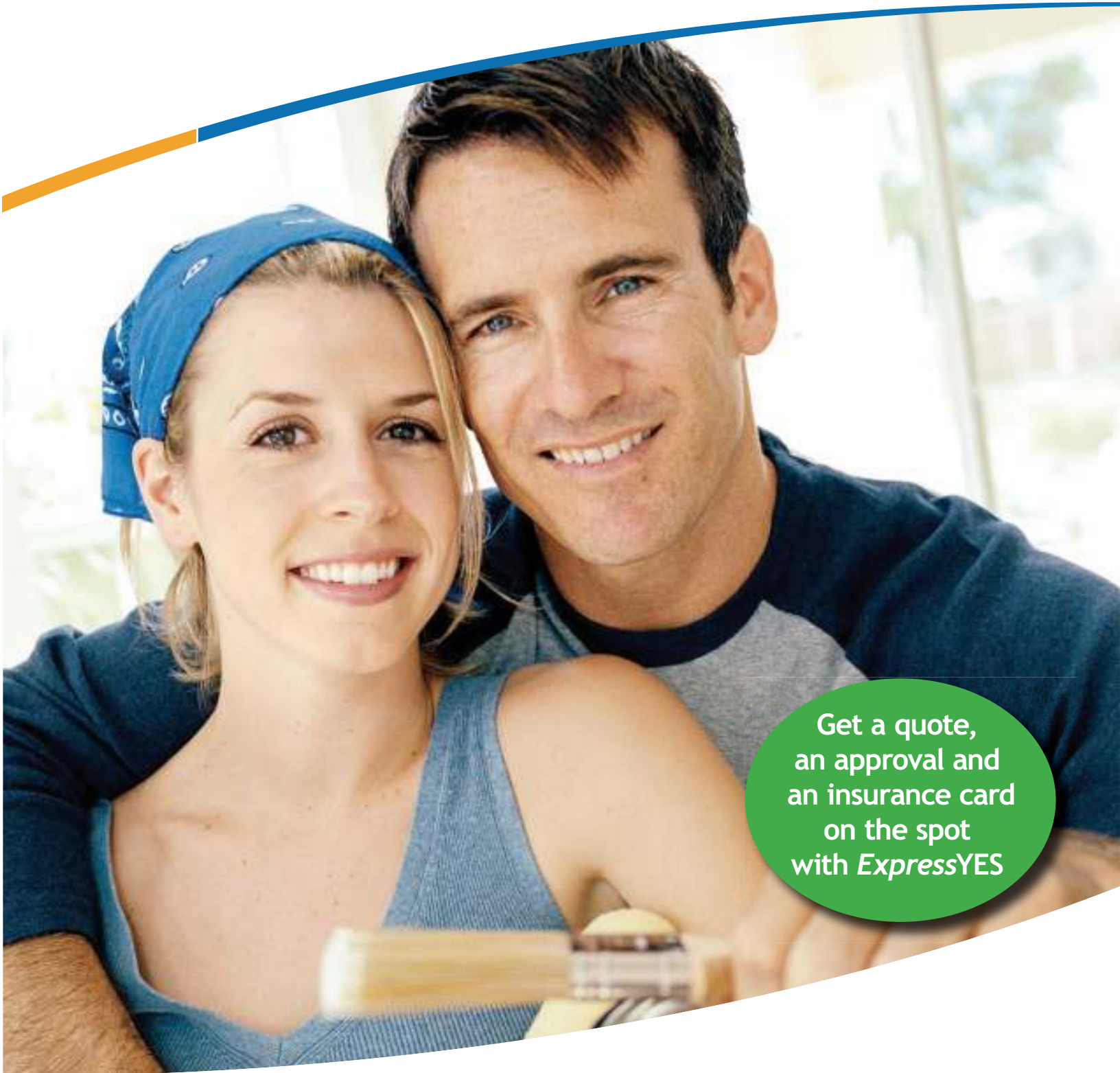




ASSURANT
Health

RightStart®
Individual Medical Insurance



Get a quote,
an approval and
an insurance card
on the spot
with *ExpressYES*

You don't need a group to have a planSM

Make room for RightStart®

You make room in the budget for things that are important to you—from food and clothing to entertainment. There's no doubt health insurance is important, but you need a plan that will leave enough money to pay your other expenses.

