
MTN Health Insurance, LLC

For a free - no obligation quote, or to apply for any VoluntaryMart policy please call:
Don Osborn 303-594-1939
don@mtnhealthinsurance.com

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



Cancer Insurance

VoluntaryMart® Cancer Insurance

- Approximately 1.4 million cases of cancer are expected to be diagnosed this year in America.
(Source: "Cancer Facts and Figures 2006," American Cancer Society)
- Three out of four American families will have at least one family member diagnosed with Cancer.
(Source: National Cancer Institute 2004 Fact Sheet)

Painful realities

Cancer is devastating, both in terms of its impact on the human body and the costs of medical treatment. Billions are spent annually for cancer care. Even those with major medical insurance can be overwhelmed by the considerable costs created by deductibles, coinsurance, copayments, and policy limitations.

Often, costs such as transportation, childcare and home care are NOT covered by your health insurance—leaving you to contend with reduced or lost income while undergoing cancer treatment.

VoluntaryMart® Cancer Insurance can be your financial safety net

VoluntaryMart supplemental health insurance pays benefits directly to you if you or a family member are diagnosed with Cancer that results in:

- Hospitalization
- Surgery
- Chemotherapy
- Radiation Treatment
- Immunotherapy
- Bone Marrow Transplant
- Stem Cell Transplant
- Home Health Care
- Hospice Care

Cash paid directly to you when you need it most

- No deductibles, copays or coinsurance requirements.
- 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 Cancer 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 Cancer 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, Level 2 or Level 3 Benefits

With VoluntaryMart Cancer Insurance, you select the level of coverage that best meets your needs and budget.

BENEFITS	Level 1	Level 2	Level 3
<p>Cancer Screening</p> <p>This policy pays a benefit for an insured person who is tested for Cancer and charged for undergoing either a: 1) colonoscopy, 2) CA 125 test, 3) chest x-ray, 4) flexible sigmoidoscopy, 5) mammogram, 6) Pap smear, 7) biopsy, 8) PSA, 9) thermography, 10) BRCA testing, or 11) Hemocult stool specimen. This benefit is payable even if Cancer is not diagnosed. The benefit is payable only once per calendar year per insured person, regardless if multiple tests are performed.</p>	\$40/year	\$40/year	\$40/year
<p>First Occurrence</p> <p>This policy pays a benefit when an insured person is diagnosed for the first time as having internal cancer. This benefit will be paid for an insured person only once.</p> <ul style="list-style-type: none"> Adult Child 	\$2,000 \$4,000	\$3,500 \$7,000	\$5,000 \$10,000
<p>Hospital Confinement (includes U.S., state, county and local government-run hospitals)</p> <p>This policy pays a benefit for each day during a period of hospital confinement an insured person is confined in and is charged for a hospital room as an inpatient for the treatment of Cancer. A person confined to a government hospital does not need to be charged for the hospital confinement benefit to be payable.</p> <ul style="list-style-type: none"> Days 1-30 Days 31+ 	\$250/day \$500/day	\$300/day \$600/day	\$350/day \$700/day
<p><i>VoluntaryMart Cancer Insurance includes the following benefits, payable if the insured person is charged and is required to pay for these services.</i></p>			
<p>Alternative Care</p> <p>This policy pays benefits for: assessment and education services; ameliorative care, i.e., acupuncture, massage therapy, biofeedback and hypnosis; and lifestyle training, i.e., smoking cessation, yoga, meditation, relaxation techniques, Tai-Chi or nutritional counseling, when performed by an Accredited Practitioner following diagnosis of Internal Cancer.</p> <ul style="list-style-type: none"> Integrative Assessment and Education (one-time benefit) Ameliorative Care (up to 20 visits/year) Lifestyle Training (up to 20 visits/year) 	NA NA NA	\$100 \$50/visit \$50/visit	\$150 \$50/visit \$50/visit
<p>Ambulance</p> <p>This policy pays a benefit each time an insured person requires ambulance transportation between the person's residence and a hospital where the person must be confined overnight for Cancer treatment. This policy also pays a benefit if transportation is required by air ambulance. This benefit is limited to two trips per confinement. A licensed professional ambulance company must provide the ambulance service.</p>	\$200	\$200	\$200
<p>Anti-Nausea</p> <p>This policy pays a benefit if a physician prescribes drugs to control nausea related to radiation or chemotherapy treatments for an insured person.</p>	\$100/month	\$150/month	\$200/month

Benefit amounts and premium vary based on plan level selection.

