
MTN Health Insurance, LLC

For a free - no obligation quote, or to apply for any VoluntaryMart policy please call:
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For more information about Assurant VoluntaryMart please go to:
<http://mtnhealthinsurance.com>

Not all products available in all states.



ASSURANT
Health

VoluntaryMart[®]
Added Protection — Superior SolutionsSM



Accident Insurance
24-Hour Coverage

VoluntaryMart® Accident Insurance

24-Hour Coverage

Accidents happen every day. Someone is injured in a car accident. Workers slip and fall or are injured by equipment or machinery. A weekend bike ride ends tragically. Life is unpredictable.

Did you know that there are more than 100 million injury-related visits to emergency departments, primary care offices and other medical facilities in the United States every year?

Source: U.S. Department of Health and Human Services – 2004

Painful realities

Treating a serious injury almost always requires paying some of the cost of health care yourself. Often, you must pay for insurance deductibles, copayments, and coinsurance, plus other costs such as transportation, childcare and home care that are NOT covered by your health insurance. There might even be lost wages while you are recovering from your accident. Add it all up and the total can be staggering.



VoluntaryMart® Accident Insurance can be your financial safety net

VoluntaryMart provides an immediate benefit – paid directly to you – if you have an accident that results in:

- Injury
- Hospitalization
- Emergency Treatment
- Loss of Limb
- Surgery
- Death

Cash for you at a time you need it most

- No deductibles, copays or coinsurance requirements.
- No lifetime limits.
- No restrictions on your choice of doctors or hospitals.
- No preauthorization for treatment.
- No limitations on how you spend it.

Cash paid regardless of other insurance you may have

With VoluntaryMart Accident Insurance, you decide what to do with the money. Use it for medical bills, to replace lost income, to cover transportation costs, to pay for services you can't perform, or for other needs.

Effective and Affordable

VoluntaryMart Accident Insurance is:

Easy to Obtain

There are only a few basic questions to answer and no medical exam to take.

Economical

Rates are affordable and designed to stay that way.

Fast

In most cases, a check is mailed to you within 48 hours of receipt of proof of a valid claim.

Guaranteed Renewable

Coverage is guaranteed renewable for life. It cannot be cancelled because of the number of claims you file or the amount of benefits you receive.

Portable

Once you're approved and your policy is in force, it's yours to continue even if you leave your job for any reason.

Choose Level 1 or Level 2 Benefits

VoluntaryMart Accident Insurance provides coverage for treatment of accidental injuries. Select the level of coverage that best meets your needs and budget.

| BENEFITS | Level 1 | Level 2 |
|--|----------------------|--------------------|
| <p>Accident Emergency Treatment</p> <p>This policy pays a benefit if an insured person is treated by a physician or receives X-rays or treatment in a hospital emergency room for injuries caused by a covered accident. Treatment must be received within 72 hours of the accident. This benefit will be paid for each insured person only once for each accident and not more than once per 24-hour period.</p> <ul style="list-style-type: none"> Adult \$ 100 Child \$ 50 | | |
| <p>Accident Follow-Up Treatment</p> <p>This policy pays a benefit when an insured person receives emergency treatment for injuries within 72 hours of an accident and then later receives follow-up treatment from a physician at a physician's office or at a hospital as an outpatient. This benefit is limited to one treatment per day, up to a maximum of six treatments per accident, per insured person. This benefit is not payable for the same visit for which the Physical Therapy Benefit is payable. Treatment must begin within 30 days of the accident or discharge from the hospital.</p> | \$ 25 | \$ 35 |
| <p>Accident Hospital Confinement</p> <p>This policy pays a daily benefit for each day an insured person is charged for a hospital room to receive medical care because of injuries caused by a covered accident. The first hospital room charge must be incurred within 30 days of the accident. This benefit is limited to 365 days per accident for each insured person. This benefit is not payable for the same days that the Rehabilitation Unit Benefit is paid.</p> | \$250/day | \$300/day |
| <p>Initial Accident Hospitalization</p> <p>This policy pays a benefit when an insured person is admitted to a hospital for at least 24 hours due to injuries from a covered accident or is admitted directly to an Intensive Care Unit (ICU). This benefit is payable only once for an accident and only once annually for each insured person. Confinement must start within 30 days of the accident.</p> <ul style="list-style-type: none"> Hospital Confinement \$ 1,000 ICU Confinement \$ 1,500 | \$ 1,000 \$ 1,500 | \$1,000 \$2,000 |

