

*Cancer and Heart/Stroke and Sickness
Hospitalization riders not available in all states*



Plan Enhancer

A plan for unexpected out-of-pocket costs associated with accidents, with optional critical illness and sickness hospitalization coverage

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

NGAH-NHICPLANENHANCERBRO

National General 
Accident & Health

Build a better plan

Improve your coverage with Plan Enhancer's flexible solutions

Have a plan for the unpredictable with Plan Enhancer. This plan gives you the opportunity to add levels of coverage and protect yourself from out-of-pocket costs you can't see coming.

Starting with Accident Medical Expense coverage, Plan Enhancer allows you to add optional Cancer and Heart/Stroke and Sickness Hospitalization riders — depending on the availability of these riders in your state.*

By paying cash benefits right to you, Plan Enhancer can help you face those unpredictable moments in life with confidence.

Choose one of eight available benefit levels: \$2,500; \$5,000; \$6,850; \$7,150; \$7,350; \$7,500; \$7,900** and \$10,000



- Get coverage for accident-related health care costs with Accident Medical Expense
- Add the Cancer and Heart/Stroke rider to receive lump-sum, cash benefits for a covered, first-ever cancer diagnosis *and* a covered heart attack or stroke ■
- Attach the Sickness Hospitalization rider to get lump-sum benefits for the first covered day of hospital admission due to a sickness ■



THIS PLAN PROVIDES LIMITED BENEFITS.

* Availability of coverages vary by state. See page 7 for coverage availability.

** \$7,900 benefit option not available in OH.

■ Cancer and Heart/Stroke and Sickness Hospitalization riders can not be purchased on their own.



Accident Medical Expense

Accident Medical Expense gives you the coverage you need to pay the high out-of-pocket medical bills following an accident

Following a covered accidental injury, it'll cover your accident-related medical expenses up to the benefit amount you choose.

ACCIDENT MEDICAL EXPENSE DETAILS

- \$250 deductible
- Pays covered out-of-pocket expenses up to the selected benefit amount³
- Treatment-specific limits on ground ambulance, physical medicine and durable medical equipment
- Includes accidental death and dismemberment benefits
- No network restrictions
- No waiting period applies
- Applicants must be 64 years of age or younger
- Acceptance is guaranteed
- Accident Medical Expense plan can be purchased on its own

Availability and benefits vary by state.

¹ Not an actual case. Presented for illustration only. Cost of services will vary.

² How Much Does a Sprained or Broken Ankle Cost? - CostHelper.com. (n.d.).

Retrieved April 12, 2018, from <http://health.costhelper.com/sprained-broken-ankle.html>

³ In North Dakota and Ohio, this plan pays the full benefit regardless of other coverage. Limited to two benefits per year, per policy holder.

Let's look at how Accident Medical Expense works

Mark was painting the living room when he fell off the ladder and broke his ankle.¹ He has a primary medical plan with a \$5,000 out-of-pocket limit and Plan Enhancer with a \$5,000 benefit level.

TREATMENT COST	\$2,500²
PRIMARY MEDICAL PLAN PAID	\$0
PLAN PAID	\$2,250
AME DEDUCTIBLE	\$250



Mark is responsible for the remaining \$250

Cancer and Heart/Stroke

Rider not available in all states.



This rider gives you the coverage you need with no deductible and no network restrictions

Cancer and Heart/Stroke coverage pays one lump-sum benefit for a covered first-ever cancer diagnosis *and* a covered heart attack or stroke. It pays 100% of the selected benefit for cancer; a heart attack resulting from coronary artery disease or cardiac arrhythmia; and stroke resulting from cerebrovascular disease.

CANCER AND HEART/STROKE DETAILS ■

- Pays full benefit regardless of other coverage
- Percentage of benefit payout varies by covered condition⁵
- Waiting periods apply (90 days for cancer and 30 days for heart/stroke)⁶
- Pre-existing conditions limitation applies
- Available to applicants between 18 to 64 years of age
- Acceptance is guaranteed as part of Plan Enhancer

Let's look at how the Cancer and Heart/Stroke rider works

Following a routine colonoscopy, Oscar found out he had colon cancer. After a year of treatment, his medical bills started adding up.⁴ He has a primary medical plan with a \$5,000 out-of-pocket limit, and Plan Enhancer with a \$5,000 benefit level.