BENEFITS	Level 1	Level 2	Level 3
<p>Bone Marrow Transplant Benefit</p> <p>This policy pays a benefit if an insured person incurs a charge for bone marrow transplant as a result of Cancer. This benefit has a lifetime maximum of \$10,000 (<i>Level 1 or 2</i>) and \$15,000 (<i>Level 3</i>) per insured person.</p>	<p>Recipient: \$10,000</p> <p>Donor: \$1,000</p>	<p>Recipient: \$10,000</p> <p>Donor: \$1,000</p>	<p>Recipient: \$15,000</p> <p>Donor: \$1,000</p>
<p>Experimental Treatment</p> <p>This policy pays a benefit if a physician prescribes experimental treatments for the purpose of destroying or changing abnormal tissue, provided the treatment is administered by medical personnel in a physician's office, clinic or hospital. Specific treatment limits:</p> <ul style="list-style-type: none"> • Medications administered orally • Medications self injected. • Medications dispensed by pump <p>Benefits under this section will not be paid for laboratory tests, Immunotherapy, diagnostic x-rays, and therapeutic devices or other procedures related to these therapy treatments. Benefits under this section will not be paid if the insured person claims a benefit payment for radiation and chemotherapy treatment charges incurred on the same day. All treatments must be listed as viable experimental treatment for Cancer by the National Cancer Institute (NCI).</p>	<p><u>MAXIMUMS</u></p> <p>\$600/month \$1,200/month \$600/month</p> <p>\$150/day</p>	<p><u>MAXIMUMS</u></p> <p>\$800/month \$1,600/month \$800/month</p> <p>\$200/day</p>	<p><u>MAXIMUMS</u></p> <p>\$1,000/month \$2,000/month \$1,000/month</p> <p>\$250/day</p>
<p>Extended-Care Facility</p> <p>This policy provides coverage for those who, due to Cancer, are confined to a medical institution that provides prolonged care. This policy pays a benefit if benefits are first paid for an insured person under the Hospital Confinement Benefit and then the insured person is confined due to Cancer to an Extended-Care Facility. There is a lifetime maximum for this benefit of 365 days for each insured person. This benefit will not be paid for any day that a benefit is paid under the Hospital Confinement Benefit. Confinements in an Extended-Care Facility must begin no later than 30 days after the end of hospital confinement.</p>	<p>\$100/day</p>	<p>\$100/day</p>	<p>\$100/day</p>
<p>Home Health Care</p> <p>This policy pays a benefit if, after an insured person is released from hospital confinement due to Cancer, the attending physician prescribes home health care or health support services and these services begin within seven days of the insured person's release from the hospital. This benefit has a maximum of 10 visits after any period of hospital confinement, but no more than 30 visits per calendar year.</p> <p>To receive this benefit, the prescribing physician must certify that the insured person would need to be confined to a hospital if home health care visits were not available to give the insured person necessary care and treatment. Benefits will be paid only if the home health care and health supportive services providers are licensed or certified and are qualified as caregivers providing comparable services at a hospital or other appropriate medical facility. This benefit will not be paid for any day that a benefit is paid under the Hospice Benefit.</p>	<p>\$50/day</p>	<p>\$50/day</p>	<p>\$50/day</p>
<p>Hospice</p> <p>This policy pays a benefit when an insured person receives hospice care. Hospice benefits are payable up to a lifetime maximum of \$12,000 for each insured person. Benefits will be paid provided the insured person's attending physician gives a statement in writing that the insured person is terminally ill as a result of Cancer and that it is no longer appropriate to intervene with medical therapies to try to cure the Cancer. The physician must also state that, as a result of the Cancer, the insured person's medical prognosis is a life expectancy of less than six months. This benefit is not payable for the same day the Home Health Care Benefit or Hospital Confinement Benefit is payable.</p>	<p>\$500 initially, then \$50/day</p>	<p>\$1,000 initially, then \$50/day</p>	<p>\$1,000 initially, then \$50/day</p>

