



ASSURANT  
Health®

Assurant. On your terms.®



Health Access

# Having Access Pays<sup>SM</sup>

When you spend your hard-earned dollars on a health plan, you want real value. Sometimes it's hard to find value in a traditional health insurance plan. Now there's another option – Health Access. With Health Access Fundamentals, you'll see how Having Access Pays.

Health Access has no deductibles or copays. Benefits start right away, with the plan paying a set cash amount when you receive services like doctor office visits, prescriptions and hospital stays.

Health Access gives you convenient access to health care, help finding affordable providers, network discounts on a wide variety of health care expenses and assistance in negotiating medical bills. You'll see immediate value in being able to visit the doctor, ID card in hand, and value later, when you can get help paying for your health care costs.

With Health Access, you'll appreciate getting the benefits you and your family need. You can depend on Assurant Health – for 115 years, we've been taking care of policyholders just like you.

## Get more for your money with Health Access

In addition to cash payments that help you pay for medical services, Health Access brings you savings on out-of-pocket expenses and more value for your money. These savings apply even if you exceed your plan limits.

- Network discounts
  - Save an average of 40% at more than 600,000 health professionals (and an average of 25% on all eligible services) when you use MultiPlan, the largest network in the country, and have us pay your providers
  - Save on office visits at retail health clinics – as low as \$65 per visit, including lab work
  - Save an average of 30-40% on prescriptions with your Medco<sup>®</sup> card
  - Save up to 60% on outpatient lab services
- Savings on vision care, chiropractic care, alternative health and wellness, vitamins and more through your plan's discount card
- Unlimited access to Patient Care independent advocates who can help you find the lowest priced doctors and hospitals
- Help negotiating reductions on medical bills through Health Payment Advocates
- Dedicated service team to bring quick resolution to any questions or issues and suggest ways for you to save money





## Here's how your Health Access plan works

1. When you need routine or non-emergency care you can schedule in advance, you can ask Patient Care, your independent health care advocacy service, to recommend a high-quality, lower cost doctor and facility in your network.
2. When you go in for your appointment, you'll receive Assurant Health's negotiated network discounts if you have us pay your providers directly.
3. Your Health Access plan will pay benefits when you receive eligible services.
4. After you take advantage of your plan's network discounts and payments, there still may be an amount for you to pay. You can ask the professional negotiators at Health Payment Advocates for help reducing your outstanding bills or setting up a payment plan.

Have the confidence that comes from showing your ID card — and getting access to the services you need.

 ASSURANT Health®

Health Access

John Smith      0123456789


Your Health Access plan's benefits help you pay for the care you need both when you're healthy and if you experience unexpected illnesses and injuries.

You pay no deductible, and benefits start right away. Let's look at two examples.

Your Health Access plan provides benefits to help keep you healthy for yourself and those you care about.

➔ **Routine gynecological exam with labs**

	Cost:	Plan pays:
Wellness/office visit:	\$95	\$50
Laboratory test:	90	25
<hr/>		
Total bill	\$185	
Assurant Health network discounts	68	
Plan pays	75	
<hr/>		
<b>Your balance</b>	<b>\$42</b>	




➔ Save money up front by asking Patient Care to recommend a high-quality but lower cost doctor and facility.

You'll also get help paying for necessary medical care if you're sick or injured.

➔ **Broken radius in arm**

	Cost:	Plan pays:
Emergency room/physician charge:	\$1,444	\$250
Cast application:	300	300
Follow-up office visits (4):	465	200
Follow-up x-rays (5):	475	250
<hr/>		
Total bill	\$2,684	
Assurant Health network discounts	894	
Plan pays	1,000	
Negotiated 20% discount through HPA	158*	
<hr/>		
<b>Your balance</b>	<b>\$632</b>	



➔ Save money afterward by asking Health Payment Advocates (HPA) to negotiate a reduction in the amounts you may owe after you seek care.

Amounts based on Assurant Health claims data.  
\*Discount amount based on Assurant Health and HPA claims data. Results may vary.

# Access Fundamentals<sup>SM</sup> plan

A fixed benefit plan pays a set cash amount when you receive a particular service, regardless of what your provider charges you. With this plan you also have the option to have us pay the doctor directly so you can take advantage of network discounts.

