



ASSURANT
Health

KeyMedSM

Limited Benefit Health Insurance



You don't need a group to have a planSM

Assurant Health

Staying Power You Can Count On

An insurance plan is only as reliable as the company behind it. For health insurance you can depend on, insist on a track record of expertise, strength and commitment.

EXPERTISE

Long-term stability and success in any business takes expertise. Tracing its roots back to 1892, Assurant Health has been selling individual medical insurance longer than any of its competitors. And with almost one million customers nationwide, it has earned a solid reputation for health insurance know-how.

STRENGTH

A company's strength is most important when it's time to pay benefits. A.M. Best, the highly respected insurance rating source, consistently rates Assurant Health insurance companies¹ A- (Excellent)²—affirming their outstanding ability to meet claims-paying obligations.

COMMITMENT

Assurant Health specializes in you. While many health insurance companies focus on large businesses, Assurant Health's commitment is to individuals and families. This commitment makes it a leader and innovator in individual medical insurance—and the best choice for those who buy their own health insurance coverage.

*Expertise, strength and
commitment — together
they mean staying power.*

¹ Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

² Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, July 2007.



KeyMedSM is Essential Health Insurance for Individuals

If you are ineligible for major medical insurance or are offered a plan that excludes coverage for specific medical conditions, a KeyMedSM plan may be right for you.

Find a solution in KeyMed. If you have a past or current medical condition, KeyMed can provide you with the coverage you've been looking for and the peace of mind you deserve.

KeyMed provides benefits for prescriptions, office visits, lab tests, x-rays, hospitalization, surgery, and more. Network discounts are also included—at no additional cost—and are applied to covered charges even if benefit maximums are reached.

People with the following medical conditions are commonly eligible under the KeyMed plan:

- Diabetes
- Hemophilia
- Heart Attack
- Leukemia
- Coronary Artery Disease
- Crohn's Disease
- Parkinson's Disease
- Stroke
- Ulcerative Colitis
- Cancer (*if not treated in the past year*)
- **and many others**

Starting with a quality framework of security and convenience, KeyMed offers:

12-Month Initial Rate Guarantee

You'll lock in your premium rate for the first 12 months of coverage.

Your Choice of Doctors and Hospitals

You can receive care from the doctors and hospitals of your choice. This is not a PPO plan.

Network Discounts

You can receive significant discounts on covered medical services, thus lowering your out-of-pocket costs, when you use a PHCS Healthy Directions network provider. Network discounts are included—at no additional cost—and are applied to covered charges even if benefit maximums are reached. To locate providers, go to www.phcs.com and select the Healthy Directions network.

Hospital Benefits for Sickness and Accidents

If you're admitted to the hospital, you'll receive up to a specific dollar amount per day to treat a sickness. This maximum daily benefit amount increases for accidents.

Outpatient Medical Services

Coverage includes office visits, laboratory services, x-rays, and emergency room visits.

Prescription Drugs

You pay only \$15 each time you fill a generic prescription at a participating pharmacy. And, you'll receive discounts on covered prescriptions, even if the benefit maximum is reached, if you continue to use a participating pharmacy.

Health Advocates Alliance Membership

Health Advocates Alliance is an association dedicated to the health and well being of its members. Membership is available in all states and includes access to a 24-hour nurse helpline, a scholarship program for qualified students studying in a health-related field, and a number of additional benefits as well as discounts.

In certain states, membership in Health Advocates Alliance is required in order to buy this health insurance. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health may also realize some benefit from these fees.

All the Basics are Here

Built-In Features

Your plan comes with coverage for the following medical services—subject to benefit limits or maximums, deductible and coinsurance (where noted).

Preventive Services

Includes physical exams and immunizations.

Office Visits

A copay is your only cost, up to the benefit maximum, for an eligible office visit which includes examination, consultation, evaluation, development of a treatment plan, immunizations, and allergy shots. Any associated x-rays and lab tests are covered up to the benefit maximum and are subject to deductible and coinsurance. X-rays and lab tests are not eligible for benefits under the office visit copay.

Imaging and Laboratory Services

Includes x-rays, CAT scans, MRIs, lab tests and interpretation.

Outpatient Hospital, Surgical Center and Urgent Care Facilities

Includes the services of the facility and supplies.

Emergency Room

Receive up to \$500 per visit for each of two visits—with the emergency room fee waived if you're admitted to the hospital.

Ground and Air Ambulance

You get coverage for emergency air or ground ambulance to the nearest facility equipped to provide appropriate care—not just the closest.