BENEFITS	Level 1	Level 2	Level 3
<p>Immunotherapy</p> <p>This policy pays a benefit if a physician prescribes Immunotherapy as a treatment for Internal Cancer and an insured person is diagnosed with Cancer by a physician and desires an evaluation or consultation at an NCI-Designated Cancer Center strictly to determine the appropriate course of Cancer treatment. The Transportation and Lodging Benefits will apply for this visit provided the requirements under those benefits are met. This benefit is payable only once per lifetime per insured person and is not payable for the same day the Second Surgical Opinion Benefit is payable.</p>	\$300/month \$1,500 lifetime maximum	\$450/month \$2,250 lifetime maximum	\$600/month \$3,000 lifetime maximum
<p>In-Hospital Blood and Plasma</p> <p>This policy pays a benefit for each day that an insured person, while confined as an inpatient in a hospital for Cancer treatment, receives blood and/or plasma. Immunotherapy is not included under this benefit.</p>	\$50/day	\$100/day	\$150/day
<p>Lodging</p> <p>This policy pays a benefit if an insured person or his/her adult family companion incurs a hotel charge while an insured person is receiving Cancer treatment at a medical facility more than 100 miles from the insured person's residence. Benefits are payable for such charges incurred for up to 90 days per calendar year provided the lodging does not occur more than 24 hours prior to or after the treatment.</p>	\$50/day	\$75/day	\$100/day
<p>Medical Imaging</p> <p>This policy pays a benefit if, after an initial diagnosis of Internal Cancer, a follow-up evaluation is performed using any imaging test (except breast mammography and breast ultrasound). Benefits are payable provided the insured person is charged for and these exams are performed in a physician's office, hospital, or outpatient clinic.</p>	\$100/year	\$150/year	\$200/year
<p>National Cancer Institute (NCI) Evaluation/Consultation</p> <p>This policy pays a benefit if an insured person is diagnosed with Cancer by a physician and desires an evaluation or consultation at an NCI-Designated Cancer Center strictly to determine the appropriate course of Cancer treatment. The Transportation and Lodging Benefits will apply for this visit provided the requirements under those benefits are met. This benefit is payable only once per lifetime per insured person and is not payable for the same day the Second Surgical Opinion Benefit is payable.</p>	\$500	\$500	\$500
<p>Nursing Services</p> <p>This policy pays a benefit if the attending physician prescribes for an insured person confined to a hospital the services of private nurses, in addition to those ordinarily provided by a hospital. Benefits are payable per day that the insured person is charged for such additional full-time care. Care must be provided by a registered graduate nurse or licensed practical or vocational nurse, but not by an immediate family member.</p>	\$125/day	\$150/day	\$200/day
<p>Outpatient Blood and Plasma</p> <p>This policy pays a benefit for each day an insured person receives outpatient blood and/or plasma transfusions in a physician's office, clinic, hospital, or Ambulatory Surgical Center. These transfusions must be directly related to Cancer treatment. Benefits under this section will not be paid for Immunotherapy.</p>	\$200/day	\$250/day	\$250/day

