

Exclusions Summary

No benefits are provided for the following, except where state mandates apply:

- Charges incurred due to a pre-existing condition, until you have been continuously insured for 12 months
- Illness or injury caused by war, commission of a felony, attempted suicide, influence of an illegal substance, or a hazardous activity for which compensation is received
- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care, or foot orthotics
- Cosmetic services including chemical peels, plastic surgery and medications
- Charges by a health care practitioner or medical provider who is an immediate family member. Immediate family members are you, your spouse, your children, brothers, sisters, parents, their spouses and anyone with whom legal guardianship has been established
- Custodial care
- Charges reimbursable by Medicare, Workers' Compensation or automobile carriers
- Growth hormone stimulation treatment to promote or delay growth
- Routine dental care
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Charges for educational testing or training, vocational or work hardening programs, transitional living, or services provided through a school system
- Diagnosis and treatment of infertility
- Maternity and routine nursery charges
- Pregnancy, maternity and other expenses related to surrogate pregnancy
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Charges for sex transformation, treatment of sexual dysfunction or inadequacy, or to restore or enhance sexual performance or desire
- Over-the-counter products
- Contraceptive drugs or devices
- 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
- Treatment of "quality of life" or "lifestyle" concerns, including, but not limited to: smoking cessation; obesity; hair loss; sexual function, dysfunction, inadequacy or desire; or cognitive enhancement
- Treatment used to improve memory or to slow the normal process of aging
- Behavior modification
- Chelation therapy
- Prophylactic treatment
- Cranial orthotic devices, except following cranial surgery
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Experimental or investigational services
- Charges in excess of the lifetime maximum or any other benefit maximum
- Charges for naturopathic medicine or non-medical items
- Charges related to health care practitioner-assisted suicide
- Alternative medicine
- Behavioral health and substance abuse
- Chiropractic
- Home health care



ASSURANT
Health

Assurant Health
501 W. Michigan
Milwaukee, WI 53203

About Assurant Health

Assurant Health has been in business since 1892. Assurant Health's underwriting companies provide health insurance coverage for more than one million people nationwide. The companies' 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. Assurant Health is the brand name for products underwritten and issued by one or more of Assurant Health's underwriting companies – Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. The Assurant Health Web site is www.assuranthealth.com.

Assurant, a Fortune 500 company, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has over \$20 billion in assets and \$7 billion in annual revenue. www.assurant.com



ASSURANT
Health

RightStart®
Individual Medical Insurance



You don't need a group to have a planSM

Time
Insurance

Assurant Health

Staying power you can count on

An insurance plan is only as reliable as the company behind it. For health insurance you can depend on, insist on a track record of expertise, strength and commitment.

EXPERTISE

Long-term stability and success in any business takes expertise. Tracing its roots back to 1892, Assurant Health has been selling individual medical insurance longer than any of its competitors. And with more than one million customers nationwide, it has earned a solid reputation for health insurance know-how.

STRENGTH

A company's strength is most important when it's time to pay benefits. A.M. Best¹, the highly respected insurance rating source, consistently rates Time Insurance Company² A- (Excellent)—affirming its outstanding ability to meet claims-paying obligations.

COMMITMENT

Assurant Health specializes in you. While many health insurance companies focus on the large group market, Assurant Health's commitment is to individuals and families. This commitment makes it a leader and innovator in individual medical insurance—and the best choice for those who buy their own health insurance coverage.



Expertise, strength and
commitment—together they
mean staying power.

¹ Source: A.M. Best Ratings and Analysis, June 2006.

² Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.

Plan Provisions

State Variations

Plan design, benefits, optional features, provisions, definitions and exclusions may vary by state. See the quote summary or the proposal for available optional features. Refer to the State Variations sheet for state-specific benefits, provisions and exclusions.

Network Services for PPO Plans

A PPO network plan gives you the most value for your health care dollar. When you use network providers, covered charges are discounted and never exceed the usual and customary charge allowance. That means savings for you, and no worries about being billed for additional charges. Network services are subject to a determination of medical necessity and deductible and coinsurance, unless otherwise noted.

