Supplemental Medical Expense “Gap” insurance from Assurant Employee Benefits is designed to provide benefits that supplement existing major medical or comprehensive health insurance plans. The additional benefits help to cover out-of-pocket expenses related to coinsurance, co-pays and deductibles for inpatient and outpatient services.

Employers today are faced with the dilemma of how to contain rising health care costs while continuing to offer affordable coverage to their employees. Many are looking to higher deductibles and/or co-pays as a way to manage plan expenses, but are concerned about the additional financial burden on their employees. Assurant Employee Benefits’ Gap plan can help employees adjust to their new health plan.

A benefit that is easy to offer

- Policies issued with a minimum of only 5 enrolled employees
- No health questions for timely applicants
- No exclusions for pre-existing conditions
- Full enrollment support available
- Flexible enrollment options

This Supplemental Medical Expense “Gap” insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy, or a high deductible health plan. Please refer to the issued insurance policy for complete details and all benefit requirements. Assurant Employee Benefits is the brand name for Group Supplemental Medical Expense “Gap” insurance underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111. Insurance coverage and certain policy benefits may not be available in all states. Certain provisions, benefits, exclusions or limitations may vary by state. Plans contain limitations, exclusions and restrictions. Contact Assurant Employee Benefits at 800.713.8224 or www.assurantemployeebenefits.com for costs and additional information.
### Group Gap Insurance Schedule

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Benefit Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Benefit</strong></td>
<td><strong>Benefit Amounts</strong></td>
</tr>
<tr>
<td>• Inpatient hospital stays</td>
<td>• Range from $1,000 to $10,000 per covered person per calendar year*</td>
</tr>
<tr>
<td>• Inpatient surgeries</td>
<td>• The benefit maximum may not exceed the insured person’s total out-of-pocket exposure under the employer’s major medical or comprehensive health insurance plan</td>
</tr>
<tr>
<td>• Physician’s in-hospital charges</td>
<td></td>
</tr>
<tr>
<td>• Emergency room treatment for injury or sickness (sickness requires hospital confinement within 24 hours)</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Benefit</strong></td>
<td><strong>Benefit Amounts</strong></td>
</tr>
<tr>
<td>• Outpatient treatment of injury and sickness including surgery and diagnostic exams</td>
<td>• Range from $500 to $2,500 per covered person per calendar year*</td>
</tr>
<tr>
<td>• Treatment may be performed in a hospital, physician’s office, outpatient surgical or emergency facility, a diagnostic testing facility or similar facility that is licensed to provide outpatient treatment</td>
<td>• The benefit maximum may not exceed 50% of the Inpatient Benefit</td>
</tr>
<tr>
<td>• Covers outpatient radiation and chemotherapy</td>
<td>• The maximum calendar year benefit per family is two times the selected Outpatient Benefit</td>
</tr>
</tbody>
</table>

*As selected by the employer.

### Underwriting Guidelines

<table>
<thead>
<tr>
<th>Minimum Lives</th>
<th>5 employees enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Requirement</td>
<td>Minimum percent not required</td>
</tr>
<tr>
<td>Pre-existing Conditions Limitation</td>
<td>None included in this policy, however, a condition must be covered under the insured’s major medical or comprehensive health insurance plan in order for benefits to be payable under this plan</td>
</tr>
<tr>
<td>Proof of Good Health</td>
<td>No health questions for timely applicants</td>
</tr>
</tbody>
</table>
The Gap policy may exclude expenses that are covered under the underlying major medical plan. In those instances, there may be out-of-pocket expenses that are not covered under Gap.

Assurant Employee Benefits offers fast and accurate claims services. All you need is the EOB (Explanation of Benefits) and itemized bill from your major medical provider and our easy-to-complete claims form.

*This hypothetical example is for illustrative purposes only.

See back page for important contract provisions, including limitations and exclusions.
General Information
This plan is subject to federal COBRA requirements. This plan covers only those charges related to treatment rendered for injury or sickness delivered in an inpatient or outpatient setting. Physician’s charges are not covered in outpatient services, except for those provided in an Emergency Room. Wellness benefits are not covered under this plan.

Limitations
This product does not have a pre-existing condition limitation, however, a condition must be covered under the insured’s major medical or comprehensive medical plan in order for benefits to be payable under this plan. Therefore any pre-existing condition limitation applied to the major medical or comprehensive medical plan, would, in effect, limit coverage under this plan. Pregnancy is covered the same as any other illness for insured employees and their insured spouses, but pregnancy (except for complications of pregnancy) is not covered for dependent children, unless required by state.

Definitions
Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (R.N.) on 24 hour call and organized facilities for diagnosis or surgery either on its premises or in facilities available to it on a contractual prearranged basis. The following do not qualify as a Hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

Hospital confinement or hospital confined means the Insured Person is admitted to a facility as an overnight bed patient for a minimum of 15 consecutive hours.

Exclusions
The Policy does not provide any benefits for the following: any Expenses Incurred during any period the Insured Person does not have coverage under a Major Medical Plan; any expenses which are not Medically Necessary; war, declared or undeclared; suicide or any attempt thereof, while sane or insane (in Colorado or Missouri); any intentionally self-inflicted Injury or Sickness, while sane or insane (in Colorado or Missouri); any loss while the Insured Person is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the Insured Person pro rata any premium paid, less any benefits paid, for any period during which the Insured Person is in such service; any expense for which there is no legal obligation to pay, no charge is made or in the absence of coverage, no charge would be made; Pregnancy of a Dependent child, except Complications of Pregnancy; dental or vision services unless: resulting from an Injury occurring while the Insured Person’s coverage under the Policy is in force; or due to congenital disease or anomaly of a Dependent newborn child; mental illness or functional or organic nervous disorders, regardless of the cause; treatment of alcoholism, drug addiction or complications thereof; any Injury that occurs while an Insured Person has been determined to be intoxicated: by judicial or administrative judgment or order; by evidence of an alcohol concentration in the Insured Person’s blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or by other evidence demonstrating the Insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a Physician and was taken according to the prescribed dosage; and the use of such substance was a proximate cause of the Injury; Injury or Sickness for which compensation is payable under any Workers’ Compensation Law, any Occupational Disease Law or similar legislation; any loss for which the Insured Person is not required to pay a Deductible, Copayment and/or Coinsurance under the Insured Person’s Major Medical Plan; any expense for which benefits are excluded under the Insured Person’s Major Medical Plan; or an Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations.

Coverage will continue as long as the group policy remains in force, the premiums are paid and the insured remains eligible for coverage under the policy.


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1 Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2010
2 The Kaiser Family Foundation and Health Research & Educational Trust: 2009 Employer Health Benefits Annual Survey