



National General Foundation Health

A fixed-benefit plan that gives you affordable access to health care with set, first-dollar benefits.

ENHANCED

National General Accident and Health markets products underwritten by National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

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National General 
Accident & Health

Time to look at health insurance from a new angle

Discover an affordable way to plan for everyday health care needs.

With many medical plans you end up paying for benefits you don't use, and high deductibles and coinsurances before the plan pays anything. It's time for things to change.

Try National General Foundation Health Enhanced.

Our plan gives you an affordable and predictable way to get the health care you need. This plan pays set dollar amounts when you receive covered health care services, you don't have to pay deductibles or copays. You get the care you need and we help you pay for it.

National General Foundation Health Enhanced provides:



- Affordable access to health care with benefits that start right away
- Set dollar amounts that help you pay for office visits, hospital stays, preventive visits, lab work and more
- Access to quality of life benefits, such as telemedicine, and discounts on a variety of everyday items and services through the LIFE Association membership
- Discounts on covered health care services when you visit network providers



THIS PLAN PROVIDES LIMITED BENEFITS.

National General Foundation Health Enhanced plans are fixed-indemnity insurance plans that pay limited benefits. National General Foundation Health Enhanced plans do not constitute comprehensive health insurance coverage (often referred to as major medical coverage) and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

What does this plan pay for?

National General Foundation Health Enhanced offers these benefits

Our Enhanced plan is different from other health insurance plans. It pays set dollar amounts for specific health care services. The benefit paid for covered health care services is the same regardless of where you receive your care or how much your provider charges.

Benefits	Level A	Level B	Level C
DOCTOR'S OFFICE VISIT	\$50/day; 4 days	\$70/day; 4 days	\$90/day; 4 days
PREVENTIVE OFFICE VISIT	\$50/day; 1 day	\$100/day; 1 day	\$150; 1 day
DIAGNOSTIC TESTS ¹	\$200/per day; 2 days	\$400/per day; 2 days	\$500/per day; 2 days
X-RAY BENEFIT ¹	\$100/day; 1 day	\$100/day; 2 days	\$100/day; 3 days
LABORATORY BENEFIT ¹	\$50/day; 1 day	\$75/day; 2 days	\$100/day; 3 days
HOSPITAL CHARGES			
CONFINEMENT ² <i>Required to stay at hospital for more than 24 hours</i>	\$1,000/day; 31 days	\$2,000/day; 60 days	\$3,000/day; 90 days
ADMISSION	\$250; 1 admission	\$500; 1 admission	\$1,000; 1 admission
EMERGENCY ROOM VISIT	\$200/day; 1 day	\$300/day; 2 days	\$500/day; 2 days
ICU ²	\$1,000/day; 30 days	\$2,000/day; 30 days	\$3,000/day; 30 days
SURGEON BENEFITS ³			
INPATIENT <i>Admitted for no less than 24 hours</i>	\$1,000 per day	\$2,000 per day	\$3,000 per day
OUTPATIENT <i>Admitted and released in a period less than 24 hours</i>	\$500 per day	\$1,000 per day	\$1,500 per day
MAXIMUM DAYS PER POLICY YEAR <i>Total days is combined Outpatient and Inpatient benefits</i>	3 days total	3 days total	3 days total
AMBULANCE CHARGE			
GROUND	\$300/day; 1 day	\$400/day; 1 day	\$500/day; 1 day
AIR	\$1,000/day; 1 day	\$2,000/day; 1 day	\$3,000/day; 1 day
SKILLED NURSING		\$500/day; 30 days	\$1,000/day; 30 days

Benefits and availability vary by state. Benefits are paid per covered person, per policy year.

You are responsible for the difference between the cost of treatment and the plan benefit payment.

- 1 Please see the last page for a list of covered services regarding these benefits.
- 2 Confinement and ICU will not be paid concurrently.
- 3 The surgical services benefit is based on the CPT code for the procedure.