TREATMENT COST	\$14,019*
PRIMARY MEDICAL PLAN PAID	\$9,019
PLAN PAID	\$5,000
REMAINING OUT-OF-POCKET COSTS	\$0



Oscar doesn't have to pay anything out of his own pocket

Availability and benefits vary by state. See page 7 for state availability list.

⁴ Not an actual case. Presented for illustration only. Cost of services will vary.

⁵ Condition-specific benefit percentages and state-specific waiting period details are listed on page 6

⁶ In AL, waiting period is 60 days for cancer and 30 days for heart/stroke. The waiting period is 30 days for cancer and 30 days for heart/stroke in AR, DE, IL, NC, ND, SC, UT, WV and WY.

* Average cost of cancer treatment for one year according to the Medical Expenditure Panel Survey, statistical brief #345, November 2011

■ Refer to page 6 for details.



Sickness Hospitalization

Rider not available in all states.

Hospital stays are expensive. Our Sickness Hospitalization rider can help

If you're admitted to a hospital for a sickness, this rider will pay a lump-sum benefit for the first day of covered hospital admission. Sickness Hospitalization coverage has no deductible and no network restrictions.

Plus, it pays benefits regardless of other coverage you may have, helping you get the out-of-pocket coverage you need, when you need it.

SICKNESS HOSPITALIZATION DETAILS

- No deductible
- Pays full benefit regardless of other coverage
- No network restrictions
- Lump-sum benefit paid on first covered day of hospital admission
- One benefit per year, per person and two benefits per year, per family
- 30-day waiting period applies
- Pre-existing conditions limitation applies
- Available to applicants between 18 to 64 years of age
- Applicants must answer medical questions to qualify

Let's look at how the Sickness Hospitalization rider works

Donna was admitted to the hospital with pneumonia.⁷ She has a primary medical plan with a \$5,000 out-of-pocket limit, and Plan Enhancer with a \$5,000 benefit level.

TREATMENT COST	\$9,300*
PRIMARY MEDICAL PLAN PAID	\$4,300
PLAN PAID	\$5,000
REMAINING OUT-OF-POCKET COSTS	\$0



Donna doesn't have to pay anything out of her own pocket

Availability and benefits vary by state. See page 7 for state availability list.
 7 Not an actual case. Presented for illustration only. Costs of services will vary.
 * Average cost of a hospital stay due to pneumonia according to the Agency for Healthcare Resource and Quality, statistical brief #146, January 2013.

Limitations and Exclusions

ACCIDENT MEDICAL EXPENSE

This Policy does not pay any benefits for claims resulting from or related to Sickness, except when such Sickness is the direct result of an Accidental Injury or Accidental Dismemberment covered under this Policy.

We will not pay benefits for charges resulting from, whether directly or indirectly, any of the following:

- Medical event, treatment, services or supplies for which benefits equal to or in excess of such charges are received under any Other Benefits.
- Charges in excess of the Maximum Allowable Amount.
- Treatment, services or supplies that:
 - » Are not included in the Covered Treatment definition.
 - » Are due to complications of a non-covered service.
 - » Are Incurred before the Covered Person's Effective Date or after the termination date of coverage.
- Dental treatment except as otherwise covered for a Dental Injury.
- Tendonitis, tenosynovitis, bursitis, overuse, strains, repetitive motions or stress, repetitive or cumulative traumas including, but not limited to, carpal tunnel syndrome, tennis elbow, and thoracic outlet syndrome.
- Hernia or heat exhaustion.
- Treatment of mental or emotional disorders, alcoholism, substance abuse and drug addiction, 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 of such disorders or abuse.
- Cosmetic Service; treatment that is not Medically Necessary; treatment, services and supplies for Experimental or Investigational Services.
- Treatment, services, and supplies provided for or by:
 - » a. a masseur, masseuse or massage therapist, a rolfer; massage therapy;
 - » b. Meditation or relaxation therapy; aromatherapy; holistic therapies.
 - » c. Acupuncture, biofeedback, neurotherapy, and electrical stimulation.
- Services ordered, directed or performed by a Health Care Practitioner or supplies purchased from a medical supply provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person or a person who ordinarily resides with a Covered Person.
- Any amount in excess of the Maximum Lifetime Benefit or any other Maximum Benefit Limitation for covered benefits.
- Treatment incurred outside of the United States, its possessions, or Canada.
- All prescription and over-the-counter products, drugs or medicines.

