



ASSURANT  
Health

## Value Plan

*Health Plans for  
Individuals and Families*

**Time** Insurance

# The benefits you want at a price you can afford.

## The company you choose matters.

Choosing the right insurance company is just as important as choosing the right health plan for you and your family. Look at a company's longevity, its stability and its focus to make the right choice. Value Plan comes from a company with:

- More than 110 years' experience.
- An A.M. Best ranking of A- (excellent).<sup>1</sup>
- Health insurance as its sole focus.

### Plan Highlights

#### Lifetime Maximum Benefit

- \$2 million or \$6 million

#### Wellness Benefit

*Routine physical exams, immunizations, lab tests, Pap smears, mammograms and PSAs.*

- Available after the plan has been in force one year
- Subject to deductible and coinsurance
- \$500 calendar year maximum per person
- No calendar year maximum for routine Pap smears, mammograms and PSA tests.

#### Prescription Drugs

*The family prescription drug deductible is two times the individual prescription drug deductible.*

- \$500 deductible
- For generic: \$10 copay
- For brand when generic not available: You pay \$25 + 50% of the remaining costs
- For brand when generic available: You pay the difference between the cost of brand versus generic + \$25 + 50% of the remaining costs

#### Hospital Services

- \$500 inpatient facility access fee
- \$250 outpatient surgical facility access fee
- Then subject to deductible and coinsurance

#### Doctor Office Copay (DOC) Option

*Optional in all states.*

- \$25 copay per network office visit for up to **two non-wellness visits** per person, per calendar year
- First \$100 of lab tests and x-rays paid at 100%
- Additional charges subject to deductible and coinsurance

<sup>1</sup> Source: A.M. Best Ratings & Analysis as of February 2003.

Plans and options are not available in all states. Check your software proposal for availability.

Copays and access fees do not apply toward your deductible or out-of-pocket maximums.

This brochure contains a general summary of benefits, exclusions and limitations. Please refer to the plan document for the actual terms and conditions. In the event there are discrepancies with the information given here, the terms and conditions of the plan document will govern.

## Plan Details

<p><b>Plan Deductible</b> You pay this amount each calendar year before benefits are paid.</p>	<ul style="list-style-type: none"> <li>Individual: \$500, \$1,000, \$2,000, \$3,000 or \$5,000</li> <li>Family: three times the individual plan deductible<sup>2</sup></li> </ul>
<p><b>Non-network Deductible</b> If you go out of network, you pay \$1,000 plus the plan deductible before benefits are paid.</p>	<ul style="list-style-type: none"> <li>Individual: \$1,000 (\$500 with the \$500 plan deductible in TX) + plan deductible</li> <li>Family: three times the individual non-network deductible<sup>2</sup></li> </ul>
<p><b>Network Coinsurance</b> This is the percentage of covered medical expenses Value Plan pays after the deductible is met.</p>	<ul style="list-style-type: none"> <li>80%/20% or 50%/50%</li> </ul>
<p><b>Non-network Coinsurance</b> If you go out of network, this is the percentage of covered medical expenses Value Plan pays after the deductible is met.</p>	<ul style="list-style-type: none"> <li>80%/20% plan = 60%/40%</li> <li>50%/50% plan = 30%/70% (50% in Texas and Connecticut)</li> </ul>
<p><b>Network Out-of-Pocket Coinsurance Maximum</b> This is the maximum amount you pay each calendar year in addition to the deductible before Value Plan pays 100%.</p>	<ul style="list-style-type: none"> <li>Individual: 80%/20% Plan = \$3,500 50%/50% Plan = \$1,250 or \$2,500 (\$4,000 available in Texas and Connecticut)</li> <li>Family: Two times the individual out-of-pocket maximum</li> </ul>
<p><b>Non-network Out-of-Pocket Coinsurance Maximum</b> If you go out of network, this is the maximum amount you pay each calendar year in coinsurance before we pay 100%.</p>	<ul style="list-style-type: none"> <li>Individual: \$10,000</li> <li>Family: \$20,000</li> </ul>

