

Who you choose matters

Choosing the right insurance company is just as important as choosing the right health insurance plan. Look at a company's longevity, its stability and its focus to make the right choice.

- Assurant Health has more than 110 years' experience.
- A.M. Best ranks Time Insurance Company* A- (excellent) based on financial strength.**
- Health insurance is our sole focus.

Essential coverage

Service	Inclusions
Office Services	<ul style="list-style-type: none"> • Medical history, exams, diagnosis and in-office surgeries¹ <i>(Surgeries not eligible for DOC benefits.)</i>
Lab and X-ray	<ul style="list-style-type: none"> • Screening for covered illness or injury¹
Emergency Room	<ul style="list-style-type: none"> • \$75 access fee (waived if you are admitted to the hospital), then deductible and coinsurance¹ • Covered emergency services are always paid at network coinsurance levels
Physician	<ul style="list-style-type: none"> • Diagnosis and treatment for covered illness or injury, including surgery and anesthesia¹
Hospital	<ul style="list-style-type: none"> • The hospital semiprivate room rate and covered ancillary charges • Intensive Care Unit services have no special limit
Complications of pregnancy	<ul style="list-style-type: none"> • Benefits for complications of pregnancy as defined in the contract. Covered complications of pregnancy include treatment of ectopic pregnancy, treatment of gestational diabetes mellitus, and medically necessary Caesarean section
Supplies and Equipment	<ul style="list-style-type: none"> • Whole blood, prosthetic devices, crutches, basic hospital bed, non-motorized wheelchair, braces, oxygen and apnea monitor
Hospice Care	<ul style="list-style-type: none"> • Inpatient or home care
Skilled Nursing Facility	<ul style="list-style-type: none"> • Up to 30 days per person each year
Dental Injury	<ul style="list-style-type: none"> • Treatment for injury to sound teeth if the treatment begins within 90 days of the injury and is completed within 180 days of the injury¹
TMJ/CMJ	<ul style="list-style-type: none"> • Up to a \$1,000 per person lifetime maximum¹

* Assurant Health markets products underwritten by Time Insurance Company.

** Source: A.M. Best Ratings and Analysis, June 2005.

¹ Outpatient maximums may apply.

All services subject to annual maximum. All maximums (except lifetime maximum) are reset each January 1.

Dependents are covered through age 18, or age 23 if a full-time student.

Listed benefits are per covered person and are subject to 1) a determination of medical necessity 2) reasonable and customary charges or negotiated rates and 3) deductible and coinsurance, unless otherwise noted.

Any medical procedure may be subject to clinical audit for determination of medical necessity. For catastrophic or chronic illnesses or injuries, we provide you with the option of working with an RN Case Manager who will assist you in obtaining appropriate, cost-effective care.



ASSURANT
Health

Assurant Health
501 West 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 more than 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.

Assurant Health is one of five key business segments of Assurant, Inc., along with Assurant Employee Benefits, Assurant Preneed, Assurant Solutions and Assurant Specialty Property. Together, these business segments have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty market segments in the U.S. and selected international markets.

Assurant, Inc. is traded on the New York Stock Exchange under the symbol AIZ. The Assurant Web site is www.assurant.com.