EVERYDAY NEEDS YOU VALUE	Office Visit <sup>1</sup>	<ul style="list-style-type: none"> <li>You receive \$50 per office visit</li> <li>You receive a maximum of 4 visits per calendar year</li> </ul>
	Prescription Drugs	<ul style="list-style-type: none"> <li>You receive \$10 per generic prescription</li> <li>You receive \$25 per brand prescription</li> <li>You receive a maximum of \$750 per calendar year for all prescriptions</li> </ul>
	Allergy Shots and Immunizations	<ul style="list-style-type: none"> <li>You receive \$10 per immunization</li> <li>You receive \$10 per allergy shot</li> <li>You receive a maximum of \$100 per calendar year for all allergy shots and immunizations</li> </ul>
	Outpatient Medical Events	<ul style="list-style-type: none"> <li>Laboratory Services                             <ul style="list-style-type: none"> <li>You receive \$100 per surgical pathology test</li> <li>You receive \$15 per laboratory service, excluding surgical pathology</li> </ul> </li> <li>Radiology Services                             <ul style="list-style-type: none"> <li>You receive \$130 per mammogram</li> <li>You receive \$300 per CT scan</li> <li>You receive \$450 per MRI scan</li> <li>You receive \$250 per PET scan</li> <li>You receive \$50 per other radiology service, including x-ray and ultrasound</li> </ul> </li> <li>Physical Medicine Services                             <ul style="list-style-type: none"> <li>You receive \$25 per occupational therapy, physical therapy and speech therapy visit</li> </ul> </li> <li>You receive \$25 per other outpatient event not listed</li> <li>You receive a maximum of \$1,000 per calendar year for all outpatient events</li> </ul>
SURGICAL AND HOSPITALIZATION BENEFITS	Inpatient and Outpatient Surgery	Includes surgical benefits for both inpatient and outpatient surgery. Benefit amounts paid are based on 2010 Medicare Physician Fee Schedule rates. See surgical schedule (Form 30272) for details.
	Anesthesia <sup>2</sup>	<ul style="list-style-type: none"> <li>You receive \$200 per anesthesia event</li> <li>You receive a maximum of 2 events per calendar year</li> </ul>
	Ground and Air Ambulance	<ul style="list-style-type: none"> <li>You receive \$100 per ground transportation</li> <li>You receive \$1,000 per air transportation</li> <li>You receive a maximum of 2 trips per calendar year for all ambulance transportation</li> </ul>
	Emergency Room or Urgent Care <sup>3</sup>	<ul style="list-style-type: none"> <li>You receive \$250 per visit</li> <li>You receive a maximum of 1 visit per calendar year</li> </ul>
	Inpatient Hospital Confinement	<ul style="list-style-type: none"> <li>You receive \$2,000 per day for sickness</li> <li>You receive \$4,000 per day for injury</li> <li>You receive a maximum of \$200,000 per calendar year for all inpatient confinements</li> </ul>
OTHER INFO	Lifetime Maximum	\$1 million
	Medical Questions for Qualification	Limited medical questions to qualify
	Pre-existing Conditions	Benefits available after you have been continuously insured under this plan for 12 months
	Value-Added Discount Card <sup>4</sup>	Access to discounts for everyday needs

## NOTICE:

All Health Access plans are fixed-indemnity plans with limited benefits. This means they are not major medical insurance plans. Fixed indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in specific amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on the health care provider's bill.

Benefits and availability vary by state. Benefits are paid per covered person.

<sup>1</sup> IL residents receive a maximum benefit of \$200 per calendar year.

<sup>2</sup> IL residents receive a maximum benefit of \$400 per calendar year.

<sup>3</sup> IL residents receive a maximum benefit of \$250 per calendar year.

<sup>4</sup> Discounts may vary or may not be available in all states. Discount cards are not insurance.

# What Health Access plans do not pay benefits for

Knowing exactly what your plan does and doesn't provide benefits for is important. Use the following summary of what is not eligible for benefits so you know the details. Complete information, which varies by state, will be included in your insurance contract.

## **Maintenance care and therapies:**

- Routine hearing care, artificial hearing devices, cochlear implants, auditory prostheses, routine vision care, vision therapy, surgery to correct vision, routine foot care and foot orthotics
- Routine dental care, unless you choose the dental insurance option

## **Cosmetic services and procedures:**

- Services including chemical peels, plastic surgery and medications
- Any correction of malocclusion (irregular tooth contact), protrusion, hypoplasia (abnormality in dental enamel) or hyperplasia (abnormality) of the jaws

## **Reproductive-related procedures or concerns:**

- Diagnosis and treatment of infertility
- Maternity, pregnancy (except complications of pregnancy), routine newborn care, surrogate pregnancy, routine nursery care and abortion
- Sterilization and contraceptive procedures, drugs or devices

## **Quality of life concerns:**

- Inpatient treatment of chronic pain disorders
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Treatment, services and supplies related to sex transformation, gender dysphoric disorder and gender reassignment; treatment of sexual dysfunction or inadequacy; or restoration or enhancement of sexual performance or desire
- Treatment for smoking cessation and hair loss
- Cognitive enhancement
- Prophylactic treatment, services and surgery

## **Prescription drug benefits do not include and will not provide benefits for:**

- Over-the-counter products
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- Take-home drugs dispensed at an institution

## **This plan also will not provide benefits for:**

- Any amount in excess of any maximum benefit or for non-covered events and associated complications
- Durable medical equipment and personal medical equipment

