



# Senior Indemnity

LIFE Association is pleased to offer Association members access to this fixed-benefit medical plan.

**National General**   
Accident & Health

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





# A predictable way to pay for health care

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 Medicare Advantage plan doesn't cover? What if I need coverage before I'm eligible for Medicare?"

This is where National General steps in. Our Senior Indemnity plans feature options to supplement Medicare Advantage Plans, and options to help you pay for services while you're waiting for Medicare eligibility. There are no network restrictions to worry about, so you can see any provider you like. The plans pay the full benefits regardless of other coverage you may have.

Senior Indemnity is an affordable and predictable way to help pay for hospital stays and surgeries<sup>1</sup>. You also get benefits to help pay for preventive care, doctor visits, X-rays and lab tests, and ambulance services.



## 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.

1. Surgical benefits available only with Max Plans

THESE PLANS PROVIDE LIMITED BENEFITS.

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 shown 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.

THIS IS NOT A MEDICARE SUPPLEMENTAL POLICY OR CERTIFICATE. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

National General Senior Indemnity plans are fixed-indemnity insurance plans that pay limited benefits. National General Senior Indemnity 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.



# Plan Highlights

National General Senior Indemnity helps you plan for and save on health care expenses, with five different plans to choose from.

## These plans feature:

- Immediate benefits for sickness, with a 90-day waiting period for preventive care.
- Benefits for office visits, urgent care visits, and laboratory services.
- Tier 1 and Tier 2 surgical benefits.<sup>1</sup>
- Up to 31 days of hospitalization per plan year.
- Eligibility: Primary and Spouse, age 65 – 75, renewable to age 85



## Max Plan Highlights

- Tier 1 and Tier 2 surgical benefits.
- Air ambulance benefits.
- Skilled nursing benefits, up to 60 days per year.
- Up to 31 days of hospital benefits per year.

## Base Plan Highlights

- Emergency room benefits, up to 2 visits per year.
- Office visits, preventive care, and urgent care benefits.
- Up to 31 days of hospital benefits per year.

## A My LIFE Senior Plus Association Membership



**Empowered Members,  
Informed Choices**

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. My LIFE Senior Plus

Association membership plans include discounts on diabetic supplies, gym memberships, dental procedures, vision exams and eyeglasses, podiatry services, LASIK surgery, chiropractic, and much more.

As a valued member, you will have access to a large variety of upgraded health care 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.

1. Surgical benefits available only with Max Plans.



# Plan Benefits

## About our benefits

The 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 is the same regardless of where you receive your care or how much your provider charges.

**All benefits are per plan year.**

### Max Plans

If you’re waiting for Medicare eligibility or missed your initial Medicare Enrollment Period, our Max plans might be right for you. You won’t need to worry about a gap in coverage while you wait.

### Base Plans

Our Base plans make great additions to Medicare Advantage plans. They’ll help you cover some out-of-pocket expenses that primary plans don’t cover.

	One	Two	Three	Four	Five
<b>Benefit Waiting Period:</b> 90 days from Effective Date for Preventive Care services	✓	✓	✓	✓	✓
<b>Inpatient Hospitalization</b>					
<b>Hospital Admission</b>					
\$ per day of confinement	\$1,000	\$2,000	\$5,000	\$250	\$1,000
Maximum benefit of 2 admissions per Plan Year	✓	✓	✓	✓	✓
<b>Daily Confinement - Sickness</b>					
\$ per day of confinement	\$250	\$500	\$1,000	\$150	\$300
Maximum benefit of 31 days of confinement per Plan Year	✓	✓	✓	✓	✓
<b>Daily Confinement - Injury</b>					
\$ per day of confinement	\$250	\$500	\$1,000	\$150	\$300
Maximum benefit of 31 days of confinement per Plan Year	✓	✓	✓	✓	✓
<b>Surgery</b>					
<b>Surgeon - Tier 1</b>					
\$5,000 per Surgery	✓	✓	✓		
Maximum benefit of 5 Surgeries per Plan Year	✓	✓	✓		
<b>Surgeon - Tier 2</b>					
\$ per Surgery	\$1,000	\$2,500	\$2,500		
Maximum benefit of 5 Surgeries per Plan Year	✓	✓	✓		



