

Assurant[®] HSA Plan

The Assurant HSA plan pairs a high deductible health plan with a tax-free health savings account (HSA). Since premiums are usually lower with a high deductible health plan than with a traditional plan, you can use your premium savings to fund an HSA. Whatever funds you don't use for out-of-pocket medical expenses will grow tax free and roll over year to year. The benefits below apply to plans with effective dates October 1, 2010 and later.

Plan Design Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and reset each January 1. Benefits are in network and subject to deductible and coinsurance unless otherwise noted.

Integrated deductible (amount you pay toward covered expenses before the plan pays any benefits)	Individual plan: \$2,700 Family plan: \$5,400
Benefit percentage (percentage of covered expenses the plan pays after you meet the deductible)	80%
Coinsurance (percentage of covered expenses you pay after you meet the deductible)	20%
Out-of-pocket maximum (after you have paid this amount, the plan pays 100% of covered expenses) (includes deductible)	Individual plan: \$4,700 Family plan: \$9,400

Benefits

Preventive services	Immediate coverage paid at 100% for preventive services mandated by the Patient Protection and Affordable Care Act (see ahrq.gov/clinic/uspstfix.htm for more information); additional preventive services paid subject to deductible and coinsurance
Mammograms	Preventive covered at 100%; diagnostic covered subject to coinsurance; deductible waived
Complications of pregnancy (includes emergency Cesarean section and any sickness associated with pregnancy except hyperemesis gravidarum)	Covered subject to deductible and coinsurance
Office visits (includes examination, consultation, evaluation, treatment plan development and allergy shots)	Covered subject to deductible and coinsurance
Diagnostic imaging and laboratory services (includes x-rays, ultrasounds, CAT scans, MRIs, lab tests and interpretation)	Covered subject to deductible and coinsurance
Outpatient hospital, surgical center or urgent care facility (includes the services of the facility and supplies)	Covered subject to deductible and coinsurance
Professional ground or air ambulance (includes transport to the nearest facility equipped to provide appropriate care, not just the closest)	Covered subject to deductible and coinsurance
Emergency room (includes the services of the facility and supplies; benefits are paid at higher network benefit percentage even if you are out of network)	Access fee: \$75 copay, then subject to deductible and coinsurance; \$75 copay waived if admitted to the hospital
Health care practitioner services (includes doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses)	Covered subject to deductible and coinsurance
Outpatient physical medicine (includes physical, speech and occupational therapies; cardiac and pulmonary rehabilitation; treatment of developmental delay; massage therapy; acupuncture and chiropractic services)	Rehabilitation: 20 visits Chiropractic: 10 visits Acupuncture: 10 visits All subject to deductible and coinsurance
Home health care	Up to 130 visits
Behavioral health	Covered subject to deductible and coinsurance
Inpatient hospital (includes the services of the facility such as semi-private room and board, intensive care and supplies)	Covered
Inpatient rehabilitation facility	Up to 10 days
Subacute rehabilitation and skilled nursing facilities	Up to 45 days
Transplants (after 12-month waiting period, includes kidney, cornea, skin, bone marrow, heart, liver, lung and other transplants when performed by network provider or designated transplant provider)	Kidney, cornea and skin transplants covered subject to deductible and coinsurance; all others covered up to \$350,000 at any provider or \$500,000 plus \$10,000 in travel expenses at designated transplant provider
Hospice care	Covered subject to deductible and coinsurance

Assurant HSA Plan

Network Services

When you use network providers, covered charges are eligible for discounts and never exceed the maximum allowable amount.

Out-of-Network Services

Emergencies: Covered charges are always paid at the network benefit percentage of 80% – even if you are out of network – subject to the maximum allowable amount.

Non-emergencies: Covered services are subject to the out-of-network deductible, maximum allowable amount provision, 60% out-of-network percentage and increased out-of-network coinsurance out-of-pocket maximum. See the chart below.

