

TIME INSURANCE COMPANY

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



# Assurant® Plan Enhancer

amplify  
your  
coverage

Throughout this brochure, Assurant Health is used to refer to Time Insurance Company.



 **HEALTH LIFE DENTAL** insurance.com  
Serving families and businesses since 1989

FOR INDIVIDUALS & FAMILIES



ASSURANT  
Health®

# ASSURANT SUPPLEMENTAL COVERAGE

**In an instant,  
everything  
can change**

Maybe you've seen how an unexpected accident or illness forever changed the life of someone you care about, but what if it hit closer to home?

If you were injured today or became seriously ill, do you have money set aside to pay your total out-of-pocket costs?

## **MOST PEOPLE AREN'T FINANCIALLY PREPARED FOR THE UNEXPECTED**

- Most U.S. households don't have the available cash needed to pay today's out-of-pocket limits<sup>1</sup>

## **SERIOUS ILLNESSES AND ACCIDENTS HAPPEN NO MATTER HOW HEALTHY YOUR FAMILY IS**

Steve has a family of five, and since everyone is relatively healthy, they seldom use their health plan. But he does think about how his high deductible would leave him exposed to costs he's not prepared to pay if something unexpected happened.

- An Achilles tendon injury that requires surgery
- A serious case of the flu that requires a hospital stay
- Colon cancer

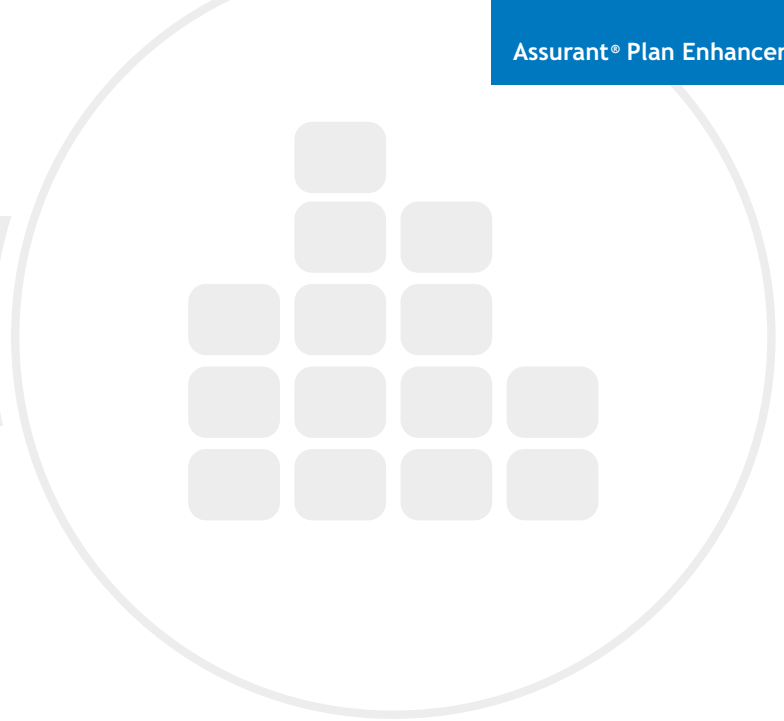
Presented for illustration only.

An American suffers from a heart attack every 34 seconds<sup>2</sup>

<sup>1</sup> Kaiser Family Foundation analysis of 2013 Survey of Consumer Financial (SCF) data.

<sup>2</sup> The Real Risk That You'll Have a Critical Illness. Retrieved November 6, 2014, from <http://www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php#heart>.

**ASSURANT SUPPLEMENTAL COVERAGE  
PLANS PROVIDE LIMITED BENEFITS AND  
DO NOT SATISFY THE GOVERNMENT'S  
REQUIREMENTS FOR MINIMUM  
ESSENTIAL COVERAGE**



## ONE FLEXIBLE SOLUTION FOR MANY UNPREDICTABLE EVENTS

By paying cash benefits right to you, Assurant Plan Enhancer helps to protect you from the financial burden of paying out-of-pocket costs associated with accidents, cancer, heart attacks, strokes and hospital stays due to sickness.

### BENEFIT FLEXIBILITY

Benefit amounts range from \$2,000 to \$10,000, including levels matching Affordable Care Act out-of-pocket maximums:

2015 – \$6,600

2016 – \$6,850

Consider your health plan's deductible and out-of-pocket maximum or select the benefit amount you think will provide the funds you need to pay medical bills.

About 1.5 million  
Americans were diagnosed  
with cancer last year

Cancer Facts and Figures 2014, American Cancer Society (2014).

