



Assurant Health
501 W. Michigan, Milwaukee, WI 53203

Health Insurance Plans for Individuals and Families

Time Insurance Company
Colorado - Form 778
State Variations

The product brochure is used nationwide and does not reflect state-specific information. Use this State Variations form along with the product brochure. This form contains a list of available options and a summary of major contract variations for Colorado.

Available Options

Accident Medical Expense
Dental Insurance
Dental-Vision Discount Plan (Discount programs are not insurance)
First-Dollar Preventive Services Benefit (OneDeductible plan only)
Life Insurance
Maternity Benefit
Office Visit Copayment (Refer to EASE or software for availability)

Healthy Discount

Healthy Discount is not available.

State-Specific Benefits

Preventive Medicine - Mammograms, Pap tests, prostate specific antigen screenings and child health supervisions services are not subject to the preventive services calendar year maximum benefit, the deductible or the CoreMed Plan 6-month benefit waiting period. Coverage for prostate cancer screenings shall be the lesser of \$65 per prostate cancer screening or the actual charge for the screening.

Complications of Pregnancy - A complication of pregnancy is defined as: any sickness associated with a pregnancy that begins after the effective date of coverage, except for hyperemesis gravidarum or a non-emergency caesarean section delivery.

Diabetic Services - The following services are covered for a covered person with diabetes: routine eye exams, nutritional counseling, outpatient self-management training and education, routine foot care, or home glucose monitoring and diabetic supplies.

Insulin, syringes, needles, lancets and testing agents are covered as outpatient prescription drugs. Other diabetic equipment and supplies are covered as durable personal medical equipment.

Home Health Care Services - Benefits are limited to a maximum calendar year benefit of 240 hours or 60 visits per covered person. Home health care services include visits by a registered nurse, respiratory and inhalation therapy, intravenous injectable parenteral drug therapy when pre-authorized, non-intravenous injectable drug therapy when authorized, certified nurse aide services under the supervision of a registered nurse or qualified therapist, speech therapy and audiology, occupational therapy, nutrition counseling by a nutritionist or dietitian and medical social services.

Home health care must be provided by a home health care agency. One visit consists of up to 2 hours of care within a 24-hour period by anyone providing

services or evaluating the need for home health care. Services must be included in a plan of treatment established by a health care practitioner.

Hospice Services - Benefits are limited to a maximum of \$100 per covered person per day for 91 days for any combination of the following:

- Intermittent and 24-hour on-call professional nursing services provided by or under supervision of a registered nurse;
- Intermittent and 24-hour on-call social and counseling services; and
- Certified nurse aide services or nursing services delegated to others.

The benefit for bereavement counseling during the 12 months following death is \$1,500. Services for home care required during a crisis period for pain control or symptom management must apply to the maximum benefit.

Newborn Services - Covered charges for a dependent newborn child of the policyholder include a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated Cesarean section delivery.

Cleft Lip and Palate - Coverage includes services for the treatment of cleft lip and/or cleft palate of a covered newborn child: oral and facial surgery, surgical management and follow-up care by plastic surgeons and oral surgeons; prosthetic treatment such as obturators, speech appliances and feeding appliances; orthodontic and prosthodontic treatment; habilitative speech therapy; otolaryngology treatment; audiological assessments and treatment.

Telemedicine - Any treatment rendered through interactive audio, video or electronic media for diagnosis, consultation, treatment, transfer of medical data and medical education is covered. Telephone or fax machine services are excluded. Covered charges are limited to the cost of a physician office visit.

Treatment for Inherited Enzymatic Disorder - Benefits are provided for metabolic formulas and their modular counterparts that are specifically designed and manufactured for the treatment of inherited enzymatic disorders caused by a single gene defect involved in the metabolism of amino, organic and fatty acids for which medically standard methods of diagnosis, treatment and monitoring. Benefits include medically necessary foods for home use prescribed by a health care practitioner. Inherited enzymatic disorders shall not include cystic fibrosis or lactose or soy-intolerance. Treatment of inherited enzymatic disorder is limited to covered persons age 21 or younger; and women who are of child-bearing age, 35 years or younger.

Therapies for Congenital Defects and Birth Abnormalities - Benefits are payable after the first 31 days of life for medically necessary care and treatment of congenital defects and birth abnormalities and this benefit includes up to 20 visits per calendar year each for physical, occupational, and speech therapy for covered dependent children through the age of 5.

Dental Services - Benefits for dental services are as follows:

- Services related to the dental extraction of teeth as a prerequisite of scheduled radiation therapy.
- The treatment of a dental injury from an accidental blow to the face causing trauma to teeth, the gums or supporting structures of the teeth. The treatment must begin within 90 days and be completed within 365 days of the dental injury.
- General anesthesia provided by an anesthesiologist or anesthesiologist only during procedures performed by a qualified specialist in pediatric dentistry or

other educationally qualified dentist, when rendered in an acute medical facility, a free-standing facility or other licensed facility and for associated facility charges for dental care provided to a covered dependent child, if, in the treating dentist's opinion, the child: (a) has a physical, mental or medically compromising condition; or (b) has dental needs for which local anesthesia is ineffective cause of acute infection, anatomic variations or allergy; or (c) is extremely uncooperative, unmanageable, anxious, or uncommunicative with dental needs deemed sufficiently important that dental care cannot be deferred; or (d) has sustained extensive orofacial and dental trauma.

The covered person may submit a dental treatment plan to Assurant Health before treatment starts for an estimate of any benefits that would be payable. Assurant Health reserves the right to limit benefits to the least expensive procedure that will produce a professionally adequate result.

Colorado Health Benefit Plan Description Forms - Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier. Agents can download these forms from the Assuranthealthsales.com website.

Dependent Option to Age 25 - Dependent coverage is available for an unmarried child who is under the age of twenty five (25) if the child:

- Has the same legal residence as the parent;
- Is financially dependent on the parent.

The additional premium may be paid by either the parent or the policyholder at the discretion of the policyholder.

Hearing Aids for Minor Children - Benefits are provided for medically necessary hearing aids for minor children who have a hearing loss that has been verified by a physician and by an audiologist. The hearing aids must be medically appropriate to meet the needs of the child according to acceptable professional standards. Coverage will include the purchase of the following:

- a.) Initial hearing aids and replacement hearing aids not more frequently than every five years;
- b.) A new hearing aid when alterations to the existing hearing aid cannot adequately meet the needs of the child;
- c.) Services and supplies including, but not limited to, the initial assessment, fitting, adjustments, and auditory training that is provided according to accepted professional standards.

Coverage is subject to the standard policy provisions such as deductible, copayment, and coinsurance.

Pre-Existing Condition - A pre-existing condition is defined as a sickness or an injury and related complications for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed.

A pregnancy that exists on the day before the covered person's effective date will be considered a pre-existing condition.

We maintain an access plan for each network offered in Colorado. The access plan includes information regarding availability and accessibility of participating providers and our method of informing you of the plan's services and features. The access plan is available upon request by contacting us at 800-800-1212.

Network Adequacy:

- I. Depending on the network chosen, there may be counties with no participating providers available. Please see provider directory for additional information.**
- II. Non-network providers may bill more than we determine to be a maximum allowable amount and You are responsible for payment of any amount billed above the maximum allowable amount.**
- III. You may request the usual, customary, and reasonable rate for reimbursement for specific services by contacting us at 800-553-7654.**

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

Form 29220 (Rev. 11/2008)

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