We will not pay benefits for Accidental Injury, Accidental Dismemberment or Accidental Death resulting from or related to, whether directly or indirectly, any of the following:

- An Accident that occurred before the Covered Person's Effective Date or after the termination date of coverage.
- Participation in the military service of any country or international organization, including non-military units supporting such forces.
- Benefits in excess of any applicable Maximum Benefit Limitation and Accidental Death and Dismemberment Maximum Benefit Limitation.
- War or any act of war, whether declared or undeclared; foreign or domestic acts of terrorism.
- Voluntarily taking, absorbing, or inhaling any gas, poison or drugs, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner.
- Voluntary use of alcohol or any controlled substance, as defined by statute, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner, including Accidents that occur while the Covered Person is under the influence of alcohol or drugs.
- The Covered Person's voluntary attempt to commit or participation in an assault or commission of a felony, whether or not charged, resisting or fleeing from arrest, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled substance.
- Any hazardous activity including, but not limited to: Participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, air or space travel in any vehicle other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, including a pit crew, rock or mountain climbing, mountaineering, spelunking and cave exploration, parkour, intercollegiate sports and extreme sports. Also excluded are treatment and services required due to Accidental Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
- Any hazardous occupation or other activity for which compensation is received in any form, including sponsorship, such as, but not limited to: Operating a taxi or delivery service; participating, instructing, demonstrating, guiding or accompanying others in skiing, horse riding, rodeo activities, professional or semi-professional sports, adult sporting competition at a national or international level and extreme sports. Also excluded are treatment and services required due to Accidental Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.
- Suicide or attempted suicide.
- Intentionally self-inflicted injury.

CANCER AND HEART/STROKE RIDER

Pre-Existing Condition definition

A specified disease:

1. For which medical advice, consultation, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 24-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. That produced signs or symptoms during the 24-month period immediately prior to the covered person's effective date, which were significant enough to establish manifestation or onset by one of the following tests:
 - » The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
 - » The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment

Pre-Existing Conditions Limitation

A Pre-Existing Condition is not eligible for benefits unless the first-ever diagnosis occurs after the Pre-Existing Condition Limitation period has expired. We will not pay benefits for specified diseases that are, result from, or are related to a Pre-Existing Condition that is diagnosed within the first 12 months this rider is in force.

EXCLUSIONS

This Rider provides benefits only for Specified Diseases identified in the Benefit Schedule.

We will not pay benefits for claims resulting, whether directly or indirectly, from Specified Diseases that are related to, or are resulting from any of the following:

- Any disease if the Covered Person was previously Diagnosed anytime prior to his or her Effective Date under this Rider.
- Any disease first Diagnosed within the applicable Benefit Waiting Period, as shown in the Benefit Schedule, immediately following the Rider Effective Date.
- Any disease first Diagnosed within the Pre-Existing Conditions Limitation.
- Arrhythmia resulting in Heart Attack that occurs in association with use of an illegal drug or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner.
- Any amount in excess of any Maximum Benefit for covered Scheduled Benefits.
- Diseases or conditions that do not meet the definition of a Specified Disease in this Rider.

Limitations and Exclusions, cont.

- Suicide or attempted suicide.
- Self-inflicted Sickness.
- The Exclusions section in the Accident Medical Expense Insurance Policy is not applicable to this Rider's Specified Disease benefits.

SICKNESS HOSPITALIZATION RIDER

Pre-existing condition definition

A sickness and related complications:

1. For which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. That produced signs or symptoms during the 12-month period immediately prior to the covered person's effective date, which were significant enough to establish manifestation or onset by one of the following tests:
 - » The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
 - » The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment

A pregnancy that exists on the day before the covered person's effective date will be considered a pre-existing condition.