- Treatment undergone outside the United States
- Treatment of behavioral health or substance abuse
- Treatment, services, supplies, diagnosis, drugs, medication, surgery or medical regimen related to controlling weight, obesity or morbid obesity
- Treatment for snoring or sleep disorders
- Experimental or investigational treatments; homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation and services; massage therapy
- Telehealth and telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Illness or injury caused by war or while in the military; commission of a felony; or influence of an illegal substance
- Illness or injury caused or aggravated by suicide, attempted suicide or self-infliction
- Treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing
- Services ordered, directed or performed by a health care practitioner or medical provider who is an immediate family member
- Treatment used to improve memory or slow the normal process of aging
- Home health care, hospice care, skilled nursing facility care, inpatient rehabilitation services, custodial care and respite care
- Sickness or injury arising out of or as the result of any work for wage or profit that is eligible for benefits under Workers' Compensation, employers' liability or similar laws
- Treatment for behavioral modification or behavioral (conduct) problems; learning disabilities; developmental delays; attention deficit disorders; hyperactivity; educational testing, training or materials; memory improvement; cognitive enhancement or training; vocational or work-hardening programs and transitional living
- Growth hormone stimulation treatment to promote or delay growth
- Treatment for TMJ and/or CMJ and certain jaw/tooth disorders
- Services incurred due to a pre-existing condition for the first 12 months the plan is in force



### **Pre-existing conditions** (varies by state)

A pre-existing condition is a sickness or injury and related complications for which any of the following occurred during the 12-month period immediately prior to the effective date of your Health Access plan:

- You sought, received or were recommended to receive medical advice, consultation, diagnosis, care or treatment;
- You were prescribed prescription drugs;
- You experienced signs or symptoms significant enough that either:
  - the signs or symptoms should have or would have allowed a health care provider to diagnose the condition; or
  - the signs or symptoms reasonably should have or would have caused an ordinarily prudent person to seek diagnosis or treatment

We will not pay benefits for charges incurred due to a pre-existing condition or its complications until you have been continuously insured under the plan for 12 months. After the 12-month period, benefits are paid for a pre-existing condition as long as the covered event occurs while the plan is in force.

## **Frequently asked questions about Health Access**

### **Q. *What does the application process entail?***

A. Applying is easy. You just answer a few medical questions.

### **Q. *Do I have to wait to receive benefits?***

A. No, with Health Access there's no wait to take advantage of your plan's benefits.\* You'll get immediate access to network discounts, assistance from Patient Care advocates, benefit payments for services you receive and much more.

### **Q. *Does Health Access pay benefits for preventive care or does it pay benefits only if I'm sick or injured?***

A. Health Access includes benefits that help keep you well and help you pay for care if you're sick or injured. Rest assured that your plan will pay benefits when you receive preventive services such as annual exams, well-child care, immunizations, mammograms, Pap tests, PSA tests and other screenings.

### **Q. *Will I still receive discounts if I reach my plan's limits?***

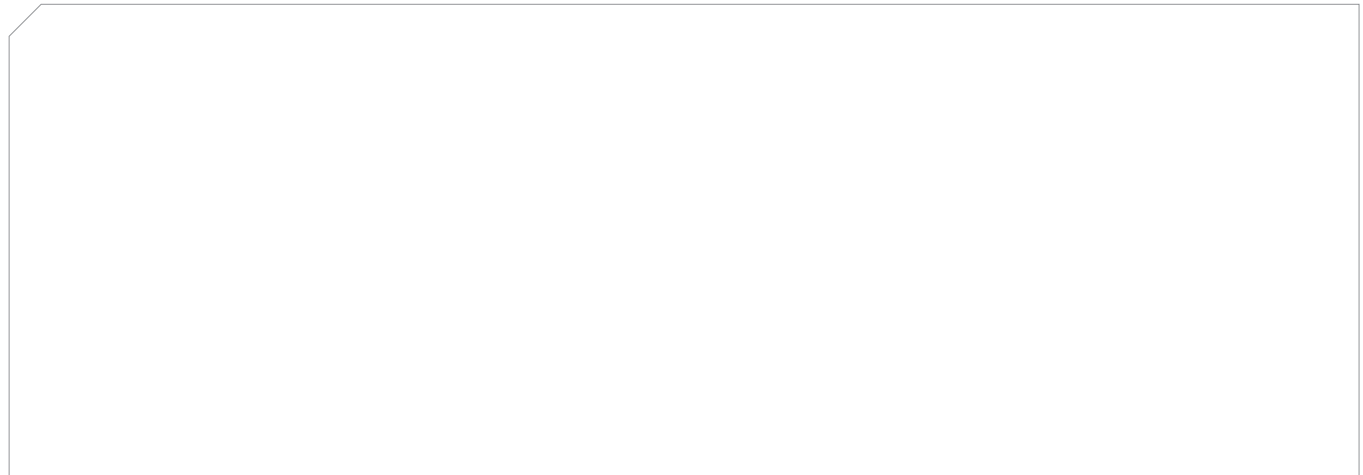
A. Yes. Even if you exceed your plan's benefits, you'll still have access to your network discounts and opportunities to save money through Patient Care, your discount card and Health Payment Advocates.

\*Except in cases of pre-existing conditions.



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



This brochure provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the insurance contract. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

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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 to people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group and short-term 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 and Idaho, as well as sales offices across the country. The Assurant Health website is [assuranthealth.com](http://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 in the U.S. and select worldwide markets. The Assurant business units provide debt protection administration; credit-related insurance; warranties and service contracts; pre-funded funeral insurance; creditor-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 14,500 employees worldwide and is headquartered in New York's financial district. [assurant.com](http://assurant.com).