Consider RightStart. Costing as little as half the price of other popular plans, RightStart is health insurance that can fit easily in your budget. It's ideal if you are without health insurance or are thinking about dropping your current coverage due to cost. With RightStart you get peace of mind and much more:

- Everyday benefits to help pay for visits to the doctor or prescription drugs
- Essential benefits to protect you in the event of a more serious injury or illness
- Access to doctors and hospitals—from some of the largest and best participating provider organization (PPO) networks in the nation*
- Significant discounts on covered medical services when you use network providers
- Room in the budget for more of the things you value

Starting with a quality framework of security, convenience and cost savings, RightStart offers:

ExpressYES

Apply through **ExpressYES** and expect a response in less than 48 hours. Many applicants receive approval and can print an insurance card on the spot!**

Initial rate guarantees — up to 36 months available

You'll lock in your premium rate for at least the first 12 months. With the \$3,000 deductible, you have a 24-month rate guarantee — and the option to extend it to a full 36 months!***

Worldwide coverage, 24 hours a day

It doesn't matter whether you're nearby or far from home—you're covered.

No referrals necessary to see a specialist

You don't have to jump through hoops when you need a specialist's care—simply make an appointment.

Single deductible for accidents

In the event there's an accident involving more than one person in your family, you'll pay only one deductible.

No limits on Intensive Care Unit (ICU)

With no daily dollar limit when confined in an ICU, you'll have the peace of mind you need at a critical time.

HealthyDiscount

HealthyDiscount rewards you for maintaining your good health by providing 10% off your renewal rate or by extending the 24-month rate guarantee to your new renewal rate.**†

Ongoing coverage for your children

Regardless of age or student status, your covered children can remain under your plan until they marry or are no longer primarily dependent on you for financial support.

Conversion privilege for your family

Should your spouse or child become ineligible for coverage under your plan, he or she may obtain a similar plan without having to provide proof of good health.

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.

* RightStart is also available without a PPO network (Riders 2806 and 2826)

** Availability varies by state.

† You must have the 24-month rate guarantee to choose the extension at renewal.

All the basics are here

Built-In Features

Your plan comes with coverage for the following medical services—subject to deductible and coinsurance, unless otherwise noted, as well as any applicable benefit amounts or maximums.

Prescription Drugs

You pay only \$15 each time you fill a generic prescription at a participating pharmacy. Mail-order service is available.

Preventive Services

Includes mammograms, Pap tests and PSA screening—with no special limits—as well as benefits up to \$500 for other preventive services including physical exams, laboratory tests, immunizations, tuberculosis tests and colonoscopies. Coverage begins after you have been insured for 12 months.

Office Visits

Includes evaluation, diagnosis and management of illness or injury, and allergy shots.

Imaging and Laboratory Services

Includes x-rays, ultrasounds, 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

Includes the services of the facility and supplies. Benefits for covered emergency services are always paid at the higher network benefit percentage—even if you are out of network.

Health Care Practitioner Services

Includes the services of doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

Outpatient Physical Medicine

Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, and treatment of developmental delay.

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.

Transplants

Coverage is provided up to the applicable annual maximums.

- Includes up to \$10,000 toward donor expenses.

Complications of Pregnancy

Covers medically necessary Caesarean section, ectopic pregnancy, miscarriage, gestational diabetes mellitus and medical conditions distinct from, but adversely affected by, pregnancy.

