

## Assurant Health Access<sup>SM</sup> — Enhanced

A fixed benefit plan pays a set cash amount when you receive a particular service, regardless of what your provider charges you. With this plan you also have the option to have us pay the doctor directly so you can take advantage of network discounts. Benefits apply for preventive care as well as care for sicknesses and injuries.

EVERYDAY NEEDS YOU VALUE	Office Visits <sup>1</sup>	<ul style="list-style-type: none"> <li>You receive \$75 per office visit</li> <li>You receive a maximum of 4 visits per calendar year</li> </ul>
	Prescription Drugs	<ul style="list-style-type: none"> <li>You receive \$10 per generic prescription</li> <li>You receive \$35 per brand prescription</li> <li>You receive a maximum of \$750 per calendar year for all prescriptions</li> </ul>
	Allergy Shots and Immunizations	<ul style="list-style-type: none"> <li>You receive \$10 per immunization</li> <li>You receive \$10 per allergy shot</li> <li>You receive a maximum of \$100 per calendar year for all allergy shots and immunizations</li> </ul>
	Outpatient Medical Events	Up to a maximum of \$3,000 per calendar year: <ul style="list-style-type: none"> <li>Laboratory Services                             <ul style="list-style-type: none"> <li>You receive \$100 per surgical pathology test</li> <li>You receive \$15 per laboratory service, excluding surgical pathology</li> </ul> </li> <li>Radiology Services                             <ul style="list-style-type: none"> <li>You receive \$130 per mammogram</li> <li>You receive \$300 per CT scan</li> <li>You receive \$450 per MRI scan</li> <li>You receive \$250 per PET scan</li> <li>You receive \$50 per other radiology service, including x-ray and ultrasound</li> </ul> </li> <li>Physical Medicine Services                             <ul style="list-style-type: none"> <li>You receive \$25 per occupational therapy, physical therapy and speech therapy visit</li> </ul> </li> <li>You receive \$25 per other outpatient event not listed</li> <li>You receive a maximum of \$3,000 per calendar year for all outpatient events</li> </ul>
SURGICAL AND HOSPITALIZATION BENEFITS	Inpatient and Outpatient Surgery	Includes surgical benefits for both inpatient and outpatient surgery. Benefit amounts paid are at least 150% of 2010 Medicare Physician Fee Schedule rates. See surgical schedule ( <a href="#">Form 30272</a> ) for details. <sup>2</sup>
	Anesthesia <sup>3</sup>	<ul style="list-style-type: none"> <li>You receive \$200 per anesthesia event</li> <li>You receive a maximum of 3 events per calendar year</li> </ul>
	Ground and Air Ambulance	<ul style="list-style-type: none"> <li>You receive \$100 per ground transportation</li> <li>You receive \$1,500 per air transportation</li> <li>You receive a maximum of 2 trips per calendar year for all ambulance transportation</li> </ul>
	Emergency Room <sup>4</sup>	<ul style="list-style-type: none"> <li>You receive \$400 per visit</li> <li>You receive a maximum of 1 visit per calendar year</li> </ul>
	Urgent Care <sup>5</sup>	<ul style="list-style-type: none"> <li>You receive \$100 per visit</li> <li>You receive a maximum of 1 visit per calendar year</li> </ul>
	Inpatient Hospital Confinement	<ul style="list-style-type: none"> <li>You receive \$3,000 per day for sickness</li> <li>You receive \$6,000 per day for injury</li> <li>You receive a maximum of \$1 million per calendar year for all inpatient confinements</li> </ul>
OTHER INFO	Lifetime Maximum	\$3 million
	Medical Questions for Qualification	Limited medical questions to qualify
	Pre-existing Conditions	Benefits available after you have been continuously insured under this plan for 12 months
	Value-Added Discount Card <sup>6</sup>	Access to additional discounts for everyday needs

### NOTICE:

All Assurant Health Access plans are fixed-indemnity plans with limited benefits. This means they are not major medical insurance plans. Fixed indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in specific amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on the health care provider's bill.

Benefits and availability vary by state. Benefits are paid per covered person.

1 IL residents receive a maximum benefit of \$300 per calendar year.

2 The surgical services benefit is subject to your contract's terms and limitations. The benefit is determined by the CPT code for the procedure. Unlike Medicare, you may be responsible for the difference between the physician charge and the plan benefit payment. For help maximizing your plan's benefits, call Patient Care at 800.305.0377 or Assurant Health at 800.533.7654. Call HPA at 877.277.0080 for help negotiating discounts and payment plans on amounts you may owe.

