



ASSURANT
Health



Affordable Copay Plans

for Health-Conscious Groups

Healthy Edge
*Medical Insurance for
Employer Groups of 2-50*

Time Insurance

Healthy Edge

Sensible Copay Coverage at a Sensible Price



Staying competitive in today's business environment requires you to maintain a balance between your employees needs and your bottom line. Healthy Edge, presented by Time Insurance and underwritten by Fortis Insurance Company, provides that balance. Your employees get **major medical protection including a popular office visit copay feature at an affordable rate.**

Healthy Edge is **designed for relatively healthy groups** who typically don't use most of the benefits they pay for. Healthy Edge encourages your employees and their families to stay healthy by covering routine annual physicals, immunizations and well-child care benefits.

Healthy Edge also provides you with the **flexibility to expand coverage** with optional medical benefits such as an outpatient prescription drug copay plan and first-dollar supplemental accident coverage. You can even offer employees a choice of plans through Time's Employee Choice Program.

See for yourself how Healthy Edge provides quality coverage at an economical price.

Plan Payment Structures

■ Lifetime Maximum Choices	\$2 million, \$5 million, \$8 million
■ Annual Deductible Choices	<p><i>Network:</i> \$ 500 \$1,000 \$2,000 \$3,000 \$5,000 \$10,000 <i>Non-network:</i> \$1,000 \$2,000 \$2,500 \$5,000 \$5,000 \$10,000</p> <p>The family deductible is two times the individual deductible except for the \$500 deductible plan which has a family deductible of three times the individual deductible.</p>
■ Office Visit Copay	<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> <ul style="list-style-type: none"> • The copay for the first two visits per person per calendar year Primary Care Physician - \$20 Specialist - \$40 • The copay for any subsequent visits during the remainder of the calendar year Primary Care Physician - \$45 Specialist - \$75 <p><i>Non-network:</i> Copay is not applicable. Office visits are subject to the non-network deductible and rate of payment.</p>
■ Hospital Copay Choices	\$500 \$1,000 \$2,000 Copay per inpatient admission
■ Rate of Payment Choices	<p><i>Network:</i> 80% 70% 60% 50% <i>Non-network:</i> 50% 50% 60% 50%</p>
■ Annual Out-of-Pocket Limit Choices	<p><i>Network:</i> \$2,000 \$2,500 \$3,000 \$4,000 \$4,500 \$5,000 \$6,000 <i>Non-network:</i> \$5,000 \$5,000 \$5,000/ \$7,500 \$8,000/ \$7,500 \$10,000 \$10,000</p> <p>Out-of-pocket limits do not include the deductible or copays. The family out-of-pocket limit is two times the individual limit.</p>

Healthy Edge Benefits

Healthy Edge provides inpatient and outpatient coverage as well as valued 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.

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

Healthy Edge Benefits	
<ul style="list-style-type: none"> Physician Services 	Diagnosis and treatment of covered illness and injury, including surgery and anesthesia
<ul style="list-style-type: none"> Wellness Services <p><i>Routine physical exam and well-child care to age 16</i></p> <p><i>EKGs, Treadmill, Proctosigmoidoscopy</i></p> <p><i>Immunizations</i></p> <p><i>Outpatient preventive x-ray and lab tests</i></p>	<p>Unlimited annual benefit - no separate dollar maximum</p> <p><i>Network:</i> Subject to office visit copay <i>Non-network:</i> Not covered</p> <p><i>Network:</i> Covered at 100%, but subject to contract schedule <i>Non-network:</i> Not covered</p> <p><i>Network:</i> Subject to office visit copay <i>Non-network:</i> Subject to non-network deductible and reduced rate of payment</p> <p><i>Network and non-network:</i> Covered at 100%, but subject to contract schedule</p>
<ul style="list-style-type: none"> Emergency Treatment <p><i>Emergency Room</i></p>	<p><i>Network and non-network:</i> Subject to network deductible and rate of payment</p> <p>\$150 access fee - waived if admitted</p>
<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><i>Network and non-network:</i> Subject to network deductible and rate of payment</p>
<ul style="list-style-type: none"> Maternity 	<p>Vaginal and medically necessary cesarean section deliveries, prenatal and post-partum care, 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"> Outpatient X-ray and Lab Tests 	<p><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"> Preferred Pricing Drug Card 	<p>Reduced cost for many outpatient prescriptions at network pharmacies</p> <p><i>Outpatient prescription drugs are not covered in the base plan. Outpatient prescription drug costs are not applied to the deductible or the out-of-pocket limit. Refer to the Plan Enhancement section for information on optional outpatient drug coverage.</i></p>

This brochure provides summary information. Refer to the Brochure Supplement or State Variation Form for state specific information. Refer to the certificate of insurance for actual terms and conditions that may apply. In the event that there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern. Product offerings are subject to change.