Inpatient Hospital

Includes the services of the facility such as semi-private room and board, intensive care (including specialty units such as neonatal and cardiac) and supplies. Also includes any non-surgical physician services performed on an inpatient basis.

Transplants

Covered the same as any other illness.

Complications of Pregnancy

Includes ectopic pregnancy, miscarriage, non-elective Caesarean section delivery, and conditions requiring hospital confinement that are distinct from, but adversely affected by, or caused by pregnancy.

Surgical Services

Services performed by a surgeon are paid up to the surgical schedule amount—with a \$10,000 per condition maximum. Assistant surgeons and anesthesiologists receive up to 20% of the amount paid for the surgery.

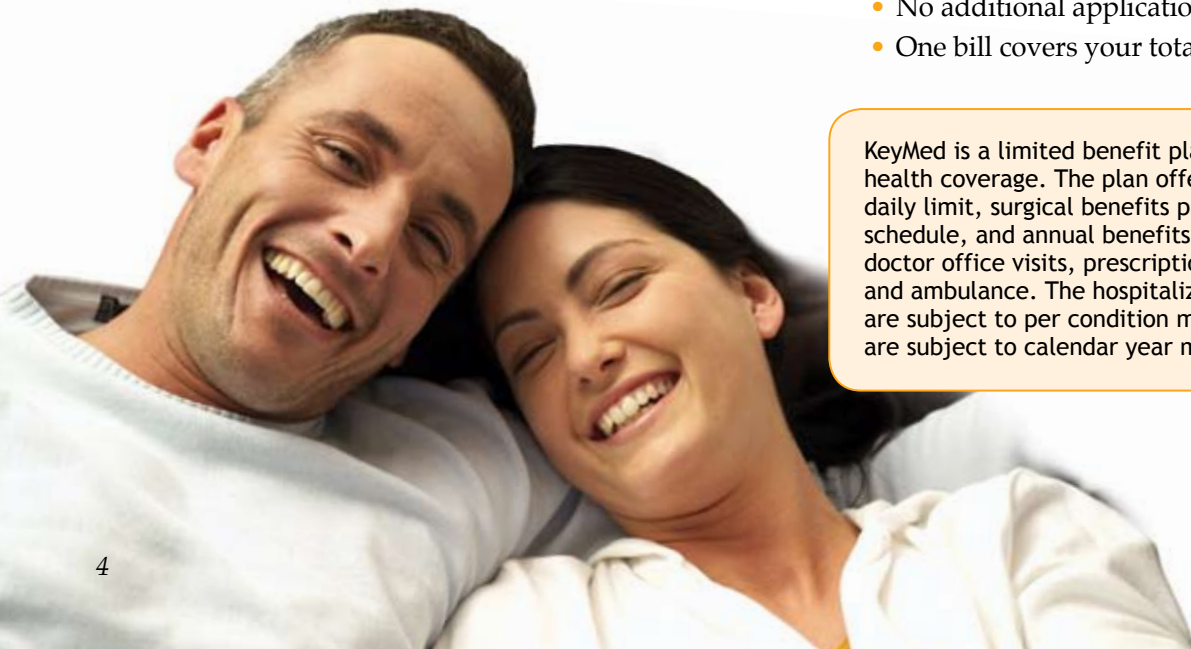
Supplemental Products

The following products are also available—Dental Insurance, Dental-Vision Discount Plan, and SuiteSolutions. For more information, see page 6.

Add valuable protection—affordably and conveniently:

- No additional application or underwriting required.
- One bill covers your total premium.

KeyMed is a limited benefit plan that opens the door to health coverage. The plan offers hospital benefits with a daily limit, surgical benefits paid according to a surgical schedule, and annual benefits for outpatient services, doctor office visits, prescriptions, emergency room visits, and ambulance. The hospitalization and surgical benefits are subject to per condition maximums. All other benefits are subject to calendar year maximums.



KeyMedSM Plan Choices

\$100,000 PLAN

\$50,000 PLAN

Inpatient Hospital Benefits

Inpatient Hospital Services	\$100,000 PLAN	\$50,000 PLAN
Sickness	(coinsurance applies) \$100,000 per condition • \$4,000 per day	(coinsurance applies) \$50,000 per condition • \$2,000 per day
Accident	• \$4,500 per day	• \$2,500 per day