Usual and Customary Charge Allowance

Charges for covered services performed by non-network providers are subject to the usual and customary charge allowance. Non-network providers may bill more than this amount, and you are responsible for any balance due to the provider.

Non-network Services for PPO Plans*

Emergencies:

Covered services are always paid at the network benefit percentage—even if you are out of network—subject to a determination of medical necessity, the deductible and the network fee schedule.

Non-emergencies:

Covered services are subject to a determination of medical necessity, the non-network deductible, a benefit percentage reduction, the increased non-network coinsurance maximum and the network fee schedule.

Individual non-network deductible is the individual deductible plus \$1,000.

Family non-network deductible is three times the individual non-network deductible and is met collectively by three or more persons.

Non-network benefit percentage is the selected benefit percentage less 20 percentage points.

Non-network coinsurance out-of-pocket maximum is \$8,000/person - \$16,000/family.

**In Montana, please see the Montana State Variations for non-network provisions.*

Non-PPO Plans

Covered services are subject to: 1) a determination of medical necessity, 2) deductible and coinsurance, unless otherwise noted, and 3) the usual and customary charge allowance.

Utilization Review

Authorization is required before inpatient treatment and certain types of outpatient treatment. Unauthorized services will result in a penalty of 25% of the charge (up to \$1,000). Unauthorized transplants are not covered.

Pre-existing Conditions

A pre-existing condition is an illness or injury and related complications for which, during the 12-month period immediately prior to the effective date of your health insurance coverage: 1) you received diagnosis, treatment or prescription drugs or 2) symptoms were produced that would have caused an ordinarily prudent person to seek diagnosis or treatment. No benefits are paid for charges incurred due to a pre-existing condition until you have been continuously insured under the plan for 12 months. This 12-month limitation does not apply to health conditions that, at the time of underwriting, receive a rating load or are included in a condition-specific deductible, or to routine prescription drugs if their use is disclosed on the application. After the 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.

Benefit Waiting Periods on Certain Treatment

Benefits for certain types of treatment are payable after the benefit waiting period listed here:

- Surgical treatment of tonsils/adenoids—3 months
- Surgical treatment of bunions, hemorrhoids, inguinal hernia (except strangulated or incarcerated), varicose veins—6 months
- Sterilization—12 months

Benefit waiting periods are waived when this plan is replacing other similar in-force coverage.

SuiteSolutions (optional feature)

Accident Medical Expense benefits are reduced by benefits payable under any other insurance plan. Critical Illness Expense benefits are not available with child-only plans.

Office Visit Copay (optional feature)

A copay is your only cost for two eligible network office visits per person each year, including immunizations and allergy shots. The following services are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay: office visits with non-participating providers, surgical procedures, allergy testing, and imaging or laboratory services.

Dental/Vision Discount Card (optional feature)

The Dental/Vision Discount Card is a discount program. It does not provide insurance coverage.

All the basics are here

Built-In Features

Your plan comes with coverage for the following medical services—subject to deductible and coinsurance, unless otherwise noted, as well as any applicable benefit amounts or maximums.

Prescription Drugs

You pay only \$15 each time you fill a generic prescription at a participating pharmacy.

Preventive Services

Includes mammograms, Pap smears and PSA screening—with no special limits—as well as benefits up to \$500 for other preventive services including physical exams, laboratory tests, immunizations, tuberculosis tests and colonoscopies. Coverage begins after you have been insured for 12 months.

Office Visits

Includes evaluation, diagnosis and management of illness or injury, and allergy shots.

Imaging and Laboratory Services

Includes x-rays, ultrasounds, CAT scans, MRIs, lab tests and interpretation.

Outpatient Hospital, Surgical Center and Urgent Care Facilities

Includes the services of the facility and miscellaneous supplies.

Professional Ground and Air Ambulance

Coverage is for emergency transportation to the nearest hospital equipped to provide appropriate care.

Emergency Room

Includes the services of the facility and miscellaneous supplies. Benefits for covered emergency services are always paid at the higher network benefit percentage—even if you are out of network.

Health Care Practitioner Services

Includes the services of doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

Outpatient Physical Medicine

Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, and treatment of developmental delay.