Healthy Edge Benefits *(continued)*

<ul style="list-style-type: none"> ■ Hospital Services 	<p>Inpatient: semi-private room and board, special care units, x-ray and lab procedures and ancillary hospital services</p> <hr/> <p>Outpatient: services provided by a hospital, medical center or ambulatory surgical center</p>
<ul style="list-style-type: none"> ■ Transplants 	<p>Kidney, cornea and skin (Type I) covered in the same manner as any other illness</p> <p>Heart, lungs, liver, kidney/pancreas and bone marrow (Type II) 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 \$100,000 per organ maximum, non-network deductible and reduced rate of payment
<ul style="list-style-type: none"> ■ Rehabilitation 	<p>Inpatient: up to 30 days per person per calendar year</p> <p><i>Network and non-network:</i> Subject to network deductible and rate of payment</p> <hr/> <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><i>Covered at 100% and not subject to deductible</i></p>
<ul style="list-style-type: none"> ■ Skilled Nursing Facility 	<p>Up to 30 days per covered person per calendar year</p> <p><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><i>Covered at 100% and not subject to deductible</i></p>
<ul style="list-style-type: none"> ■ Supplies and Equipment 	<p>Prosthetic devices, whole blood and blood components, casts, splints, trusses, crutches and braces, oxygen and wheelchairs</p> <p><i>Network and non-network:</i> Subject to network deductible and rate of payment</p>
<ul style="list-style-type: none"> ■ Sterilization 	<p>\$500 lifetime benefit after being insured for one year</p>
<ul style="list-style-type: none"> ■ Mental Illness or Nervous Disorder and Substance Abuse 	<p>Inpatient: covered at 50% up to \$5,000 for all providers</p> <p>Outpatient: covered at 50% up to \$1,000 for all providers</p> <p>The combined maximum benefit per person per calendar year for all inpatient and outpatient treatment is \$5,000. These expenses do not apply toward the out-of-pocket limit.</p>
<ul style="list-style-type: none"> ■ Family Protection Package <i>Survivor Benefit</i> <i>Dependent Life</i> 	<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> <hr/> <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

Plan Enhancements

Select optional coverages and programs to enhance your plan.

Optional Outpatient Prescription Drug Program*

An outpatient prescription drug program is a valuable benefit for many employees. The popular program includes a drug card, and has a separate drug deductible, copay and if selected, coinsurance for brand drugs.

Drug Deductible Choices

\$0 \$100 \$250 \$500

Drug Copay Choices

generic/preferred brand/non-preferred brand

\$15/\$45/\$60

\$15/\$35+20%/\$50+20%

The drug card is used for the purchase of both generic and brand drugs. The drug card also includes preferred pricing for many “lifestyle” drugs (e.g. smoking cessation) not typically covered by insurance.

A convenient network mail-order service providing home delivery is also available. Up to a three-month supply of selected maintenance medications can be purchased for two times the regular copay.

Optional Accident Medical Expense Benefit (AME)*

In case of an accidental injury, the AME option provides 100% coverage up to the selected benefit amount. Benefits are paid for treatment received within 90 days of each accident.

AME Choices

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

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

Optional First-Dollar X-ray and Lab Test Benefit*

This option provides 100% coverage for outpatient x-ray and lab procedures up to \$500 per person per calendar year. Charges exceeding \$500 are subject to deductible and rate of payment.

* Available at an additional cost.

Employee Choice Program

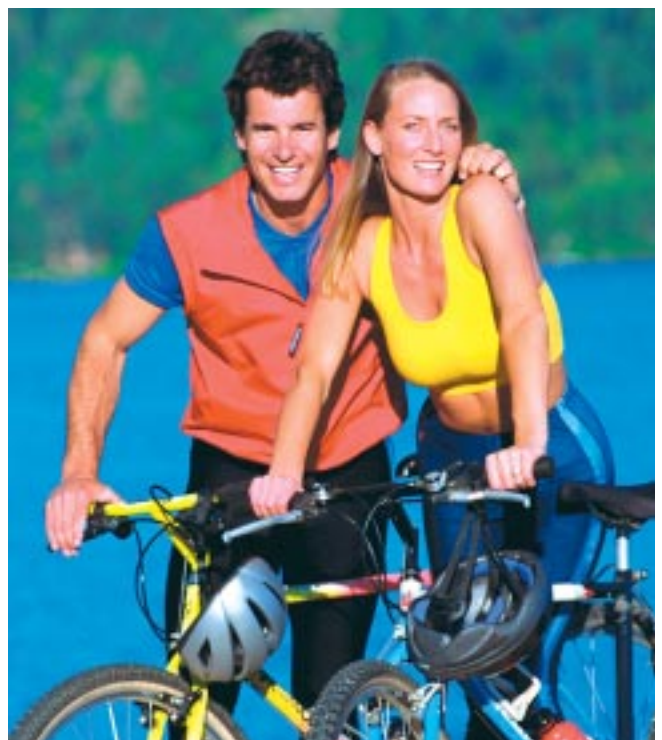
Employee Choice is a program which allows you to select up to four plans with variable features to meet different employee needs. This program is well-suited for employers with different classes of employees or those with employees who live outside the area serviced by the primary PPO. The features which you can vary are:

- Deductibles
- Out-of-pocket limits
- Plan types
- PPO networks
- Health Savings Account
- Health Reimbursement Arrangement

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

Additional Information

Ask your agent for assistance or additional information on the Employee Choice Program, as well as Dental, Life and Short Term Disability insurance plans that may be available to round out your employee benefit package.



Additional Information

Prescription Drug Program Information

If a covered person receives a covered brand drug when a generic equivalent is available, benefits are considered based upon the price of the generic equivalent.

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

Pretreatment Review

When a covered individual needs inpatient treatment or outpatient surgery, he/she must contact 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 II 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 Healthy Edge is replacing an existing group major medical plan, those employees covered by the replaced plan receive 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.

Exclusions Summary

Healthy Edge 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

This is a general summary of exclusions. The plan certificate includes complete details.

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