



ASSURANT
Health

Custom Coverage

you can count on

Clear Choice

*Medical Insurance Plans
for Employer Groups of 2-50*

Time Insurance

You can't have doubts about your group medical coverage



You have to be absolutely confident that your medical insurance plan will do what it's supposed to do if a covered employee or dependent gets sick or hurt and needs treatment.

You simply **can't afford an unpleasant surprise** at claim time. With all the responsibilities of managing your business, you don't need any additional worries or problems.

You and your employees **deserve the peace of mind** that comes from having quality medical insurance. After all, peace of mind is the reason you buy insurance. It's truly priceless. But that doesn't mean you have to drain your bank account in order to obtain it.

Now, you can have an economical, top-quality, custom-designed small group medical insurance plan from a world-class insurer. You get all that when you select a **Clear Choice** plan. Clear Choice plans are presented by Time Insurance and underwritten by Fortis Insurance Company.

Clear Choice offers extensive coverage.

- You get:**
- a dependable base of inpatient and outpatient benefits, including wellness services
 - a variety of optional medical benefits to custom-tailor your plan
 - a chance to offer your employees as many as four different plans
 - a choice of life, dental and short term disability insurance to round out your benefits package

Clear Choice delivers exceptional value.

- You get:**
- the flexibility to structure your medical insurance program to meet the exact needs of your group
 - the opportunity to save money by selecting a higher deductible, lower benefit percentage and higher out-of-pocket limit
 - the ability to provide richer benefits so you can compete with larger businesses for key employees

Clear Choice provides peace of mind.

- You get:**
- the confidence that comes from dealing with an industry leader – Time Insurance
 - the experience of a company that has sold and serviced health insurance plans for over 110 years
 - the stability of a health insurer rated Excellent (A-) by A.M. Best Company*

* A.M. Best is a rating organization that evaluates insurers' financial strength. The rating represents the organization's opinion of Fortis Insurance Company's ability to meet its ongoing obligations to policyholders, based on a comprehensive quantitative and qualitative evaluation, of a company's balance sheet strength, operating performance and business profile.

Make Clear Choice your choice for affordable, dependable, customized coverage.

Plan Design – Step-by-Step

With Clear Choice, it's easy to custom-build a health insurance plan to meet your group's unique needs.

Just follow these three simple steps.

Step 1 – Select the plan type.

Step 2 – Select the desired benefit payment structures.

Step 3 – Select the options you want.

Clear Choice offers an array of plan types in order to accommodate the needs of virtually any small employer group.

Preferred Provider Organization (PPO) plan types are extremely popular because they cost less than traditional indemnity plans. Clear Choice offers a variety of excellent national and regional PPO networks for your consideration.

Plan Types	
■ PPO Copay Plans	PPO Copay Plans feature physician and hospital networks. A covered person pays only the selected copay amount for each covered visit to a physician's office, urgent care center or non-surgical outpatient facility.
■ PPO Plans	PPO Plans feature physician and hospital networks but do not include an office visit copay. They are generally more economical than PPO Copay Plans.
■ Hospital-Only PPO Plans	Hospital-Only PPO Plans offer hospital networks but not physician networks. They are a good choice where there is no local physician network or if the local physician network does not meet your employees' needs.
■ Traditional Indemnity Plans	Traditional Indemnity Plans are best suited for those who live and work outside a PPO network area. Plans are subject to usual and customary charges.
■ HSA/HRA Plans	HSA/HRA Plans are high deductible plans specially designed to work with recent, federally authorized financing programs, known as Health Savings Accounts and Health Reimbursement Arrangements. Refer to the separate HSA and HRA brochures for more information.
■ Healthy Edge Plans	Healthy Edge Plans are PPO Copay Plans specially designed and priced for healthier groups that anticipate lower utilization of healthcare services. Refer to the separate Healthy Edge brochure for more information.



Your agent is available to assist you in designing the right plan for your group.

Payment Structure – Your Plan’s Building Blocks



Clear Choice offers an abundant selection of cost-sharing features so you can structure a plan that meets your needs and budget.

Selecting your plan’s payment structure and lifetime maximum benefit is the second step in designing your medical insurance program.

You can design a very rich benefit plan with minimal employee cost sharing, a very economical plan with significant potential employee cost sharing, or something in between.