## BUILD A BETTER PLAN

Assurant Plan Enhancer gives you three types of coverage in one: Accident Medical Expense, Cancer and Heart/Stroke, and Sickness Hospitalization. The benefit amount you select will be the same for each type of coverage.

### Accident Medical Expense *advantages*

- Pays covered out-of-pocket expenses not covered by other plans up to the selected benefit amount, no matter how many accidents you have
- No waiting period
- Accidental death and dismemberment benefits

### Cancer and Heart/Stroke *advantages*

- Lump-sum benefit for a covered first-ever cancer diagnosis *and* a covered heart attack or stroke
- Pays regardless of other coverage you have

### Sickness Hospitalization *advantages*

- Lump-sum benefit paid on first covered day of hospital admission
- Pays regardless of other coverage you have

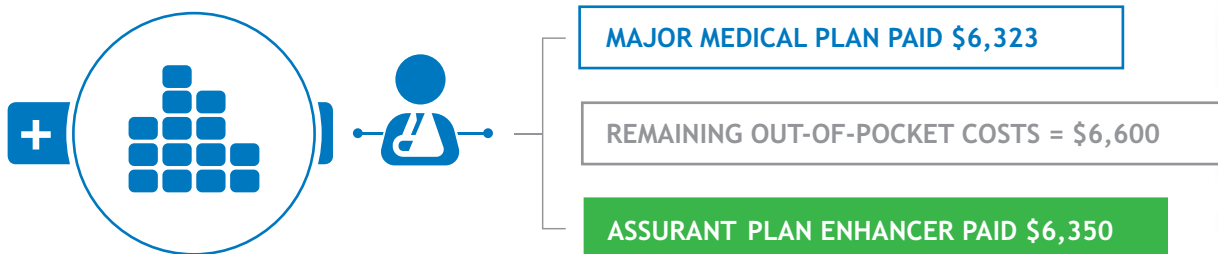
# SEE HOW PLAN ENHANCER HELPS PAY FOR THESE UNEXPECTED – BUT VERY REAL – POSSIBILITIES IN LIFE

## ACCIDENT MEDICAL EXPENSE



Mark was painting the living room when he fell off the ladder and broke his hip.

### TOTAL COSTS = \$12,923\*



## MARK PAYS ONLY \$250 (ACCIDENT MEDICAL EXPENSE DEDUCTIBLE) OUT OF HIS OWN POCKET

Not an actual case – presented for illustration only.  
Cost of services will vary. Example assumes customer has a major medical plan with a \$6,600 deductible and Assurant Plan Enhancer with a \$6,600 benefit level.

\*Average cost of a fractured hip according to the National Center for Biotechnology Information. Retrieved April 17, 2015, from [www.ncbi.nlm.nih.gov/pubmed/23035626](http://www.ncbi.nlm.nih.gov/pubmed/23035626).

Accidents send 1 in 10 Americans to emergency rooms every year

Access and Utilization of Health Care. (May 14, 2014). Retrieved October 17, 2014, from <http://www.cdc.gov/nchs/hus/injury.htm>.



See page 7 for Accident Medical Expense details

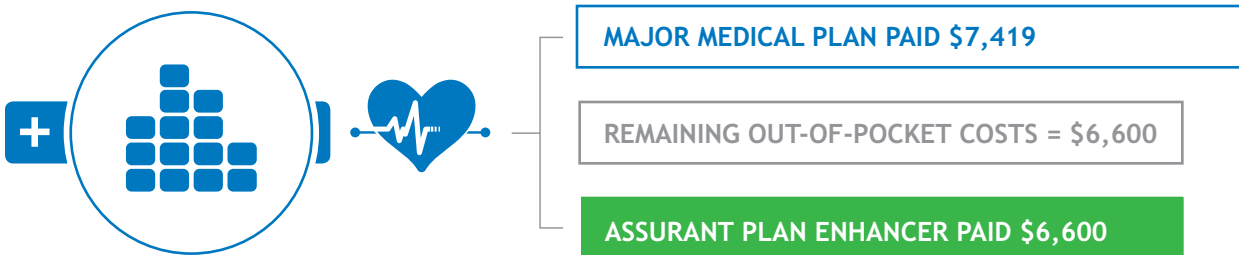


## CANCER AND HEART/STROKE



Following a routine colonoscopy, Oscar found out he had colon cancer. After a year of treatment, his medical bills really added up.

