



**National General**   
Accident & Health

***ACCESS***

A fixed-benefit medical plan.

National General Accident and Health markets products underwritten by National Health Insurance Company.

NGAH-NGABRO-INDV

# About this product

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## What is Fixed-Benefit or Limited-Medical Insurance?

Fixed-benefit or limited-medical insurance is a type of insurance that pays a predetermined benefit amount based on the type of service provided or the time period during which the care is received. The same benefit is paid for the covered service regardless of the actual cost of the service. The benefit amount can be paid directly to you or to your provider. You are responsible for paying any costs that exceed the benefit amount.

Fixed-benefit or limited-medical insurance is not major medical insurance. These plans are not subject to all the requirements of the Affordable Care Act, and do not provide coverage for all the essential health benefits, may exclude pre-existing conditions, and may have service benefit limits, annual benefit limits, and lifetime benefit limits. These plans do not cap your out-of-pocket costs.

Fixed-benefit or limited-medical insurance is best when used in combination with a major medical plan. It can also be a minimum coverage option to offer assistance with health care costs if major medical is not affordable. This type of supplemental insurance can help you pay out-of-pocket costs for covered services.

**NOTICE:** This plan does not meet the definition of “Minimum Essential Coverage” under the Affordable Care Act.

This is not major medical insurance. This plan provides fixed indemnity benefits for hospital confinement and specified medical and surgical Covered Services. Fixed indemnity benefits are paid in the amount show in the Benefit Schedule for the Covered Services without regard to the cost of services rendered. This plan does not provide expense reimbursement for charges based on Your health care provider’s bill.

# A different way to pay for health care

## An affordable plan for everyday health care needs.

Fixed-benefit insurance can help you deal with life's "what ifs." Questions like, "What if I get sick or injured? How will I pay for unforeseen out-of-pocket medical expenses my main insurance might not cover?" This is where National General steps in.

**Try National General Access.** Our plan gives you an affordable and predictable way to help pay for the health care you need now for things such as checkups, prescriptions, lab tests, and more. This plan pays set dollar amounts when you receive covered health care services, no matter what other medical insurance you might have. There are no deductibles or copays with National General Access. After the plan pays benefits, any costs that exceed the benefit amount are your responsibility.

### National General Access features:

- Benefits for services that start right away.<sup>1</sup>
- Prescription reimbursement for Fundamentals, Enhanced, Fundamentals Plus, and Enhanced Plus levels.
- Access to the First Health network, with network discounts to help you lower your out-of-pocket costs.

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

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.

**THIS PLAN PROVIDES LIMITED BENEFITS.**



# Plan Highlights

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

## 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 network discounts to help you stretch your benefits further. Any costs that exceed the benefit amount are the customer's responsibility.

## 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.

## No lifetime maximum

There's no overall lifetime maximum on your benefits, except for the Guaranteed Issue option.<sup>2</sup> You get the same yearly benefits no matter how long you have your plan.

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



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.<sup>1</sup>

Find a First Health provider at: [www.firsthealthlbp.com](http://www.firsthealthlbp.com)



# Plan Benefits

## INPATIENT HOSPITALIZATION

Hospital Admission

Confinement (Sickness) <sup>1</sup>

Confinement (Injury) <sup>1</sup>

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 <sup>1</sup>

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 day<sup>1</sup>

\$2,000; \$2,500; \$3,000;  
per day<sup>1</sup>

\$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 year<sup>1</sup>

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 day<sup>1</sup>

\$4,000; \$5,000; \$6,000;  
per day<sup>1</sup>

\$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 year<sup>1</sup>

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 day<sup>1</sup>

\$6,000; \$7,500; \$9,000;  
per day<sup>1</sup>

\$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 year<sup>1</sup>

\$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 day<sup>1</sup> /90 days

\$2,000; \$2,500; \$3,000;  
per day<sup>1</sup> /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

Confinement<sup>1</sup> and Office Visit<sup>1</sup> 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.

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.

# Plan Benefits

## INPATIENT HOSPITALIZATION

Hospital Admission

Confinement (Sickness)<sup>1</sup>

Confinement (Injury)<sup>1</sup>

ICU (Sickness)

ICU (Injury)

Health Care Practitioner Visit

## SURGERY & OBSERVATION UNIT

Surgeon (Tier 1)

Surgeon (Tier 2)

Surgeon (Outpatient)

Assistant Surgeon (Tier 1)

Asst. Surgeon (Tier 2)

Asst. Surgeon (Outpatient)

Anesthesia (Tier 1)

Anesthesia (Tier 2)

Anesthesia (Outpatient)

Outpatient Surgical Facility

Observation Unit

## OUTPATIENT & DRUGS

Office Visit<sup>1</sup>

Preventive Care Office Visit

Urgent Care Visit

Outpatient Prescription Drugs

## LABORATORY SERVICES

Radiology

Laboratory

## EMERGENCY SERVICES

Ambulance (Ground)

Ambulance (Air)