Outpatient and Surgical Benefits

Prescription Drugs (Generic/Preferred Brand/Nonpreferred Brand)	\$15/\$50/\$75 copay, up to \$250 in benefits per calendar year (no deductible or coinsurance)	\$15/\$50/\$75 copay, up to \$250 in benefits per calendar year (no deductible or coinsurance)
Office Visits You pay your copay and the plan pays 100% of the remaining cost of an eligible office visit including examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots.	\$25 copay • Copay applies to each of three office visits per person per calendar year (no deductible or coinsurance)	\$25 copay for up to the lesser of: • Three office visits per person or \$250 in total benefits per person per calendar year (no deductible or coinsurance)
Outpatient Medical Services Includes outpatient hospital, surgical center or urgent care facility and diagnostic imaging and laboratory services performed during an office visit or as outpatient.	Up to \$750 in benefits per calendar year (deductible and coinsurance apply)	Up to \$500 in benefits per calendar year (deductible and coinsurance apply)
Ambulance (Ground/Air)	\$100 ground/\$1,000 air, up to two trips per calendar year (no deductible or coinsurance)	\$100 ground/\$1,000 air, up to two trips per calendar year (no deductible or coinsurance)
Emergency Room	Up to \$500 in benefits for each of two visits per calendar year • \$100 emergency room fee • Fee is waived if admitted to the hospital (no deductible or coinsurance)	Up to \$500 in benefits for each of two visits per calendar year • \$100 emergency room fee • Fee is waived if admitted to the hospital (no deductible or coinsurance)
Surgical Services (Inpatient and Outpatient)	(no deductible or coinsurance)	(no deductible or coinsurance)
Surgeon	• Up to scheduled benefit amount – \$10,000 maximum per condition	• Up to scheduled benefit amount – \$10,000 maximum per condition
Assistant Surgeon	• Up to 20% of amount paid for surgery	• Up to 20% of amount paid for surgery
Anesthesiologist	• Up to 20% of amount paid for surgery	• Up to 20% of amount paid for surgery

Deductible and Coinsurance

Deductible¹ (Applies to Outpatient Medical Services only) Amount you pay toward covered expenses before the plan pays benefits	\$200	\$500
Benefit Percentage Percentage of covered expenses the plan pays	80%	80%
Coinsurance (Applies to Inpatient Hospital and Outpatient Medical Services) Percentage of covered expenses you pay	20%	20%

For certain medical conditions, a Modified Benefit Endorsement (MBE) is added to the policy/certificate which may impact your plan benefits. See page 7 for more information.

¹ Family deductible maximum is two times the deductible and is met collectively by two or more persons. Benefit amounts depend upon the plan selected and the premium varies with the amount of benefits.

Supplemental Products Expand Your Coverage

Widen the span of your protection with added coverage. Supplemental products from Assurant Health help you pay expenses not covered by other insurance. You choose the protection you need.

Dental Insurance

This fee-for-service plan pays cash benefits that help offset the cost of routine, basic and major dental services. With Assurant Health Dental Insurance, you:

- Choose a plan—Basic or Plus
- Visit any dentist
- Receive quick cash benefits—sent directly to you, or to your provider if you prefer
- Can retain the coverage even if you choose to discontinue your KeyMed plan

Here are a few benefit examples:

Wellness Services

Two visits per person each policy year.

- Exams, x-rays, cleanings

	BASIC	PLUS
Exams, x-rays, cleanings	\$25/visit	\$75/visit

Basic Services*

Payments are 50% of the listed benefit in the first calendar year.

- Deep sedation/general anesthesia – first 30 minutes
- Amalgam filling – three surfaces
- Extraction – erupted tooth or exposed root
- Reline complete denture (laboratory)

Deep sedation/general anesthesia – first 30 minutes	\$ 50	\$ 100
Amalgam filling – three surfaces	\$ 40	\$ 90
Extraction – erupted tooth or exposed root	\$ 20	\$ 60
Reline complete denture (laboratory)	\$ 50	\$ 145

Major Services*

Payments are 20% of the listed benefit in the first calendar year, and 50% in the second year.

- Inlay – metallic – two surfaces
- Crown – resin
- Retreatment of previous root canal therapy – bicuspid
- Clinical crown lengthening – hard tissue
- Complete denture
- Crown
- Maxillary sinusotomy

Inlay – metallic – two surfaces	\$ 125	\$ 330
Crown – resin	\$ 125	\$ 450
Retreatment of previous root canal therapy – bicuspid	\$ 105	\$ 250
Clinical crown lengthening – hard tissue	\$ 150	\$ 300
Complete denture	\$ 135	\$ 375
Crown	\$ 125	\$ 375
Maxillary sinusotomy	\$ 335	\$ 825

Temporomandibular Joint (TMJ) Services

A lifetime benefit of up to \$500 is available for each person beginning in the third calendar year.

