



National General

Accident & Health

A fixed-benefit medical plan available to you through your LIFE Association membership.

ACCESS

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

NGAH-NGABRO



A fresh look at health insurance

An affordable plan for everyday health care needs.

With many medical plans you have high deductibles and copays to satisfy before your plan pays anything. You might even end up paying for benefits you don't use. It's time for a fresh take on health insurance.

Try National General Access. Our plan gives you an affordable and predictable way to get the health care you need now for things such as checkups, prescriptions, lab tests, and more. There are no deductibles or copays to satisfy. This plan pays set dollar amounts when you receive covered services. Any costs that exceed the benefit amount are the customer's responsibility.

National General Access features:

- Benefits for services that start right away.¹
- Prescription reimbursement for Fundamentals and Enhanced levels.
- Access to the First Health network, with network discounts to help you lower your out-of-pocket costs.
- Quality of life benefits like telemedicine and discounts on a variety of everyday items and services through a LIFE Association membership.



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1. No waiting period for injury and sickness benefits.
The waiting period for preventive care services is 90 days from effective date.

THIS PLAN PROVIDES LIMITED BENEFITS.





Plan Highlights

National General Access helps you plan for and save on health care expenses.

Benefits that increase as you go

Select benefits will increase with each consecutive year for up to three years. You can apply at any time during the year and the plan is auto-renewable, so you don't have to re-enroll.

LIFE Association membership

This plan is brought to you through LIFE Association, a non-profit, members-only organization that provides you with lifestyle-related perks and discounts on everyday services, as well as additional health programs to help you save.

Predictable, set-dollar benefits

You'll know exactly what the plan will pay to your provider for each covered office visit, test, hospitalization, and more. Then combine this with your in-network discounts to help you stretch your benefits further. Any costs that exceed the benefit amount are the customer's responsibility.

No lifetime maximum

There's no overall lifetime maximum on your benefits, except for Guaranteed Issue.²



Access to 5,300 hospitals, 100,000 ancillary facilities, and 695,000 doctors and health care providers, with discounts for covered services from network providers.¹

Find a First Health provider at: www.firsthealthlbp.com



1. As of September 2017 First Health data warehouse.
2. Guaranteed Issue level has a \$100,000 lifetime maximum benefit limit.

Plan Benefits

INPATIENT HOSPITALIZATION

Hospital Admission

Confinement (Sickness) ¹

Confinement (Injury) ¹

ICU (Sickness)

ICU (Injury)

Health Care Practitioner Visit

SURGERY

Surgeon (Tier 1)

Surgeon (Tier 2 Inpatient & Outpatient)

Assistant Surgeon (Tier 1)

Asst. Surgeon (Tier 2 Inpatient & Outpatient)

Anesthesia (Tier 1)

Anesthesia (Tier 2 Inpatient & Outpatient)

Outpatient Surgical Facility

OUTPATIENT & DRUGS

Office Visit ¹

Preventive Care Office Visit

Urgent Care Visit

Outpatient Prescription Drugs

LABORATORY SERVICES

Radiology

Laboratory

EMERGENCY SERVICES

Ambulance (Ground)

Ambulance (Air)