**TOTAL COSTS = \$14,019\***



**OSCAR DOESN'T HAVE TO PAY ANYTHING OUT OF HIS OWN POCKET**

▶ **PLAN PAID \$6,600 UPON DIAGNOSIS**

We will not pay benefits for a prior cancer diagnosis.

Not an actual case – presented for illustration only. Cost of services will vary. Example assumes customer has a major medical plan with a \$6,600 deductible and Assurant Plan Enhancer with a \$6,600 benefit level.

\*Average cost of cancer treatment for one year according to the Medical Expenditure Panel Survey, statistical brief #345, November 2011.

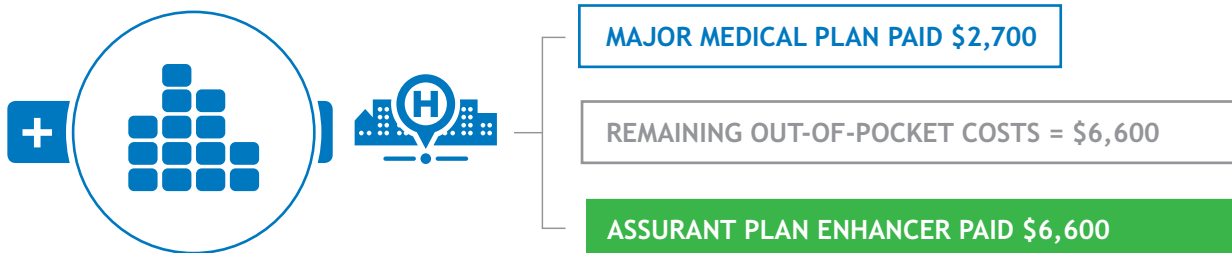


See page 8 for Cancer and Heart/Stroke details

SICKNESS HOSPITALIZATION 

Donna was admitted to the hospital with pneumonia.

**TOTAL COSTS = \$9,300\***



**DONNA DOESN'T HAVE TO  
PAY ANYTHING OUT OF HER  
OWN POCKET**

**▶ PLAN PAID \$6,600 UPON  
HER FIRST DAY IN THE  
HOSPITAL**

More than 15,000  
flu-related  
hospitalizations  
were reported  
within a recent  
six-month period

U.S. Influenza Surveillance Report.  
Retrieved March 31, 2015, from <http://www.cdc.gov/flu/weekly/index.htm#s6>.

Not an actual case – presented for illustration only.  
Cost of services will vary. Example assumes customer has a major  
medical plan with a \$6,600 deductible and Assurant Plan Enhancer  
with a \$6,600 benefit level.

\*Average cost of a hospital stay due to pneumonia according  
to the Agency for Healthcare Resource and Quality, statistical brief  
#146, January 2013.



See page 8 for Sickness  
Hospitalization details

## FLEXIBLE COVERAGE THAT MEETS YOUR NEEDS

All packages include Accident Medical Expense benefits. You choose the total benefit package.

- **Accident Medical Expense**  
+ Cancer and Heart/Stroke + Sickness Hospitalization
- **Accident Medical Expense** + Cancer and Heart/Stroke
- **Accident Medical Expense** + Sickness Hospitalization
- **Accident Medical Expense** *only*

Benefits are easy to understand and go hand in hand with any plan. So even if you switch medical plans, you can still keep Plan Enhancer. It's also easy to use — this plan pays no matter which doctors and hospitals you visit.

## ASSURANT PLAN ENHANCER — COVERAGE DETAILS

### ○ **ACCIDENT MEDICAL EXPENSE (AME)**

- \$250 deductible
- Pays covered out-of-pocket expenses not covered by other plans up to the selected benefit amount, no matter how many accidents you have
- Treatment-specific limits on ground ambulance, physical medicine and durable medical equipment
- Additional accidental death and dismemberment benefits
- No network restrictions
- No waiting period applies
- Applicants must be 64 years of age or younger
- Acceptance is guaranteed
- AME plan can be purchased on its own



## ○ CANCER AND HEART/STROKE\*

- No deductible
- One lump-sum benefit for a covered first-ever cancer diagnosis *and* a covered heart attack or stroke
- Pays full benefit regardless of other coverage
- 100% of selected benefit paid for life-threatening cancer, heart attack resulting from coronary artery disease or cardiac arrhythmia, and stroke resulting from cerebrovascular disease
- Less than 100% of selected benefit paid for coronary artery disease or cardiac arrhythmia resulting in coronary artery bypass (25% benefit) and coronary artery disease resulting in coronary angioplasty (10% benefit) – remaining benefit percentages available for subsequent covered conditions
- No network restrictions
- Waiting periods apply (90 days for cancer and 30 days for heart/stroke)
  - In Alabama, the waiting period for cancer is 60 days; in Arkansas, the waiting period for cancer is 30 days
- Pre-existing conditions limitation applies
- Applicants must be 59 years of age or younger
- Acceptance is guaranteed as part of Plan Enhancer
- Cancer and Heart/Stroke rider cannot be purchased on its own