Other covered services include:

- Ambulance—ground and air
- Dental injuries
- Diabetic services
- Durable and personal medical equipment
- Hospice care and related counseling services (inpatient or home care)
- Inpatient rehabilitation
- Parenteral drug therapy
- Reconstructive surgery
- Skilled nursing and subacute rehabilitation facilities
- Sterilization (\$500 lifetime maximum)
- Treatment of TMJ / CMJ (\$1,000 lifetime maximum)

For information on optional coverages—dental, maternity, accident and more—see pages 6 and 7.

Add valuable protection—affordably and conveniently:

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

Build your RightStart® Plan

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

Select an underlined deductible and you'll receive a 24-month rate guarantee—with the option to extend it to 36 months!		
Deductible¹ <i>Amount you pay toward covered expenses before the plan pays benefits</i>	Standard choices \$500, \$1,000, \$2,000 or <u>\$3,000</u>	\$0 Deductible Package \$0
Benefit Percentage <i>Percentage of covered expenses the plan pays after the deductible</i>	75% or 50% (GA: 60% not 50% for PPO plan)	50% (GA: 60%)
Coinsurance <i>Percentage of covered expenses you pay after the deductible</i>	25% or 50% (GA: 40% not 50% for PPO plan)	50% (GA: 40%)
Coinsurance Out-Of-Pocket Maximum² <i>After this maximum is met, the plan pays 100% of covered expenses</i>	\$2,500 with 50% (GA PPO: 40%) coinsurance \$3,500 with 25% coinsurance	\$10,000
Office Visit Copay <i>With this benefit, you pay your copay and the plan pays 100% of the remaining cost of an eligible network office visit including examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots. See page 8 for details.</i>	\$25 copay <i>Optional benefit</i> Copay applies to each of two network office visits per person. Additional visits are covered subject to deductible and coinsurance	\$45 copay <i>Built-in benefit</i>
Outpatient Services Maximum <i>The annual maximum amount the plan pays toward outpatient services</i>	\$2,500, \$5,000 or \$10,000 • Optional RightStart Cancer Benefit—see page 6 for details	
Annual Maximum <i>The total annual maximum amount the plan pays</i>	\$50,000, \$100,000 or \$250,000	
Lifetime Benefit Maximum <i>The total maximum amount the plan pays</i>	\$2 million	

Outpatient Benefits Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Prescription Drugs – Generic	\$15 copay (no deductible or coinsurance) • Maximum: \$2,000—or annual maximum amount—for brand and generic combined
Prescription Drugs – Brand name	\$500 deductible / \$25 copay + 50% coinsurance (Family deductible maximum is \$1,000 and is met collectively by two or more persons) • Maximum: \$2,000—or annual maximum amount—for brand and generic combined
Preventive Services	Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.
Mammograms, Pap tests and PSA screening	Covered—with no special limits—after you have been insured for 12 months
Other covered preventive services	Up to \$500 in benefits—after you have been insured for 12 months • If selecting the Office Visit Copay, see page 8 for details
Office Visits	Covered • If selecting the Office Visit Copay, see page 8 for details
Diagnostic Imaging and Laboratory Services	Covered
Outpatient Hospital, Surgical Center or Urgent Care Facility	Covered
Professional Ground and Air Ambulance	Up to \$1,000 for one trip
Emergency Room	Covered • \$75 emergency room fee—waived if admitted to the hospital
Health Care Practitioner Services	Covered
Outpatient Physical Medicine	\$50 per visit for up to two visits • Chiropractic services are not covered

Inpatient Benefits Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Inpatient Hospital	Covered
Inpatient Rehabilitation Facility	\$100 per day for up to 50 days
Subacute Rehabilitation and Skilled Nursing Facilities	Up to 30 days
Transplants	Covered

¹ Family deductible maximum is three times the deductible and is met collectively by three or more persons.

² Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons.

The amount of benefits depends upon the plan components selected, and the premium varies with the amount of benefits. Non-network provisions may apply. See page 8 for details.