Benefit Payment Structures				
■ Lifetime Maximum Choices	\$2,000,000	\$5,000,000	\$8,000,000	
■ Annual Deductible Choices	Network	Non-Network	Network	Non-Network
	\$ 0* —	\$ 500	\$ 2,000 —	\$ 2,500
	\$ 250 —	\$ 500	\$ 2,400 —	\$ 2,500
	\$ 500 —	\$1,000	\$ 3,000 —	\$ 5,000
	\$ 1,000 —	\$2,000	\$ 5,000 —	\$ 5,000
	\$ 1,600 —	\$2,500	\$10,000 —	\$10,000
	The family deductible is three times the single deductible for \$250 and \$500 deductible plans. On all other plans, the family deductible is two times the single deductible.			
■ Office Visit Copay Choices (Primary Care/Specialist)	\$20/20, \$20/30, \$20/40, \$25/25, \$25/40, \$30/30, \$30/50			
	<p><i>Network:</i> Copay covers history and physical exam, evaluations, immunizations and allergy shots. It also covers prenatal and non-surgical post-partum services, if your plan includes maternity coverage.</p> <p><i>Non-network:</i> Copay is not applicable. Office visits are subject to the non-network deductible and rate of payment.</p>			
■ Rate of Payment Choices	Network	Non-Network	Network	Non-Network
	100%* —	70%	70% —	50%
	90% —	60%	60% —	60%
	80% —	50%	50% —	50%
■ Annual Out-of-Pocket Limit Choices	Network	Non-Network	Network	Non-Network
	\$ 0* —	\$3,000	\$2,500 —	\$ 5,000
	\$ 500 —	\$2,000	\$3,000 —	\$ 5,000 or \$ 7,500
	\$ 750* —	\$3,000	\$4,000 —	\$ 8,000 or \$10,000
	\$1,000 —	\$2,500 or \$4,000	\$4,500 —	\$ 7,500
	\$1,250 —	\$2,500	\$5,000 —	\$10,000
	\$1,500 —	\$2,500 or \$6,000	\$6,000 —	\$10,000
	\$2,000 —	\$4,000, \$5,000 or \$8,000		
	Out-of-pocket limits do not include the deductible, access fees or copays. The family out-of-pocket limit is two times the individual limit.			

*Limited availability

Not all plan payment combinations are available. Ask your agent for more information.

Clear Choice Benefits – The Heart of the Matter



Clear Choice provides you with extensive inpatient and outpatient coverage as well as valuable wellness benefits.

The plan covers charges for services which are medically necessary to treat a covered illness or injury – or are covered wellness services. All covered services are subject to the plan’s deductible and rate of payment unless otherwise indicated in the Benefits Chart. All covered services received outside the PPO network are subject to the usual and customary charges and non-network deductible and non-network rate of payment unless otherwise indicated in the Benefits chart.

Indemnity plans are subject to usual and customary charges.

All covered services are subject to the plan’s deductible and rate of payment unless otherwise indicated.

Clear Choice Benefits	
<ul style="list-style-type: none"> Wellness Services Routine physical exam, well-child care to age 16 	<p>PPO Copay Plans – Unlimited benefit – no separate dollar maximum <i>Network:</i> Subject to office visit copay <i>Non-network:</i> Not covered</p> <p>PPO Plans – Unlimited benefit – no separate dollar maximum <i>Network:</i> Subject to deductible and rate of payment <i>Non-network:</i> Not covered</p> <p>Hospital-Only PPO and Indemnity Plans Subject to wellness maximum of \$300 per person per calendar year</p>
Immunizations	<p>PPO Copay Plans <i>Network:</i> Subject to office visit copay <i>Non-network:</i> Subject to non-network deductible and rate of payment</p>
EKGs, Treadmill, Proctosigmoidoscopy	<p>PPO Copay and PPO Plans <i>Network:</i> Covered at 100% but subject to contract schedule <i>Non-network:</i> Not covered</p> <p>Hospital-Only PPO and Indemnity Plans Subject to wellness maximum of \$300 per person per calendar year</p>
Outpatient preventive x-ray and lab tests	<p>PPO Copay Plans <i>Network and non-network:</i> Covered at 100% but subject to contract schedule</p> <p>PPO Plans <i>Network and non-network:</i> Subject to network deductible and rate of payment</p> <p>Hospital-Only PPO and Indemnity Plans Subject to deductible and rate of payment but not part of \$300 wellness maximum</p>
<ul style="list-style-type: none"> Physician Services 	Diagnosis and treatment including surgery and anesthesia
<ul style="list-style-type: none"> Emergency Treatment 	<p>All PPO Plan Types <i>Network and non-network:</i> Subject to network deductible and rate of payment</p>
Emergency Room	\$50 access fee – waived if admitted
<ul style="list-style-type: none"> Emergency Ambulance 	<p>Ground or air ambulance services to the nearest hospital that can treat the illness or injury</p> <p>All PPO Plan Types <i>Network and non-network:</i> Subject to network deductible and rate of payment</p>
<ul style="list-style-type: none"> Outpatient X-ray and Lab Tests 	<p>All PPO Plan Types <i>Network and non-network:</i> Subject to network deductible and rate of payment</p>

