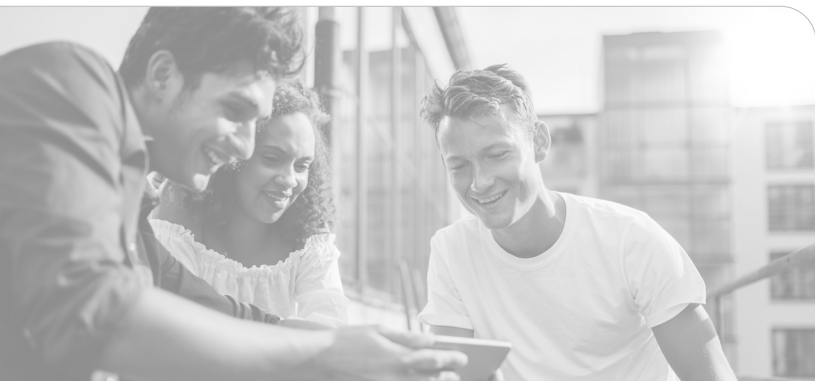




Short Term Medical

Health care coverage for you and your family from National General.

PPO Network provided by: **aetna**[®]



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

NGAH-STMPPO-OPTIONALBRO-ID

National General 
Accident & Health

For use in Idaho

Brochure Overview

Our Short Term Medical Plan

Short Term Medical gives you the flexibility to get the coverage you want, for the time that best suits you.

Get access to benefits and options that provide protection for the costs associated with everyday health care and the unexpected, such as:

- Doctor visits and preventive care.
- Emergency room and hospital stays.
- Pharmacy benefits and discount options.

Together with network providers like Aetna® our Short Term Medical plans can save you more on your health care; and help you keep your wallet, coverage, and wellness going strong.

An optional LIFE Association membership is available to you. See page 7 for details.



THIS PLAN PROVIDES LIMITED BENEFITS.

Short Term Medical plans are medically underwritten and do not cover pre-existing conditions. They are not Minimum Essential Coverage under the Affordable Care Act.

Short Term Medical Highlights

A quick breakdown on some key features and benefits of our Short Term Medical plan.

Office visits for everyone

Office visit benefits come with all our plans and copay options are available.

Next day effective dates

Get the benefits you need for injuries and preventive care right away, with eligibility for sickness benefits after just 7 days.¹

Deductible waived on Urgent Care visits

You pay a \$50 access fee and the rest applies to coinsurance.

Prescription drug options

Keep your costs low with a pharmacy discount card on all plans, or a \$10 copay on generics with our Copay Enhanced PPO plan.

Flexible coverage periods and solutions

Choose the coverage duration that best suits your needs, whether it's 30 days or 6 months.²



Coverage for the time you need it!



Access to
aetna[®]

Choose your doctor from more than 690,000 primary care doctors and specialists across 5,700 hospitals in the Aetna Open Choice[®] PPO Network³

Find a provider at: [MyNatGen.com/aetnaOpenChoicePPO](https://www.aetna.com/about-us/aetna-facts-and-subidiaries/aetna-facts.html)

1. The 7 day wait on sickness is waived if the application date is more than 7 days from effective date. | 2. In Idaho, maximum coverage duration is 185 days when using single pay.
3. Provider count source: <https://www.aetna.com/about-us/aetna-facts-and-subidiaries/aetna-facts.html>

Plan Options & Benefits

¹ Individual Plan Deductible

Coinsurance (% Paid by you)

¹ Out-of-Pocket Limit
(Coinsurance, Deductible & Copays)

