



Cancer and Heart/Stroke

A plan providing cash benefits to help pay for out-of-pocket costs associated with a cancer, heart attack or stroke diagnosis

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

NGAH-CHSBRO

National General 
Accident & Health


Have a plan for the kind of costs you can't see coming

Cancer and Heart/Stroke coverage gives you a plan to face the unthinkable with confidence

You never expect a life-threatening illness like cancer, heart attack or stroke. But if the unexpected happens, you want to be prepared.

With Cancer and Heart/Stroke coverage, you'll receive cash benefits upon your first diagnosis of life-threatening cancer, heart attack or stroke,¹ allowing you to get the care you need and pay your expenses.

Cancer and Heart/Stroke coverage provides:

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- Four benefit levels to choose from: \$25,000; \$30,000; \$50,000 and \$75,000
 - The flexibility to choose any doctor with no network restrictions
 - Cash benefits that you can use in any way you need



THIS PLAN PROVIDES LIMITED BENEFITS.

¹ Plan pays Heart/Stroke benefits for coronary artery disease or cardiac arrhythmia resulting in heart attack, coronary artery disease or cardiac arrhythmia resulting in coronary artery bypass, coronary artery disease resulting in coronary angioplasty and cerebrovascular disease resulting in stroke.



Cancer and Heart/Stroke coverage

Flexible, affordable and easy-to-use coverage providing financial help when it matters most

We designed our Cancer and Heart/Stroke coverage to make it:

Simple

- You're paid a lump-sum cash benefit for life-threatening cancer and heart attack or stroke
- Plan pays cash benefits per covered person²
- You receive payment regardless of the doctors, hospitals and treatments you choose

Flexible

- Plan pays in addition to any other coverage you may have
- You can add Cancer and Heart/Stroke coverage to any other medical plan

Easy to understand

- You pay just one family rate for any number of children

² In LA, coverage is available for individuals only. Separate policies are required for each family member.

³ Not an actual case. Presented for illustration only. Cost of services will vary.

* Average cost of cancer treatment for one year according to the Medical Expenditure Panel Survey, statistical brief #345, November 2011

How does this coverage work? Let's do some math.

Following a routine colonoscopy, Oscar found out he had colon cancer. After a year of treatment, his medical bills started adding up. On top of that, time away from work made it hard to keep up with other expenses.

Oscar has a Cancer and Heart/Stroke plan with a \$50,000 benefit level.³

TREATMENT COST

\$14,019*

**CANCER AND HEART/
STROKE PAID:**

\$50,000

**REMAINING CASH
BENEFITS:**

\$35,981



Oscar can use the remaining cash benefits in any way he needs, such as mortgage and vehicle payments

Benefits provided with this plan



A life-threatening diagnosis is scary enough

With Cancer and Heart/Stroke coverage, you get cash benefits when you need them most, so you can concentrate on recovery without worrying about your bills piling up.

Your Cancer and Heart/Stroke plan will pay cash benefits for a number of common, life-threatening diagnoses. Here's how it works:

If you're diagnosed with this:

FIRST-EVER, LIFE-THREATENING CANCER

**CORONARY ARTERY DISEASE OR CARDIAC
ARRHYTHMIA RESULTING IN HEART ATTACK**

**CORONARY ARTERY DISEASE OR CARDIAC
ARRHYTHMIA RESULTING IN CORONARY BYPASS**

**CORONARY ARTERY DISEASE RESULTING IN
CORONARY ANGIOPLASTY**

**CEREBROVASCULAR DISEASE RESULTING
IN STROKE**

Your plan pays this:

100% of your selected benefit amount

100% of your selected benefit amount

25% of your selected benefit amount*

10% of your selected benefit amount*

100% of your selected benefit amount

* For conditions paying partial benefits, your plan will pay you for other covered conditions until 100% of your selected benefit amount has been paid

Cancer and Heart/Stroke covered conditions and plan exclusions

Cancer and Heart/Stroke coverage provides benefits for cancer; coronary artery disease or cardiac arrhythmia resulting in heart attack; coronary artery disease or cardiac arrhythmia resulting in coronary artery bypass; coronary artery disease resulting in coronary angioplasty; and cerebrovascular disease resulting in stroke. Plan definitions, exclusions and limitations may vary by state.

DEFINITIONS OF COVERED CONDITIONS

Cancer

- A malignant tumor, including an in situ, and hematopoietic malignancy for which any of the following is recommended by your health care practitioner:
 - » Radiation; *or*
 - » Chemotherapy; *or*
 - » Immunotherapy; *or*
 - » Complete excision of an internal organ without need for further treatment; *or*
- Any metastatic cancer for which no therapy is recommended

For the purposes of this policy, cancer does not include:

- Noninvasive dermatologic carcinomas (basal cell carcinoma [BCC], squamous cell carcinomas [SCC], melanoma in-situ), cervical carcinoma in situ or other premalignant conditions such as myelodysplastic and myeloproliferative disorders, leukoplakia, hyperplasia; *or*
- An incidental pathological diagnosis found following surgical excision of an organ unless additional chemotherapy, radiation therapy and/or immunotherapy is recommended.