## ○ SICKNESS HOSPITALIZATION\*\*

- No deductible
- One benefit per year per person and two benefits per year per family
- Lump-sum benefit paid on first covered day of hospital admission
- Pays full benefit regardless of other coverage
- No network restrictions
- 30-day waiting period applies
- Pre-existing conditions limitation applies
- Applicants must be 59 years of age or younger
- Applicants must answer medical questions to qualify
- Must attest to having minimum essential coverage to add this rider
- Sickness Hospitalization rider cannot be purchased on its own
- No benefits paid for hospitalization due to mental/behavioral health, substance abuse or pregnancy

Availability and benefits vary by state.

\*Cancer and Heart/stroke not available in IL.

\*\*Sickness Hospitalization not available in MT.

# SUMMARY OF LIMITATIONS+ EXCLUSIONS

## ACCIDENT MEDICAL EXPENSE RIDER EXCLUSIONS

We will not pay benefits for any charges, dismemberment or death that result from or are related to an accident sustained prior to the effective date of the coverage under this policy, or claims resulting from or related to sickness.

In addition, charges directly or indirectly resulting from any of the following are not covered:

- Medical event, treatment, services or supplies for which benefits equal to or in excess of such charges are received under any other benefits
- Treatment, services or supplies that:
  - Are not included in the covered treatment definition
  - Are due to complications of a non-covered service
  - Are incurred before the covered person's effective date or after the termination date of coverage
- Dental treatment except as otherwise covered for a dental injury
- Tendonitis, tenosynovitis, bursitis, overuse, strains, repetitive motions or stress, repetitive or cumulative traumas including, but not limited to, carpal tunnel syndrome, tennis elbow and thoracic outlet syndrome
- Hernia or heat exhaustion
- Treatment of mental or emotional disorders, alcoholism, substance abuse and drug addiction
- Cosmetic service; treatment that is not medically necessary; treatment, services and supplies for experimental or investigational services
- Treatment, services and supplies provided for or by a masseur, masseuse or massage therapist, a rolfer; massage therapy; meditation or relaxation therapy; aromatherapy; holistic therapies; acupuncture, biofeedback, neurotherapy, and electrical stimulation
- Services or supplies ordered, directed or performed by a health care practitioner or supplies purchased from a medical supply provider who is a covered person, an immediate family member, employer of a covered person or a person who ordinarily resides with a covered person

- Treatment incurred outside of the United States, its possessions or Canada
- All prescription and over-the-counter products, drugs or medicines

We will not pay benefits for accidental injury, accidental dismemberment or accidental death resulting from or related to any of the following:

- An accident that occurred before the covered person's effective date or after the termination date of coverage
- Participation in the military service
- War or any act of war
- Voluntarily taking, absorbing, or inhaling any gas, poison or drugs
- Voluntary use of alcohol or any controlled substance, as defined by statute, except when administered in accordance with the advice of the covered person's health care practitioner, including accidents that occur while the covered person is under the influence of alcohol or drugs
- Participation in an assault or commission of a felony
- Any hazardous activity including, but not limited to: parachute jumping, hang-gliding, bungee jumping, air or space travel in any vehicle other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, including a pit crew, rock or mountain climbing, mountaineering, spelunking and cave exploration, parkour, intercollegiate sports and extreme sports. Also excluded are treatment and services required due to accidental injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity
- Any hazardous occupation or other activity for which compensation is received in any form, including sponsorship, such as, but not limited to: operating a taxi or delivery service; 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 accidental injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity
- Suicide or attempted suicide
- Intentionally self-inflicted injury

## CANCER AND HEART/STROKE RIDER

### *Pre-existing condition definition*

A specified disease:

1. For which medical advice, consultation, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 24-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. That produced signs or symptoms during the 24-month period immediately prior to the covered person's effective date, which were significant enough to establish manifestation or onset by one of the following tests:
  - The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
  - The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment

### *Pre-existing conditions limitation*

A pre-existing condition is not eligible for benefits unless the first-ever diagnosis occurs after the pre-existing condition limitation period has expired. We will not pay benefits for specified diseases that are, result from, or are related to a pre-existing condition that is diagnosed within the first 12 months this rider is in force.