ASSURANT HSA PLAN OUT-OF-NETWORK COSTS	
OUT-OF-NETWORK DEDUCTIBLE	
Individual	Family
\$3,700	\$7,400
OUT-OF-NETWORK TOTAL OUT-OF-POCKET MAXIMUM	
Individual	Family
\$11,700	\$23,400

No benefits are provided for the following:

- Charges incurred due to a pre-existing condition until you have been continuously insured for nine months. Any pre-existing conditions limitation does not apply to covered enrollees under 19 years of age
- Sickness or injury caused by war, participation in a felony, attempted suicide 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 insurance carriers
- Growth hormone stimulation treatment to promote or delay growth
- Routine dental care
- Services provided through a school system
- Diagnosis and treatment of infertility
- 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
- Outpatient prescription drugs
- Treatment of "quality of life" or "lifestyle" concerns, including, but not limited to: smoking cessation, obesity, hair loss or cognitive enhancement
- Cranial orthotic devices, except following cranial surgery
- Experimental or investigational services
- Charges in excess of any benefit maximum
- Charges for non-medical items
- Charges related to health care practitioner assisted suicide
- Treatment of substance abuse, including related prescription drugs

Assurant Health and its legal entities are not engaged in rendering tax advice. Please consult a qualified tax professional for tax advice.

Information shown applies to plans with effective dates of October 1, 2010 and later.

Product forms TIM.POL.ONE.WA

This form is to be used in conjunction with Form 30195, *Individual and Family Medical Plans*.

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

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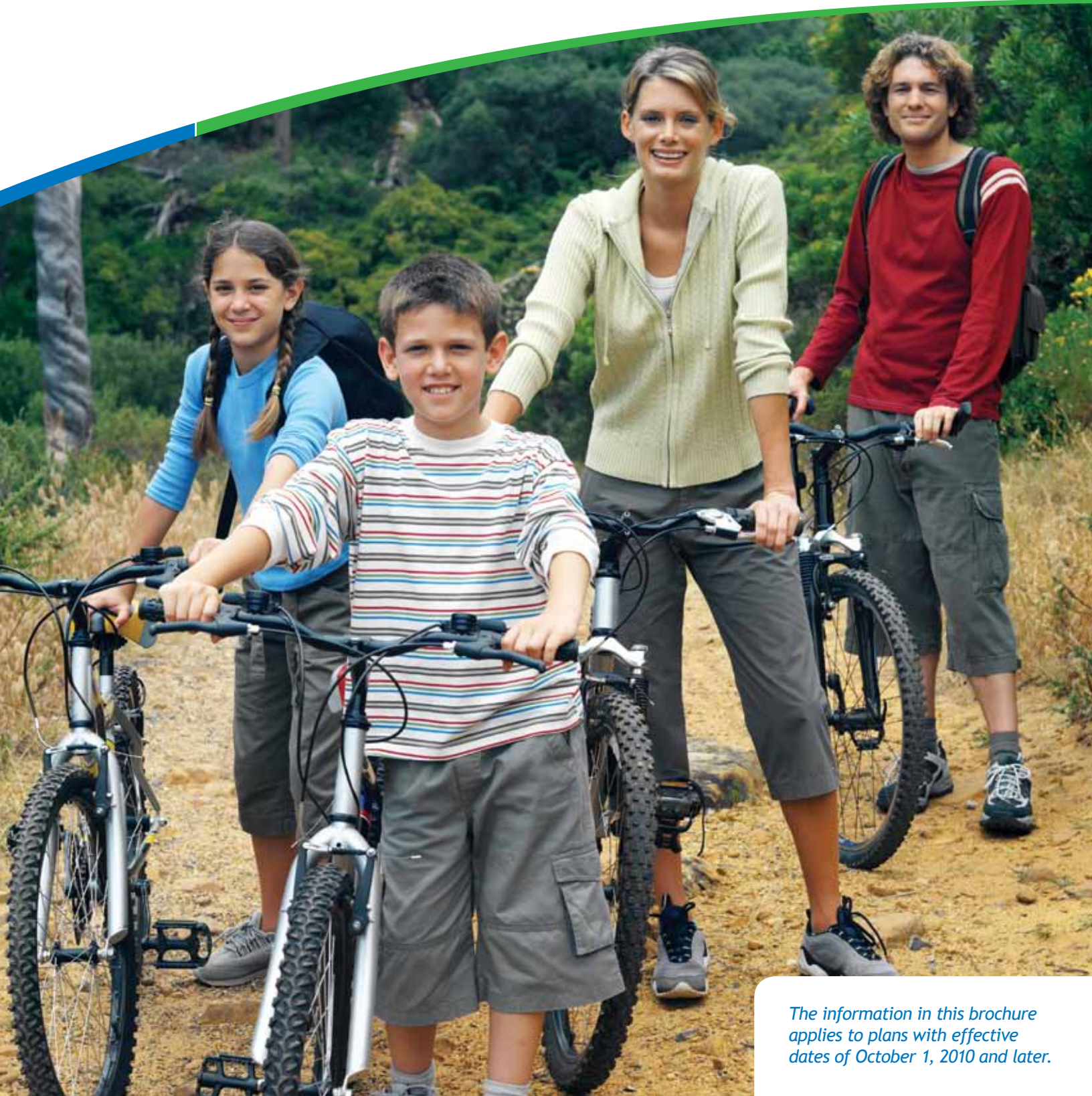


ASSURANT
Health®

WASHINGTON

Assurant. On your terms.®

Individual and Family Medical Plans



The information in this brochure applies to plans with effective dates of October 1, 2010 and later.