Additional Plan Options – The Final Contours

Choosing the options you want and selecting your plan’s waiting period are the final steps in custom-designing your medical insurance program. You may also add life, dental and short term disability income insurance to round out your employee benefits package.

Accident Medical Expense (AME) Benefit*

If you choose this option, covered persons have 100% first-dollar coverage – up to the selected benefit amount – for treatment of an accidental injury that is received within 90 days of the accident. Treatment in excess of the selected benefit amount, or which occurs more than 90 days after the accident, is subject to the plan deductible and rate of payment.

The AME benefit is particularly well-suited for employees with young, active children.

AME Benefit Choices:

\$300 \$500 \$1,000 \$2,000 \$5,000**

*** Only available with \$5,000 and \$10,000 deductible plans*

First-Dollar X-ray and Lab Test Benefit*

Covered employees and dependents have 100% first-dollar coverage for outpatient x-rays and lab procedures – up to a maximum of \$500 per year – if you select this benefit. This option is only available with PPO Copay Plans.

Waiting Period

The waiting period, or affiliation period is the amount of time all new employees have to wait before being covered under your Clear Choice plan. You choose whether current employees will be covered immediately or have the same waiting period as future hires.

Waiting Period Choices:

30 Days 60 Days 90 Days
120 Days 150 Days 180 Days

**Available at an additional cost*

Employee Choice Program

Employee Choice enables you to design and incorporate up to four different benefit plans into your medical insurance program. Each employee chooses the plan that best suits his or her needs.

Employee Choice is ideal for small employer groups with different classes of employees, multiple office locations or employees who live outside of the area serviced by your primary PPO.

You may vary the following features:

- PPO Plan Type
- PPO Network
- Deductible
- Out-of-Pocket Limit
- Health Savings Account
- Health Reimbursement Arrangement

Refer to Employee Choice Insert (Form 27058) for details.

Additional Coverage

Your agent can provide information on popular Life, Dental and Short Term Disability insurance plans.

Optional Outpatient Prescription Drug Coverage — A Welcome Addition



Many employees regard outpatient prescription drug coverage as a valuable part of their overall medical insurance plan. Clear Choice lets you determine whether to include this popular benefit.

If you choose to include outpatient prescription drug coverage, Clear Choice offers a variety of payment structures. Covered employees and dependents receive a prescription drug card and have a separate drug deductible and drug copays. Each time a covered prescription drug is purchased, the covered person presents the prescription drug card to the pharmacist.

Once the annual drug deductible is satisfied, the covered person is responsible for paying the appropriate generic or brand copay each time a covered prescription is filled.

Outpatient Prescription Drug Copay Program	
■ Drug Deductible Choices	\$0, \$100, \$250, \$500 The family deductible is three times the individual deductible
■ Drug Copay Choices	(generic/preferred brand/non-preferred brand)
Option 1	\$15/\$45/\$60
Option 2	\$15/\$35 + 20%/ \$50 + 20%

Out-of-pocket prescription expenses do not count toward the medical deductible or out-of-pocket limit.

Brand Drugs

If a covered person receives a covered brand drug when a generic equivalent is available, he or she must also pay the difference between the cost of the brand drug and its generic equivalent.