- Temporomandibular joint arthrogram

Temporomandibular joint arthrogram	\$ 90	\$ 275
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* Combined Annual Benefit

The maximum annual benefit for Basic and Major Services combined is:

The maximum annual benefit for Basic and Major Services combined is:	\$1,000	\$1,500
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Dental-Vision Discount Plan

This plan provides discounts on services from a nationwide network of dental and eyewear providers. You'll save 15% to 50% on dental services and 10% to 60% on eyewear.

Actual costs and savings may vary by provider and geographical area. The Dental-Vision Discount Plan is a discount program. It does not provide insurance coverage.

SuiteSolutions®

Available through membership in Health Advocates Alliance, SuiteSolutions offers many health-related benefits, helps pay out-of-pocket costs associated with accidents and provides benefits for accidental death, dismemberment and disability. SuiteSolutions offers many other benefits, services and discounts, and coverage can be retained even if you choose to discontinue your KeyMed plan.

Supplemental coverages are available at an additional cost. Dental Insurance, Dental-Vision Discount Plans and SuiteSolutions plans are separate contracts. Discount programs are not insurance.

Plan Provisions

State Variations

Plan design, benefits, optional features, provisions, definitions and exclusions may vary by state. See the quote summary or the proposal for available optional features. Refer to the State Variations sheet for state specific benefits, provisions and exclusions.

Network Services

The KeyMed plan is not a PPO plan. However, using doctors and hospitals in the PHCS Healthy Directions network gives you the most value for your health care dollar. When you use PHCS Healthy Directions network providers, covered charges may be discounted, even if benefit maximums are reached—which means savings for you.

Modified Benefit Endorsement (MBE) *(varies by state)*

For specific medical conditions, a Modified Benefit Endorsement (MBE) is added to the policy. Hospital and surgical claims incurred for those conditions are paid at 75% of the eligible benefit, after a 185-day exclusionary period has been met.

Pre-Existing Conditions *(varies by state)*

A pre-existing condition is an illness or injury and related complications for which, during the 12-month period immediately prior to the effective date of your health insurance coverage: 1) you sought, received or were recommended medical advice, consultation, diagnosis, care or treatment, 2) prescription drugs were prescribed, 3) symptoms were produced, or 4) diagnosis was possible.

Benefits are not paid for charges incurred due to a pre-existing condition until you have been continuously insured under the plan for 12 months. This 12-month limitation is waived for any condition fully disclosed in underwriting, except for any condition and period of time specifically stated on a Modified Benefit Endorsement (MBE).

Exclusions Summary

No benefits are provided for the following, except where state mandates apply:

- Charges incurred due to a pre-existing condition until you have been continuously insured for 12 months
- Illness or injury caused by war, commission of a felony, attempted suicide, influence of an illegal substance, or a hazardous activity
- 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
- Custodial care, home health care or hospice care
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Growth hormone stimulation treatment to promote or delay growth
- Routine dental care, unless you choose the dental insurance option
- Treatment for TMJ or CMJ
- Any 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, pregnancy (except for complications of pregnancy), routine newborn care, surrogate pregnancy and routine nursery charges
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Durable or personal medical equipment
- Services provided by a chiropractor
- Charges for sex transformation, treatment of sexual dysfunction or inadequacy, or to restore or enhance sexual performance or desire
- Charges incurred or drugs obtained outside of the United States
- Over-the-counter products
- Contraceptive drugs or devices
- Drugs not approved by the FDA
- The difference in cost between a generic and brand name drug when the generic is available
- 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
- Behavior modification or behavioral problems, except for diabetes self-management training and education
- Prophylactic treatment
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Experimental or investigational services
- Charges for any amount in excess of any benefit maximum
- Charges for homeopathic medicines or non-medical items
- Treatment of behavioral health (mental/nervous disorders) and substance abuse
- Charges for adjustments or subluxation treatment
- Charges for non-covered services and associated complications
- Charges for take-home drugs dispensed at an institution (other than a pharmacy)



ASSURANT
Health

For more information, or to apply for coverage,
contact your insurance agent.

Assurant Health

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About Assurant Health

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. Together, these three underwriting companies provide health insurance coverage for almost one million people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group, short term and student health insurance products, as well as non-insurance products and 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. The Assurant Health Web site is www.assuranthealth.com.

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and selected international markets. Its four key businesses – Assurant Employee Benefits, Assurant Health, Assurant Solutions and Assurant Specialty Property – have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty insurance market segments worldwide.

Assurant, a Fortune 500 company, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$20 billion in assets and \$7 billion in annual revenue. The Assurant Web site is www.assurant.com.