Please note that in most states, a 90-day waiting period applies to Cancer benefits, and a 30-day waiting period applies to Heart/Stroke benefits.

Heart coverage

Coronary artery disease

Acute coronary occlusion, coronary atherosclerosis, aneurysm and dissection of the heart, and coronary atherosclerosis due to lipid rich plaque.

Coronary artery disease

Cardiac dysrhythmias, paroxysmal supraventricular tachycardia, paroxysmal ventricular tachycardia, atrial fibrillation and flutter, and ventricular fibrillation and flutter.

Heart attack

A myocardial infarction resulting in the death of an area of the heart muscle due to insufficient blood supply to that area. The basis of the diagnosis must include:

- Serial measurements of cardiac biomarkers showing a pattern and level consistent with an acute myocardial infarction; and

- New electrocardiographic changes consistent with acute myocardial infarction.

For the purposes of this policy, heart attack does not include:

- Any other disease or injury involving the cardiovascular system; *or*
- A cardiac arrest that is not caused by myocardial infarction.

Coronary artery bypass

A procedure which uses a saphenous vein or internal mammary artery graft to surgically bypass obstructions in a native coronary artery or arteries to treat coronary artery atherosclerosis. Coronary artery bypass does not include balloon angioplasty, laser relief of obstruction or any other intra-arterial procedures.

Coronary angioplasty

An interventional procedure to widen or unblock the right coronary artery; left main stem; left anterior descending; or circumflex artery.

Stroke coverage

Cerebrovascular disease

Subarachnoid hemorrhage, intracerebral hemorrhage, occlusion and stenosis of precerebral arteries, and occlusion of cerebral arteries.

Stroke

Brain tissue infarction due to acute cerebrovascular incident, embolism, thrombosis or hemorrhage.

The basis of the diagnosis must include imaging documentation of new brain tissue infarction in association with acute onset of symptoms consistent with central nervous system neurological damage.

For the purposes of this policy, stroke does not include:

- Transient ischemic attacks (TIAs).
- Transient global amnesia (TGA).
- External trauma causing accidental injury to the brain.
- Brain damage due to infection, vasculitis, encephalopathy and inflammatory disease.
- Ischemic disorders of the vestibular system.

PRE-EXISTING CONDITION LIMITATION

A specified disease:

1. For which medical advice, consultation, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 24-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; *or*

2. That produced signs or symptoms during the 24-month period immediately prior to the covered person's effective date, which were significant enough to establish manifestation or onset by one of the following tests:

- » The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; *or*
- » The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment

EXCLUSIONS

This plan provides benefits for specified diseases (as listed) identified in the benefit schedule. We will not pay benefits for claims resulting, whether directly or indirectly, from specified diseases related to or resulting from any of the following:

- Any disease the covered person was diagnosed with prior to the effective date of this policy.
- Any disease first diagnosed in the applicable benefit waiting period (as shown in the benefit schedule) immediately following the policy effective date.* In such event, we will terminate the covered person's coverage under this policy and refund the premium paid for that coverage.
- Arrhythmia resulting in heart attack in association with use of an illegal drug or controlled substance, except when administered with advice of the covered person's health care practitioner.
- Any amount in excess of any maximum benefit.
- Diseases or conditions that do not meet the definition of a specified disease in this plan.

Coverage is renewable to age 75 provided there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Time Insurance Company's business operations in this state; and/or you have not moved to a state where this plan is not offered. Time Insurance Company has the right to change premium rates upon providing appropriate notice.

* In most states, a 90-day waiting period applies to Cancer benefits, and a 30-day waiting period applies to Heart/Stroke benefits. Where waiting periods do not apply, benefit payments will be reduced for a limited time.



National General Holdings Corp. (NGHC) is a publicly traded company with approximately \$2.5 billion in annual revenue. The companies held by NGHC provide personal and commercial automobile insurance, recreational vehicle and motorcycle insurance, homeowner and flood insurance, self-funded business products, life, supplemental health insurance products, Short Term Medical, and other niche insurance products.

National General Accident & Health, a division of , is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by Time Insurance Company (est. in 1892), National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation have been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.

Availability varies by state.

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.

Cancer and Heart/Stroke plans are designed to provide extra benefits in the event of a critical illness and do not provide comprehensive health (major medical) insurance or satisfy the government's requirements for minimum essential coverage.

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