With Option 2, the covered person is responsible for the appropriate brand copay plus 20% of the remaining cost.

Preferred Pricing

The drug card also provides for preferred pricing on many “lifestyle” prescription drugs not covered by Clear Choice (e.g. Zyban® for smoking cessation), so all covered persons should be sure to use their card every time they fill a prescription.

Mail Order Service

A convenient network mail order service providing home delivery of prescription medications is available. Up to a 90-day supply of selected maintenance medications may be purchased for two times the regular copay amount. Insureds with Option 2 also pay an additional 20% of the remaining cost for brand drugs.

Non-Network

If a covered person purchases a covered generic or brand prescription outside of the pharmacy network, he or she needs to pay for the prescription and submit a claim to the pharmacy network administrator. Benefits are considered based upon the usual and customary reimbursement for the cost of the drug at a network pharmacy.

Clear Choice Benefits

<ul style="list-style-type: none"> ■ Hospital Services 	<p>Inpatient: semi-private room and board, intensive care, special care units, x-ray and lab procedures, ancillary hospital services</p> <p>Outpatient: services at a hospital, medical center or ambulatory surgical center</p>
<ul style="list-style-type: none"> ■ Maternity 	<p>Vaginal and medically necessary cesarean section deliveries, prenatal and post-partum care and amniocentesis</p> <p>Optional for groups of 3-9 – included for groups of 2 and 10 or more</p>
<ul style="list-style-type: none"> ■ Transplants 	<p>Kidney, cornea and skin transplants (Type 1) covered same as any other illness</p> <p>Heart, lungs, heart/lung, liver, kidney/pancreas and bone marrow transplants (Type 2) covered as follows:</p> <ul style="list-style-type: none"> ■ Designated Transplant Facility – paid up to maximum plan benefit ■ Non-designated Transplant Facility (network) - paid up to maximum of \$100,000 per organ ■ Non-designated Facility (non-network) – Subject to non-network deductible and rate of payment and \$100,000 per organ maximum
<ul style="list-style-type: none"> ■ Rehabilitation 	<p>Inpatient: up to 30 days per person per calendar year</p> <p>All PPO Plan Types <i>Network and non-network:</i> Subject to network deductible and rate of payment</p> <p>Outpatient: up to 60 visits per person per calendar year</p> <p>Back/Spine/Neck: up to 20 visits per person per calendar year</p>
<ul style="list-style-type: none"> ■ Home Health Care 	<p>Up to 160 hours per person per calendar year</p> <p>Covered at 100% and not subject to deductible</p>
<ul style="list-style-type: none"> ■ Skilled Nursing Facility 	<p>Up to 30 days per person per calendar year</p> <p>All PPO Plan Types <i>Network and non-network:</i> Subject to network deductible and rate of payment</p>
<ul style="list-style-type: none"> ■ Hospice 	<p>Inpatient or outpatient services</p> <p>Covered at 100% and not subject to deductible</p>
<ul style="list-style-type: none"> ■ Supplies and Equipment 	<p>Oxygen, whole blood and blood components, casts, splints, trusses, crutches, orthopedic braces, prosthetic devices, non-motorized wheelchair</p> <p>All PPO Plan Types <i>Network and non-network:</i> Subject to network deductible and rate of payment</p>
<ul style="list-style-type: none"> ■ TMJ 	<p>\$1,000 lifetime maximum</p>
<ul style="list-style-type: none"> ■ Mental Illness, Nervous Disorders & Substance Abuse 	<p>Inpatient: covered at 50% up to \$5,000 per year for all providers</p> <p>Outpatient: covered at 50% up to \$1,000 per year for all providers</p> <p>\$5,000 combined maximum benefit per person per calendar year for all inpatient and outpatient treatment. These expenses do not apply toward meeting the out-of-pocket limit nor does the rate of payment increase to 100% if the out-of-pocket limit is met.</p>
<ul style="list-style-type: none"> ■ Preferred Pricing Drug Card 	<p>The card provides a discounted rate for many covered outpatient prescriptions at network pharmacies. Outpatient prescription drugs are not covered under the base plan and consequently are not applied to the annual deductible or out-of-pocket limit.</p>
<ul style="list-style-type: none"> ■ Family Protection Package Survivor Benefit 	<p>Additional protection for dependents at no additional cost</p> <p>If a covered employee dies, the premium for surviving dependents is waived for up to one year.</p>
<ul style="list-style-type: none"> ■ Dependent Life 	<p>Life coverage is included for all dependents as follows:</p> <ul style="list-style-type: none"> – \$2,500 for spouse – \$1,000 for dependent children ages 6 months and older – \$100 for dependent children ages 15 days to 6 months