Benefit amounts and premium vary based on plan level selection.

| BENEFITS | Level 1 | Level 2 |
|--|-----------|-----------|
| <p>Intensive Care Unit Confinement This policy pays a benefit, in addition to benefits payable for hospital confinement, for each day an insured person is charged for a room in an Intensive Care Unit due to an injury from an accident. This benefit is payable only if the first Intensive Care Unit charge is incurred within 30 days of the accident. This benefit is not payable for more than 15 days for each accident for an insured person.</p> | \$500/day | \$500/day |
| <p>Accident Specific-Sum Injuries This policy pays the following benefits if an insured person receives treatment for injuries sustained in an accident:</p> <p>Burns (treated by a physician within 72 hours after an accident) <i>2nd Degree Burns</i></p> <ul style="list-style-type: none"> ● 226 or more square centimeters of the body surface \$ 2,000 \$ 2,500 ● 161-225 square centimeters of the body surface \$ 1,600 \$ 2,000 ● 66-160 square centimeters of the body surface \$ 1,200 \$ 1,500 ● 41-65 square centimeters of the body surface \$ 800 \$ 1,000 ● 21-40 square centimeters of the body surface \$ 400 \$ 500 ● 20 or less square centimeters of the body surface \$ 200 \$ 250 <p><i>3rd Degree Burns</i></p> <ul style="list-style-type: none"> ● 226 or more square centimeters of the body surface \$ 20,000 \$25,000 ● 161-225 square centimeters of the body surface \$ 14,000 \$17,500 ● 66-160 square centimeters of the body surface \$ 6,000 \$ 7,500 ● 41-65 square centimeters of the body surface \$ 2,000 \$ 2,500 ● 21-40 square centimeters of the body surface \$ 1,000 \$ 1,250 ● 20 or less square centimeters of the body surface \$ 400 \$ 500 <p>Coma – Duration of at least 7 days \$15,000 \$20,000</p> <p>Concussion (brain) This policy pays a benefit if an insured person suffers a significant blow to the head which results in unconsciousness. \$ 100 \$ 100</p> <p>Dislocation (reduced under general anesthesia) Benefits are payable for only the first dislocation of a joint and no more than two dislocations per accident, per insured person.</p> <p><i>Open Reduction</i></p> <ul style="list-style-type: none"> ● Hip \$ 4,000 \$ 5,000 ● Knee or Shoulder \$ 1,000 \$ 1,250 ● Collar Bone \$ 1,600 \$ 2,000 ● Ankle or Foot (excluding toes) \$ 1,000 \$ 1,250 ● Lower Jaw \$ 1,000 \$ 1,250 ● Wrist or Elbow \$ 800 \$ 1,000 ● Toe or Finger \$ 200 \$ 250 <p><i>Closed Reduction</i></p> <ul style="list-style-type: none"> ● Hip \$ 1,000 \$ 1,250 ● Knee or Shoulder \$ 400 \$ 500 ● Collar Bone \$ 300 \$ 400 ● Ankle or Foot (excluding toes) \$ 300 \$ 400 ● Lower Jaw \$ 500 \$ 650 ● Wrist or Elbow \$ 400 \$ 500 ● Toe or Finger \$ 100 \$ 130 <p>This policy pays 25% of the amount shown for the closed reduction dislocation if a dislocation is reduced with non-general anesthesia or no anesthesia by a physician.</p> <p>Emergency Dental Work from Accidental Blow to the Mouth</p> <ul style="list-style-type: none"> ● Broken teeth repaired with crowns \$ 300 \$ 400 ● Broken teeth resulting in extractions \$ 100 \$ 130 <p>This policy pays for no more than one dental benefit per accident, per insured person.</p> <p>Eye Injury</p> <ul style="list-style-type: none"> ● Surgical repair \$ 500 \$ 600 ● Removal of a foreign body by a physician \$ 100 \$ 130 | | |