Health insurance is vital to protecting not only your physical well-being but also your financial well-being. When you choose an Assurant Health plan, you receive reliable, dependable coverage you can customize to your own needs. Create your optimum balance of broad coverage and great value.

Assurant Catastrophic Plan

Select the Catastrophic plan for cost-effective coverage for preventive care, everyday needs and hospitalization, with special benefits for accidental injuries. You'll have the flexibility to control premiums without giving up important benefits or the convenience of an office visit copay.

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The Assurant HSA plan pairs a high deductible health plan with a tax-free health savings account (HSA). Since premiums are usually lower with a high deductible health plan than with a traditional plan, you can use your premium savings to fund an HSA. Whatever funds you don't use for out-of-pocket medical expenses will grow tax free and roll over year to year.

Assurant Comprehensive Plan

If you want comprehensive coverage for maternity and prescription drugs included in your policy, choose the Comprehensive plan. It provides the benefits you want so you can achieve the security and peace of mind you deserve.

All three Assurant Health plans offer **practical benefits** and **high-quality coverage**.

- **Twelve-month initial rate guarantee**
- **Worldwide coverage, 24 hours a day**
- **No referrals necessary to see a specialist**
- **Access to independent Patient Care advocates** who help you understand your plan, work through billing issues and save money by comparing cost and quality data for network doctors and hospitals

Dental-Vision Discount Plan optional coverage

Receive discounts on services from a nationwide network of dental and eyewear providers – savings of 15-50% on dental services and 10-60% on eyewear.

Actual costs and savings may vary by provider and geographic area. This optional coverage is available at an additional cost. Discount programs are not insurance. Additional provisions may apply.

Plan provisions

Network services

When you use network providers, covered charges are eligible for discounts and never exceed the maximum allowable amount.

Out-of-network services

Emergencies: Covered services are always paid at the network benefit percentage — even if you are out of network — subject to the maximum allowable amount.

Non-emergencies: Covered services are subject to the out-of-network deductible, maximum allowable amount provision, out-of-network coinsurance and increased out-of-network coinsurance out-of-pocket maximum.

Maximum allowable amount

The maximum allowable amount is the most the plan pays for covered services. If you use an out-of-network provider, you are responsible for any balance in excess of the maximum allowable amount.

Medically necessary care

Treatment must be medically necessary to be covered. Medically necessary services or supplies must be:

- 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 provided

Utilization review

Authorization is required before inpatient treatment and certain types of outpatient procedures. Unauthorized services will result in a penalty. Unauthorized transplants are not covered.

Benefit waiting periods on certain treatment

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

- Durable and personal medical equipment (\$500 lifetime benefit) — six months
- Face and jaw dysfunction services — six months
- Surgical treatment of bunions, hemorrhoids, inguinal hernia, varicose veins, tonsils/adenoids — six months
- Transplants — 12 months

Pre-existing conditions

A pre-existing condition is a sickness, pregnancy or injury and related complications for which, during the six-month period immediately prior to the effective date of your health insurance coverage:

- You sought, received or were recommended medical advice, consultation, diagnosis, care or treatment
- Prescription drugs were prescribed
- Symptoms were produced or diagnosis was possible

No benefits are paid for charges incurred due to a pre-existing condition until you have been continuously insured under the plan for nine months. After the nine-month period, benefits are paid for a pre-existing condition. Any pre-existing conditions limitation does not apply to covered enrollees under 19 years of age.

Coverage if you move

Assurant Health offers individual medical coverage in 43 states and DC. If you move to another Assurant Health state, you can maintain continuous coverage with a plan in that state.





ASSURANT
Health®

For more information, or to apply
for coverage, contact:

Assurant Health
501 W. Michigan
Milwaukee, WI 53203

About Assurant Health

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 have built 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 more than \$26 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. www.assurant.com.