



National General

Accident & Health

National General Access plans are fixed benefit medical plans that help pay for out-of-pocket costs for covered services. This plan is available to you through a LIFE Association membership.

NGAH-NGABRO-PLUS

ACCESS

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

About this product

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.

A LIFE Association Membership

LIFE Association, Inc. is a not-for-profit Association, established in 1990 for the purpose of improving the personal, professional, and financial lives of our Members. LIFE's industry leading educational, lifestyle and health resources are second to none. Various association membership plans include Educational Training, Healthcare, Identity Theft Protection, Wellness Savings, Travel Services, Retail Savings, Family Programs, and Quarterly Newsletters.

As a valued Member, you will have access to a large variety of upgraded healthcare benefits offered through the Association Group Insurance contracts with major insurers. These health plans are designed with cost in mind, so there is an array of excellent choices to meet each Member's budget.



**Empowered Members,
Informed Choices**

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 help 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.¹
- 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.
- Quality of life benefits like telemedicine and discounts on a variety of everyday items and services through the LIFE Association membership.

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.

THESE PLANS PROVIDE 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 your 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.² The plan pays up to the maximum benefit amount each year you own your plan.



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.

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)¹

Confinement (Injury)¹

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 Visit¹

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 day¹

\$4,000; \$5,000; \$6,000; per day¹

\$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 year¹

\$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 day¹

\$6,000; \$7,500; \$9,000; per day¹

\$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 year¹

\$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.

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.



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.

X-RAY FEE:	\$110¹
EMERGENCY ROOM FEE:	\$925¹
NETWORK DISCOUNT:	- \$390²
TOTAL INITIAL HOSPITAL CHARGES: <small>(Less an Average Network Discount for First Health Network Providers)</small>	\$645

Fundamental Level benefits

RADIOLOGY BENEFIT:	- \$250
EMERGENCY ROOM BENEFIT:	- \$250
TOTAL BENEFITS:	- \$500
TOTAL COST TO YOU:	\$145



This is an example³ of how National General Access can help you cover unexpected medical costs.

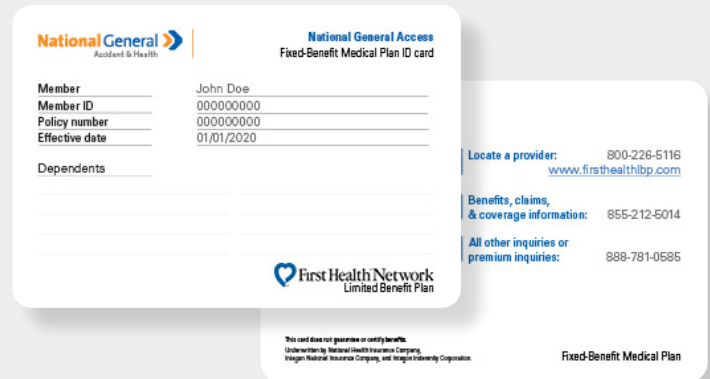
Here's how you use it.

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.⁴ If the services cost more than the amount of the benefit, you will be responsible for the remaining costs.

Prescription claims:

If you choose a plan level that includes prescription benefits, you first 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 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.



LIFE Association Membership



Save on your health, wellness and more!

LIFE Association is a not-for-profit, members-only association that not only provides you with access to this insurance, but also with lifestyle-related benefits and discounts on everyday services and needs. This includes things such as travel, entertainment, financial services, home protection, and more.

Learn more at: <https://www.lifeassociation.org/>



Members get access to great health related benefits like:

Telemed for LIFE

Telemedicine is a modern, easy-to-use solution for non-emergency illnesses like colds, the flu, rashes, and more. Doctors are available 24 hours a day, 365 days a year.

Travel

Whether you're flying home for the holidays, planning a romantic getaway, or just need tickets to a sold-out Broadway show, LIFE Association has benefits and savings you're going to love.

Diagnostic Facility and Hospital Negotiations¹

Members in need of a diagnostic radiology procedure (MRI, MRA, CT scan, PET scan, etc.) may save 5%-60% through the savings program. Members facing hospitalization may also use the LIFE Association negotiation services, which may significantly reduce costs.

ID Protection

LIFE Association will monitor thousands of databases and millions of records to keep your identity safe. Should you become a victim of identity theft, recovery specialists will help you restore your pre-theft status.

Wellness

Get access to the lowest rates at over 11,000 high-quality fitness facilities and take the first step towards a healthier lifestyle.

WORK/LIFE BALANCE • WELLNESS • HEALTHCARE • FINANCIAL SECURITY • COMMUNITY OUTREACH

LIFE Association memberships are made available through AHCP, LIFE's exclusive Program Manager. For questions call 877-228-8773.

ASK YOUR AGENT FOR A LIFE MEMBERSHIP BOOK FOR DETAILS. LIFE Association Membership benefits may vary by state. Lifestyle and wellness benefits and discounts are not insurance. Your agent and National General Accident & Health may receive financial compensation in connection with membership fees. | 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.



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?

With your National General Access plan, you have access to First Health Network providers that may offer you a discount on services, saving you money up front. There are no penalties for seeing a doctor that is not in the network. The plan pays the same dollar amount no matter which provider you see. You are responsible for all remaining costs.

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.firsthealthlbp.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. If you choose a plan that includes prescription benefits 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. 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 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.

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

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: AL, AR, AZ, FL, GA, IL, KY,
LA, MI, MS, NC, OH, OK, SC, TN, TX, VA, WV



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Accident & Health