



ASSURANT
Health®

Short Term Medical

Coverage for
unexpected illness
and injury

Time Insurance Company

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.



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You need the financial protection of major medical coverage. How do you choose a plan that's affordable and provides the protection you need?

Consider Short Term Medical.

An affordable major medical option

Short Term Medical plans are affordable because they provide major medical coverage in a different way. Short Term Medical protects you from the medical bills that can result from unexpected injuries and illnesses, without coverage for preventive or routine care.

Short Term Medical is not considered minimum essential coverage.

GET THE COVERAGE YOU NEED WITH SHORT TERM MEDICAL

You can rely on Assurant Health Short Term Medical plans to provide the major medical coverage you need. We were one of the first to offer short term plans, and we've remained a leader ever since.



- Plans available up to 180 days or, in some states, up to 360 days
- Coverage as soon as the day after you apply
- Flexibility to choose your own doctors and hospitals, with no network restrictions
- One common family deductible for length of policy
- Prescription drug coverage



Choose Assurant Health

FEEL SECURE.

We have 120 years¹ of experience and an A- (Excellent) rating.²

FEEL CONFIDENT.

You have access to convenient resources that make health care easier to understand and help you save money.

FEEL RESPECTED.

No matter your question, concern or request, you can contact us knowing we'll treat you with respect.

¹Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892).

²Source: A.M. Best Ratings and Analysis of Time Insurance Company, December 2012.

Choose your Short Term Medical plan

Depending on your state, Short Term Medical plans may be available for 6 months (up to 180 days) or 12 months (181 to 360 days).¹

Covered expenses are subject to your selected deductible and coinsurance.

DOCTOR VISITS	<ul style="list-style-type: none"> Covered for unexpected illness and injury You may choose your own doctors Discounts for using doctors in the PHCS network – on average 20-35% savings²
HOSPITAL BENEFITS	<ul style="list-style-type: none"> Inpatient and outpatient services are covered Discounts for using facilities in the PHCS network – on average 20-35% savings²
EMERGENCY ROOM CARE	Covered
AMBULANCE	Service to nearest hospital able to treat condition
OUTPATIENT SERVICES	Covered
PRESCRIPTION DRUG BENEFITS	Covered
X-RAY AND LABORATORY	<ul style="list-style-type: none"> Covered Discounts for using Lab Card Select for lab testing – 20-60% savings
TRANSPLANT BENEFITS	\$100,000, with a limit of \$10,000 in donor expenses
DEDUCTIBLE³ (The amount you must pay before Assurant Health pays benefits)	<ul style="list-style-type: none"> \$2,500 or \$5,000 available for all plans \$1,000 and \$3,500 available for plans up to 180 days One family deductible: Only one deductible needs to be satisfied for all covered family members
COINSURANCE (Assurant Health's portion/your portion in covered charges up to your out-of-pocket maximum after you meet your deductible)	<ul style="list-style-type: none"> 50%/50% or 80%/20% available for all plans 100%/0% available for plans up to 180 days After you pay your deductible and reach the coinsurance out-of-pocket maximum, Assurant Health pays 100% of additional covered charges, up to the plan lifetime maximum
LIFETIME MAXIMUM (Maximum amount your plan will pay toward medical bills per covered person)	\$2 million

¹ 12-month plan availability varies by state.

² Not applicable in Rhode Island.

³ Deductible options may vary by state.



You can pay for Short Term Medical by the month or in one lump sum.

Save 20% when you pay up front!





Decide if Short Term Medical is right for you

Short Term Medical coverage isn't right for everybody. To decide if it's right for you, think about the benefits you value and conditions you want to cover. To secure specific benefits, such as maternity care, and gain coverage for conditions you already have, you may want to consider a major medical plan that incorporates full health care reform benefits, often called a metallic plan.

Pre-existing conditions

Since Short Term Medical covers unexpected illnesses and injuries, it does not cover pre-existing conditions. While the definition of "pre-existing condition" varies by state, in general it's a condition that has been diagnosed or treated, or for which you experienced signs or symptoms, during the five years immediately prior to the date your Short Term Medical plan began.

You can find your state's definition of pre-existing condition on your rate sheet. If you have a pre-existing condition you need coverage for, you may want to purchase a metallic plan that includes health care reform benefits.