Coverage Period Maximum

Office Visits
including preventive visits

³ Pharmacy

⁴ Outpatient Services

Adult Screenings

Essentials PPO		Enhanced PPO										Copay Enhanced PPO	
\$5k	\$10k	\$2.5k	\$2.5k	\$2.5k	\$5k	\$5k	\$5k	\$7.5k	\$10k	\$25k	\$6k	\$8k	
40%	40%	50%	20%	0%	50%	20%	0%	20%	0%	0%	0%	0%	
\$12.5k	\$17.5k	\$7.5k	\$7.5k	\$2.5k	\$10k	\$10k	\$5k	\$12.5k	\$10k	\$25k	\$6k	\$8k	
\$1,000,000		\$1,000,000										\$5,000,000	
– Applies to deductible & coinsurance		– Applies to deductible & coinsurance										Copay:² \$40 PCP; \$60 Specialist Up to 6 months: Single: 1 total Family: 3 total	
Not Applicable		Not Applicable										– \$10 Copay on generic drugs – Maximum benefit of \$3,000	
– Applies to deductible & coinsurance – \$15,000 Limit		– Applies to deductible & coinsurance – No Limit										– Applies to deductible & coinsurance – No Limit	
– Applies to deductible & coinsurance		– Applies to deductible & coinsurance										– Includes Immunizations – Applies to deductible & coinsurance	

GENERAL BENEFITS

These benefits apply to all plan options. Please refer to your Benefits Schedule for a complete list.

Inpatient Services

Includes Hospital Stays
Applies to deductible and coinsurance

Emergency Room Visit ⁵

\$250 access fee; waived if admitted
Applies to deductible and coinsurance

Diagnostic, X-Ray & Lab

Applies to deductible and coinsurance

Urgent Care ⁵

\$50 access fee. Deductible waived.
Remaining cost subject to coinsurance

Child Immunizations

First Dollar Benefit

Out-of-network deductibles and coinsurances are double their in-network amounts. Coinsurance percentages are the same for out-of-network services.

1. Deductible and Out-of-Pocket values are per person. | 2. Additional applies to deductible and coinsurance. Copay not applicable to out-of-network services.
3. No waiting period applies. | 4. Includes services such as Surgeon, Anesthesia, Office Visits, Preventive Services, Urgent Care, Diagnostics and Lab.
5. Access Fees do not accrue towards the Out-of-Pocket Limit.

Guaranteed Issue PPO Plan and Benefits

Get coverage, guaranteed

Our Guaranteed Issue PPO¹ plan is a great alternative to our Essentials, Enhanced, or Copay Enhanced plans. You are guaranteed eligibility and there is no health questionnaire to fill out.

Pick the option that works best for you and you're all set. With many of the same benefits as our other PPO plan options, you can't go wrong.

Plan	Guaranteed Issue PPO	
Individual Plan Deductibles ²	\$3,500	\$5,000
Coinsurance - (%paid by you)	20%	10%
Out-of-Pocket Limit ² (Coinsurance, Deductible & Copays)	\$10,000	\$10,000
Coverage Period Maximum	\$1,000,000	\$1,000,000

Guaranteed Issue PPO Benefits

Office Visits (including preventive) <i>Applies to deductible and coinsurance</i>	Emergency Room Visit³ \$250 access fee; waived if admitted <i>Applies to deductible and coinsurance</i>	Inpatient Services Includes Hospital Stays <i>Applies to deductible and coinsurance</i>	Urgent Care³ \$50 access fee. Deductible waived. Remaining cost subject to coinsurance.	Outpatient Services Includes services such as Surgeon, Anesthesia, Office Visits, Preventive Services, Urgent Care, Diagnostics & Lab. <i>Applies to deductible and coinsurance</i>
Child Immunizations First Dollar Benefit	Diagnostic & Lab <i>Applies to deductible and coinsurance</i>	Adult Screenings <i>Applies to deductible and coinsurance</i>	Outpatient Services No limit	



Out-of-network deductibles and coinsurances are double their in-network amounts. Coinsurance percentages are the same for out-of-network services.

1. Short Term Medical plans do not cover costs associated with pre-existing conditions. | 2. Deductible and Out-of-Pocket values are per person. | 3. Access Fees do not accrue towards the Out-of-Pocket Limit.

What about out-of-pocket costs?