## Covered Services

<p><b>Lab Tests and X-rays</b></p>	<ul style="list-style-type: none"> <li>Screening for covered illness or injury</li> </ul>
<p><b>Emergency Room</b></p>	<ul style="list-style-type: none"> <li>\$75 access fee (waived if you are admitted to the hospital), then deductible and coinsurance</li> <li>Covered emergency services are always paid at network benefit levels</li> </ul>
<p><b>Ground/Air Ambulance</b></p>	<ul style="list-style-type: none"> <li>Emergency transportation to the nearest hospital equipped to provide appropriate care</li> </ul>
<p><b>Physician</b></p>	<ul style="list-style-type: none"> <li>Diagnosis and treatment of covered illness or injury, including surgery and anesthesia</li> </ul>
<p><b>Hospital</b></p>	<ul style="list-style-type: none"> <li>The hospital semiprivate room rate and covered ancillary charges</li> <li>Intensive Care Unit services have no special limit</li> </ul>
<p><b>Organ Transplants</b></p>	<ul style="list-style-type: none"> <li>Up to the lifetime maximum benefit at a designated provider or a \$100,000 lifetime maximum per transplant at a non-designated provider (in Texas: \$250,000 per transplant lifetime maximum at either a designated or a non-designated provider)</li> <li>Kidney, cornea and skin transplants are covered as any other covered illness</li> </ul>
<p><b>Complications of Pregnancy</b></p>	<ul style="list-style-type: none"> <li>You get 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</li> </ul>
<p><b>Rehabilitation</b></p>	<ul style="list-style-type: none"> <li>Inpatient: covered with a 180-day calendar-year maximum</li> <li>Outpatient: occupational, physical and speech therapies, and cardiac rehabilitation with a \$3,000 calendar-year maximum</li> </ul>
<p><b>Supplies and Equipment</b></p>	<ul style="list-style-type: none"> <li>Whole blood, prosthetic devices, crutches, basic hospital bed, nonmotorized wheelchair, braces, oxygen, apnea monitor, but not repair or replacement of equipment</li> </ul>
<p><b>Outpatient Treatment of Back/Spine/Neck</b></p>	<ul style="list-style-type: none"> <li>Covered with a \$750 calendar-year maximum (nonsurgical)</li> </ul>
<p><b>Home Health Care</b></p>	<ul style="list-style-type: none"> <li>Covered with a 160-hour calendar-year maximum</li> </ul>
<p><b>Hospice Care</b></p>	<ul style="list-style-type: none"> <li>Inpatient or home care with no limit</li> </ul>
<p><b>Skilled Nursing Facility</b></p>	<ul style="list-style-type: none"> <li>Covered with a 30-day calendar-year maximum</li> </ul>
<p><b>Dental Injury</b></p>	<ul style="list-style-type: none"> <li>Treatment for injury to sound teeth if the treatment begins within 90 days of the injury and is completed within 180 days of the injury</li> </ul>
<p><b>TMJ/CMJ</b></p>	<ul style="list-style-type: none"> <li>Covered with a \$1,000 lifetime maximum</li> </ul>
<p><b>Sterilization</b></p>	<ul style="list-style-type: none"> <li>\$500 benefit after you have been insured under the plan for one year</li> </ul>

<sup>2</sup> Family deductibles can be met collectively by three or more family members.

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 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, you have the option of working with an RN Case Manager who will assist you in obtaining appropriate, cost-effective care.

## Exclusions Summary

### The Value Plan does not provide benefits for:

- Charges incurred due to a pre-existing condition, as described under Additional Information.
- Illness or injury caused by war, commission of crime, attempted suicide or 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 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.
- Dental care not related to a dental injury.
- Any 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.
- Maternity and routine nursery charges, unless you choose the maternity option.
- Pregnancy, maternity and other expenses related to surrogate pregnancy.
- Genetic testing, counseling and services.
- Charges for sex transformation, and treatment of sexual dysfunction or inadequacy, or to affect 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.
- Mental illness or substance abuse.