Inpatient Hospital

Includes the services of the facility such as semi-private room and board, intensive care (including specialty units such as neonatal and cardiac intensive care) and miscellaneous supplies.

Transplants

Coverage is provided up to the applicable annual maximums.

- Includes up to \$10,000 toward donor expenses.

Complications of Pregnancy

Covers medically necessary Caesarean section, ectopic pregnancy, miscarriage, gestational diabetes mellitus and medical conditions distinct from, but adversely affected by, pregnancy.

And all these services as well:

- Dental injuries
- Diabetic services
- Durable and personal medical equipment
- Hospice care and related counseling services (inpatient or home care)
- Inpatient rehabilitation
- Parenteral drug therapy
- Reconstructive surgery
- Skilled nursing and subacute rehabilitation facilities
- Sterilization (\$500 lifetime maximum)
- Treatment of TMJ/CMJ (\$1,000 lifetime maximum)



Build your RightStart® Plan

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

Deductible <i>Amount you pay toward covered expenses before the plan pays benefits</i>	\$500, \$1,000 or \$2,500 <i>(Family deductible maximum is three times the deductible and is met collectively by three or more persons)</i>
Benefit Percentage <i>Percentage of covered expenses the plan pays after the deductible</i>	75% or 50%
Coinsurance <i>Percentage of covered expenses you pay after the deductible</i>	25% or 50%
Coinsurance Out-Of-Pocket Maximum <i>After this maximum is met, the plan pays 100% of covered expenses</i>	\$2,000 with the 50% coinsurance plan \$3,000 with the 25% coinsurance plan <i>(Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by three or more persons)</i>
Outpatient Services Maximum <i>The annual maximum amount the plan pays toward outpatient services</i>	\$2,500, \$5,000 or \$10,000
Annual Maximum <i>The total annual maximum amount the plan pays</i>	\$50,000, \$100,000 or \$250,000
Lifetime Benefit Maximum <i>The total maximum amount the plan pays</i>	\$2 million

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

Prescription Drugs - Generic	\$15 copay (no deductible) <ul style="list-style-type: none"> \$2,000 maximum for brand and generic combined Buy-up option: annual maximum amount for brand and generic combined
Prescription Drugs - Brand name	\$500 deductible / \$25 copay + 50% coinsurance <i>(Family deductible maximum is \$1,000 met collectively by two or more persons)</i> <ul style="list-style-type: none"> \$2,000 maximum for brand and generic combined Buy-up option: annual maximum amount for brand and generic combined
Preventive Services	
Mammograms, Pap smears and PSA screening	Covered after you have been insured for 12 months
Other preventive services, office visits and immunizations	Up to \$500 in benefits—after you have been insured for 12 months <ul style="list-style-type: none"> Copay, if selected, applies to office visits and immunizations
Office Visits	Covered
Office Visit Copay <i>Optional feature</i>	\$25 copay for each of two network office visits per person <ul style="list-style-type: none"> Visits for illness, injury and (after 12 months) preventive services are eligible Additional visits are covered subject to deductible and coinsurance
Diagnostic Imaging and Laboratory Services	Covered
Outpatient Hospital, Surgical Center or Urgent Care Facility	Covered
Professional Ground and Air Ambulance	Up to \$1,000 for one trip
Emergency Room	Covered <ul style="list-style-type: none"> \$75 emergency room fee—waived if admitted to the hospital
Health Care Practitioner Services	Covered
Outpatient Physical Medicine	\$50 per visit for up to two visits <ul style="list-style-type: none"> Chiropractic not covered
Home Health Care	Not covered

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

Inpatient Hospital	Covered
Inpatient Rehabilitation Facility	\$100 per day for up to 50 days
Subacute Rehabilitation and Skilled Nursing Facilities	Up to 30 days
Transplants	Covered
Behavioral Health and Substance Abuse	Not covered

Optional Features Optional features are available at an additional cost.

Optional Benefits and Discount Programs <i>Discount programs are not insurance See page 6 for more information</i>	SuiteSolutions, Office Visit Copay, Accident Medical Expense and Dental/Vision Discount Card
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The amount of benefits depends upon the plan components selected, and the premium varies with the amount of benefits. Non-network provisions may apply. See page 7 for details.