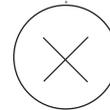
Not minimum essential coverage

Short Term Medical is not considered minimum essential coverage. That means if you insure yourself with Short Term Medical instead of a metallic plan that meets reform requirements, you may have to pay a tax penalty, depending on your income and the cost of available metallic plans.



SHORT TERM MEDICAL PAYS FOR

- Unexpected sicknesses
- Unexpected injuries
- Accidents



SHORT TERM MEDICAL DOES NOT PAY FOR

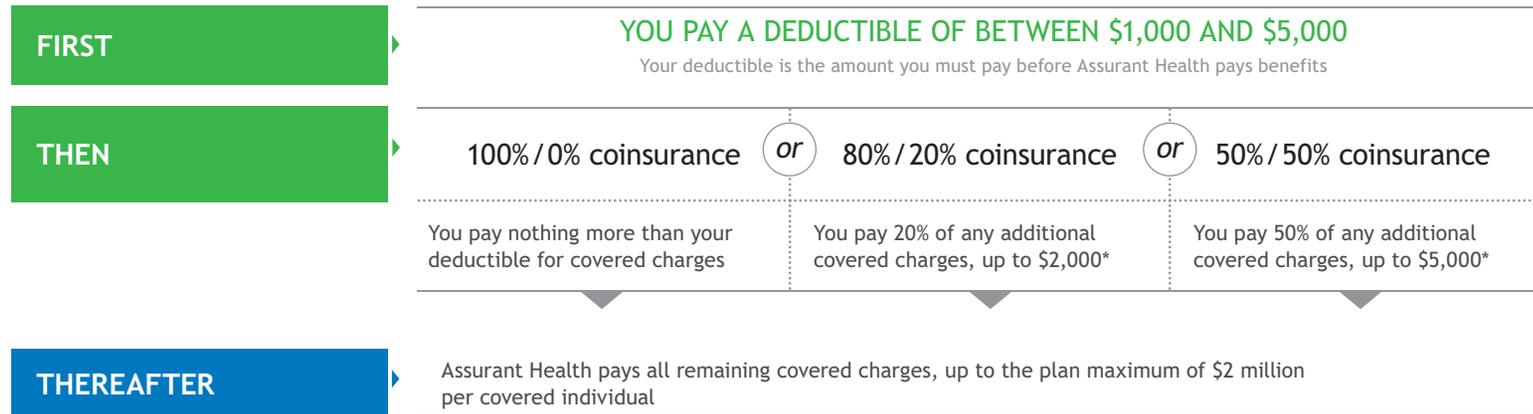
- Preventive and routine medical care
- Dental and vision care
- Maternity care
- Mental health
- Conditions that existed before the plan began

Varies by state



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How Short Term Medical pays benefits



*Amounts shown are for a 6-month plan. 12-month plans will vary.





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After your Short Term Medical plan expires

This short term major medical policy is nonrenewable, and plan termination is not considered a qualifying life event for purposes of enrolling in a metallic plan. Therefore, depending on your plan's termination date, when your Short Term Medical plan expires, you may have a gap in insurance coverage until you can begin coverage with a new Short Term Medical or other health plan.

Contract numbers 135/136/137

This brochure provides summary information. Please refer to the insurance policy or ask your agent for a complete listing of benefits, exclusions and terms of coverage.

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KNOW WHAT'S NOT COVERED

Knowing exactly what your health plan does and doesn't cover is important. To give you the best possible experience, we offer this summary of what is not covered. Complete details are included in your insurance contract.

- Treatment of a pre-existing condition, including those not inquired about on the enrollment form
- Preventive treatment, examinations or immunizations
- Illness or injury that is self-inflicted or caused while engaged in a felony, under the influence of an illegal substance, driving under the influence, in military service, in a hazardous occupation or activity, or while engaged in intercollegiate sports
- Vision or dental treatments, foot care or orthotics
- Expenses incurred outside the United States, its possessions and Canada
- Maternity, genetics or fertility treatment or testing
- Custodial care or private duty nursing
- Cosmetic, experimental, investigational or not medically necessary treatment
- Treatment of mental illness or substance abuse

Note: Plan limits may vary by state. Please review the back of your rate sheet for a full list of state specific exclusions.