Optional coverages make it yours

Take RightStart® and make it your own with these optional features and supplemental products.

Office Visit Copay (Riders B176 and B177)

With an office visit copay, you have the convenience of knowing what you'll spend when you visit a network doctor. Your copay is your only cost for an eligible network office visit, including immunizations and allergy shots.

RightStart Cancer Benefit (Riders B321 and B322)

This benefit activates an additional \$25,000 in outpatient services benefits for each calendar year in which you receive treatment for malignant cancer.

Cancer treatment is often administered on an outpatient basis and can include chemotherapy and/or radiation therapy, follow-up office visits and ongoing diagnostic and lab tests. The RightStart Cancer Benefit adds extra protection when you need it the most.

Accident Medical Expense Benefit (Riders 2803 and 2829)

This benefit pays first in the event of an injury—before you pay any copay, access fee, deductible or coinsurance. You select the benefit amount: \$500, \$1,000 or \$2,500.

Maternity Benefit (Rider 9033 Series and 9043 Series)

This benefit pays 100% of covered routine maternity services after you meet your maternity deductible — for any pregnancy that begins after the 90-day benefit waiting period. Maternity deductible options are \$1,000, \$2,500, \$5,000 and \$10,000.

If you select a lower deductible, you'll get more in paid benefits — meaning you'll pay fewer bills out of your pocket. Or, choose a high deductible and still get access to significant network discounts.

Covered complications of pregnancy remain subject to the plan deductible and coinsurance.

Life Insurance (Riders 2952, 2961, 2962, 2963, 9061 and 9062)

This term life insurance product is available to everyone on your individual medical plan—you decide who will be covered. The options are: primary insured only, spouse only, primary insured and spouse only, dependents and primary insured and/or spouse.

Life Insurance face amount options are:

- \$50,000, \$75,000, \$100,000, \$150,000 or \$200,000 for primary insured or spouse
- \$10,000 or \$25,000 for dependents ages one year to eighteen years
- \$2,000 for dependents ages two months to one year

An accidental death benefit equal to two times the face amount is included. And, an accelerated benefit equal to 50% of the face amount of the policy is paid if a covered person is diagnosed with a terminal illness and has a life expectancy of 12 months or less.

Dental Insurance

This fee-for-service plan pays cash benefits that 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 individual medical coverage

Here are a few benefit examples:

Wellness Services

Two visits per person each policy year.

- Exams, x-rays, cleanings

BASIC	PLUS
\$25/visit	\$75/visit

Basic Services*

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

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

\$ 50	\$ 100
\$ 40	\$ 90
\$ 20	\$ 60
\$ 50	\$ 145

Major Services*

Payments are 20% of the listed benefit in the first policy 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

\$ 125	\$ 330
\$ 125	\$ 450
\$ 105	\$ 250
\$ 150	\$ 300
\$ 135	\$ 375
\$ 125	\$ 375
\$ 335	\$ 825

Temporomandibular Joint (TMJ) Services

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

- Temporomandibular joint arthrograph

\$ 90	\$ 275
-------	--------

* Combined Annual Benefit

The maximum calendar year benefit for Basic and Major Services combined is:

\$1,000	\$1,500
---------	---------

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.

Discount programs are not insurance coverage.

Actual costs and savings may vary by provider and geographical area.

Optional coverages are available at an additional cost. The dental insurance plan is a separate contract. Additional provisions may apply. See page 8 for details.

SuiteSolutions®

Join thousands of Assurant Health customers who have employed SuiteSolutions to pay deductible and coinsurance expenses.

Available through membership in Health Advocates Alliance, SuiteSolutions is most popular for its cash benefits that can protect you financially should sudden, serious medical needs bring sudden, significant medical bills your way.