Pre-Existing Conditions Limitation

We will not pay benefits for hospitalizations that result from or are related to a Pre-Existing Condition, or its complications, until the covered person has been continuously insured under this rider for 12 months. After this period, benefits will be available for hospitalizations resulting from or related to a pre-existing condition, or its complications, provided that the covered hospitalization occurs while this rider is in force

EXCLUSIONS

This Rider provides benefits only for Hospitalizations identified in the Hospital Confinement Fixed Indemnity Benefits section.

We will not pay benefits for claims resulting, whether directly or indirectly, from Hospitalizations or losses that are related to, or are resulting from any of the following:

- Any treatment or services for Behavioral Health or Substance Abuse.
- Any treatment or services whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions;

weight reduction or weight control surgery, treatment or programs; any type of gastric bypass surgery; suction lipectomy.

- Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas.
- Outpatient or Inpatient confinement in an Emergency Room or a facility other than a Hospital.
- Outpatient or Inpatient confinement primarily for rehabilitation or Custodial Care.
- 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.
- Treatment or services related to the following conditions, regardless of underlying causes: sex transformation; gender dysphoric disorder; gender reassignment; treatment of sexual function, dysfunction or inadequacy; treatment to enhance, restore or improve sexual energy, performance or desire.
- Treatment or services related to: infertility; maternity; pregnancy(including complications of pregnancy); routine well newborn care at birth including nursery care; abortion; surrogate pregnancy; fetal surgery, treatment or services.
- Hospitalizations ordered or directed by a Health Care Practitioner or provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person or a person who ordinarily resides with a Covered Person.
- Hospitalization that does not meet the definition of a Covered Hospitalization in this Rider including, but not limited to, Hospitalization that is not Medically Necessary or is for Experimental or Investigational Services.
- War or any act of war, whether declared or undeclared; foreign or domestic acts of terrorism that result in a nationwide epidemic; participation in the military service of any country or international organization, including non-military units supporting such forces.
- Cosmetic services, including but not limited to, reconstructive or plastic surgery that does not alleviate a functional impairment.
- Voluntary use of alcohol or any controlled substance, as defined by statute, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner; voluntarily taking, absorbing, or inhaling any gas, poison or drugs, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner.

- Any amount in excess of the Maximum Calendar Year Benefits shown on the Benefit Schedule.
- Hospitalization incurred outside of the United States, its possessions, or Canada.
- Suicide or attempted suicide.
- Self-inflicted Sickness.
- A Hospitalization when the Confinement Period began before the Covered Person's Effective Date, after the termination date of coverage, or during the Benefit Waiting Period.
- A Hospitalization when the Confinement Period begins during the Pre-Existing Condition Limitation.
- A Hospitalization resulting from, whether directly or indirectly, an Accident.

The Exclusions section in the Accident Medical Expense Insurance Policy is not applicable to this Rider's Inpatient Hospitalization for Sickness benefits.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

Coverage is renewable to age 75 for the Accident Medical Expense Coverage and to age 65 for the Cancer and Heart/Stroke rider and the Sickness Hospitalization rider provided: there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or National General Accident & Health's business operations in the state; and/or the insured has not moved to a state where this plan is not offered. National General Accident & Health has the right to change premium rates upon providing appropriate notice.

SUPPLEMENTAL COVERAGE PLANS PROVIDE LIMITED BENEFITS AND DO NOT SATISFY THE GOVERNMENT'S REQUIREMENTS FOR MINIMUM ESSENTIAL COVERAGE

THIS IS NOT A MEDICARE SUPPLEMENT INSURANCE PLAN.

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Cancer and Heart/Stroke rider not available in IA, MO.

Sickness Hospitalization rider not available in: MO, ME, MT and ND



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 National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company has been rated as A- (Excellent) by A.M. Best. National Health Insurance Company is financially responsible for its respective products.

For use in AK, AL, AR, AZ, DE, FL, IA, IL, LA, ME, MO, MS, MT, NC, ND, NE, NV, OH, OK, OR, SC, TX, UT, WI, WV and WY.

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.

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