



ASSURANT
Health®

Short Term Medical

Arizona



Coverage for
unexpected illness
and injury

Time Insurance Company

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

This document will use Assurant Health throughout the remainder of the brochure instead of Time Insurance Company.



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You need the financial protection of health insurance. How do you choose a plan that's affordable and provides the protection you need?

Consider Short Term Medical.

Affordable financial protection

Short Term Medical plans are affordable because they provide insurance coverage in a different way. Short Term Medical protects you from the medical bills that can result from unexpected injuries and illnesses, without coverage for preventive or routine care.

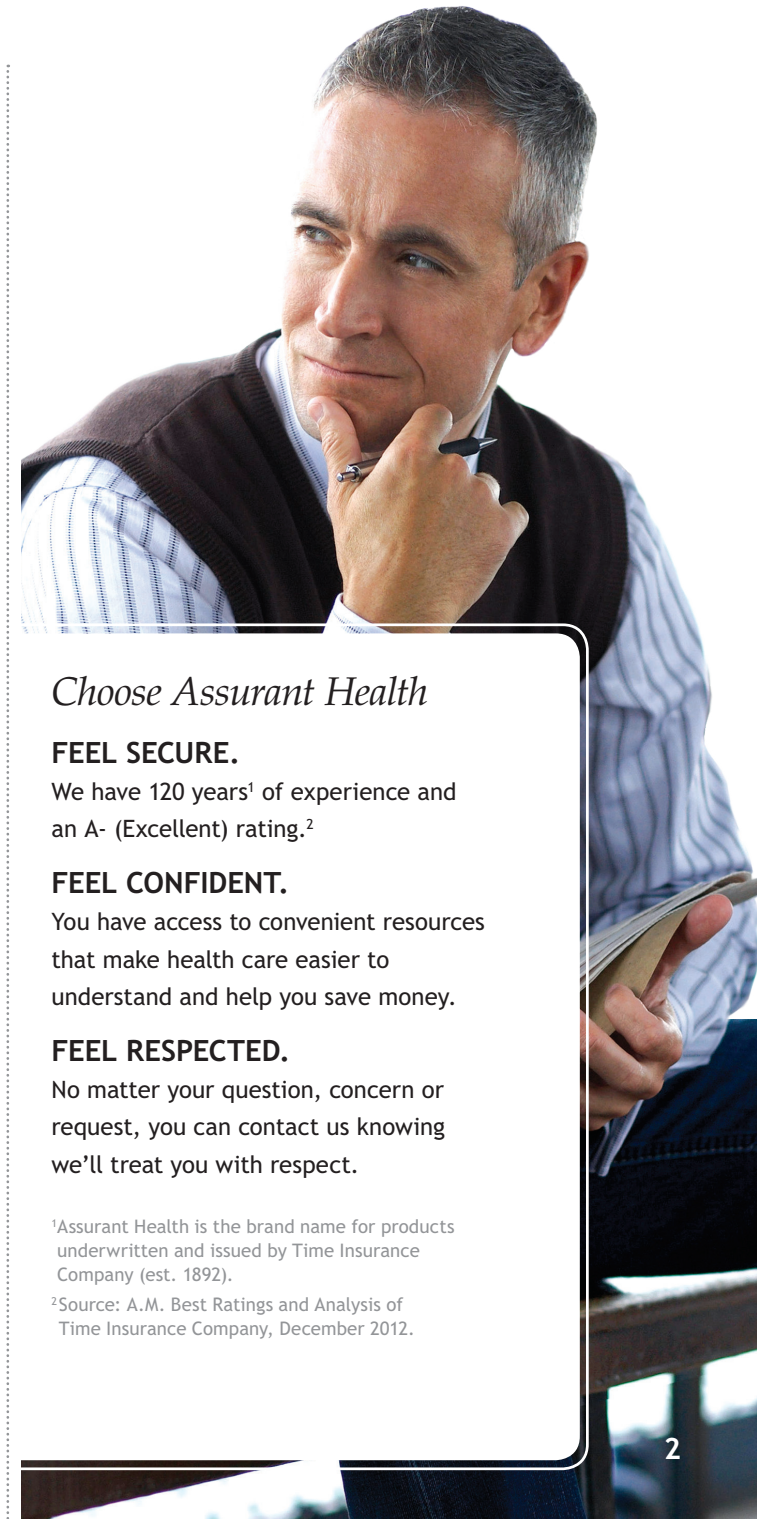
Short Term Medical is not minimum essential coverage.

