



Accident Fixed-Benefit

A plan providing cash benefits to help pay for unexpected out-of-pocket costs associated with accidents

In FL, GA, ID, MA, OH and VA this plan is available only through a membership with the L.I.F.E. Association. Membership fees apply.

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

National General 
Accident & Health

Plan for the unexpected

Medical treatment following an accident can get expensive — Accident Fixed-Benefit coverage is here to help

An accidental injury catches you off guard. An injury sends you into worry, uncertainty, inconvenience and creates expenses you hadn't planned for.

Accident Fixed-Benefit coverage pays cash right to you, helping you catch up financially from days off work and pay expenses other plans don't, like auto and medical deductibles. You get a set cash benefit for each covered injury or service — multiple benefits that really add up.

Accident Fixed-Benefit pays:

- Immediately — there's no waiting period
- Over and above any benefits you receive from any other plan
- No matter what doctor or hospital you choose
- With no overall annual or lifetime limits, no matter how many accidents you have



THIS PLAN PROVIDES LIMITED BENEFITS.



Accident Fixed-Benefit coverage

Flexible and simple accident coverage

We make it easy for you to find the plan fitting your needs and budget.

Easy to obtain

It's easy to add Accident Fixed-Benefit coverage to any plan — no health questions to answer.

Easy to understand

You get a set cash benefit for each covered injury and service. You don't need to worry about deductibles, coinsurance, copays or preauthorization.

Easy to use

You can use the cash benefits any way you need.

Easy to keep

The cost for Accident Fixed-Benefit coverage is designed to be affordable for you; and your plan will renew automatically each year — up to age 70.



Individual rates start* at around **\$25/month**

* Sample premium rate is for Accident Fixed-Benefit coverage for an adult residing in Alabama.





Your benefits

Covered Treatment & Services

Benefit Amount

Hospital Room and Board	\$750 per day, subject to a 30 day maximum
In-Patient Hospital Services	\$750 per day, subject to a 15 day maximum
Ancillary Hospital Charges*	\$150 per treatment or services up to five treatments or services
Outpatient Surgical Expenses	\$250 per visit, subject to a five visit maximum
Physician	\$50 per visit, procedure or consultation, subject to eight visits*, procedure or consultation
Medical Equipment Rental, Services and Supplies, Artificial Instruments, and Rehabilitative Braces and Application	\$100
Dental*	\$200
Eyeglasses, Contact Lenses and Hearing Aids	\$50
Rehabilitation*	\$150

Maximum Benefit Amount	\$15,000 per covered accident
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Benefits continued on next page

*Benefit amounts vary in NJ and TN, please refer to state specific Schedule of Benefits for exact amounts.

Your benefits, cont.



Covered Treatment & Services

Benefit Amount

Injury - must occur within 30-days of the covered accident

Concussion	\$100
Dislocation*:	
Hip, Knee, Wrist, Elbow, Ankle, Shoulder Blade, Collarbone or Jaw	\$500
Fractures*:	
Hip, Neck, Skull – <i>excluding nose, lower jaw and teeth</i>	\$2,500
Pelvis – <i>excluding coccyx and sacrum</i>	\$1,500
Thigh, Lower Leg, Upper Arm, Forearm, Shoulder Blade	\$1,500
Elbow, Heel, Lower Jaw, Collar Bone, Wrist, Kneecap, Hand and Foot – <i>excludes fingers, thumb, toes, heel, and ankle</i>	\$1,000
Vertebrae – <i>each</i>	\$1,500
Vertebral Arch – <i>excluding coccyx</i>	\$1,500
Sternum – <i>breastbone</i>	\$1,500
Cheekbone	\$300
Coccyx	\$300
Ribs – <i>each</i>	\$500
Ambulance**:	
Ground	\$200 per trip per Covered Accident. Subject to a two trip maximum
Air	\$3,000 per trip per Covered Accident Subject to a one trip maximum
Maximum Benefit Amount	\$10,000 per covered accident

Benefits continued on next page

* Fracture and dislocation benefits vary for NH, please refer to state specific Schedule of Benefits for exact amounts.

** In CT, the Ambulance benefit will be paid based on the CT department of Health's determined rate.



Your benefits, cont.

Covered Treatment & Services

Emergency Room Benefit Amount

Benefit Amount

\$250 per day, per Covered Accident

Maximum Benefit Period

1 day

Accidental Death and Dismemberment Benefit

Percent of \$50,000 Benefit amount

Loss of both hands, both feet, or entire sight in both eyes	100%
One hand and/or one foot	50%
One hand or one foot and entire sight in one eye	50%
Entire sight in one eye	25%
Speech or hearing in both ears	50%
Hearing in one ear	25%

Limitations and Exclusions

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Traveling by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline, unless specifically provided in this Certificate;
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the loss occurs;
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Physician;
- While a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is to the extent it extends beyond 31 days;
- While flying in an ultra-light plane, hang gliding, parachuting or bungee jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
- Injuries sustained where a Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- Competing in motor sports races or competitions;
- Testing cars or trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Participating in a rodeo; or
- Illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning.
- With respect to any period of time a Covered Person is traveling on an air conveyance, this coverage applies only with respect to Covered Injuries sustained by the person:
 - while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - any scheduled commercial airline
 - any military air transport aircraft;
- For the Accident Medical Benefit only, the Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:
- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;

- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, Pathological Fractures, congenital weakness, detached retina unless caused by a Covered Injury or Mental Disorder or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
- Pregnancy, childbirth, miscarriage, abortion or any complication of childbirth, miscarriage or abortion unless due to a Covered Injury;
- Mental and Nervous Disorder (except as provided in the Policy);
- Charges for injuries caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets or highways;
- Participation in or practice for intercollegiate sports, semi-professional sports or professional sports (unless specifically covered under the Policy);
- Charges for which the Covered Person would not be responsible for in the absence of the Policy, except for Medicaid;
- Conditions that are not caused by a Covered Accident;
- Any elective treatment, surgery, health treatment or examination, (including any service, treatment or supplies);
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.);
- Cosmetic, plastic or restorative surgery except needed as a result of the Covered Injury;
- Any treatment, service or supply not specifically covered by the Policy;
- Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental or guest meals;
- Routine physical examinations and related medical services, elective treatment or surgery or investigative treatments of procedures;
- Charges for rest cures or custodial care;
- Treatment in any Veteran's Administration, Federal or state facility, unless there is a legal obligation to pay;
- Services or treatment provided by an infirmary operated by the Policyholder.

In addition to the General Exclusions stated in the Policy, We will not cover charges under this benefit for a hernia, however caused.

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 70; provided there is compliance with plan provisions,

including dependent eligibility requirements; there has been no discontinuation of the plan or National General's business operations in the state; and/or the insured has not moved to a state where this plan is not offered. National General 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.



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.

Product not available in: MD, MN, NY, VT an WA.

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