Emergency Room

TRANSITIONAL CARE

Skilled Nursing Facility

Home Health Care

Hospice Care

Value

Fundamentals

Enhanced

Guaranteed Issue

\$500; 3 per year

\$1,000; \$1,250; \$1,500;
per day¹

\$2,000; \$2,500; \$3,000;
per day¹

\$2,000/day; 60 days

\$4,000/day; 60 days

\$50/visit; 2 per year

\$5,000/surgery

\$1,000/surgery

N/A

N/A

\$500/surgery; 2 per year

\$250/surgery; 2 per year

N/A

\$75/visit; 2; 3; 4; per year¹

N/A

\$100/visit; 2 per year

N/A

\$200/test; 2 per year

\$75/test; 2 tests per
day, 3 per year

\$500/trip; 1 per year

\$1,000/trip; 1 per year

\$100/visit; 1 per year

N/A

N/A

N/A

\$750; 5 per year

\$2,000; \$2,500; \$3,000;
per day¹

\$4,000; \$5,000; \$6,000;
per day¹

\$3,000/day; 60 days

\$5,000/day; 60 days

\$75/visit; 4 per year

\$6,000/surgery

\$2,000/surgery

\$3,000/surgery; 3 per year

\$1,000/surgery; 3 per year

\$1,000/surgery; 3 per year

\$500/surgery; 3 per year

\$500/surgery; 3 per year

\$75/visit; 4; 5; 6; per year¹

N/A

\$100/visit; 3 per year

\$15 reimbursement/fills;
50 fills

\$250/test; 2 per year

\$75/test; 2 tests per
day, 4 per year

\$750/trip; 1 per year

\$1,500/trip; 1 per year

\$250/visit; 2 per year

N/A

N/A

N/A

\$1,000; 10 per year

\$3,000; \$3,750; \$4,500;
per day¹

\$6,000; \$7,500; \$9,000;
per day¹

\$4,000/day; 60 days

\$6,000/day; 60 days

\$75/visit; 10 per year

\$7,000/surgery

\$3,000/surgery

\$3,500/surgery; 4 per year

\$1,500/surgery; 4 per year

\$1,500/surgery; 4 per year

\$750/surgery; 4 per year

\$750/surgery; 4 per year

\$100/visit; 4; 5; 6; per year¹

\$100/visit; 2 per year

\$200/visit; 4 per year

\$25 reimbursement/fills;
50 fills

\$300/test; 2 per year

\$75/test; 2 tests per
day, 5 per year

\$1,000/trip; 1 per year

\$2,000/trip; 1 per year

\$250/visit; 3 per year

\$100/day; 50 days

\$100/day; 50 days

\$100/day; 50 days

\$500; 1 per year

\$1,000; \$1,250; \$1,500;
per day¹ /90 days

\$2,000; \$2,500; \$3,000;
per day¹ /90 days

\$2,000/day; 60 days

\$4,000/day; 60 days

\$50/visit; 1 per year

\$5,000/surgery

\$1,000/surgery

N/A

N/A

N/A

N/A

N/A

\$75/visit; 2 per year

N/A

N/A

N/A

\$200/test; 1 per year

\$75/test; 1 per year

\$500/trip; 1 per year

\$1,000/trip; 1 per year

N/A

N/A

N/A

N/A

About our benefits

This plan pays set dollar amounts for specific health care services. Any costs that exceed the benefit amount are the customer's responsibility.

The benefit paid for covered health care services is the same regardless of where you receive your care or how much your provider charges.

All benefits are per plan year.

Increasing benefits

Confinement¹ and Office Visit¹ benefits increase in years 2 and 3 of the plan.

Lifetime Maximums

There's no overall lifetime maximum on your benefits except for Guaranteed Issue.³

1. This benefit increases in your second and third consecutive year with the plan. The first number is your year-one benefit amount; the second number is your year-two benefit amount; and the third number is your year-three benefit amount. After year three, this benefit then stays at that amount for all future years.

2. Guaranteed Issue level has a \$100,000 lifetime maximum benefit limit.



How does it work?

Here's the 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 Access would work for you:

Visit to the ER with an X-ray

X-RAY FEE:	\$110¹
EMERGENCY ROOM FEE:	\$925¹
TOTAL HOSPITAL CHARGES:	\$1,035

Fundamental Level benefits and network discount

NETWORK DISCOUNT:	\$390²
RADIOLOGY BENEFIT:	\$250
EMERGENCY ROOM BENEFIT:	\$250
TOTAL COST TO YOU:	\$145



In this example³, your plan along with your network discount would cover 86% of the bill.

Here's how you use it.

1. Present your insurance card at the time of service. No need to file any forms. Your health care provider will let us know which services you received.
2. The plan then pays your provider directly.⁴ If the services cost more than the amount of the benefit, you will be responsible for the remaining costs.

Prescription claims:

Pay for your prescription, then submit a claim form with a photocopy of the receipt⁵ showing the drug, prescription number, quantity, and cost. Reimbursement will be paid directly to you.⁶

Your National General Insurance Card

The image shows two overlapping insurance cards. The top card is a 'National General Access Fixed-Benefit Medical Plan ID card' for John Doe. It lists Member ID, Policy number, Effective date, and Dependents. The bottom card is a 'First Health Network Limited Benefit Plan' card, which includes contact information for locating a provider, benefits, claims, and coverage information, and all other inquiries or premium inquiries.

Member	John Doe
Member ID	000000000
Policy number	000000000
Effective date	01/01/2020
Dependents	

National General Access
Fixed-Benefit Medical Plan ID card

First Health Network
Limited Benefit Plan

Locate a provider: 800-226-5116
www.firsthealthbp.com

Benefits, claims, & coverage information: 855-212-5014

All other inquiries or premium inquiries: 888-781-0585

This card does not guarantee or certify benefits. Underwritten by National Health Insurance Company, Inogen National Insurance Company, and Inogen Surety Corporation.