GET THE COVERAGE YOU NEED WITH SHORT TERM MEDICAL

You can rely on Assurant Health Short Term Medical plans to provide the insurance coverage you need. We were one of the first to offer short term plans, and we've remained a leader ever since.



- Plans available up to 180 days
- Coverage as soon as the day after you apply
- Flexibility to choose your own doctors and hospitals, with no network restrictions
- One common family deductible for length of policy
- Prescription drug coverage



Choose Assurant Health

FEEL SECURE.

We have 120 years¹ of experience and an A- (Excellent) rating.²

FEEL CONFIDENT.

You have access to convenient resources that make health care easier to understand and help you save money.

FEEL RESPECTED.

No matter your question, concern or request, you can contact us knowing we'll treat you with respect.

¹Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892).

²Source: A.M. Best Ratings and Analysis of Time Insurance Company, December 2012.

Choose your Short Term Medical plan

Covered expenses are subject to your selected deductible and coinsurance.

DOCTOR VISITS	<ul style="list-style-type: none"> Covered for unexpected illness and injury You may choose your own doctors Discounts for using doctors in the PHCS network – on average 20-35% savings*
HOSPITAL BENEFITS	<ul style="list-style-type: none"> Inpatient and outpatient services are covered Discounts for using facilities in the PHCS network – on average 20-35% savings*
EMERGENCY ROOM CARE	Covered
AMBULANCE	Service to nearest hospital able to treat condition
OUTPATIENT SERVICES	Covered
PRESCRIPTION DRUG BENEFITS	Covered
X-RAY AND LABORATORY	<ul style="list-style-type: none"> Covered Discounts for using Lab Card Select for lab testing – 20-60% savings*
TRANSPLANT BENEFITS	\$100,000, with a limit of \$10,000 in donor expenses
DEDUCTIBLE (The amount you must pay before Assurant Health pays benefits)	<ul style="list-style-type: none"> \$1,000, \$2,500, \$3,500 or \$5,000 One family deductible: Only one deductible needs to be satisfied for all covered family members
COINSURANCE (Assurant Health's portion/your portion in covered charges up to your out-of-pocket maximum after you meet your deductible)	<ul style="list-style-type: none"> 50%/50%, 80%/20% or 100%/0% After you pay your deductible and reach the coinsurance out-of-pocket maximum, Assurant Health pays 100% of additional covered charges, up to the plan lifetime maximum
LIFETIME MAXIMUM (Maximum amount your plan will pay toward medical bills per covered person)	\$2 million

*Discounts based on the average of actual Assurant Health Short Term Medical claims in 2013



You can pay for Short Term Medical by the month or in one lump sum.

Save 20% when you pay up front!





Decide if Short Term Medical is right for you

Short Term Medical coverage isn't right for everybody. To decide if it's right for you, think about the benefits you value and conditions you want to cover. To secure specific benefits, such as maternity care, and gain coverage for conditions you already have, you may want to consider a major medical plan that incorporates full health care reform benefits, often called a metallic plan.

Pre-existing conditions

Since Short Term Medical covers unexpected illnesses and injuries, it does not cover pre-existing conditions. While the definition of "pre-existing condition" varies by state, in general it's a condition that has been diagnosed or treated, or for which you experienced signs or symptoms, during the five years immediately prior to the date your Short Term Medical plan began.