How to use this plan

Using your National General Foundation Health Enhanced plan is easy

- 1 Start by looking for MultiPlan Network providers to get the best discounts and the most savings. To find network providers, go to: www.multiplan.com
- 2 Present your insurance card at the time of service. No need to file any forms, your health care provider will let us know the services you received.
- 3 The plan then pays your provider directly.³ If the services cost more than the amount of the benefit, you'll be responsible for the remaining costs.

Your National General Insurance Card

National General Accident & Health		Fixed-Benefit Plan ID Card	
Member	[First name] [Last name]	Electronic claims ID:	ASHC1
Member ID	[Customer ID]	Locate a provider:	888-342-7427 www.multiplan.com
Policy number	[Policy number]	Send claims by mail to:	National General Accident & Health PO Box 3252 Milwaukee, WI 53201
Effective date	[Active Date]	Claims Contact Number:	855-212-5014

For benefits, claims and coverage information, call 855-212-5014

MultiPlan-participating doctors and hospitals are independent providers and are neither agents nor employees of MultiPlan.
This card does not guarantee or certify benefits.
Underwritten by National Health Insurance Company, Intergen National Insurance Company, and Intergen Indemnity Corporation.

MultiPlan
Limited Benefit Plan

³ This requires members to agree to assign benefits to the provider.

⁴ Total Hospital Charge number based on data from: <https://www.newchoicehealth.com/procedures/shoulder-x-ray>

⁵ MultiPlan Network discount is an average of 20.4% for inpatient/outpatient care.

⁶ Not an actual case. Presented for illustration only. Cost of services will vary.



How does this plan work? Let's do some math.

Let's say you have an accident and dislocate your shoulder.

You then go to the Emergency Room and get an X-ray.

Here's how National General Foundation Health Enhanced would step in to help:

Visit to the Emergency Room with an X-ray

X-RAY FEE:	\$196
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EMERGENCY ROOM FEE:	\$397
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TOTAL HOSPITAL CHARGES:	\$593⁴
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Level A Plan benefits and network discount

NETWORK DISCOUNT:⁵	- \$121
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X-RAY BENEFIT:	- \$100
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EMERGENCY ROOM BENEFIT:	- \$200
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TOTAL COST TO YOU:	\$172
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In this example,⁶ your plan along with your network discount, would cover **71% of the bill.**



L.I.F.E. membership benefits

Your LIFE Association Membership helps you save



Telemed for LIFE

Telemedicine is an innovative solution for non-emergency illnesses and general care. It allows direct access to consult with state-licensed physicians via phone or video to treat common ailments and offer health care advice — 24 hours a day, 7 days a week.



Discounts on everyday items and services

You'll also enjoy offers on everyday needs with your LIFE Association Membership. Now, you don't have to wait for a sale or dig through clearance racks to find savings.

Your LIFE Membership will also get you discounts on:



ID-theft program



Fitness programs



Automobile services



Member travel advantages, entertainment and more

L.I.F.E. Association is a membership organization that provides lifestyle-related benefits to its members. Membership in the Association is required in order to be eligible for this insurance coverage.

Annual membership dues may be collected in installments with insurance premium. Membership dues are non-refundable and failure to remit membership dues will result in loss of eligibility to participate in any of the Association sponsored programs or benefits.

National General Accident & Health may also realize some benefit from these fees.

Questions? Answers!

Here are some frequently asked questions about this plan

Q. Is there a waiting period?

No. Your benefits are available as soon as your plan's effective date.

Q. Do I need to complete a health questionnaire to qualify for coverage?

Yes. To obtain a National General Foundation Health Enhanced plan, you must complete a short health questionnaire. Your answers will determine whether or not you are eligible for the coverage.

Q. How is this plan different from an Affordable Care Act (ACA) plan?

National General Foundation Health Enhanced is a limited medical plan that pays set dollar amounts to the patient or the provider when the patient receives particular services, no matter what the service actually costs. Limited medical plans are not major medical insurance and do not meet the standards set for minimum essential coverage by the ACA.

