



ASSURANT
Health®

Assurant. On your terms.®

ARIZONA



Time Insurance Company and
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.

Throughout this brochure, Assurant Health is used to refer to Time Insurance Company and John Alden Life Insurance Company.

Real Choices® Classic PPO

Real protection

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

- Time Insurance Company and John Alden Life Insurance Company, doing business as Assurant Health, are rated A- (Excellent) by the highly rated insurance rating source A.M. Best¹
- Part of Assurant, a Fortune 500 company
- 120 years² 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.

¹ Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, December 2011.

² 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).

Solid, reliable protection is just the start. You also want a health insurance plan that will provide great value year after year. Assurant Health Real Choices[®] gives you and your employees many ways to save money while enjoying valued benefits and unique features.

Save time and money

Choose the benefits you value most

Real Choices gives you the freedom to choose and pay for the benefits that are most important to your group — now, and as your needs change. It's flexibility that means your plan will continue to fit your group and your budget. You can even offer multiple plans and/or networks to satisfy different employee needs.

Take advantage of discounts from doctors and hospitals in your network

You and your employees are free to choose any doctor or hospital. However, when you choose doctors and hospitals that are part of your network, you get better discounts on the services. You have access to broad networks, and we continually negotiate with these networks to get you lower costs.

Pay less for your 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) our discounted rate or 3) the amount of your copay. For example, if our 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. Services by these clinics are covered like services by providers in your network.

Find help with health care

Call Patient Care, your independent health care advocacy service, for personalized assistance and support. Advocates can help you and your employees:

- Save time and money by finding doctors and hospitals that are part of your network and comparing the amounts they charge before services are received
- Work through any billing or claims issues after services are received

Patient Care services are available exclusively and at no additional cost to Assurant Health customers.³ See Form 29895 to learn more.

Help yourself to our exceptional customer care

Work with us the way it works best for you. You can contact Assurant Health Customer Care for assistance during normal business hours, or go online at your convenience – available 24/7:

- Add or remove employees
- Update employee information
- Request ID cards
- View recent billing and renewal information



Real
value

³ Patient Care is an independent advocacy service and can be discontinued at any time.

Real Choices — Classic PPO network benefits

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.

MAKE CHOICES TO BUILD YOUR PLAN	Deductible	Individual	\$1,000	\$1,500	\$2,000	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000	
		Family	\$2,000	\$3,000	\$4,000	\$5,000	\$7,000	\$10,000	\$7,500 or \$15,000	\$10,000 or \$20,000	
		Family Deductible Accumulation	<ul style="list-style-type: none"> • <i>Individual/Family</i> — Covered expenses for each family member accumulate toward his or her individual deductible and benefits begin: <ul style="list-style-type: none"> • 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 • <i>One Deductible</i> — Covered expenses for all family members accumulate toward the family deductible and benefits begin for all family members once that amount is reached 								
	Benefit Percentage/Coinsurance		100%/0%, 80%/20%, 70%/30% or 50%/50%								
	Coinsurance Out-of-Pocket Maximum		\$0, \$1,500, \$2,000, \$2,500, \$3,500, \$5,000, \$7,500 or \$10,000 <i>Family maximum is two times the selected coinsurance out-of-pocket maximum</i>								
	Office Visits (OV)		<ul style="list-style-type: none"> • No copay — subject to deductible and coinsurance • Primary Care Provider (PCP) copay: \$20, \$25, \$35 or \$50 — Specialists subject to deductible and coinsurance or • PCP/Specialist copays: \$20/\$50, \$25/\$50, \$35/\$50 or \$50/\$50 								
	Prescription Drugs <i>Covers oral contraceptives. Save! Mail order is available in most states.</i>		<ul style="list-style-type: none"> • Discounts only • No copay — subject to deductible and coinsurance • No copay or deductible — we pay 50% and you pay 50% or • Copay options (generic/preferred brand/nonpreferred brand): \$15/\$35/\$55, \$15/\$45/\$60 or \$20/\$50/\$75 								
Diagnostic Imaging and Laboratory Services		<ul style="list-style-type: none"> • Covered subject to deductible and coinsurance or • First \$500 paid at 100% — then subject to deductible and coinsurance 									
Emergency Room (ER)		<ul style="list-style-type: none"> • Covered, subject to deductible and coinsurance or • If an OV copay is selected, you may also add a \$250 ER copay 									

ADDITIONAL PLAN BENEFITS	Services covered subject to deductible and coinsurance: Physician Services, Professional Air and Ground Ambulance, Outpatient Hospital/Surgical Center, Inpatient Hospital, Durable Medical Equipment, Outpatient Physical Medicine, Specialty Pharmaceuticals ⁴ and Transplants (for transplants, please see page 6 for more information)	
	Urgent Care	Covered subject to deductible and coinsurance If an OV copay is selected, urgent care is subject to a \$50 copay
	Allergy Shots	Covered subject to deductible and coinsurance If an OV copay is selected, allergy shots are paid at 100%
	Family Planning Services <i>Covers contraceptive products.</i>	Covered subject to deductible and coinsurance If an OV copay is selected, family planning services are subject to the copay
	Inpatient Rehabilitation, Subacute Rehabilitation and Nursing Facilities	90-day benefit for each category, subject to deductible and coinsurance
	Home Health Care	30-visit benefit, subject to deductible and coinsurance
	Hospice Care	Paid at 100%
	Behavioral Health and Substance Abuse	Outpatient: Subject to deductible and 50% coinsurance <i>Coinsurance does not apply to out-of-pocket maximum</i> Inpatient: 21-day benefit, subject to deductible and coinsurance

⁴ Please refer to your State Variations document for state-specific specialty pharmaceutical benefits information.

