

Assurant Health's HSA Plans

Compare the benefits available with the OneDeductible

Plan Design

Deductible <i>Amount you pay toward covered expenses before the plan pays benefits</i> Choose any underlined deductible – You'll receive a 24-month rate guarantee with the option to extend it to 36 months!*
Benefit Percentage <i>Percentage of covered expenses the plan pays after deductible</i>
Coinsurance <i>Percentage of covered expenses you pay after deductible</i>
Coinsurance Out-Of-Pocket Maximum <i>After this maximum is met, the plan pays 100% of covered expenses</i>
Outpatient Services Maximum <i>Annual maximum amount paid by the plan</i>
Lifetime Benefit Maximum <i>The maximum amount the plan pays per person</i>

OneDeductible Plan (plans available with or without an HSA)

Unless otherwise noted, all deductibles, maximums and benefits

Individual plan: \$1,200, \$1,600, <u>\$2,100</u> , <u>\$2,850</u> , <u>\$3,750</u> or <u>\$5,000</u> Family plan: \$2,400, \$3,200, <u>\$4,200</u> , <u>\$5,700</u> , <u>\$7,500</u> or <u>\$10,000</u> per family <u>\$2,100 and \$2,850 individual/\$4,200 and \$5,700 family options: Extend your 12-month rate guarantee to 24 or 36 months!</u> Choose \$2,850 individual/\$5,700 family or higher , with a 100% benefit percentage, and get One Decreasing Deductible* — You may never pay your full plan deductible again! See the One Decreasing Deductible pamphlet for details.
100%, 80% or 50% (GA: 60% not 50% for PPO plan)
0%, 20% or 50% (GA: 40% not 50% for PPO plan)
\$0 to \$2,500 depending on coinsurance <i>(Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons)</i>
None—the plan pays benefits to the lifetime benefit maximum
\$3 million or \$8 million

Outpatient Benefits

Prescription Drugs
Preventive Services Mammograms, Pap tests and PSA screening Other covered preventive services
Office Visits
Diagnostic Imaging and Laboratory Services
Outpatient Hospital, Surgical Center or Urgent Care Facility
Professional Ground and Air Ambulance
Emergency Room
Health Care Practitioner Services <i>Doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses</i>
TelaDoc™ Medical Services*
Outpatient Physical Medicine <i>Physical, speech and occupational therapies; cardiac and pulmonary rehabilitation; treatment of developmental delay; chiropractic services</i>
Home Health Care

Benefits are subject to the selected deductible

Covered
Covered—with no special limits
Up to \$1,000 in benefits • Optional First-Dollar Preventive Services Benefit—see page 8 for details
Covered
Covered
Covered
Covered • \$75 emergency room fee—waived if admitted to the hospital
Covered
Covered* • These physician consultations by telephone cost only \$35 each
Up to \$3,000 in benefits
Up to 160 hours

Inpatient Benefits

Inpatient Hospital <i>Semi-private room, intensive care, specialty units and miscellaneous supplies</i>
Inpatient Rehabilitation Facility
Subacute Rehabilitation and Skilled Nursing Facilities
Transplants
Behavioral Health and Substance Abuse*

Benefits are subject to the selected deductible

Covered
Up to 90 days
Up to 90 days
Covered • Kidney, cornea and skin transplants covered as any other service • Transplants such as bone marrow, heart, liver and lung covered as any other service when performed at a designated transplant provider • Up to \$10,000 toward travel expenses to a designated transplant provider • Up to \$10,000 toward donor expenses • For transplants other than kidney, cornea or skin that are not performed at a designated provider, the lifetime benefit maximum is \$100,000 per person
Inpatient and outpatient benefits are paid at 50% up to \$2,500* • Coinsurance applies to the out-of-pocket maximum

* Varies by state.

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. Additional provisions may apply. OneDeductible and SaveRight are also available without a PPO network (SaveRight—Riders 2806 and 2826).