# Plan Benefits

	Max Plans			Base Plans	
	One	Two	Three	Four	Five
<b>Outpatient</b>					
<b>Office Visit</b>					
\$ per visit	\$75	\$75	\$75	\$50	\$50
Maximum benefit of 2 visits per Plan Year	✓	✓	✓	✓	✓
<b>Preventive Care Office Visit</b>					
\$ per visit	\$100	\$100	\$100	\$50	\$50
Maximum visits per Plan Year	1	1	2	1	1
<b>Urgent Care Facility Visit</b>					
\$ per visit	\$75	\$75	\$75	\$50	\$50
Maximum benefit of 2 visits per Plan Year	✓	✓	✓	✓	✓
<b>Testing Radiology and Laboratory Services</b>					
<b>Radiology</b>					
\$50 per test	✓	✓	✓	✓	✓
Maximum benefit of 2 tests per Plan Year	✓	✓	✓	✓	✓
<b>Laboratory</b>					
\$50 per test	✓	✓	✓	✓	✓
Maximum benefit of 2 tests per day, 2 tests per Plan Year	✓	✓	✓	✓	✓
<b>Emergency</b>					
<b>Ground Ambulance</b>					
\$ per trip	\$500	\$500	\$500	\$250	\$250
Maximum benefit of 2 trips per Plan Year	✓	✓	✓	✓	✓
<b>Air Ambulance</b>					
\$ per trip	\$5,000	\$5,000	\$5,000		
Maximum benefit of 1 trips per Plan Year	✓	✓	✓		
<b>Emergency Room</b>					
\$ per trip				\$50	\$50
Maximum benefit of 2 visits per Plan Year				✓	✓
<b>Transitional Care</b>					
<b>Skilled Nursing Facility</b>					
\$250 per day	✓	✓	✓		
Maximum benefit of 60 days per Plan Year	✓	✓	✓		



# My LIFE Senior Plus Association Membership



**Empowered** Members,  
**Informed** Choices

## 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 benefits and discounts on health-related services and needs.

**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.
- **Diabetic Supplies:** Services from Better Living Now include discounts on durable medical equipment, disposable medical supplies, nutritional supplements, and much more – most with no shipping charges.
- **Chiropractic & Alternative Care:** The ChooseHealthy® program provides you with access to a wide variety of credentialed specialty health care practitioners, with a 25% discount off regular fees from more than 37,000 contracted providers.

- **Dental, Vision, and Hearing:**

Get discounts on dental cleanings and procedures, eye exams and glasses, hearing tests and supplies.

*My LIFE Senior Plus also features discounts on podiatry services, lab services and screenings, gym memberships, and a quarterly eNewsletter.*

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.



# Limitations & Exclusions

This plan provides benefits only for Covered Services identified in the Benefits section.

We will not pay benefits for claims resulting from, or relating to, any of the following:

1. Sickness and Injury resulting directly or indirectly from a Pre-Existing Condition or a complication resulting therefrom for the first 12 months following the Covered Person's Effective Date.

**Pre-Existing Condition** means a Sickness, Injury, or condition, including any related or resulting complications:

- a. 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
- b. 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:

- i. The signs or symptoms reasonably should have allowed or would have allowed a medical provider to diagnose the condition; or
- ii. 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.

2. Treatment, services, or supplies received before the Effective Date or after this Certificate terminates in accordance with the Termination provision.
3. Treatment, services, or supplies not specifically listed as a Covered Services in the Benefits section.
4. Complications of non-covered treatment, services, or supplies.
5. Treatment, services, or supplies that are Experimental or Investigational Services.
6. Treatment, services, or supplies provided while participating in a clinical trial.
7. Charges for preventive services except as otherwise covered in the Benefits section.
8. Prophylactic services, including prophylactic surgery or other procedures performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
9. Suicide or attempted suicide, Health Care Practitioner assisted suicide, or intentionally self-inflicted injury.
10. War or any act of war; participation in the military service of any country.
11. A Covered Person's voluntary attempt to commit, participation in, or commission of a felony, whether or not charged.
12. Injury resulting from or related to being under the influence of:
  - a. Illegal narcotics or non-prescribed controlled substances.
  - a. Alcohol such that the Covered Person is intoxicated (where the blood-alcohol content meets or exceeds the legal presumption of intoxication under the law in the state where the Injury took place).
13. Charges for routine eye exams, eyeglasses, and contact lenses.
14. Eye surgery for cataracts, nearsightedness, farsightedness, or astigmatism.
15. Charges for routine hearing exams.
16. Cochlear implant, auditory prosthesis or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
17. Snoring, sleep disorders, the treatment or prevention for hair loss, change in skin pigmentation, or cognitive enhancement.
18. 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.
19. Custodial Care, respite care, rest care, supportive care, homemaker services, personal comfort or convenience of the Covered Person, the Covered Person's family, a Health Care Practitioner or a provider.
20. Cosmetic Services, including but not limited to cosmetic or plastic surgery, except for Reconstructive Surgery.
21. Capsular contraction, augmentation or reduction mammoplasty, except for Reconstructive Surgery.
22. Mental Illness or Substance Abuse.
23. An injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in any hazardous activity, whether or not compensation is received including, but not limited to:
  - a. Parachute jumping.
  - b. Hang-gliding.
  - c. Bungee jumping.
  - d. Rodeo activities.
  - e. Racing any motorized vehicle or conveyance.