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

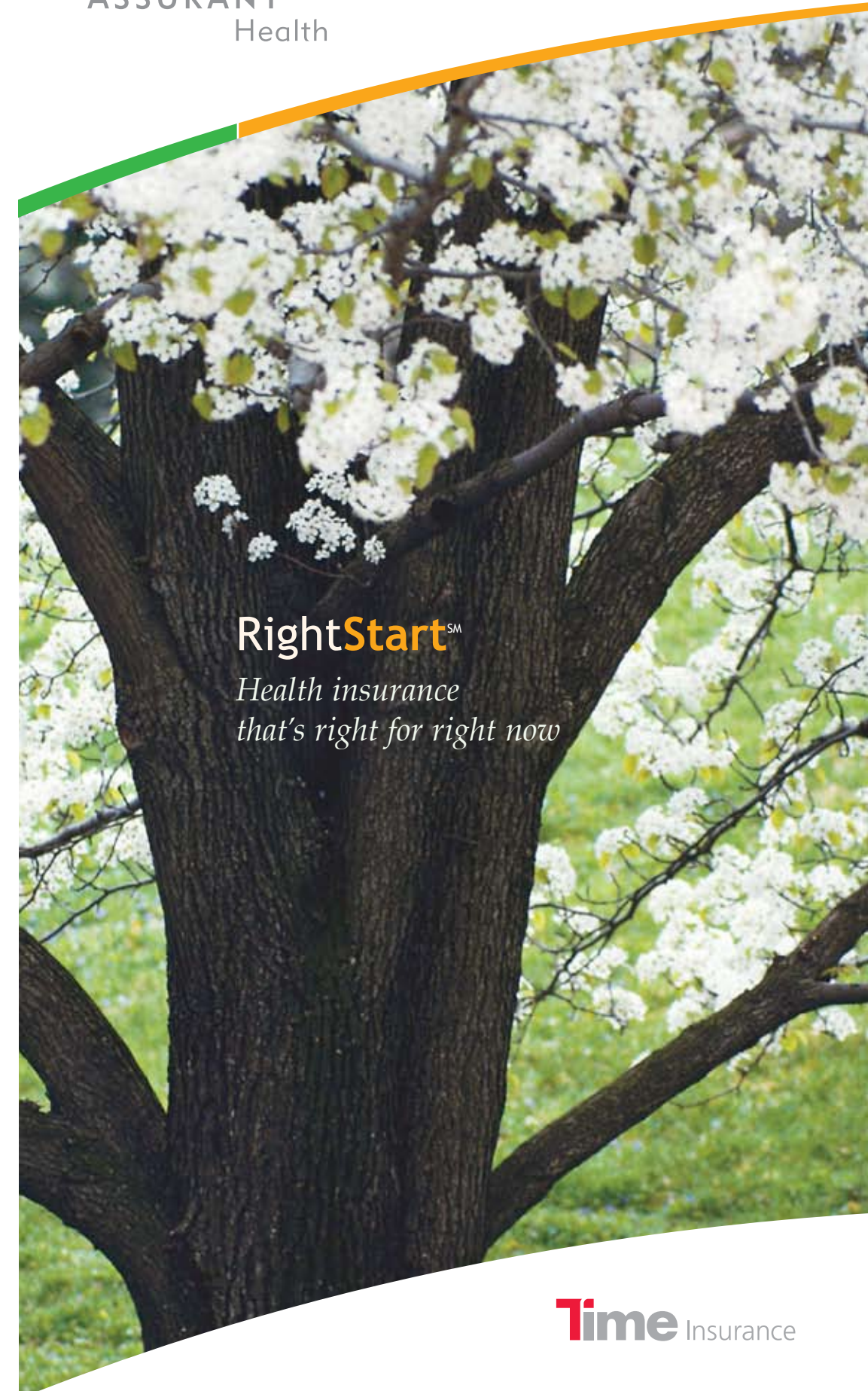
Product form 244 and 253; Texas forms 253.001.TX and 253.001.TX-LB.

Form 28563 (Rev. 11/2005)

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ASSURANT
Health



RightStartSM

Health insurance
that's right for right now

Time Insurance

Every day a number of priorities pull at your wallet – your home, your car, feeding your family. It's not that health insurance isn't a priority right now, it's that there are too many other things to pay for.

Now you can have health insurance without giving up something else to pay for it. Assurant Health introduces RightStart. It's the health insurance plan that gives you the everyday benefits you and your family value – like a visit to the doctor or help paying for a prescription. And, if you need more serious care, there's protection for that too.

Some health insurance plans offer richer coverage, but it comes at a richer price. RightStart brings you and your family health insurance for as much as half off the price of other popular plans. And you have access to quality health care facilities and doctors.

It's the access you want at the price you need – right now.



RightStartSM offers both PPO and Traditional Plan options. Take a look at the highlights:

Deductible options <i>Annual amount you pay before benefits are paid</i>	\$500, \$1,000 and \$2,500 per person. <ul style="list-style-type: none"> Family maximum is three times the individual deductible. Individual non-network deductible is plan deductible + \$1,000.¹ Family non-network deductible maximum is three times the individual non-network deductible.
Coinsurance options	75/25 or 50/50. <ul style="list-style-type: none"> Non-network coinsurance is network coinsurance less 20%.
Coinsurance out-of-pocket maximum <i>Total out-of-pocket maximum equals deductible plus the coinsurance out-of-pocket maximum</i>	\$3,000 per person when you choose 75/25 coinsurance. \$2,000 per person when you choose 50/50 coinsurance. <ul style="list-style-type: none"> Family maximum is two times the individual maximum. Individual non-network out-of-pocket maximum is \$8,000.² Family non-network out-of-pocket maximum is \$16,000.²
Doctor Office Copay (DOC) <i>Optional benefit</i>	\$25 per visit up to two visits per person each year including wellness visits after one year. ³
Annual maximum <i>\$50,000 and \$250,000 options also available</i>	\$100,000 per person each year.
Outpatient services maximum <i>\$5,000 and \$10,000 options also available</i>	\$2,500 per person each year (available with \$50,000 and \$100,000 annual maximums).
Prescription drugs maximum <i>Annual maximum amount available as buy-up option</i>	\$2,000 limit per person each year. <ul style="list-style-type: none"> Generic: \$15 copay (no deductible). Brand: \$500 deductible⁴ + \$25 copay + 50% coinsurance. (If you choose brand when generic is available, you will pay the difference.)
Lifetime maximum	\$2 million per person.
Accident Medical Expense (AME) <i>Optional benefit</i>	\$300, \$500 or \$1,000 per person each accident.

