chelation therapy
- Charges for experimental or investigational services
- Charges for drugs not approved by the FDA
- Charges for over-the-counter drugs (unless recommended by the United States Preventive Services Task Force and authorized by a health care provider), drugs obtained from sources outside the United States, and the difference in cost between a generic and brand name drug when the generic is available

This brochure provides summary information. Please refer to the summary plan description or ask your agent for a complete listing of employee health benefits, exclusions and terms of coverage. Please refer to the stop-loss policy or ask your agent for a complete listing of employer stop-loss benefits, exclusions and terms of coverage. In the event that there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

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

About Assurant Health

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892), John Alden Life Insurance Company (est. 1961) and Union Security Insurance Company (est. 1910) ("Assurant Health"). Together, these three underwriting companies provide health insurance coverage for people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual, small employer group and short-term limited-duration health insurance products, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. 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 website is assuranthealth.com.

Assurant is a premier provider of specialized insurance products and related services in North America and select worldwide markets. The four key businesses — Assurant Solutions, Assurant Specialty Property, Assurant Health and Assurant Employee Benefits — partner with clients who are leaders in their industries and build leadership positions in a number of specialty insurance market segments. Assurant provides debt protection administration; credit-related insurance; warranties and service contracts; pre-funded funeral insurance; solar project insurance; lender-placed homeowners insurance; manufactured housing homeowners insurance; individual health and small employer group health insurance; group dental insurance; group disability insurance; and group life insurance.

Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has approximately $27 billion in assets and $8 billion in annual revenue. Assurant has approximately 14,000 employees worldwide and is headquartered in New York's financial district. www.assurant.com.

Not for use in Massachusetts.
Stop-Loss Policy Forms: 27426, 27427, 28844 and 28845
Form 50549 (Rev. 01/2013)