RightStart®
Individual Medical Insurance
Kansas

You don’t need a group to have a plan™

Get a quote, an approval and an insurance card on the spot with ExpressYES™
Assurant Health

Staying power you can count on

An insurance plan is only as reliable as the company behind it. For health insurance you can depend on, insist on a track record of expertise, strength and commitment.

EXPERTISE
Long-term stability and success in any business takes expertise. Tracing its roots back to 1892, Assurant Health has been selling individual medical insurance longer than any company. And with almost one million customers nationwide, it has earned a solid reputation for health insurance know-how.

STRENGTH
A company’s strength is most important when it’s time to pay benefits. A.M. Best, the highly respected insurance rating source, consistently rates Assurant Health insurance companies\(^1\) A- (Excellent)\(^2\)—affirming their outstanding ability to meet claims-paying obligations.

COMMITMENT
Assurant Health specializes in you. While many health insurance companies focus on large businesses, Assurant Health’s commitment is to individuals and families. This commitment makes it a leader and innovator in individual medical insurance—and the best choice for those who buy their own health insurance coverage.

Expertise, strength and commitment—together they mean staying power.

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\(^1\) Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

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:

**Speedy Plan Approval**
Apply through our exclusive ExpressYES® program and expect a response in less than 48 hours. Many applicants receive approval and can print an insurance card on the spot!**

**12-month initial rate guarantee**
You’ll lock in your premium rate for the first 12 months of coverage.

**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.

**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.

* RightStart is also available without a PPO network (Riders 2847-KS and 2880-KS).
** ExpressYES is subject to full underwriting.
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, PSA screening and child immunizations—with no special limits—as well as benefits up to $500 for other preventive services including physical exams, laboratory tests, tuberculosis tests and colonoscopies.

**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 doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

**Outpatient Physical Medicine**
Includes physical, speech and occupational therapies; adjustments, manipulations and subluxations; cardiac and pulmonary rehabilitation; 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
- Behavioral health and substance abuse
- 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.

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This brochure provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the certificate of insurance. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.
Plan Design

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

| Deductible | Amount you pay toward covered expenses before the plan pays benefits | $500, $1,000 or $2,500
| Family deductible maximum is three times the deductible and is met collectively by three or more persons. |
| Benefit Percentage | Percentage of covered expenses the plan pays after the deductible | 75% or 50% |
| Coinsurance | Percentage of covered expenses you pay after the deductible | 25% or 50% |
| Coinsurance Out-Of-Pocket Maximum | After this maximum is met, the plan pays 100% of covered expenses | $2,000 with 50% coinsurance
$3,000 with 25% coinsurance
Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons. |
| Office Visit Copay | With this optional benefit, you pay your copay and the plan pays 100% of covered expenses | $25 copay
Copay applies to each of two network office visits per person
Additional visits are covered subject to the deductible and coinsurance |
| Outpatient Services Maximum | The annual maximum amount the plan pays toward outpatient services | $2,500 or $5,000 (All outpatient benefits are subject to this maximum)
- Optional RightStart Cancer Benefit – see page 6 for details |
| Annual Maximum | The total annual maximum amount the plan pays | $50,000, $100,000 or $250,000 (All benefits are subject to this maximum) |
| Lifetime Benefit Maximum | The total maximum amount the plan pays | $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) |
| 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 |
| Preventive Services | Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.
Covered – with no special limits |
| Mammograms, Pap tests, PSA screening, exams for prostate cancer and child immunizations to age six* | Up to $500 in benefits
- if selecting the Office Visit Copay, see page 8 for details |
| Other covered preventive services | Covered
- if selecting the Office Visit Copay, see page 8 for details |
| Office Visits | Covered |
| Diagnostic Imaging and Laboratory Services | Covered |
| Outpatient Hospital, Surgical Center or Urgent Care Facility | Covered |
| Professional Ground and Air Ambulance | Covered |
| Emergency Room | Covered |
| Health Care Practitioner Services | Covered |
| Outpatient Physical Medicine | Covered |
| Outpatient Behavioral Health and Substance Abuse | 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 |
| Inpatient Behavioral Health and Substance Abuse | Up to 30 days
- Coinsurance does not apply to the out-of-pocket maximum |

* Child Immunizations to age six are not subject to deductible, coinsurance or copays.
The amount of benefits depends upon the plan design components selected, and the premium varies with the amount of benefits.
Plan design components are not available in all combinations. 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 B184 and B185)**

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 2844-KS and 2883-KS)**

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 (Riders 2845-KS and 2882-KS)**

With the Maternity Benefit, routine maternity expenses are covered the same as any other covered medical service.