We have smart solutions for those, too

Short Term Medical coverage helps you get the health care coverage you need, when you need it. But, like other insurance plans, there are always out-of-pocket costs. Out-of-pocket costs include expenses you are responsible for like deductibles and coinsurance.

Add one of our Supplemental Coverage plans to get out-of-pocket protection from costs not covered by your Short Term Medical plan. They're affordable options that help you keep more money in your pocket.

Get supplemental coverage for:



Accidental Injuries



Cancer and Heart/Stroke



Critical Illnesses



Hospital Stays

How does Supplemental coverage work?

The average cost of a fractured hip is \$12,923.¹ Now, let's assume you chose to pair our Plan Enhancer supplemental coverage with a \$5,000 benefit level with our \$5,000 deductible Short Term Medical plan.

Treatment Cost	\$12,923¹
Short Term Medical Deductible	\$5,000
Plan Enhancer Paid	\$4,750
Plan Enhancer Deductible	\$250



In this example, Plan Enhancer pays 98% of your medical plan's deductible.

1. Average cost of a fractured hip according to the National Center for Biotechnology Information. Retrieved April 17, 2015, from www.ncbi.nlm.nih.gov/pubmed/23035626

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 14,000 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.

Limitations & Exclusions

Pre-Existing Condition Exclusion

- » This Plan does not cover any charges related to Policy benefits resulting directly or indirectly from a Pre-Existing Condition or a complication resulting therefrom.

Pre-Existing Condition means:

- » A Sickness, Injury, or condition, including any related or resulting complications:
 - That would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the 6 months immediately preceding the Covered Person's Effective Date; or
 - A condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 6 months immediately preceding the Covered Person's Effective Date.
 - A Congenital Anomaly of a Covered Dependent child is not considered a Pre-Existing Condition. A pregnancy that exists on the day before the Covered Person's Effective Date will be considered a Pre-Existing Condition.

Organ Transplant or Marrow Reconstitution

Both Organ Transplant and Marrow Reconstitution services are covered under the plan pursuant to applicable terms and limitations. Benefits are subject to deductible and coinsurance.

- » Maximum benefit of \$100,000 per Certificate.
- » Donor expense maximum benefit of \$10,000 per Certificate.

Additional Charges Not Covered By This Policy

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) provided at no cost to the Covered Person; 3) not specifically listed in the Benefits section; 4) are in excess of the Maximum Allowable Amount or Maximum benefit stated.

- » Treatment, services or supplies that are: 1) Experimental or Investigational Services; 2) preventive; 3) prophylactic; 4) not Medically Necessary; 5) received in a clinical trial; 6) for the personal comfort or convenience of the Covered Person, the Covered Person's family, a Health Care Practitioner or a provider; 7) incurred outside of the United States or its possessions or Canada.
- » Suicide or attempted suicide, Health Care Practitioner assisted suicide, and intentionally self-inflicted injury; war or any act of war or participation in the military service of any country.
- » Treatment, services or supplies paid by Medicare or any other government law or program except Medicaid (Medi-Cal in California), motor vehicle insurance, no fault insurance or worker's compensation insurance.
- » Eyeglasses, contact lenses, eye exams.
- » Artificial hearing devices, batteries, cochlear implants, auditory prostheses or other mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
- » Family and/or marriage counseling; hypnotherapy; Custodial Care, respite care; rest care; supportive care; homemaker services; private duty nursing services rendered during Hospital confinement; standby Health Care Practitioners; hospice care.
- » Adjustments; manipulations; acupuncture; rolfing; cupping therapy; massage; biofeedback; neurotherapy; electrical stimulation; aversion therapy; non-medical items; self-care or self-help programs; stress management; aromatherapy; meditation or relaxation therapy; naturopathic medicine; homeopathic medicine.