Two membership levels are available.
With both, you:

- Can select a benefit option that covers some or all of your upfront deductible or total out-of-pocket amount
- Receive cash benefits—sent directly to you, or to your provider if you prefer
- Get the same full benefit no matter what doctor or hospital you use
- Can retain the coverage even if you choose to discontinue your individual medical coverage

SecureSolution—benefits for accidents

SecureSolution can cover the amount you would otherwise pay out of your pocket toward injury expenses, and also provides additional accident benefits.

Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$100 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

Up to \$10,000 for the primary insured and up to \$1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

SelectSolution—benefits for accidents, critical illnesses and more

SelectSolution can cover the amount you would otherwise pay out of your pocket toward injury and/or critical illness expenses. Additional benefits, services and discounts are also provided.

Accident Medical Expense Benefit

- Benefit options: \$2,500, \$5,000 or \$10,000 per insured, per accident
- \$100 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

Up to \$25,000 for the primary insured and up to \$1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

Critical Illness Expense Benefit

Benefit options: \$2,500, \$5,000 or \$10,000 for the primary insured and spouse. Covers life-threatening cancer, heart attack, stroke, paralysis, renal failure, coma, major organ transplants and loss of sight/speech/hearing.

(Selected benefit option must be the same as Accident Medical Expense)

Identity Network Child Safety Services

Pre-registry of children using photos and descriptions

Identity Theft Benefit

Up to \$2,500 in financial relief, including reimbursement for related costs, lost wages, legal fees and expenses

Travel Assistance

Emergency medical, financial, legal and communication assistance, plus a multilingual information service available before and during travel, for members who are traveling 100 or more miles from home

Discounts

Up to 60% off items such as health club dues, hearing aids, hotel reservations and travel packages

(Not all discounts are available in all states)

With SuiteSolutions, you can feel more sure about selecting a higher deductible and/or total out-of-pocket amount – and taking advantage of the lower resulting premium. Ask your agent to use the chart below to show you how SuiteSolutions can help you plan financially for unplanned medical expenses.

PLAN WITHOUT SUITESOLUTIONS

Deductible amount		\$
Coinsurance out-of-pocket amount	+	\$
Total out-of-pocket amount		\$

Premium		\$	/year
Total out-of-pocket amount	+	\$	
Total cost to you		\$	/year

PLAN WITH SUITESOLUTIONS

Deductible amount		\$
Coinsurance out-of-pocket amount	+	\$
Total out-of-pocket amount		\$
SuiteSolutions benefit amount	—	\$
Remaining out-of-pocket amount*		\$

Premium		\$	/year
Remaining out-of-pocket amount	+	\$	
Total cost to you		\$	/year

*Add \$100 deductible for an accident.

AGENT: Sample cost comparison charts are available in Find A Form on the Assurant Health Sales Web site: <http://www.assuranthealthsales.com>.

Accident Medical Expense benefits are reduced by benefits payable under any other insurance plan. Critical Illness Expense benefits are not available with child-only plans. Accident and critical illness benefits are underwritten by National Union Fire Insurance Company of Pittsburgh, a member of American International Group, Inc. (AIG). Supplemental products are available at an additional cost. SuiteSolutions plans are separate contracts. Discount programs are not insurance. Additional provisions may apply.

Plan Provisions

State Variations

Plan design, benefits, optional features, provisions, definitions and exclusions may vary by state. Refer to the State Variations sheet for state-specific benefits, provisions and exclusions.

Office Visit Copay

With this benefit, a copay is your only cost for an eligible network office visit. Any associated imaging and laboratory service are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

After the 12-month waiting period, preventive services performed by a network provider during an office visit, such as immunizations and annual examinations, are covered by the office visit copay. Any associated imaging and laboratory services, such as mammograms and PSA tests, are covered subject to deductible and coinsurance.

Other services that are subject to deductible and coinsurance, but not eligible for benefits under the office visit copay, are: office visits with non-participating providers, surgical procedures, allergy tests and maternity-related visits.

Maternity Benefit *(optional feature)*

The maternity deductible is separate from the plan deductible. Once the maternity deductible is met, the plan pays for covered maternity services (whether or not the plan deductible has been satisfied).