## EXCLUSIONS

In most states, we will not pay benefits for a cancer diagnosis within the first 90 days and heart and stroke events occurring within the first 30 days immediately following the rider effective date.

We will not pay benefits for claims resulting, whether directly or indirectly, from specified diseases that are related to, or are resulting from any of the following:

- Any disease the covered person was diagnosed with prior to effective date of this rider
- Any disease first diagnosed within the pre-existing conditions limitation
- Arrhythmia resulting in heart attack in association with use of an illegal drug or controlled substance, except when administered in accordance with the advice of the covered person's health care practitioner

- Suicide or attempted suicide
- Self-inflicted sickness

The Exclusions section in the Accident Medical Expense insurance policy is not applicable to this rider's specified disease benefits.

## SICKNESS HOSPITALIZATION RIDER

### *Pre-existing condition definition*

- A sickness and related complications:
  1. For which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
  2. That produced signs or symptoms during the 12-month period immediately prior to the covered person's effective date, which were significant enough to establish manifestation or onset by one of the following tests:
    - The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
    - The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment
- A pregnancy that exists on the day before the covered person's effective date will be considered a pre-existing condition

### *Pre-existing conditions limitation*

We will not pay benefits for hospitalizations that result from or are related to a pre-existing condition, or its complications, until the covered person has been continuously insured under this rider for 12 months. After this period, benefits will be available for hospitalizations resulting from or related to a pre-existing condition, or its complications, provided that the covered hospitalization occurs while this rider is in force

## EXCLUSIONS

We will not pay benefits for claims resulting, whether directly or indirectly, from hospitalizations or losses that are related to, or are resulting from any of the following:

- Hospitalization due to sickness within the first 30 days immediately following the rider effective date
- Any treatment or services for behavioral health or substance abuse
- Any treatment or services whether medical or surgical, for purposes of controlling the covered person's weight or related to obesity or morbid obesity
- Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a medically necessary mastectomy for treatment of cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas
- Outpatient or inpatient confinement in an emergency room or a facility other than a hospital
- Outpatient or inpatient confinement primarily for rehabilitation or custodial care
- Prophylactic treatment, services or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery performed to prevent a disease process from becoming evident in the organ or tissue at a later date
- Treatment or services related to the following conditions, regardless of underlying causes: sex transformation; gender dysphoric disorder; gender reassignment; treatment of sexual function, dysfunction or inadequacy; treatment to enhance, restore or improve sexual energy, performance or desire
- Treatment or services related to: infertility; maternity; pregnancy (including complications of pregnancy in most states); routine well newborn care at birth including nursery care; abortion; surrogate pregnancy; fetal surgery, treatment or services
- Hospitalizations ordered or directed by a health care practitioner or provider who is a covered person, an immediate family member, employer of a covered person or a person who ordinarily resides with a covered person
- Hospitalization that is not medically necessary or is for experimental or investigational services
- War or any act of war, whether declared or undeclared; foreign or domestic acts of terrorism; participation in the military service
- Cosmetic services
- Voluntary use of alcohol or any controlled substance, as defined by statute, except when administered in accordance with the advice of the covered person's health care practitioner; voluntarily taking, absorbing, or inhaling any gas, poison or drugs, except when administered in accordance with the advice of the covered person's health care practitioner
- Hospitalization incurred outside of the United States, its possessions, or Canada
- Suicide or attempted suicide
- Self-inflicted sickness
- A hospitalization when the confinement period began before the covered person's effective date, after the termination date of coverage, or during the benefit waiting period
- A hospitalization resulting from an accident

The Exclusions section in the Accident Medical Expense insurance policy is not applicable to this rider's inpatient hospitalization for sickness benefits.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

Coverage is renewable to age 75 for the Accident Medical Expense Coverage and to age 65 for the Cancer and Heart/Stroke rider and the Sickness Hospitalization rider provided: there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Assurant Health's business operations in the state; and/or the insured has not moved to a state where this plan is not offered. Assurant Health has the right to change premium rates upon providing appropriate notice.

**ASSURANT SUPPLEMENTAL COVERAGE PLANS PROVIDE LIMITED BENEFITS AND DO NOT SATISFY THE GOVERNMENT'S REQUIREMENTS FOR MINIMUM ESSENTIAL COVERAGE.**



Assurant Plan Enhancer is available in AL, AR, IL, IN, MI, MS, MT, NV, OK, TX, WI and WV.  
Product forms: 8227, B827 and B828 series  
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