| BENEFITS | Level 1 | Level 2 |
|--|-----------|----------|
| Fractures | | |
| This policy pays for up to two fractures per accident, per insured person. | | |
| <i>Open Reduction</i> | | |
| ● Hip | \$ 4,000 | \$ 5,000 |
| ● Leg | \$ 2,000 | \$ 2,500 |
| ● Hand (excluding fingers) | \$ 1,000 | \$ 1,250 |
| ● Foot (excluding toes/heels) | \$ 1,000 | \$ 1,250 |
| ● Wrist, Elbow, Ankle or Kneecap | \$ 1,000 | \$ 1,250 |
| ● Shoulder Blade or Forearm | \$ 1,000 | \$ 1,250 |
| ● Lower Jaw | \$ 1,000 | \$ 1,250 |
| ● Vertebrae (body of), Pelvis (excluding coccyx) or Sternum | \$ 2,000 | \$ 2,500 |
| ● Upper Jaw, Upper Arm or Face (excluding nose) | \$ 1,200 | \$ 1,500 |
| ● Rib | \$ 2,000 | \$ 2,500 |
| ● Nose, Heel or Finger | \$ 1,000 | \$ 1,250 |
| ● Coccyx | \$ 400 | \$ 500 |
| ● Toe | \$ 400 | \$ 500 |
| ● Vertebral Processes | \$ 2,000 | \$ 2,500 |
| ● Skull | | |
| – Depressed | \$ 3,000 | \$ 3,750 |
| – Not Depressed | \$ 1,000 | \$ 1,250 |
| <i>Closed Reduction</i> | | |
| ● Hip | \$ 2,000 | \$ 2,500 |
| ● Leg | \$ 1,000 | \$ 1,250 |
| ● Hand (excluding fingers) | \$ 500 | \$ 650 |
| ● Foot (excluding toes/heels) | \$ 500 | \$ 650 |
| ● Wrist, Elbow, Ankle or Kneecap | \$ 500 | \$ 650 |
| ● Shoulder Blade or Forearm | \$ 500 | \$ 650 |
| ● Lower Jaw | \$ 500 | \$ 650 |
| ● Vertebrae (body of), Pelvis (excluding coccyx) or Sternum | \$ 1,000 | \$ 1,250 |
| ● Upper Jaw, Upper Arm or Face (excluding nose) | \$ 600 | \$ 750 |
| ● Rib | \$ 200 | \$ 250 |
| ● Nose, Heel or Finger | \$ 200 | \$ 250 |
| ● Coccyx | \$ 200 | \$ 250 |
| ● Toe | \$ 200 | \$ 250 |
| ● Vertebral Processes | \$ 300 | \$ 400 |
| ● Skull | | |
| – Depressed | \$ 3,000 | \$ 3,750 |
| – Not Depressed | \$ 1,000 | \$ 1,250 |
| For chip fractures and other fractures not reduced by open or closed reduction, this policy pays 25% of the benefit amount shown for closed reduction. | | |
| Lacerations Requiring Sutures | | |
| Lacerations must be repaired within 72 hours after the accident under the attendance of a physician. | | |
| ● Lacerations over 15 centimeters (total of all lacerations) | \$ 800 | \$ 1,000 |
| ● Lacerations at least 5-15 centimeters (total of all lacerations) | \$ 400 | \$ 500 |
| ● Single lacerations less than 5 centimeters | \$ 100 | \$ 130 |
| ● Lacerations not requiring sutures and treated by a physician | \$ 50 | \$ 70 |
| Paralysis | | |
| If an insured person suffers paralysis as a result of an accident, this policy pays the applicable benefit. The duration of the paralysis must be a minimum of 30 days. This benefit is payable once per insured person. | | |
| ● Quadriplegia (Paralysis of 4 limbs) | \$ 50,000 | \$50,000 |
| ● Paraplegia (Paralysis of 2 limbs) | \$ 25,000 | \$25,000 |
| Skin Grafts | | |
| This policy pays a total of 50% of the burn benefit amount if an insured person receives one or more skin grafts for a covered burn. | | |