You can find your state's definition of pre-existing condition on your rate sheet. If you have a pre-existing condition you need coverage for, you may want to purchase a metallic plan that includes health care reform benefits.

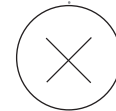
Not minimum essential coverage

Short Term Medical is not minimum essential coverage. That means if you insure yourself with Short Term Medical instead of a metallic plan that meets reform requirements, you may have to pay a tax penalty, depending on your income and the cost of available metallic plans.



SHORT TERM MEDICAL PAYS FOR

- Unexpected sicknesses
- Unexpected injuries
- Accidents



SHORT TERM MEDICAL DOES NOT PAY FOR

- Preventive and routine medical care
- Dental and vision care
- Maternity care
- Mental health
- Conditions that existed before the plan began

Varies by state



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How Short Term Medical pays benefits

FIRST

YOU PAY A DEDUCTIBLE OF BETWEEN \$1,000 AND \$5,000

Your deductible is the amount you must pay before Assurant Health pays benefits

THEN

100% / 0% coinsurance *or* 80% / 20% coinsurance *or* 50% / 50% coinsurance

You pay nothing more than your deductible for covered charges

You pay 20% of any additional covered charges, up to \$2,000

You pay 50% of any additional covered charges, up to \$5,000

THEREAFTER

Assurant Health pays all remaining covered charges, up to the plan maximum of \$2 million per covered individual



After your Short Term Medical plan expires

Short Term Medical plans are not renewable, and plan termination is not considered a qualifying life event for purposes of enrolling in a metallic plan. Therefore, depending on your plan's termination date, when your Short Term Medical plan expires, you may have a gap in insurance coverage until you can begin coverage with a new Short Term Medical or other health plan.

DEFINITION OF PRE-EXISTING CONDITION

A medical condition due to sickness or injury:

1. For which the policyholder received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage.

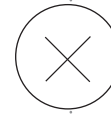
The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:

- a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
- b. The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

Limitations for pre-existing conditions

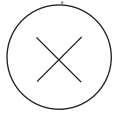
We will not pay benefits during your benefit period for charges incurred due to a pre-existing condition. We will not pay benefits during your benefit period for charges related to or due to a complication of a pre-existing condition. Benefits are subject to all the terms, limits and conditions in your insurance certificate.



KNOW WHAT'S NOT COVERED

Knowing exactly what your health plan does and doesn't cover is important. To give you the best possible experience, we offer this summary of what is not covered. Complete details are included in your insurance contract.

- Charges for sickness or injury caused or aggravated by suicide, attempted suicide or self-inflicted sickness or injury, even if you did not intend to cause the harm which resulted from the action which led to the self-inflicted sickness or injury. This exclusion applies whether you were sane or insane at the time of the suicide, attempted suicide or self-inflicted sickness or injury
- Sickness or injury to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California); or medical coverage under any automobile or no fault insurance
- Sickness or injury eligible for benefits under worker's compensation, employers' liability or similar laws even when you do not file a claim for benefits
- Treatment of sickness or injury caused by or contributed to by:
 - War or any act of war; or
 - Participation in the military service of any country. Any premium paid for a time not covered will be returned pro-rata.
- Charges for dental care, including dental braces and dental appliances, unless a hospital stay is required due to injury from an accidental blow to the mouth causing trauma to sound, natural teeth, the gums or supporting structures of the teeth. A sound, natural tooth has no decay and has never had a filling, root canal therapy or crown. Inpatient hospital care must be the least expensive setting needed to produce a professionally adequate result, and the hospital charges only are covered expense. The treatment must be received while the certificate is in force