# Limitations & Exclusions

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- f. Rock or mountain climbing.
- g. Skydiving.
- h. Parkour.
- 24. An 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:
  - a. Racing any non-motorized vehicle or conveyance.
  - b. Professional or semi-professional contact sports.
- 25. Injury sustained while participating in any inter-collegiate sport, contest or competition for any such sport, contest or competition.
- 26. Treatment, services, or supplies received outside of the United States or its possessions or Canada. Drugs or medications obtained from pharmacy provider sources outside the United States.
- 27. Treatment, services, or supplies resulting from or related to chronic pain disorders.
- 28. Foot conditions including, but not limited to, flat foot conditions, bunion, corns.
- 29. Reproductive or contraceptive treatment, services, or supplies including, but not limited to:
  - a. Pregnancy, except for Complications of Pregnancy.
  - b. Childbirth.
  - c. Fetal reduction surgery.
  - d. Infertility diagnosis and treatment.
  - e. Cryopreservation of sperm or eggs.
  - f. Surrogate pregnancy.
  - g. Umbilical cord stem cell or other blood component harvest.
  - h. Sterilization, drugs or devices used directly or indirectly to promote or prevent conception.
  - i. Abortion.
- 30. Treatment, services, or supplies, regardless of underlying causes, including, but not limited to:
  - a. Sex transformation.
  - b. Gender dysphoric disorder.
  - c. Gender reassignment.
  - d. Sexual function, dysfunction or inadequacy.
- 31. Dental treatment, services, or supplies
- 32. Orthodontic treatment, services or supplies, including, but not limited to, dental braces and dental appliances.
- 33. Care for supporting structures of the teeth.
- 34. Temporomandibular or craniomandibular joint dysfunction.
- 35. Maxillary or mandibular hypoplasia.
- 36. Malocclusion or mandibular protrusion or recession.
- 37. Maxillary or mandibular hyperplasia.
- 38. Sclerotherapy or other treatment, services, or supplies resulting from or related to varicose veins or spider veins.
- 39. Growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth.
- 40. Allergies (including allergy testing, allergy shots, and allergy immunotherapy), except for Emergency treatment of allergic reactions.
- 41. Services provided by or through any employer of a Covered Person or the employer of a Covered Person's Immediate Family member.
- 42. Services provided by or through any 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.
- 43. End stage kidney or end stage renal disease.
- 44. Treatment, services, or supplies related to transplants and organ donation.
- 45. Congenital conditions, except when provided to a newborn or newly adopted child who is a Covered Person.
- 46. Products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner:
  - a. Herbal or homeopathic medicines or products.
  - b. Minerals and vitamins.
  - c. Health and beauty aids.
  - d. Batteries.
  - e. Appetite suppressants.
  - f. Dietary or nutritional substances or dietary supplements.
  - g. Nutraceuticals.
  - h. Tube feeding formulas and infant formulas.
  - i. Medical foods.
  - j. Devices or supplies including, but not limited to, support garments, bandages and non medical items regardless of intended use.
- 47. Outpatient prescription drugs.



# Who we are

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National General Accident & Health is focused on providing supplemental and short-term coverage options to individuals. 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, AZ, FL, GA, IL,  
LA, MI, MS, NC, OK, SC, TN, TX, VA



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