Prescription drugs are covered under the plan prescription drug benefit. If conception occurs during the first 90 days of coverage, routine maternity charges will be excluded.

Medically Necessary Care

Treatment must be medically necessary to be covered. Medically necessary services or supplies must be:

- Appropriate and consistent with the diagnosis
- Commonly accepted as proper treatment
- Reasonably expected to result in improvement of the condition
- Provided in the least intensive setting without affecting the quality of medical care provided.

Usual and Customary Charge Allowance

The usual and customary charge allowance is the most the plan pays for covered services on non-PPO plans. The covered person is responsible for paying any balance in excess of the usual and customary charge allowance to the provider.

Network Services

When a covered person uses network providers, covered charges are discounted in accordance with a negotiated rate. The person never pays more than the negotiated rate for services from a network provider.

Non-Network Services

Emergencies: Covered services are always paid at the network benefit percentage — even if rendered by a provider outside of the network. Though paid at the better benefit percentage, the most the plan pays for a service is the amount of the network negotiated rate. The covered person is responsible for paying any balance in excess of the negotiated rate to the provider.

Non-emergencies: Covered services are subject to the non-network deductible, a 20% benefit percentage reduction, the increased non-network coinsurance out-of-pocket maximum and the network negotiated rate. Consequently, the covered person is also responsible for paying any balance in excess of the negotiated rate.

Individual non-network deductible is the individual deductible plus \$1,000.

Family non-network deductible is three times the individual non-network deductible and is met collectively by three or more persons.

Non-network coinsurance out-of-pocket maximum is \$8,000/person – \$16,000/family for all options except the \$0 Deductible Package, which has \$12,500/person – \$25,000/family.

Benefit Waiting Periods on Certain Treatment

Benefits for certain types of treatment are payable after the benefit waiting period listed here:

- Surgical treatment of tonsils/adenoids — 3 months
- Surgical treatment of bunions, hemorrhoids, inguinal hernia (except strangulated or incarcerated), varicose veins — 6 months
- Sterilization — 12 months

Benefit waiting periods are waived when this plan is replacing other similar in-force coverage.

Utilization Review

Authorization is required before receiving inpatient treatment and certain types of outpatient procedures. Unauthorized services will result in a penalty of 25% of the charge (up to \$1,000). Unauthorized transplants are not covered.

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. No benefits are paid for charges incurred due to a pre-existing condition until you have been continuously insured under the plan for 12 months, unless the condition was fully disclosed on the application. After the 12-month period, benefits are paid for a pre-existing condition, unless the condition is specifically excluded from coverage.

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 unless the condition was fully disclosed on the application
- Illness or injury caused by war, commission of a felony, attempted suicide, influence of an illegal substance, or a hazardous activity for which compensation is received
- 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. Immediate family members are you, your spouse, your children, brothers, sisters, parents, their spouses and anyone with whom legal guardianship has been established
- Custodial 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
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- 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 and routine nursery charges unless you choose the maternity option
- Pregnancy, maternity and other expenses related to surrogate pregnancy
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Charges for sex transformation, treatment of sexual dysfunction or inadequacy, or to restore or enhance sexual performance or desire
- Over-the-counter products
- Contraceptive drugs or devices
- Drugs not approved by the FDA
- Drugs obtained outside the United States
- 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
- Testing related to the diagnosis of behavioral conduct or developmental problems
- Chelation therapy
- Prophylactic treatment
- Cranial orthotic devices, except following cranial surgery
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Experimental or investigational services
- Charges in excess of the lifetime maximum or any other benefit maximum
- Charges for non-medical items
- Charges related to health care practitioner-assisted suicide
- Charges for alternative medicine including acupuncture and naturopathic medicine
- Behavioral health (mental/nervous disorders) and substance abuse including related prescription drugs
- Chiropractic services
- Home health care