BENEFITS	Level 1	Level 2	Level 3
<p>Outpatient Hospital Surgical</p> <p>This policy pays an extra benefit in addition to the Surgery/Anesthesia Benefit if a physician performs a surgical procedure on an insured person diagnosed with Internal Cancer and the procedure is performed on an outpatient basis in a hospital (including an Ambulatory Surgical Center, but not a physician's office). Only surgeries for Internal Cancer qualify for this benefit. This benefit is not payable if the insured person makes a claim for hospital confinement for the same day.</p>	\$250/day	\$375/day	\$500/day
<p>Prosthesis</p> <p>This policy pays a benefit if, as a direct result or consequence of surgical treatment of Cancer, the insured person gets an implantable prosthetic device, or other non-implantable prosthetic devices, such as voice boxes, hairpieces, or a removable breast prosthesis. The prosthesis benefit does not include coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap procedure as listed under the Reconstructive Surgery Benefit.</p>	<p><u>Non-surgical:</u> \$200 with a \$400 lifetime maximum</p> <p><u>Surgical:</u> \$2,500 with a \$5,000 lifetime maximum</p>	<p><u>Non-surgical:</u> \$225 with a \$450 lifetime maximum</p> <p><u>Surgical:</u> \$3,000 with a \$6,000 lifetime maximum</p>	<p><u>Non-surgical:</u> \$250 with a \$500 lifetime maximum</p> <p><u>Surgical:</u> \$3,000 with a \$6,000 lifetime maximum</p>
<p>Radiation and Chemotherapy</p> <p>This policy pays a benefit if an insured person receives and is charged for a self-injected cytotoxic medication (approved by the FDA or NCI Listed) as Cancer treatment for the purpose of destroying or changing abnormal tissue.</p>	\$150/day; up to \$1,200/month maximum	\$200/day; up to \$1,600/month maximum	\$250/day; up to \$2,000/month maximum
<ul style="list-style-type: none"> If an insured person receives and is charged for cytotoxic Cancer treatment medications (approved by the FDA or NCI Listed) dispersed by a pump or implant for the purpose of destroying or changing abnormal tissue, then this policy will pay a designated amount toward the first prescription and for each pump refill, both up to a designated monthly maximum. This benefit is in addition to Surgical/Anesthesia Benefits that may also be available for installing or removing the device. Benefits are not based on the number of days of continuous infusion of the medications pumped. 	\$150 first prescription; \$150 each pump refill; both up to \$600/month	\$200 first prescription; \$200 each pump refill; both up to \$800/month	\$250 first prescription; \$250 each pump refill; both up to \$1,000/month
<ul style="list-style-type: none"> If an insured person receives and is charged for cytotoxic Cancer treatment medications (approved by the FDA or NCI Listed) administered orally at any location, this policy will pay a designated amount for each prescription and up to a designated monthly maximum for all prescriptions. 	\$150 per prescription; up to \$600/month	\$200 per prescription; up to \$800/month	\$250 per prescription; up to \$1,000/month
<ul style="list-style-type: none"> If an insured person receives and is charged for Radiation Cancer Treatment Therapy administered for the purpose of destroying or changing abnormal tissue, this policy will pay a designated amount for each day the treatment is administered. No benefit will be based on the length of time the radium or radioisotope stays in the body. 	\$150/day	\$200/day	\$250/day
<ul style="list-style-type: none"> If an insured person is charged for the insertion of interstitial or intracavity administration of radioisotopes or radium Cancer treatments for the purpose of destroying or changing abnormal tissue, this policy will pay a designated amount per day. This benefit is in addition to Surgical/Anesthesia Benefits which may also be available for insertion or removal of radiation delivery devices. 	\$150/day	\$200/day	\$250/day
<ul style="list-style-type: none"> If cytotoxic Cancer treatment medications or radiation (approved by the FDA or NCI Listed) are administered by any other method, this policy will pay benefits up to a designated maximum per month. 	Up to \$600/month maximum	Up to \$800/month maximum	Up to \$1,000/month maximum
<p>Benefits under this section will not be paid for treatment planning, therapeutic devices, Immunotherapy, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures. Radiation and Chemotherapy Benefits are not payable for treatments administered on the same day as treatments covered by the Experimental Treatment Benefit.</p>			