Additional Information

Pretreatment Review

When a covered person needs inpatient treatment or outpatient surgery, he/she must call a health representative to receive authorization. The toll-free telephone number appears on the insurance ID card. If authorization is not received, a penalty of 25% of the charge, up to \$1,000 could be applied. There is no coverage for Type 2 transplant cases that are not authorized. Pretreatment review is not a guarantee of coverage.

Pre-existing Conditions

A pre-existing condition is a condition, regardless of cause, for which medical advice, diagnosis, care or treatment was recommended or received during the six months prior to the enrollment/effective date. A condition is considered pre-existing whether or not it is disclosed on the enrollment form. Pre-existing conditions are not covered for 12 months, unless continuity of coverage or takeover provisions apply.

Takeover Provisions

If Clear Choice is replacing an existing group major medical plan, those employees covered by the prior plan receive base plan deductible and pre-existing conditions limitation credit.

Continuity of Coverage

If one or more of your employees had prior creditable/qualifying coverage through a plan other than your group plan, credit towards the pre-existing conditions waiting period is given for the time covered under that prior plan, provided there has not been a break in coverage of 63 or more consecutive days (excluding any waiting period).

Exclusions Summary

Clear Choice does not provide benefits for:

- Treatment not listed in the Covered Medical Services section
- Routine hearing care, routine vision care, glasses, contact lenses, vision therapy, surgery to correct vision, routine foot care or orthotics
- Dental care not related to an injury; jaw alignment conditions or malformations
- Cosmetic services; experimental treatment; complications of an excluded service
- Charges by a health care practitioner who is an immediate family member (you, your spouse, children, brothers, sisters, parents and their spouses) or who resides with a covered person; charges for which a covered person is not liable
- Charges reimbursable by Medicare, Worker's Compensation, automobile carriers; expenses for which other coverage is available
- Behavioral modification; smoking cessation; weight reduction; sexual dysfunction; sex transformation; educational testing or training
- Infertility; genetic testing; surrogate pregnancy; growth treatment; sterilization reversal; elective abortions
- Custodial care; private nurse; masseuse; phone consultations; over-the-counter products; vitamins; herbal medicines
- Services performed outside of the United States (except for emergency treatment)
- Illness or injury caused by war, commission of crime, attempted suicide or self-inflicted injury



ASSURANT Health

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Products are presented by Time Insurance and underwritten by Fortis Insurance Company.

Master Policy Form Numbers are P97.100.POL.ZZ, P99.100.POL.MN, P99.100.POL.LA, or P99.100.POL.SD.

For Texas, Master Policy Form Numbers are P97.100.POL.AG, P97.100.POL.CN, P97.100.POL.FI, P97.100.POL.MF, P97.100.POL.SV, P97.100.POL.WR

About Assurant Health

In business since 1892, Assurant Health provides health insurance coverage for more than one million people nationwide. Assurant Health develops and provides a wide range of individual medical, small group, short term and student health insurance products, as well as non-insurance products.

Assurant Health also provides consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. With almost 3,000 employees, Assurant Health is headquartered in Milwaukee, Wis., and has operations offices in Minnesota, Idaho, and Florida, as well as sales offices across the country. Assurant Health products are underwritten and issued by Fortis Insurance Company, John Alden Life Insurance Company and Fortis Benefits Insurance Company. The Assurant Health Web site is www.assuranthealth.com.

Assurant Health is part of Assurant, which offers specialized insurance products and related services in North America and selected other markets.

Its four key business units – Assurant Employee Benefits; Assurant Health; Assurant Preneed; and Assurant Solutions – have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty market segments and in the U.S. and selected international markets.

Assurant is traded on the New York Stock Exchange under the symbol AIZ. The Assurant Web site is www.assurant.com.

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