¹ Non-network deductibles do not apply to Traditional plans. In Texas, when the \$500 deductible is selected, the individual non-network deductible is the plan deductible plus \$500.
² Non-network out-of-pocket maximums do not apply to Traditional plans. Subject to reasonable and customary charges.
³ Doctor Office Copay option not available with Traditional plans.
⁴ Family maximum is two times the individual prescription drug deductible.

RightStart also provides benefits (after deductible and coinsurance) for:

- **Wellness benefits** up to \$500 per person each year – after you have been insured for one year
- **Organ transplants** – unlimited to the annual maximum
- **Emergency room** – \$75 access fee, waived if admitted
- **Ground or air ambulance** – \$1,000 per trip, limited to one trip per person each year
- **Outpatient physical, speech and occupational therapy** – \$50 per visit, up to two visits per person each year
- **Inpatient rehabilitation facilities** – \$100 per day, up to 50 days per person each year.

RightStart does not provide benefits (unless state mandated) for:

- Maternity, chiropractic care, home health care, alternative medicine or mental illness/substance abuse

Options and add-ons

- **Doctor Office Copay** – add DOC and the copay is all you pay for each of two eligible network office visits for illness or injury, including history, examination, diagnosis, immunizations and allergy shots.

The following are covered subject to deductible and coinsurance, but are not eligible for DOC benefits:
 - in-office surgeries
 - allergy testing
 - lab and x-ray
- **Accident Medical Expense** – with AME, we pay first when you have an injury – before you pay any copay, access fee, deductible or coinsurance.
- **Dental/Vision Discount Card** – you won't pay full price on dental services or eyewear. Just present your card to a dental or eyewear provider in the nationwide network for up to 50% savings for all family members.

Options may vary by state. See software proposal for availability. Refer to the RightStart State Variations for state-specific information. Options and add-ons are available at an additional cost. The Dental/Vision Discount Card is not insurance. All deductibles and maximums (except the lifetime maximum) are reset each January 1.

Learn more about your coverage

Preauthorization

When you need inpatient treatment or certain outpatient procedures, it's important to get preauthorized to avoid a 25% penalty of the charge, up to \$1,000. There is no coverage for transplants that are not preauthorized.

Conversion Privilege

A spouse or dependent who is no longer eligible for coverage under this plan may obtain a similar plan without evidence of insurability.

Waiting Periods on Certain Conditions

Benefits for certain conditions are payable after the waiting period listed here: tonsils/adenoids, 3 months; sterilization, 12 months; hernia (except strangulated or incarcerated), 6 months; bunionectomy, 6 months; varicose veins, 6 months; hemorrhoids, 6 months. The waiting period is waived when this plan is replacing other similar in-force coverage.

Pre-existing Conditions

A pre-existing condition is an illness or injury and any related complications for which, during the 12-month period immediately prior to your effective date, you received medical treatment, diagnosis, consultation or prescription drugs, or symptoms were produced or diagnosis was possible. RightStart does not pay benefits for charges incurred due to a pre-existing condition, as defined in the contract, until you have been continuously insured under the plan for 12 months. After 12 months, benefits will be paid, unless the condition has been specifically excluded from coverage.

Plan Exclusions

- Charges incurred due to a pre-existing condition until you have been continuously insured under the policy for 12 months.
- Illness or injury caused by war, commission of crime, attempted suicide, influence of illegal substance.
- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care, or foot orthotics.
- Cosmetic services.
- Charges by a health care practitioner or medical provider defined as an immediate family member, including you, your spouse, children, siblings, parents, their spouses and legal guardians.
- Custodial care.
- Charges reimbursable by Medicare, Workers' Compensation or automobile carriers.
- Growth hormone stimulation treatment.
- Dental care not related to a dental injury.
- Treatment for 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.
- 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.
- 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.
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media).