

Assurant Affordable Health Access

		PLAN C Limited benefits for everyday needs <i>Hospital Benefits: \$200,000 maximum</i>
EVERYDAY NEEDS YOU VALUE	Office Visit Copay¹ (Preventive exams² included) <i>You pay your copay and the plan pays 100% of the remaining cost of an eligible office visit up to \$150 per visit for examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots. An office visit during which you receive only an immunization or allergy shot does not apply to your four-visit annual limit; however, your copay and the \$150 maximum per visit still apply.</i>	<ul style="list-style-type: none"> You pay a \$25 copay for each office visit to a primary care physician, retail health clinic, specialist or health care practitioner Copay applies to each of four office visits per person per calendar year We pay up to \$150 per office visit
	Prescription Drugs³	<ul style="list-style-type: none"> You pay a \$10 copay for generic drugs You pay a \$50 copay for preferred brand-name drugs You pay a \$75 copay for non-preferred brand-name drugs We pay up to \$750 in benefits per calendar year
	Outpatient Medical Services (Preventive services² included)	<ul style="list-style-type: none"> You pay a \$200 deductible⁴ We pay 80% of covered charges up to \$1,000 per person per calendar year You pay remaining 20% of covered charges <i>Includes office visit services, outpatient hospital, surgical center or urgent care facility.</i>
SURGICAL AND HOSPITALIZATION BENEFITS	Limited Benefit Surgical Services <i>Surgeon</i>	<ul style="list-style-type: none"> Includes surgeon benefits for both inpatient and outpatient surgery paid to the scheduled benefit amount. Benefits paid per surgery vary greatly.
	<i>Assistant Surgeon</i>	<ul style="list-style-type: none"> We pay up to 20% of amount paid for surgery
	<i>Anesthesiologist</i>	<ul style="list-style-type: none"> We pay up to 20% of amount paid for surgery
	Ground and Air Ambulance	<ul style="list-style-type: none"> We pay up to \$100 ground/\$1,000 air — per trip, up to two trips per calendar year
	Emergency Room	<ul style="list-style-type: none"> We pay up to \$750 in benefits for each of two visits per calendar year after \$100 emergency room fee⁵ Fee is waived if admitted to the hospital
	Inpatient Benefit Facility Charges	<ul style="list-style-type: none"> We pay up to \$2,000 in benefits per day for sickness We pay up to \$4,000 in benefits per day for injury We pay 80% and you pay 20%, up to \$200,000, in benefits per calendar year based on the daily inpatient limits. You pay any balance.
OTHER INFO	Other Non-surgical/Non-facility Inpatient Services	<ul style="list-style-type: none"> Considered under the inpatient per day maximum Coinsurance applies
	Life Insurance⁶	<ul style="list-style-type: none"> We pay a \$10,000 benefit, for the primary insured only
	Lifetime Maximum	<ul style="list-style-type: none"> \$1 million
	Medical Questions for Qualification	<ul style="list-style-type: none"> Limited medical questions to qualify
Pre-existing Conditions	<ul style="list-style-type: none"> Covered after you have been continuously insured under this plan for 12 months 	

COPAYMENT NOTICE: Your actual expenses for covered services may exceed the stated copayment because actual provider charges may not be used to determine the policy and Covered Person payment obligations. The Covered Person is responsible for all charges in excess of any maximum benefit limitation under the plan.

Plans provide limited benefits and all covered services are subject to calendar-year maximums. These are not major medical health plans and are not replacements for them. The amount of benefits depends upon the plan selected, and the premium will vary with the amount of benefits. Read all coverage documents carefully upon receipt. For a complete listing of benefits, limitations and exclusions, please refer to your coverage documents.

Benefits and availability vary by state.

1 Office Visit Benefit – IL has a \$600 calendar year maximum instead of a 4 visit per calendar year maximum.

2 Preventive services include annual exam, mammograms, Pap smears, routine colonoscopy/sigmoidoscopy, colorectal cancer screening, human papilloma virus vaccination, well-child care and prostate cancer screening.

3 Prescription Drug Benefits are not available in AZ.

4 Family deductible maximum is \$400 and is met collectively by two or more persons.

5 The \$100 emergency fee is not applicable in IL.

6 Life insurance is not available in FL, GA, IL, KS, LA, NC and TX.

Exclusions Summary

It's important to know what's not covered through your plan. Note that 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 level of 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
- Hormone stimulation treatment to promote or delay growth
- Routine dental care, unless you choose the dental insurance option
- Treatment for TMJ or CMJ and certain jaw / tooth disorders
- 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 for 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)

Pre-Existing Conditions

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. After the 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.

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