KNOW WHAT'S NOT COVERED CONTINUED

- Charges for the following:
 - Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices
 - Preventive treatment including but not limited to routine physical exams and immunizations, unless otherwise noted as a covered expense in the insurance certificate or a rider to the insurance certificate
 - Treatment, services or supplies to address smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement
 - Weight reduction or weight control programs or treatment; surgery for weight control, obesity or morbid obesity; or any type of gastric bypass surgery
 - Therapy or treatment for learning disorders or disabilities or developmental delays, except as otherwise covered in the Behavioral Therapy Services or Autism Spectrum Disorder Benefit provisions
 - Custodial care; respite care; rest care; or supportive care
 - Private duty nursing services rendered during hospital confinement; or standby health care practitioners
 - Sales tax or gross receipt tax; provider administrative expenses including but not limited to charges for claim filing, contacting utilization review organizations and case management fees
- Cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure, including medical or surgical complications arising from those, except as provided in the Benefits section
- Treatment of mental illness or substance abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, unless otherwise noted as a covered expense in the insurance certificate or a rider to the certificate
- Treatment or services rendered by, or supplies purchased from, a member of your immediate family or an employer
- Treatment or services required due to accidental injury sustained in operating a motor vehicle while the policyholder's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the injury occurred. This exclusion applies whether or not the injury occurred in connection with an incident involving the operation of a motor vehicle, and whether or not the policyholder is charged with any violation in connection with the accident
- Treatment or services required due to injury received while engaging in any hazardous occupation or other activity including but not limited to participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, flight in an aircraft other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, rock or mountain climbing, parkour and extreme sports. Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity
- Treatment or services required due to injury received while engaging in any hazardous occupation or other activity for which compensation is received in any form, including sponsorship, and including but not limited to participating, instructing, demonstrating, guiding or accompanying others in skiing, horse riding rodeo activities, professional or semi-professional sports, adult sporting competition at a national or international level and extreme sports. Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity



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KNOW WHAT'S NOT COVERED CONTINUED

- Treatment or services required due to injury sustained while participating in any inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition
- Expense incurred due to sickness or injury of which a contributing cause was the policyholder's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the policyholder being under the influence of illegal narcotics or non-prescribed controlled substances
- Expenses incurred outside of the United States or its possessions or Canada
- Charges that are incurred for experimental or investigational treatment, except as otherwise covered in the Cancer Clinical Trial Services provision; in excess of the reasonable and customary amount; not medically necessary
- Transplants, except as covered in the Benefits section
- Charges for foot conditions, including but not limited to care of corns; bunions, except capsular or bone surgery; calluses; toenails; and foot supportive devices, including orthotics and corrective shoes, except as otherwise covered in the Diabetic Supplies provision
- Prophylactic treatment or services. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date
- Drugs and medicines, except as covered in the Benefits section
- Charges for reproductive or sexual treatment, including but not limited to normal pregnancy or childbirth; routine well baby care, including hospital nursery charges at birth; abortion, except as otherwise covered in the Complications of Pregnancy provision in the Benefits section; infertility diagnosis and treatment for males and females including but not limited to drugs and medications, artificial insemination, in-vitro fertilization and reversal of sterilization; sterilization and drugs or devices used directly or indirectly to promote or prevent conception; genetic testing or counseling including but not limited to amniocentesis and chorionic villi testing; and treatment of sexual dysfunction or inadequacy

WHEN YOUR COVERAGE BEGINS AND ENDS

Your effective date, premium due date(s) and benefit period are shown in the Benefit Summary. Insurance begins at 12:01 a.m. Standard Time at your residence on the effective date.

Coverage ends at 11:59 p.m. Standard Time on the last day of the benefit period or the earliest of:

1. The date you become eligible for Medicare; or
2. The date there is fraud or material misrepresentation made by or with the knowledge of any policyholder applying for this coverage; or
3. The date you, or anyone acting on your behalf, knowingly files a fraudulent claim.

If benefits are paid by us as a result of fraud or misrepresentation, we will be entitled to a refund from you or the provider.

Contract numbers 135/136/137

This brochure provides summary information. Please refer to the insurance policy or ask your agent for a complete listing of benefits, exclusions and terms of coverage.

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company. Form 30697-AZ (Rev. 05/2014)
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