**Dental Insurance**

This fee-for-service plan pays cash benefits that help 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

**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.

*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. Discount programs are not insurance. Additional provisions may apply. See page 8 for details.
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

**SuiteSolutions — benefits for accidents and 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

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**

<table>
<thead>
<tr>
<th>Deductible amount</th>
<th>$</th>
</tr>
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<tbody>
<tr>
<td>Coinsurance out-of-pocket amount</td>
<td>+ $</td>
</tr>
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<td>$</td>
</tr>
<tr>
<td>SuiteSolutions benefit amount</td>
<td>$</td>
</tr>
<tr>
<td>Remaining out-of-pocket amount*</td>
<td>$</td>
</tr>
</tbody>
</table>

**Premium**

<table>
<thead>
<tr>
<th>Deductible amount</th>
<th>$</th>
<th>/year</th>
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</thead>
<tbody>
<tr>
<td>Total out-of-pocket amount</td>
<td>+ $</td>
<td></td>
</tr>
<tr>
<td>Total cost to you</td>
<td>$</td>
<td>/year</td>
</tr>
</tbody>
</table>

**Premium with SuiteSolutions fee**

<table>
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<tr>
<th>Deductible amount</th>
<th>$</th>
<th>/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total out-of-pocket amount</td>
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<td></td>
</tr>
<tr>
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<td>$</td>
<td>/year</td>
</tr>
</tbody>
</table>

*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). 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. Supplemental products are available at an additional cost. SuiteSolutions plans are separate contracts. Discount programs are not insurance. Additional provisions may apply.
**Plan Provisions**

**Office Visit Copay (optional feature)**

With this benefit, a copay is your only cost for an eligible network office visit. Any associated imaging and laboratory services, such as x-rays and blood tests, are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

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, but are not eligible for benefits under the office visit copay.

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, treatment of behavioral health or substance abuse and maternity-related visits.

**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. See the chart below for details.

<table>
<thead>
<tr>
<th>RIGHTSTART – NON-NETWORK COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NON-NETWORK DEDUCTIBLE</strong></td>
</tr>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Individual Plan Deductible + $1,000</td>
</tr>
<tr>
<td><strong>NON-NETWORK COINSURANCE OUT-OF-POCKET MAXIMUM</strong></td>
</tr>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>$8,000</td>
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</tbody>
</table>

**Utilization Review**

Authorization is required before receiving inpatient treatment and certain types of outpatient treatment. 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 received diagnosis, treatment or prescription drugs or 2) symptoms were produced that would have caused an ordinarily prudent person to seek diagnosis or treatment. 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:

• Charges incurred due to a pre-existing condition until you have been continuously insured for 12 months unless the condition is 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 or surgery to correct vision
• 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
• 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 for alternative medicine including acupuncture and naturopathic medicine
• Charges related to health care practitioner-assisted suicide
• Home health care
About Assurant Health

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. Together, these three underwriting companies provide health insurance coverage for almost one million people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group, short term and student health insurance products, as well as non-insurance products and 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. The Assurant Health Web site is www.assuranthealth.com.

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and selected international markets. Its four key businesses – Assurant Employee Benefits, Assurant Health, Assurant Solutions and Assurant Specialty Property – have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty insurance market segments worldwide.

Assurant, a Fortune 500 company, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than $20 billion in assets and $7 billion in annual revenue. The Assurant Web site is www.assurant.com.

IMPORTANT NOTICE
YOU AND YOUR COVERED DEPENDENTS ARE FREE TO USE ANY PROVIDER YOU AND YOUR COVERED DEPENDENTS CHOOSE. IT IS THE COVERED PERSON’S RESPONSIBILITY TO DETERMINE IF A PROVIDER IS A PARTICIPATING PROVIDER, OR A NON-PARTICIPATING PROVIDER BEFORE ANY SERVICES ARE RENDERED. PLEASE SEE THE BENEFIT SUMMARY FOR SPECIFIC BENEFIT LEVELS.
NON-PARTICIPATING PROVIDERS MAY BILL SUBSTANTIALLY MORE THAN WE DETERMINE TO BE A MAXIMUM ALLOWABLE AMOUNT AND THE COVERED PERSON IS RESPONSIBLE FOR PAYMENT OF ANY AMOUNT BILLED ABOVE THE MAXIMUM ALLOWABLE AMOUNT. THE COVERED PERSON IS NOT RESPONSIBLE FOR PAYMENT OF AMOUNTS BILLED BY A PARTICIPATING PROVIDER IN EXCESS OF THE MAXIMUM ALLOWABLE AMOUNT FOR COVERED CHARGES RECEIVED WITHIN THE COVERED PERSON’S NETWORK.