| BENEFITS | Level 1 | Level 2 |
|---|---------|---------|
| <p>Surgical Procedures</p> <p>This policy pays a benefit for surgical repair of injuries sustained in an accident. Treatment must be performed within one year of the accident. Two or more surgical procedures performed through the same incision are considered one procedure and benefits are paid based upon the most expensive procedure.</p> <ul style="list-style-type: none"> ● <i>Repair of:</i> <ul style="list-style-type: none"> – Torn Tendon and/or Ligament \$1,000 – Torn Rotator Cuff \$1,000 – Ruptured Disc \$1,000 – Torn Knee Cartilage \$1,000 ● Arthroscopy without surgical repair \$ 500 ● Open abdominal (including exploratory laparotomy), cranial, hernia or thoracic surgery \$2,000 ● Miscellaneous surgery requiring general anesthesia that is not covered by any other Specific-Sum Injuries Benefit. (Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one surgical procedure may be performed.) \$ 500 | | |
| <p>Accidental Death</p> <p>This lump-sum benefit is payable if, within 90 days of a covered accident, an insured person dies due to the accident.</p> <p>Adult</p> <ul style="list-style-type: none"> ● Common carrier accidents \$150,000 ● Accidents other than common carrier accidents \$ 30,000 <p>Dependent Child</p> <ul style="list-style-type: none"> ● Common carrier accidents \$ 75,000 ● Accidents other than common carrier accidents \$ 15,000 | | |
| <p>Accidental Dismemberment</p> <p>This lump-sum benefit is payable if as the result of a covered accident an insured person suffers dismemberment within 90 days of the accident.</p> <p>Adult</p> <ul style="list-style-type: none"> ● Both arms and both legs \$ 30,000 ● Two eyes, feet, hands, arms or legs \$ 30,000 ● One eye, foot, hand, arm or leg \$ 7,500 ● One or more fingers, and/or one or more toes \$ 1,500 <p>Dependent Child</p> <ul style="list-style-type: none"> ● Both arms and both legs \$ 15,000 ● Two eyes, feet, hands, arms or legs \$ 15,000 ● One eye, foot, hand, arm or leg \$ 3,750 ● One or more fingers, and/or one or more toes \$ 750 <p>Only the highest single benefit per insured person is paid. Benefits are paid only once per accident. If death and dismemberment result from the same accident, only the Accidental Death Benefit is paid.</p> | | |
| <p>Ambulance</p> <p>This policy pays a benefit if a licensed professional ambulance is used to transport an insured person to a hospital or acute care facility within 72 hours of a covered accident.</p> <ul style="list-style-type: none"> ● Ground Ambulance \$ 150 ● Air Ambulance \$1,000 | | |
| <p>Appliances</p> <p>This policy pays a benefit for wheelchairs, leg or back braces, crutches, walkers or other medical appliances to aid in personal movement if the appliance is prescribed by a physician as necessary due to injuries caused by an accident. This benefit is limited to one appliance per covered accident per insured person.</p> | | |
| <p>Blood/Plasma/Platelets</p> <p>This policy pays a benefit when an insured person receives blood/plasma or platelets (but not immunoglobulins) because of injuries caused by a covered accident. This benefit is limited to one payment per insured person per covered accident.</p> | | |

| BENEFITS | Level 1 | Level 2 |
|---|-----------|-----------|
| <p>Lodging This policy pays a per-day benefit (up to an annual maximum of 30 days for each covered accident) for hotel expenses incurred by immediate family members who accompany an insured person while he/she is confined to a hospital or medical facility that is more than 100 miles from the insured person's residence as a result of a covered accident.</p> | \$100/day | \$125/day |
| <p>Major Diagnostic Exams This policy pays a benefit if, as a result of injuries suffered in a covered accident, a physician prescribes or requests that an insured person receive an angiogram, arteriogram, CT scan, EEG (electroencephalogram), or MRI (magnetic resonance imaging), and the exam is performed in a hospital (including an Ambulatory Surgery Center) or physician's office. Benefits are payable once per calendar year.</p> | \$ 200 | \$ 200 |
| <p>Physical Therapy This policy pays a per-day benefit for up to 10 days for each treatment given by a Physical Therapist prescribed by a physician to treat injuries caused by a covered accident. Treatment must start within 30 days of the accident or discharge from the hospital and will not be covered after six months from the accident or hospital discharge. The benefit will only be paid if the insured person received emergency treatment for a covered accident and will not be paid for the same day as the Follow-up Treatment Benefit.</p> | \$ 25 | \$ 35 |
| <p>Prosthesis This policy pays a benefit for a prosthetic device if it is prescribed by a physician as necessary due to injuries caused by a covered accident. This benefit is limited to one prosthesis per covered accident per insured person.</p> | \$ 500 | \$ 750 |
| <p>Rehabilitation Unit This policy pays a daily benefit when an insured person is confined in a hospital and then transferred to a bed in a Rehabilitation Unit of a hospital for an injury, and is charged for a room. This benefit is limited to 30 days for each insured person per period of hospital confinement and is limited to 60 days per calendar year. The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid for the same day. The highest eligible benefit will be paid.</p> | \$100/day | \$150/day |
| <p>Transportation This policy pays a benefit when, as a result of injuries caused by a covered accident, the attending physician prescribes and an insured person receives medical care that is not available at a hospital within 100 miles of the accident or the insured person's residence. This benefit will not be paid for transportation by ground or air ambulance. This benefit is limited to three round trips per calendar year per insured person. If the medical care is for a dependent child, this benefit will include commercial travel by one parent or guardian.</p> | \$ 400 | \$ 600 |