Fixed-Benefit Medical Plan

1. Pricing based on an average of National General claims received.
2. Based on the average discount applied from First Health network.
3. Presented for illustration only. Cost of services will vary.
4. This requires members to agree to assign benefits to the provider.

5. Generic cash register receipts are not acceptable.
6. Prescription reimbursement benefit is available only for the Fundamentals and Enhanced levels.



LIFE Association Membership

Save on your health, wellness and more!

LIFE Association is a not-for-profit, members-only organization providing you with lifestyle-related benefits and discounts on everyday services and needs, such as travel, entertainment, financial services, home protection, and more.

In addition, members get access to great health related benefits like:



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. This service comes at no additional cost with unlimited sessions. Available 24 hours a day, 7 days a week for adults and children alike.



Pharmacy Discount Card and Hospital Negotiations

With LIFE Association, you can maximize your savings with a pharmacy discount card and save on prescription drugs nationwide. Or, enlist the help of LIFE Association negotiators to help lower the price of non-emergency hospital services and procedures prior to treatment.¹



Everyday wellness

Keep yourself and your family fit for less! Get access to the lowest rates at over 14,000 high quality fitness facilities through the International Fitness Club Network (IFCN). Free trial certificates, a vast network, and a 24/7 service hot-line will help you find the most convenient and affordable fitness center for your healthier lifestyle!

1. Negotiations are not available for services that have been paid for, are already in collections, have already been negotiated, or are older than 60 days. Other restrictions may apply. Negotiations may not be applicable if services have already been discounted through other networks and benefits provided by this plan.

PLEASE REFER TO THE LIFE BROCHURE OR ASK YOUR AGENT FOR DETAILS. LIFE Association Membership benefits may vary by state. Lifestyle and wellness benefits and discounts are not insurance. 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. Your agent and National General Accident & Health may receive financial compensation in connection with membership fees.





Questions? Answers.



Q. Is there a waiting period?

Yes, there is a 90-day waiting period for preventive services. There is no waiting period for other services.

Q. Do I need to complete an application to qualify for coverage?

Yes. To obtain a National General Access plan, you must complete a short application which includes questions regarding your health. Your answers will determine whether or not you are eligible for the coverage.

Q. Is this plan an Affordable Care Act (ACA) plan?

No, this plan is not an ACA-compliant plan. National General Access is a limited medical plan that pays set-dollar amounts when a member receives particular services, no matter what the provider charges. Members are responsible for any remaining costs not covered by the plan benefits. Limited medical plans are not major medical insurance and do not meet the standards set for minimum essential coverage by the ACA.

Q. Do your plans have network requirements?

No, you can see any doctor or provider. With your National General Access plan, you have access to network providers that may offer you a discount on services, saving you money. You are paid a fixed amount for certain services, so you get to decide who you prefer to see.

Q. Does this plan cover Pre-Existing Conditions ?

This plan does not cover treatment for pre-existing conditions in the first 12 months of coverage.

See the Limitations & Exclusions page for more information about Pre-Existing Conditions.

Q. What are first-dollar benefits?

“First-dollar” benefits are benefits paid without any deductibles or copays to satisfy first. Any costs that exceed the benefit amount are the customer’s responsibility. For prescriptions you must first purchase the prescription then file a claim before reimbursement benefits begin (Fundamentals and Enhanced levels only).

Q. How do I find network providers?

Your new policy information packet and ID cards will include this link to help you find providers in your network: www.firstthehealthbp.com

Q. If I have other health insurance that covers an expense, will I still get benefits from my National General Access plan?

Yes, you will receive your fixed-benefit amount for your covered service. You get paid regardless if other coverage has also paid for the same benefit.

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

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

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.

Pre-Existing Condition means a Sickness, Injury, or condition, including any related or resulting complications:

- For which medical advice, consultation, diagnosis, care, or treatment (includes receipt of services, supplies, or diagnostic tests) was received or recommended from a provider or prescription drugs were prescribed during the 1 years period immediately prior to the Covered Person's Effective Date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
- That produced signs or symptoms during the 1 year period immediately prior to the Covered Person's Effective Date.