Q. What are Pre-existing Conditions and does this plan cover them?

A Pre-Existing Condition is a condition (whether physical or mental), for which medical advice, diagnosis, care or treatment was recommended or received from a Physician within a 6-month period preceding the plan effective date.

This plan does not cover treatment for pre-existing conditions in the first 12 months of coverage. Some states may only require a 6-month wait.

Q. What are first-dollar benefits?

"First-dollar" benefits are benefits paid without any deductibles or copays to satisfy.

Q. What if I want more coverage?

We have smart solutions that can help. Add more levels of cost protection with our supplemental accident and critical illness plans. They help you get affordable coverage for the things in life you can't see coming.

Ask your agent for more information.

Limitations and Exclusions

We will not pay benefits for treatment, services or supplies which:

- Are not Medically Necessary;
- Are not prescribed by a Physician as necessary to treat Sickness or injury, except for the Preventive Care Benefit;
- Are Experimental/Investigative in nature, except as required by law;
- Are received without charge or legal obligation to pay; or
- Are provided by an immediate family member

Except as specifically provided for in this coverage or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:

- **Dental Procedures:** We will not pay benefits for dental care or treatment except for such care or treatment necessitated by accidental injury to sound natural teeth within 12 months of the accident, and except for dental care or treatment necessary due to congenital disease or anomaly.
- **Elective Procedures and Cosmetic Surgery:** We will not pay benefits for cosmetic surgery, except for reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect. In the case of a Covered Person who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, We will pay the Surgery Benefit, for:
 - » All stages of reconstruction of the breast on which the mastectomy has been performed;
 - » Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - » Prostheses and the treatment of physical complications at all stages of mastectomy, including lymphedemas
- **Felony or Illegal Occupation:** We will not pay benefits for Sickness or injuries incurred during the commission or attempted commission of a felony, or to which a contributing cause was a Covered Person being engaged in an illegal occupation.
- **Pregnancy:** We will not pay for services related to Pregnancy and childbirth except for those services required to treat Complications of Pregnancy, as defined in the Definitions section of this Certificate.
- **Surgical Fees/Facility Expenses Related to Surgery:** The facility expenses incurred in relation to surgery will be paid through either the Hospital Confinement Benefit or the Ambulatory Surgical Center Benefit. No charges other than the surgeon's service fees will be part of the Surgery Benefit. The Policy specifically excludes payment for the services of a co-surgeon or assistant surgeon.
- **War or Act of War:** We will not pay benefits for Sickness or injuries resulting from war or any act of war (whether declared or undeclared);

participation in a riot or insurrection; or service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.

- **Worker's Compensation:** We will not pay benefits where such benefits would be provided under any State or Federal workers' compensation, employers' liability or occupational disease law.
- **Pre-Existing Condition Limitation:** There is no coverage for a Pre-Existing Condition for a continuous period of 12 months following the Certificate Effective Date of a Covered Person. This limitation does not apply to:
 - » Genetic information in the absence of a diagnosis of the condition related to such information;
 - » A newborn child who is enrolled in the plan within 31 days after birth; nor to a child who is adopted or placed for adoption before attaining 26 years of age; and as of the last day of the 31-day period beginning on the date of birth, adoption or placement for adoption, is covered under creditable coverage;
- **Chronic Pain Disorders:** We will not pay benefits for inpatient treatment of chronic pain disorders, except as Medically Necessary.
- **Contraceptives:** We will not pay benefits for contraceptive procedures; contraceptive devices including, but not limited to, contraceptive patches, contraceptive vaginal rings, diaphragms, injectable contraceptives, and contraceptive implants.
- **Donation Services:** We will not pay benefits for organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation.
- **Extraterritorial Services:** We will not pay benefits for services incurred outside of the United States or its possessions or Canada.
- **Foot Conditions:** We will not pay benefits for charges for foot conditions including, but not limited to: Care of corns; bunions, except capsular or bone surgery; calluses; toenails; and foot supportive devices, including orthotics and corrective shoes, except for foot care appliances for complications associated with diabetes.
- **Genetic Services:** We will not pay benefits for genetic testing, counseling, and services.
- **Hazardous Activities:** We will not pay benefits for treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing.
- **Hearing Care:** We will not pay benefits for hearing care that is routine;

artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating, or restoring auditory comprehension.