Additional Benefit

Continuation of Insurance

If the policyowner leaves his/her employment and this policy has been in force and paid through payroll deduction for the previous six months, monthly premium payments will be waived for up to 60 days from the end of employment. Notification must be made in writing no more than 30 days from the end of employment. To keep the policy in force, premium payments must be re-established either by paying directly or via payroll deduction. The policyowner may again be eligible for waiver of premiums under this section once he/she has paid premiums through a new employer for a period of six months.

Expand Your Coverage with These Optional Riders

Off-the-Job Accident Disability Rider – cash benefits for the policyowner for disability caused by an off-the-job accidental injury.

Spouse Off-the-Job Accident Disability Rider – cash benefits for the spouse for disability caused by an off-the-job accidental injury.

On-the-Job Disability Rider – cash benefits for the policyowner for disability caused by an on-the-job accidental injury.

Sickness Disability Rider – cash benefits for the policyowner for disability caused by sickness.

Riders are available at an additional cost.

Exclusions and Limitations

This policy is not a major medical insurance policy and does not provide benefits for:

- sickness (unless the insured person is covered under the Sickness Disability Benefit Rider).
 - services provided by persons who are members of the insured person's immediate family or their employer.
 - services rendered outside the territorial limits of the United States and Canada.
 - an accident that is caused by or occurs as a result of the intentional acts of the policyowner.
 - dental care except for treatment for injury to healthy, natural teeth due to a covered accident.
- Benefits will not be paid for injury caused by or resulting from:
- attempted suicide or self-inflicted injury by an insured person resulting from an intentional act.
 - injury caused by the insured person's service in the armed forces or related auxiliaries such as the National Guard or Army Reserve, or exposure to acts of war other than terrorism.
 - cosmetic surgery or elective surgery unless medically necessary.
 - the insured person's operating a taxi or any other delivery service for any kind of compensation or profit.
 - sporting activity for pay or financial reward, including coaching or officiating.
 - injury or sickness caused to an insured person as a result of his/her committing or attempting to commit a felony, or occurring while incarcerated in a penal institution of any kind.
 - racing a vehicle, including cars, motorcycles and boats.
 - mountaineering with ropes or other equipment, operating a glider, bungee jumping or skydiving.
 - the insured person's being under the influence of alcohol or drugs, unless the drugs were taken as instructed by a physician.
 - aviation activities other than as a fare-paying passenger on a common carrier.



ASSURANT
Health

Assurant Health
501 W. Michigan
Milwaukee, WI 53203

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 more than 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, consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements, as well as non-insurance products. With almost 3,000 employees, Assurant Health is headquartered in Milwaukee, Wisconsin, 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 one of five key business segments of Assurant, Inc., along with Assurant Employee Benefits, Assurant Preeed, Assurant Solutions and Assurant Specialty Property. Assurant, Inc. is traded on the New York Stock Exchange under the symbol AIZ. The Assurant Web site is www.assurant.com.

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

Product forms 8032 and 8062

Form 28625 (Rev. 6/2006)

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