



ASSURANT
Health®

Assurant. On your terms.®



Time Insurance Company and
John Alden Life Insurance Company

Assurant Self-Funded Health Plans is a program of services developed by Assurant Health for self-funding small group employers. Stop-loss insurance for these self-funded plans is underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

Assurant® Self-Funded Health Plans

A health care **financing solution**

Predictable costs

Your maximum self-funding cost for the year is determined up front — and it's guaranteed, subject to enrollment and benefit changes. So you pay a flat monthly bill — typically less than what you'd pay for a comparable traditional health insurance plan.

Protection of assets

Even if your group's claims become larger than projected, your costs do not increase. Stop-loss protects your business' assets.

- An **aggregate stop-loss benefit** protects against high, unexpected claims incurred by your group as a whole. If your group's combined claims exceed the total predetermined amount of the claims fund for the year, your stop-loss insurance covers your remaining claims costs for the year.
- A **specific stop-loss benefit** protects against high, unexpected claims by an individual group member. If an individual member's claims exceed the limit you select: \$10,000, \$15,000, \$20,000 or \$25,000* per person, your stop-loss insurance covers you for that individual's remaining claims costs for the year.

Predictable cash flow

Any month in which claims exceed the current balance in your claims fund, Assurant Health advances to your claims fund the extra funds your group needs for that month. So, as long as you pay your monthly bill, you'll never have to pay more in a given month than you've planned for.

Best of all, if your group's actual claims expenses for the year are less than the amount set aside in your claims fund, you get money back.

Gain control over health care expenses

— and lower your group's costs now and for years to come — by putting a self-funded health plan to work for your small business. With self funding — directly funding your group's own claims — you pay only for the health care services your group actually uses. If your group's claims expenses are relatively low, your overall savings can be significant.

*Not all options are available in all states.

A hand with getting the benefits and features you value most

We help you build your health benefit plan and give you the freedom to choose and pay for the benefits that are most important to your group – now, and as your needs change. You can even offer multiple plans and/or networks to satisfy different employee needs. This flexibility means your plan will continue to fit your group and your budget year after year.

Save on plan costs and taxes

You know that you'll pay less for your plan when you choose a higher deductible. But you might not know that you can lessen the potential impact on your employees with tax-advantaged Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs).

To get the tax advantages of HSAs, select an HSA plan. With HSAs, your employees have their own tax-favored savings accounts to save for health care expenses.

- Contributions are tax deductible or can be made with pretax dollars
- Both you and your employees can contribute and see tax savings
- Interest paid on the account balance and withdrawals for qualified medical expenses are tax free
- Unused funds accumulate year after year and belong to the employee – there's no use-it-or-lose-it provision

An HRA gives you tax advantages and control over cash flow no matter which plan you choose. With an HRA, you directly reimburse employees for a predesignated portion of their qualified medical expenses.

- You make reimbursements only if qualifying claims are submitted
- Reimbursements for qualified medical expenses are tax deductible for you and tax free for your employees

Save even more on taxes

A Premium Only Plan (Section 125 Plan) allows employees to pay health insurance and other eligible premiums with pretax dollars.

- Employees save \$25 to \$30 of every \$100 paid for eligible premium through pretax payroll deduction, depending on their income
- You save 7.65% (the FICA payroll tax match) on every dollar employees pay

No matter which plan and options you choose, you and your employees will have many ways to save when you need health care services.

Get discounts by using doctors and hospitals in your network

Choose from an array of broad networks with both local and national networks available – decide what’s right for your group. When you and your employees use doctors and hospitals that are part of your network, you get better discounts on the services.

Pay less for prescriptions

When you fill your prescriptions at a participating pharmacy, you and your employees will pay the lowest of: 1) the pharmacy's retail price, 2) your plan's discounted rate or 3) the amount of your copay. For example, if the discounted rate for a generic is \$22 and you have a \$15 copay, you pay \$15. But if your pharmacy's price is only \$4, then \$4 is all you pay.

Seek convenient care at retail health clinics

Time- and money-saving health clinics located inside select retail stores allow you and your employees to walk in for routine care and treatment of non-emergency conditions. Your health benefit plan covers these services the same as services performed by providers in your network.

Assurant Self-Funded Health Plans

Build the plan that best meets your needs – our benefit options give you the freedom to make adjustments as your needs change.

Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1.

Build your health benefit plan

1 Choose a plan

- **Classic PPO** - many deductible options and first-dollar benefits available
- **HSA** - premium savings from higher deductibles, plus tax savings from Health Savings Accounts (HSAs)

2 Choose options to build your plan

3 Add Accident Medical Expense (optional)

Pays the first covered expenses for each accidental injury at 100%. You choose the amount: \$500 or \$1,000.

Additional expenses and treatment that occurs more than 90 days after the accident are subject to the plan deductible and coinsurance.

4 Add more tax-saving vehicles (optional)

- Health Reimbursement Arrangement (HRA)
- Premium Only Plan (Section 125 Plan)

Assurant Health is not engaged in rendering tax advice. Please see a qualified tax professional for tax advice.