Optional features make it yours

Make RightStart® your own with extra benefits and valuable discount programs.

Add SuiteSolutions® for Extra Protection

Supplement your health insurance plan with cash benefits that help pay your out-of-pocket expenses. Available through membership in Health Advocates Alliance, SuiteSolutions provides benefits, services and discounts that are especially valuable if you have children on your plan, or if you select a higher deductible.

For example, if you select the \$2,500 RightStart plan deductible, the \$2,500 Accident Medical Expense Benefit could cover you for all but \$100 of your deductible in the event of an injury.

Two membership levels are available.

SecureSolution

Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$100 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

- Up to \$10,000 for the primary insured and up to \$1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

- 70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

SelectSolution

Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$100 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

- Up to \$25,000 for the primary insured and up to \$1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

- 70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

Critical Illness Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 for the primary insured and spouse. Covers life-threatening cancer, heart attack, stroke, paralysis, renal failure, coma, transplants and more.

(Selected benefit option must be the same as Accident Medical Expense)

Identity Network Child Safety Services

- Pre-registry of children using photos and descriptions

Identity Theft Benefit

- Up to \$2,500 in financial relief, including reimbursement for related costs, lost wages, legal fees and expenses

Travel Assistance

- Emergency medical, financial, legal and communication assistance, plus a multilingual information service available before and during travel, for members who are traveling 100 or more miles from home

Discounts

- Up to 60% off items such as health club dues, hearing aids and hotels and travel packages

(Not all discounts are available in all states)

Accident and critical illness benefits are underwritten by National Union Fire Insurance Company of Pittsburgh, a member of American International Group, Inc. (AIG).

Office Visit Copay (Rider B176)

With an office visit copay, you have the convenience of knowing what you'll spend when you visit a network doctor. Your copay is your only cost for two eligible network office visits per person each year, including immunizations and allergy shots.

Accident Medical Expense (Rider 2803)

This benefit pays first in the event of an injury—before you pay any copay, access fee, deductible or coinsurance. You select the benefit amount: \$300, \$500 or \$1,000.

Dental/Vision Discount Card

Adding this discount card gives you access to dental and eyewear providers from a nationwide network—and as much as 50% in savings whenever you use their services.



Optional features are available at an additional cost. Discount programs are not insurance. Additional provisions may apply. See page 7 for details.

Make room for RightStart®

You make room in the budget for things that are important to you—from food and clothing to entertainment. There's no doubt health insurance is important, but you need a plan that will leave enough money to pay your other expenses.

Consider RightStart. Costing as little as half the price of other popular plans, RightStart is health insurance that can fit easily in your budget. It's ideal if you are without health insurance or are thinking about dropping your current coverage due to cost. With RightStart you get peace of mind and much more:

- Everyday benefits to help pay for visits to the doctor or prescription drugs
- Essential benefits to protect you in the event of a more serious injury or illness
- Access to doctors and hospitals—from some of the largest and best preferred provider (PPO) networks in the nation*
- Significant discounts on covered medical services when you use network providers
- Room in the budget for more of the things you value

Starting with a quality framework that offers security, convenience and cost savings, RightStart includes:

Worldwide coverage, 24 hours a day

It doesn't matter whether you're nearby or far from home—you're covered.

12-month initial rate guarantee

You'll lock in your premium rate for the first 12 months of coverage.

No referrals necessary to see a specialist

You won't have to jump through hoops when you need a specialist's care—simply make an appointment.

Single deductible for accidents

In the event there's an accident involving more than one person in your family, you'll pay only one deductible.

No limits on Intensive Care Unit (ICU)

With no daily dollar limit when confined in an ICU, you'll have the peace of mind you need at a critical time.

Conversion privilege for your family

Should your spouse or child become ineligible for coverage under your plan, he or she may obtain a similar plan without evidence of insurability.

HealthyDiscount

Available in most states, HealthyDiscount rewards you for maintaining your good health by providing 10% off your renewal rates.

Health Advocates Alliance membership

In most states, you'll receive the benefits of membership in Health Advocates Alliance—including access to a 24-hour nurse helpline, and a number of benefits and discounts.

* RightStart is also available without a PPO network (Rider 2806).

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