BENEFITS	Level 1	Level 2	Level 3
<p>Reconstructive Surgery</p> <p>This policy pays a benefit when a charge is incurred by an insured person for reconstructive surgery involving the treatment of Cancer. The benefit amount varies depending on the procedure performed. This policy also pays a benefit for the administration of anesthesia during reconstructive surgery equal to 25% of the surgical benefit. If any reconstructive surgery is performed other than a listed procedure, this policy pays a benefit comparable to the amount shown for the operation most similar in severity and gravity.</p>	\$325 - \$2,500	\$350 - \$3,000	\$350 - \$3,000
<p>Second Surgical Opinion</p> <p>This policy pays a benefit if a physician has diagnosed an insured person with Cancer requiring surgery and the insured person obtains a second surgical opinion from a different physician regarding the Cancer surgery. This benefit will be paid only once per surgical procedure and will not be payable for the same day that a NCI Evaluation/Consultation Benefit is payable.</p>	\$200	\$250	\$300
<p>Skin Cancer Surgery</p> <p>This policy pays a benefit for diagnosed skin cancer requiring surgery. The benefit varies depending on the procedure performed. The benefit amount listed includes the amount payable for anesthesia services.</p>	\$100 – \$600	\$100 – \$600	\$100 – \$600
<p>Stem Cell Transplant</p> <p>This policy pays a benefit if an insured person receives and is charged for a peripheral Stem Cell Transplant procedure to treat Cancer. This benefit is payable only once during the insured person’s lifetime.</p>	\$2,500	\$5,000	\$5,000
<p>Surgery/Anesthesia for Internal Cancer</p> <p>This policy pays the amounts listed in the policy if treatment of Cancer requires surgery. The benefit amount varies based on the procedures performed. Exceptions: surgery for skin cancer and reconstruction are not included under this benefit. Two or more procedures performed through the same surgical incision are considered one procedure and benefits will be based on the highest eligible benefit. This policy also pays 25% of the specified surgical amount for anesthesia services. The combined Surgery/Anesthesia Benefits for any one procedure cannot exceed \$6,000 (Level 1); \$7,500 (Level 2 and 3).</p>	\$120 – \$4,800	\$150 – \$6,000	\$150 – \$6,000
<p>Transportation</p> <p>This policy pays a benefit per round trip to transport an insured person from his/her residence to a medical facility more than 100 miles away from the insured person’s residence if the purpose of the trip is to obtain Cancer treatment prescribed by the insured person’s local attending physician. Benefits are not payable for travel expenses for anyone other than the insured person unless he/she is a dependent under the age of 18 and commercial travel (bus, train or plane) is necessary. In this case, the policy will pay the benefit for up to two adults to accompany such dependent child provided the facility is more than 100 miles away from the insured person’s residence. This benefit does not apply to transportation by ambulance to or from any hospital.</p>	\$0.25/mile up to \$1,000/ round trip	\$0.40/mile up to \$1,500/ round trip	\$0.50/mile up to \$2,000/ round trip

Additional Features

Waiver of Premium

All premiums are waived after 90 days while the policyowner is continuously totally disabled due to Internal Cancer. Premium may also be waived if you qualify for Hospice Benefits.

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.

VoluntaryMart®

Cancer Insurance

Expand Your Coverage with These Optional Riders

Hospital Intensive Care Rider – pays benefits if an insured person is confined to an Intensive Care Unit while hospitalized for a covered accident or sickness.

Return of Premium Rider – returns all premiums less incurred claims if the policyowner keeps the policy and rider in force until the maturity date.

Specified Disease Rider – pays benefits if an insured person is first diagnosed with one or more of the specified diseases and hospitalized for definitive treatment.

Riders are available at an additional cost.

Exclusions and Limitations

VoluntaryMart Cancer is not a major medical insurance policy. This policy pays benefits for Cancer treatments only.

This policy has a 30-day waiting period. If an insured person has Cancer diagnosed before coverage has been in force 30 days from the effective date, benefits for treatment of that Cancer will apply only to treatment occurring after two years from the effective date or, as an option, the policyowner may elect to void the policy from its beginning and receive a full refund of premium.

The 30-day waiting period may be waived for policies sold at worksites with five or more eligible W-2 employees.

Benefits are not provided for:

- the First-Occurrence Benefit if an insured person was diagnosed or treated for internal Cancer before the end of the 30-day waiting period that follows the effective date of the policy, even if the Cancer metastasizes, extends or recurs after the end of the 30-day waiting period. Additionally, the First-Occurrence Benefit is not payable for skin Cancer classified as Clark's Levels I and II, or a Breslow level less than 1.5 mm.
- premalignant conditions, conditions with malignant potential, complications of Cancer or non-Cancer illnesses.
- any care, treatment or service given or ordered by a close relative, a member of the household or a member of the immediate family of an insured person.
- services rendered outside the territorial limits of the United States and Canada.

For more information or to apply, contact your authorized VoluntaryMart® agent today.



ASSURANT
Health

Assurant Health
501 West 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 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.

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 8033 and 8063

Form 28679 (Rev. 11/2007)

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