Assurant Health provides all benefits of the Patient Protection and Accountability Act as they become effective. Available options vary by state. The amount of benefits depends on the options selected and the premium will vary with the amount of benefits. Out-of-network provisions apply. See page 6 for details.

Optional and value-added features

Take advantage of additional options that enhance your benefit package

Maternity benefit option

With the added Maternity Benefit, employees are covered for: prenatal care, delivery, medically necessary Caesarean section, well-newborn care and postpartum care. You choose whether covered charges will be applied to:

- Plan deductible and coinsurance, and then paid at 100% or
- A separate \$7,500 maternity deductible, and then paid at 100%

Employers with 10 or more employees should verify state and federal requirements regarding maternity coverage.

Accident Medical Expense (AME) benefit option

With the AME option, the first covered expenses for each accidental injury are paid 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. This benefit is ideal for employees with young, active children.

The AME option is not a voluntary supplemental product.

Optional ancillary products

When you combine Real Choices Life, Short Term Disability and Dental Insurance with your plan, you save on the ancillary premium. The more products you add, the greater your savings: 20% off one ancillary product, 24% off two or 30% off all three. See Form 50506 to learn more.

Real Choices ancillary products are not voluntary supplemental products.

Tax-savings opportunities

You and your employees can save tax dollars with these tax-advantaged⁵ programs:

- A **Section 125 Premium Only Plan (POP)** allows employees to pay health insurance and other eligible premiums with pretax dollars. See Form 50514 to learn more.
- A **Health Reimbursement Arrangement (HRA)** allows you to deduct taxes when you reimburse employees for their health care expenses. See Form 50564 to learn more.

Choose to have both your POP and your HRA administered through Assurant Health's arrangement with Employee Benefits Corporation and you'll pay no administration fees.

Optional features are available at an additional cost. Dental insurance, life insurance and short-term disability insurance have separate contracts. Available options vary by state.

⁵ Assurant Health is not engaged in rendering tax advice. Please see a qualified tax professional for tax advice.



Real choices

Terms and Provisions

Out-of-Network Services

If you use a doctor or hospital that is not part of your network for non-emergency care, you will not receive network discounts and you may incur additional expenses. For instance, copays are not accepted by providers who are not part of your network, and the services will be handled as any other out-of-network service – subject to:

- The maximum allowable amount – the most the plan pays for covered services. You will be responsible for any balance in excess of this amount.
- The out-of-network deductible – two times the network deductible, with a minimum of \$1,000.
- 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 you use hospitals and admitting physicians that are part of your network, your 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.

Medically Necessary Care

To be covered, treatment, services and supplies must be medically necessary:

- 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

Utilization Review

When inpatient treatment or outpatient surgery is needed, you are responsible for calling Assurant Health to receive authorization. The toll-free telephone number appears on the insurance ID card. If authorization is not received, a penalty of 30% of the charge to a maximum of \$1,000 could be applied. No benefits are paid for transplants which are not authorized. Authorization is not a guarantee of coverage.

Transplants

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, \$10,000 is available for travel expenses for the covered person and a companion. If services are performed at a nondesignated transplant provider who is part of your network, there is a \$100,000 lifetime benefit maximum per organ. If services are performed at a nondesignated transplant provider who is not part of your network, 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 of \$10,000.

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 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. 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 days, 30 days, 60 days, 90 days and 180 days.

Takeover Provision

If Real Choices is replacing an existing group major medical plan that 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 Summary

Real Choices does not provide benefits for:

- Treatment of a pre-existing condition, until continuously insured for 12 months for ages 19 and older
- Treatment not listed in the Covered Medical Services section of the policy
- Complications of an excluded service
- Charges in excess of any stated benefit maximum
- Treatment reimbursable by Medicare, Workers' Compensation, automobile carriers or expenses for which other coverage is available
- Treatment of an illness or injury caused by acts of war, felony, attempted suicide 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 (unless a dental plan is purchased)
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not pre-authorized⁶
- 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
- 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 treatment of varicose veins or spider veins
- 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
- Maternity and routine nursery charges unless maternity coverage is chosen or covered under the Complications or Pregnancy provision
- Charges for diagnosis and treatment of infertility, surrogate pregnancy or sterilization reversal
- Charges for umbilical cord storage; genetic testing, counseling or services
- Charges for sex transformation, treatment of sexual dysfunction or inadequacy or to restore or enhance sexual performance or desire
- 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 State Variation for state-specific differences. Please refer to the insurance policy or ask your agent for a complete listing of benefits, exclusions and terms of coverage.



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 Health is part of Assurant, 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; 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.

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.

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