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## Additional Information

### Preauthorization

When you need inpatient treatment or certain outpatient procedures, you must obtain preauthorization. If you do not obtain a preauthorization, you can incur a penalty of 25% of the charge, up to \$1,000. There is no coverage for transplants which are not authorized.

### Conversion Privilege

A spouse or dependent who is no longer eligible for coverage under a Value Plan policy/certificate may obtain a similar policy/certificate 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 hernia), 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 which produced symptoms or was capable of being diagnosed.

The Value Plan 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 this plan for 12 months. After this 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.

# Value Plan – Options

## Doctor Office Copay (DOC)

When you add the DOC option, \$25 is all you pay for each of two office visits for illness or injury per person, per calendar year. In addition, the first \$100 of covered outpatient lab tests and x-rays per person, per calendar year is paid at 100%.

Eligible office visit services are limited to history, examination, diagnosis and allergy shots. In-office surgeries, MRIs/CT scans, allergy testing and wellness services are covered subject to deductible and coinsurance, but are not eligible for DOC option benefits.

## Assurant Health Dental and Vision Card

You don't pay full price for dental and vision services when you have the Dental and Vision Card. Simply present this card to a dental or vision provider who participates in this program, and receive discounts of up to 50% on:

- Dental services, including preventive, restorative, orthodontic and cosmetic services and
- Eyewear, including eyeglasses and contact lenses.

See the *Plan Summary* included with your proposal for more information on benefits and provider networks in your area.

*The Dental Vision card is a discount program, not an insurance product.*

## Accident Medical Expense (AME)

Get \$300, \$500 or \$1,000 in first-dollar benefits in the event of an accident – your covered medical expenses are paid right away before deductible, coinsurance, copays or access fees apply!

For each accident occurrence, benefits are available for accident-related charges incurred within 90 days of the accident.

## Life Insurance

Complete one application – get health and life coverage!

You choose the benefit level and decide who's covered. The coverage is available until age 63<sup>1/2</sup> for you and your spouse. Choose a benefit level (available in \$10,000 increments) within the applicable range.

- \$10,000 to \$100,000 between ages 21 and 40
- \$10,000 to \$50,000 between ages 41 and 50
- \$10,000 to \$30,000 between ages 51 and 63<sup>1/2</sup>

If you and your spouse are covered, your dependents are eligible for coverage as well.

- \$10,000 for dependents age 1 to 23
- \$2,000 for dependents under 1 year of age

## Maternity

- Prenatal care
- Routine delivery services
- Routine inpatient newborn services
- Coverage for hyperemesis gravidarum, pre-eclampsia, eclampsia, premature labor, and placenta previa

Routine maternity services are covered the same as any other covered medical service – there's no separate deductible or lifetime maximum. **There is a nine-month waiting period** – if conception occurs during the first 270 days of coverage, the pregnancy is not covered.



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Health

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#### *About Assurant Health*

In business since 1892, Assurant Health provides health insurance coverage for more than one million people nationwide. Assurant Health develops and provides a wide range of individual medical, small group, short term and student health insurance products, as well as non-insurance products.

Assurant Health also provides 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 products are underwritten and issued by Fortis Insurance Company, John Alden Life Insurance Company and Fortis Benefits Insurance Company. The Assurant Health Web site is [www.assuranthealth.com](http://www.assuranthealth.com).

Assurant Health is part of Assurant, which offers specialized insurance products and related services in North America and selected other markets.

Its four key business units – Assurant Employee Benefits; Assurant Health; Assurant Preneed; and Assurant Solutions – have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty market segments and in the U.S. and selected international markets.

Assurant is traded on the New York Stock Exchange under the symbol AIZ. The Assurant Web site is [www.assurant.com](http://www.assurant.com).

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