

# Choose from three options so you find the *right benefits for your needs and budget.*

Amounts listed are what the plan pays for care whether you're healthy, sick or injured.

## Value

You receive all the benefits listed below.

[Quote Value](#)

## Fundamentals

You receive all the benefits of Value and more. Look for extras associated with Fundamentals in blue.

[Quote Fundamentals](#)

## Enhanced

You receive all the benefits of Fundamentals and more. Look for extras associated with Enhanced in green.

[Quote Enhanced](#)

EVERYDAY NEEDS	Office Visits <sup>1</sup>	<ul style="list-style-type: none"> <li>\$50 per office visit</li> <li>2 visits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>\$50 per office visit</li> <li>4 visits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>\$75 per office visit</li> <li>4 visits per calendar year</li> </ul>
	Prescription Drugs	Discounts on prescription drugs	<ul style="list-style-type: none"> <li>Discounts on prescription drugs</li> <li>\$10 per generic prescription</li> <li>\$25 per brand prescription</li> <li>\$750 per calendar year for all prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>Discounts on prescription drugs</li> <li>\$10 per generic prescription</li> <li>\$35 per brand prescription</li> <li>\$750 per calendar year for all prescriptions</li> </ul>
	Allergy Shots and Immunizations	\$10 per immunization and \$10 per allergy shot; \$100 per calendar year for all allergy shots and immunizations		
HOSPITALIZATION AND SURGICAL BENEFITS	Inpatient Hospital Confinement	<ul style="list-style-type: none"> <li>\$1,000 per day for sickness</li> <li>\$2,000 per day for injury</li> <li>\$200,000 per calendar year for all inpatient confinements</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per day for sickness</li> <li>\$4,000 per day for injury</li> <li>\$500,000 per calendar year for all inpatient confinements</li> </ul>	<ul style="list-style-type: none"> <li>\$3,000 per day for sickness</li> <li>\$6,000 per day for injury</li> <li>\$1 million per calendar year for all inpatient confinements</li> </ul>
	Inpatient and Outpatient Surgery	Includes surgical benefits for both inpatient and outpatient surgery. Benefit amounts paid are at least 100% of 2010 Medicare Physician Fee Schedule rates. See surgical schedule ( <a href="#">Form 30353</a> ) for details. <sup>2</sup>		
	Anesthesia <sup>3</sup>	<ul style="list-style-type: none"> <li>\$200 per anesthesia event</li> <li>1 event per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>\$200 per anesthesia event</li> <li>2 events per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>\$200 per anesthesia event</li> <li>3 events per calendar year</li> </ul>
	Ground and Air Ambulance	\$100 per ground transportation and \$1,000 per air transportation; 2 trips per calendar year for all ambulance transportation		
	Emergency Room / Urgent Care <sup>4</sup>	<ul style="list-style-type: none"> <li>\$150 per visit</li> <li>1 visit per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>\$250 per visit</li> <li>1 visit per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>\$400 per ER visit and \$100 per urgent care visit</li> <li>1 ER visit and 1 urgent care visit per calendar year</li> </ul>
OTHER BENEFITS	Outpatient Medical Events	<ul style="list-style-type: none"> <li>Laboratory services: \$100 per surgical pathology test and \$15 per laboratory service, excluding surgical pathology</li> <li>Radiology services: \$130 per mammogram, \$300 per CT scan, \$450 per MRI scan, \$250 per PET scan and \$50 per other radiology service, including x-ray and ultrasound</li> <li>Physical medicine services: \$25 per occupational, physical and speech therapy visit</li> <li>\$25 per other outpatient event not listed</li> <li>\$1,000 per calendar year for all outpatient events for Value and Fundamentals; \$3,000 per calendar year for all outpatient events for Enhanced</li> </ul>		
	Lifetime Maximum	\$1 million	\$2 million	\$3 million
WAYS TO SAVE	MultiPlan Network Discounts	Included		
	Patient Care Advocacy	Access to advocates included		
	Health Payment Advocates	Help from advocates included		
	Retail Clinics	Paid as office visits; discounted rates at select locations		

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All plans bring you access to health care and **more for your money.** Depending on the level you choose, your plan will pay the benefit amounts listed when you seek care.



<sup>1</sup> IL residents receive \$100 per calendar year for Value, \$200 per calendar year for Fundamentals and \$300 per calendar year for Enhanced.

<sup>2</sup> The surgical services 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 or Assurant Health. Call HPA for help negotiating discounts and payment plans on amounts you may owe.

<sup>3</sup> IL residents receive \$200 per calendar year for Value, \$400 per calendar year for Fundamentals and \$600 per calendar year for Enhanced.

<sup>4</sup> IL residents receive \$150 per calendar year for Value, \$250 per calendar year for Fundamentals and \$500 per calendar year for Enhanced.

All benefits are subject to your contract's terms and limitations.

In certain states, membership in Health Advocates Alliance is required in order to buy this 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.

## Assurant Health Access fixed-benefit plans

As a fixed-benefit plan, Assurant Health Access 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.

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.

### What Assurant Health Access plans do not pay benefits for

#### 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 Assurant 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.

#### Exclusion for Value only:

- Charges for dispensation or fulfillment of prescription drugs

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.