- » Cosmetic Services, capsular contraction, augmentation or reduction mammoplasty, except Reconstructive Surgery.
- » Sales tax or gross receipt tax; provider administrative expenses; missed appointments; non-medical items.
- » Mental Illness or Substance Abuse; applied behavior therapy or applied behavior.
- » An Injury sustained while participating in any inter-collegiate sport or professional or semi-professional contact sports.
- » Charges for treatment, services or supplies in connection with the detection and correction by manual or mechanical means of structure imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects of it, where the interference is the result of or related to distortion misalignment, or subluxation of, or in the vertebral column.
- » Foot conditions.
- » Cranial orthotic devices.
- » Genetic testing, genetic counseling or reproductive treatment.
- » Pregnancy, except for Complications of Pregnancy; including but not limited to: childbirth; fetal reduction surgery; routine well baby care, including Hospital nursery charges at birth; abortion, except to preserve the life of the female upon whom the abortion is performed; 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.
- » Dental treatment, orthodontic treatment, or care for supporting structures of the teeth.
- » Herbal or homeopathic medicines or products; minerals; vitamins; appetite suppressants; dietary or nutritional substances or dietary supplements; Nutraceuticals; tube feeding formulas and infant formulas; medical foods.
- » Over-the-counter products or drugs; Inpatient Drugs prescribed for treatment of a Sickness or an Injury that is not covered; outpatient prescription drugs, except as otherwise covered.
- » Treatment, services or supplies provided by or through any Covered Person's Immediate Family member.

Prescription Drug Exclusions and Limitations

If you purchase the Copay Enhanced PPO plan with prescription drug coverage, then in addition to the exclusions and limitations listed in the Policy, we will not pay outpatient prescription drug benefits for:

- » Drugs that are:
 - Not on Our Drug List, received at a Non-Participating Pharmacy, or covered under the Plan.
 - Prescribed for treatment of a Sickness or Injury that is not covered under the Plan.
 - Dispensed in excess of the Supply Limits provision.
 - Taken to prevent the transmission of disease during activities such as intercourse, sharing of needles, or direct or indirect exchange of bodily fluids.

Limitations & Exclusions

- Obtained from Pharmacy provider sources online outside the United States.
- Designed or used to diagnose, treat, alter, impact, or differentiate genetic make-up or genetic predisposition.
- » Diagnostic kits and products, blood or blood products.
- » Duplicate prescriptions; replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescriptions refilled more frequently than the prescribed dosage indicates.
- » Bulk powder/chemical drugs and drugs containing, or made of, bulk powder/chemicals.
- » Compounded medications made up of two or more active parts or ingredients.
- » Combination drugs or drug products manufactured and/or packaged together and containing one or more active ingredients
- » Amounts above the Contracted Rate for a Participating Pharmacy.
- » DDAVP (desmopressin acetate) or other drugs used in the treatment of nocturnal enuresis (bedwetting) for a Covered Person under the age of 8.
- » Postage, handling and shipping charges for any drugs.
- » Contraceptives or devices other than oral contraceptives.
- » Injectable Outpatient Prescription Drugs.
- » Any administrative charge for drugs.

Short Term Medical is nonrenewable

This Short Term Medical plan is nonrenewable. Termination of this plan is not considered a qualifying life event for the purposes of enrolling in an ACA-compliant major medical plan.

If you choose to purchase a new subsequent Short Term Medical plan, you must submit a new application. Any sickness or condition developed during under a previous plan will be considered a pre-existing condition, regardless of whether the sickness or condition was covered under your previous plan, and will not be covered by subsequent Short Term Medical plans. Re-application may not be available in all states.

If you purchased a Renewability Rider at the time you initially enrolled in your Short Term Medical plan, then your plan will be renewable up to 36 months so long as you maintain compliance with the plan provisions.

This coverage is not required to comply with federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of pre-existing conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

This policy does not meet the definition of qualifying previous coverage or qualifying existing coverage. As a result, if purchased in lieu of a conversion policy or other group coverage, you may have to meet a pre-existing condition requirement when renewing or purchasing other coverage.

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.

For a full list of limitations and exclusions go to:

NatGenHealth.com/claims-help.php

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 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- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.

Brochure for use in: ID



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