3 IL residents receive a maximum benefit of \$600 per calendar year.

4 IL residents receive a maximum benefit of \$400 per calendar year.

5 IL residents receive a maximum benefit of \$100 per calendar year.

6 Discounts may vary or may not be available in all states. Discount cards are not insurance.

# What Assurant Health Access plans do not pay benefits for

Knowing exactly what your plan does and doesn't provide benefits for is important. Use the following summary of what is not eligible for benefits so you know the details. Complete information, which varies by state, will be included in your insurance contract.

## **Maintenance care and therapies:**

- Routine hearing care, artificial hearing devices, cochlear implants, auditory prostheses, routine vision care, vision therapy, surgery to correct vision, routine foot care and foot orthotics
- Routine dental care, unless you choose the dental insurance option

## **Cosmetic services and procedures:**

- Services including chemical peels, plastic surgery and medications
- Any correction of malocclusion (irregular tooth contact), protrusion, hypoplasia (abnormality in dental enamel) or hyperplasia (abnormality) of the jaws

## **Reproductive-related procedures or concerns:**

- Diagnosis and treatment of infertility
- Maternity, pregnancy (except complications of pregnancy), routine newborn care, surrogate pregnancy, routine nursery care and abortion
- Sterilization and contraceptive procedures, drugs or devices

## **Quality of life concerns:**

- Inpatient treatment of chronic pain disorders
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Treatment, services and supplies related to sex transformation, gender dysphoric disorder and gender reassignment; treatment of sexual dysfunction or inadequacy; or restoration or enhancement of sexual performance or desire
- Treatment for smoking cessation and hair loss
- Cognitive enhancement
- Prophylactic treatment, services and surgery

## **Prescription drug benefits do not include and will not provide benefits for:**

- Over-the-counter products
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- Take-home drugs dispensed at an institution

## **This plan also will not provide benefits for:**

- Any amount in excess of any maximum benefit or for non-covered events and associated complications
- Durable medical equipment and personal medical equipment

- Treatment undergone outside the United States
- Treatment of behavioral health or substance abuse
- Treatment, services, supplies, diagnosis, drugs, medication, surgery or medical regimen related to controlling weight, obesity or morbid obesity
- Treatment for snoring or sleep disorders
- Experimental or investigational treatments; homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation and services; massage therapy
- Telehealth and telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Illness or injury caused by war or while in the military; commission of a felony; or influence of an illegal substance
- Illness or injury caused or aggravated by suicide, attempted suicide or self-infliction
- Treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing
- Services ordered, directed or performed by a health care practitioner or medical provider who is an immediate family member
- Treatment used to improve memory or slow the normal process of aging
- Home health care, hospice care, skilled nursing facility care, inpatient rehabilitation services, custodial care and respite care
- Sickness or injury arising out of or as the result of any work for wage or profit that is eligible for benefits under Workers' Compensation, employers' liability or similar laws
- Treatment for behavioral modification or behavioral (conduct) problems; learning disabilities; developmental delays; attention deficit disorders; hyperactivity; educational testing, training or materials; memory improvement; cognitive enhancement or training; vocational or work-hardening programs and transitional living
- Growth hormone stimulation treatment to promote or delay growth
- Treatment for TMJ and/or CMJ and certain jaw/tooth disorders
- Services incurred due to a pre-existing condition for the first 12 months the plan is in force

**Pre-existing conditions** (varies by state)

A pre-existing condition is a sickness or injury and related complications for which any of the following occurred during the 12-month period immediately prior to the effective date of your Health Access plan:

- You sought, received or were recommended to receive medical advice, consultation, diagnosis, care or treatment;
- You were prescribed prescription drugs;
- You experienced signs or symptoms significant enough that either:
  - the signs or symptoms should have or would have allowed a health care provider to diagnose the condition; or
  - the signs or symptoms reasonably should have or would have caused an ordinarily prudent person to seek diagnosis or treatment

We will not pay benefits for charges incurred due to a pre-existing condition or its complications until you have been continuously insured under the plan for 12 months. After the 12-month period, benefits are paid for a pre-existing condition as long as the covered event occurs while the plan is in force.

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This provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the insurance contract. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

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