Accidental Medical Expense is an optional benefit available at an additional cost. It is not a voluntary supplemental product and is not available in Colorado, New Jersey, or Washington.

Choose options to build your plan

Deductible

Benefit Percentage/Coinsurance

Coinsurance Out-Of-Pocket Maximum

Office Visits (OV)

Prescription Drugs

Covers oral contraceptives.

Mail order copays are three times the selected copay for a three-month supply.

Plans without a copay include a preferred pricing card for use at participating pharmacies.

Diagnostic Imaging and Laboratory Services

MRI, CT scan, PET scan, ultrasound, EKG, chemotherapy, radiation therapy and dialysis are always subject to deductible and coinsurance.

Plan benefits

Services covered subject to deductible and coinsurance:

Preventive Care

Urgent Care

Emergency Room

Outpatient Physical Medicine

Includes physical, speech and occupational therapies; chiropractic care; cardiac and pulmonary rehabilitation, and treatment for developmental delay.

Acute and Subacute Rehabilitation Facilities

Skilled Nursing Facility

Home Health Care

Hospice Care

Transplants

Behavioral Health and Substance Abuse

benefits

Benefits and options may vary by state. Not all plan payment combinations are available.

The amount of benefits depends on the options selected, and the cost will vary with the amount of benefits. Out-of-network provisions apply. See page 10 for details.

Classic PPO plan	HSA plan
<p>\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$5,000, \$7,500 or \$10,000 <i>Family maximum is two times the individual deductible.</i></p>	<p>Individual plan: \$1,500, \$2,000, \$2,500, \$3,000, \$3,500 or \$5,000 Family plan: \$3,000, \$4,000, \$5,000, \$6,000, \$7,000 or \$10,000 <i>HSA family plans have a One Deductible family deductible.</i></p>
<p>100%/0%, 90%/10%, 80%/20%, 70%/30% or 50%/50%</p>	<p>100%/0%, 90%/10%, 80%/20%, 70%/30% or 50%/50%</p>
<p>\$0, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$5,000 or \$10,000 <i>Family maximum is two times the selected coinsurance out-of-pocket maximum.</i></p>	<p>\$0, \$1,000, \$1,500 or \$2,500 <i>Family maximum is two times the selected coinsurance out-of-pocket maximum.</i></p>
<ul style="list-style-type: none"> • No copay – subject to deductible and coinsurance or • Copay options (Primary Care Provider/Specialist): \$20/\$35, \$35/\$50 (\$30/\$50 in Colorado) or \$40/\$60 	<p>Covered subject to deductible and coinsurance</p>
<ul style="list-style-type: none"> • No copay – subject to deductible and coinsurance • \$15 copay for generics, brand not covered or • Copay options (generic/preferred brand/nonpreferred brand): <ul style="list-style-type: none"> • \$20/\$50/\$75 • \$300 deductible for brand, and then \$15/\$45/\$60 or • \$15/\$45/\$60 	<p>Covered subject to deductible and coinsurance</p>
<ul style="list-style-type: none"> • Covered subject to deductible and coinsurance* or • Paid at 100% <p><i>* In Colorado, New Jersey, and Washington, this option is not available. Covered services are paid at 100%.</i></p>	<p>Covered subject to deductible and coinsurance</p>
<p>Physician Services, Allergy Testing, Professional Air and Ground Ambulance, Outpatient Hospital/Surgical Center, Colonoscopy, Maternity Care, Inpatient Hospital and Durable Medical Equipment</p>	
<p>Preventive services and related office visits are paid at 100% when the service, such as a routine mammogram, well-child exam or immunization, is recommended by the United States Preventive Services Task Force, Centers for Disease Control or Health Resources and Services Administration</p>	
<p>Covered subject to deductible and coinsurance If an OV copay is selected, urgent care is subject to a \$50 copay.</p>	<p>Covered subject to deductible and coinsurance</p>
<p>\$100 access fee, then deductible and coinsurance Nonemergency use of an emergency room is subject to a 30% benefit penalty.</p>	<p>Covered subject to deductible and coinsurance Nonemergency use of an emergency room is subject to a 30% benefit penalty.</p>
<p>Covered subject to deductible and coinsurance If an OV copay is selected, physical medicine performed in a network provider's office is subject to the copay.</p>	<p>Covered subject to deductible and coinsurance</p>
<p>31-day combined benefit, subject to deductible and coinsurance</p>	
<p>31-day benefit, subject to deductible and coinsurance</p>	
<p>50-visit benefit, subject to deductible and coinsurance</p>	
<p>Paid at 100%</p>	<p>Subject to deductible, then paid at 100%</p>
<ul style="list-style-type: none"> • Covered subject to deductible and coinsurance at a designated provider • \$100,000 lifetime benefit maximum per organ at a nondesignated provider 	
<p>Outpatient: Covered subject to deductible and 50% coinsurance Inpatient: 30-day benefit, subject to deductible and 50% coinsurance <i>Coinsurance does not apply to out-of-pocket maximum.</i></p>	<p>Outpatient: Covered subject to deductible and 50% coinsurance Inpatient: 30-day benefit, subject to deductible and 50% coinsurance</p>