- **Infertility:** We will not pay benefits for treatment of infertility.
- **Mental Disability and Chemical Abuse:** We will not pay benefits for treatment of Mental Disability or chemical abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis, or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment or Mental Disability or chemical abuse. The term chemical abuse means alcohol and substance abuse.
- **Prescriptions and Medications:** We will not pay benefits for any prescriptions and over-the-counter products, drugs or medicines.
- **Immunizations:** We will not pay benefits for immunizations.
- **Prophylactic Services:** We will not pay benefits for prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- **Services Provided by an Immediate Family Member or Employer:** We will not pay benefits for treatment, services, supplies provided by or through any immediate family member or any entity or employer in which a Covered Person or their immediate family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to a majority ownership interest in any such entity or employer. For purposes of this exclusion, "entity" and "employer" includes but is not limited to any corporation, organization, partnership, sole-proprietorship, self-employment, or similar business arrangement, regardless of whether any such arrangement is for-profit or not-for-profit employer.
- **Sexual and Gender Related Services:** We will not pay benefits for treatment, services, or supplies related to the following conditions, regardless of underlying causes: sex transformations; gender dysphoric disorder; gender reassignment; treatment of sexual function, dysfunction, or inadequacy; treatment to enhance, restore, or improve sexual energy, performance, or desire.
- **Vision Care:** We will not pay benefits for glasses; contact lenses; vision therapy, exercise or training; surgery including any complications arising therefrom to correct visual acuity including, but not limited to, Lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia); vision care that is routine.

Limitations and Exclusions, cont.

- **Weight Related:** We will not pay benefits for treatment, services, supplies, diagnosis, surgery, or medical regimen related to controlling weight, obesity, or morbid obesity.
- **Other Exclusions:** We will not pay benefits for:
 - » Complications of a non-covered service
 - » Experimental or investigational treatments
 - » Treatment, services, or supplies to address: smoking cessation; snoring; the treatment or prevention of hair loss; or change in skin pigmentation
 - » Homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation, and services; massage therapy
 - » Hospice care, skilled nursing facility care, inpatient rehabilitation services, custodial care, and respite care

Coverage is renewable provided there is compliance with the plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or National General Accident & Health business operations in this state; and/or you have not moved to a state where this plan is not offered. National General has the right to change premium rates upon providing appropriate notice. Fixed-indemnity benefits are paid in specific amounts for covered periods without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on the health care provider's bill.

All benefits are subject to your plan's terms and limitations.

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

Covered Services - (Footnote 1, Page 3)

Diagnostic Test Benefits

Covered services under the Diagnostic Test benefits of this plan include:

- MRI; CAT; PET; Colonoscopy; Bone Marrow Test; Stress Test

X-Ray Benefits

Covered services under the X-Ray benefits of this plan include:

- Mammography; EEG; X-Ray; Breast Ultrasound; Sigmoidoscopy

Laboratory Benefits

Covered services under the Laboratory benefits of this plan include:

- Blood test for triglycerides; CA 15-3; CA 125; CEA; eye exam; fasting blood glucose test; hemocult stool analysis; PSA; serum protein electrophoresis; thermography; cervical cytological screening; colorectal cancer screening; prostate cancer screening; child health screening



National General Holdings Corp. (NGHC), headquartered in New York City, is a specialty personal lines insurance holding company. National General traces its roots to 1939, has a financial strength rating of A- (excellent) from A.M. Best, and provides personal and commercial automobile, homeowners, umbrella, recreational vehicle, motorcycle, lender-placed, supplemental health and other niche insurance products.

National General Accident & Health, a division of NGHC, is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by Time Insurance Company (est. in 1892), National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation have been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.