Emergency Room

## Fundamentals PLUS

\$750; 3 per year

\$2,000; \$2,500; \$3,000; per day<sup>1</sup>

\$4,000; \$5,000; \$6,000; per day<sup>1</sup>

\$3,000/day; 60 days

\$5,000/day; 60 days

\$75/visit; 10 per year

\$8,000/surgery

\$4,000/surgery

\$3,000/surgery; 3 per year

\$3,500/surgery; 4 per year

\$1,500/surgery; 4 per year

\$2,000/surgery; 3 per year

\$2,000/surgery; 3 per year

\$750/surgery; 3 per year

\$750/surgery; 3 per year

\$500/surgery; 3 per year

\$1,000/day; 1 per year

\$125/visit; 6; 7; 8; per year<sup>1</sup>

\$125/visit; 1 per year

\$100/visit; 5 per year

\$15 reimbursement/fills; 50 fills

\$200/test; 3 per year

\$50/test; 7 tests per year

\$750/trip; 1 per year

\$1,500/trip; 1 per year

\$500/visit; 2 per year

## Enhanced PLUS

\$1,000; 3 per year

\$3,000; \$3,750; \$4,500; per day<sup>1</sup>

\$6,000; \$7,500; \$9,000; per day<sup>1</sup>

\$3,000/day; 60 days

\$5,000/day; 60 days

\$75/visit; 10 per year

\$10,000/surgery

\$5,000/surgery

\$5,000/surgery; 4 per year

\$5,000/surgery; 4 per year

\$2,500/surgery; 4 per year

\$2,500/surgery; 4 per year

\$2,500/surgery; 4 per year

\$1,000/surgery; 4 per year

\$1,000/surgery; 4 per year

\$750/surgery; 4 per year

\$1,500/day; 2 per year

\$150/visit; 7; 8; 9; per year<sup>1</sup>

\$150/visit; 2 per year

\$100/visit; 8 per year

\$15 reimbursement/fills; 50 fills

\$300/test; 5 per year

\$50/test; 10 tests per year

\$1,500/trip; 1 per year

\$2,500/trip; 1 per year

\$500/visit; 3 per year

# 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.**

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There's no overall lifetime maximum on your benefits.



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.



# How does it work?

## Here's an example:

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 benefits would pay and help you reduce your costs:

### EXAMPLE: Visit to the ER with an X-ray.

<b>X-RAY FEE:</b>	<b>\$110<sup>1</sup></b>
<b>EMERGENCY ROOM FEE:</b>	<b>\$925<sup>1</sup></b>
<b>NETWORK DISCOUNT:</b>	<b>- \$390<sup>2</sup></b>
<b>TOTAL INITIAL HOSPITAL CHARGES:</b> <small>(Less an Average Network Discount for First Health Network Providers)</small>	<b>\$645</b>
<i>Fundamental Level benefits</i>	
<b>RADIOLOGY BENEFIT:</b>	<b>- \$250</b>
<b>EMERGENCY ROOM BENEFIT:</b>	<b>- \$250</b>
<b>TOTAL BENEFITS:</b>	<b>- \$500</b>
<b>TOTAL COST TO YOU:</b>	<b>\$145</b>



This is an example<sup>3</sup> of how National General Access can help you cover unexpected medical costs.

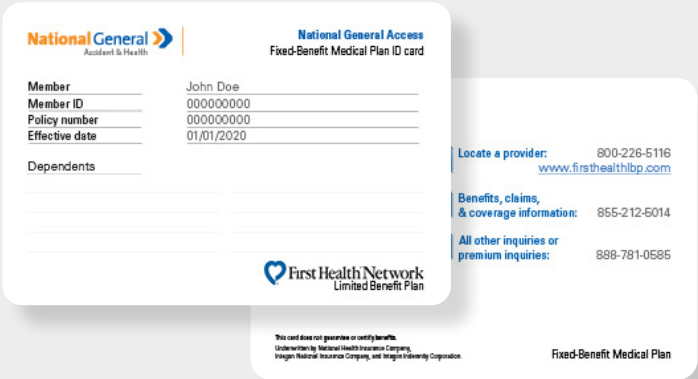
## Here's how you use it.

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.<sup>4</sup> 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 receipt<sup>5</sup> showing the drug, prescription number, quantity, and cost. Reimbursement will be paid directly to you.<sup>6</sup>

### Your National General Access Insurance Card



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 Fundamentals, Enhanced, Fundamentals Plus, and Enhanced Plus levels.



# Questions? Answers.

## **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 by the ACA.

## **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.** 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.** 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.firsthealthbp.com](http://www.firsthealthbp.com)

## **Q.** Does this plan cover Pre-Existing Conditions ?

No, 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. Please note that this pays a set fixed-benefit so 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, Enhanced, Fundamentals Plus, and Enhanced Plus levels only).

## **Q.** Is there a waiting period?

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

## **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

## Pre-Existing Condition Limitation

There is no coverage for a Pre-Existing Condition for a continuous period of 12 months following the Policy 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 Policy 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.

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.

# Who we are

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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+ (Superior) 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, Integon National Insurance Company, and Integon Indemnity Corporation have been rated as A+ (Superior) by A.M. Best. Each underwriting company is financially responsible for its respective products.

Brochure for use in: ME, WI



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

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