The signs or symptoms were significant enough to establish manifestation or onset by one of the following:

- The signs or symptoms reasonably should have allowed or would have allowed a medical provider to diagnose the condition; or
- The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek medical advice, consultation, diagnosis, care, or treatment.
- A pregnancy that exists on the day before the Covered Person's Effective Date will be considered a Pre-Existing Condition.

Additional Items Not Covered

Unless set forth as a benefit in the Benefits section, this Certificate does not cover charges for:

- Treatment, services or supplies that are: 1) received before the Effective Date or after the termination date; 2) not specifically listed in the Benefits section; 3) provided at no cost to the Covered Person; 4) are in excess of the Maximum Allowable Amount or Maximum benefit stated.
- Complications of non-covered treatment, services, or supplies.
- Treatment, services or supplies that are: 1) Experimental or Investigational Services; 2) provided while participating in a clinical trial; 3) preventive services except as otherwise covered in the Benefits section; 4) prophylactic; 5) for the personal comfort or convenience of the Covered Person, the Covered Person's family, a Health Care Practitioner or a provider; 6) incurred outside of the United States or its possessions or Canada.
- Suicide or attempted suicide, Health Care Practitioner assisted suicide, or intentionally self-inflicted injury.
- War or any act of war; participation in the military service of any country.
- A Covered Person's voluntary attempt to commit, participation in, or commission of a felony, whether or not charged.
- An Injury resulting from or related to a Covered Person being under the influence of illegal narcotics, non-prescribed controlled substances, or alcohol (such that the Covered Person is intoxicated per state law).
- Eye exams, eyeglasses, contact lenses and eye surgery for cataracts, nearsightedness, farsightedness, or astigmatism.
- Routine hearing exams, cochlear implants, auditory prosthesis or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
- Snoring, sleep disorders, the treatment or prevention for hair loss, change in skin pigmentation, or cognitive enhancement.
- Gastric bypass surgery for weight control, obesity or morbid obesity, including but not limited to any type of gastric bypass or other weight loss surgery, suction lipectomy.
- Cosmetic Services, capsular contraction, augmentation or reduction mammoplasty, except Reconstructive Surgery.
- Mental Illness or Substance Abuse.
- Any hazardous activity, whether or not compensation is received including, but not limited to: parachute jumping, hang-gliding, bungee jumping, rodeo activities, racing any motorized vehicle or conveyance, rock or mountain climbing, skydiving or parkour.
- Any injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in any hazardous occupation or other activity for which compensation is received including, but not limited to racing any non-motorized vehicle or conveyance & professional or semi-professional contact sports.

Limitations and Exclusions

- An injury sustained while participating in any inter-collegiate sport or professional or semi-professional contact sports.
- Chronic pain disorders.
- Foot conditions.
- Dental treatment, orthodontic treatment, or care for supporting structures of the teeth; Temporomandibular or craniomandibular joint dysfunction; maxillary or mandibular hypoplasia; malocclusion; mandibular protrusion or recession; maxillary or mandibular hyperplasia.
- Sclerotherapy, varicose veins or spider veins.
- End stage kidney or end stage renal disease.
- Congenital conditions, except when provided to a newborn or newly adopted child who is a Covered Person.
- Growth hormone therapy; allergies and allergy testing.
- Pregnancy, except for Complications of Pregnancy; including but not limited to: childbirth; fetal reduction surgery; abortion; infertility diagnosis and treatment; cryopreservation of sperm or eggs; surrogate pregnancy; umbilical cord stem cell or other blood component harvest; sterilization, drugs or devices used directly or indirectly to promote or prevent conception; and sexual treatment regardless of underlying causes.
- Treatment, services, or supplies related to transplants and organ donation.
- Herbal or homeopathic medicines or products; minerals; vitamins; health and beauty aids; batteries; appetite suppressants; dietary or nutritional substances or dietary supplements;

nutraceuticals; tube feeding formulas and infant formulas; medical foods; devices or supplies including, but not limited to, support garments, bandages and non-medical items regardless of intended use.

- Treatment, services or supplies 1) provided by or through any employer of a Covered Person or the employer of a Covered Person's Immediate Family member; or 2) provided by the Covered Person's Immediate Family member or any entity 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 an ownership interest in any such entity.

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.

National General Access plans are fixed-indemnity insurance plans that pay limited benefits. National General Access 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.

Who we are

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.



Visit us on the web at: **NatGenHealth.com**

Brochure for use in: AL, AR, AZ, DC, FL, GA, IL, LA, MI, NC, NE, OK, SC, VA, WV, WY