Plan Enhancer
An Accident Medical Expense plan for unexpected out-of-pocket costs associated with accidents

For use in California, Colorado, Georgia, Kansas, Michigan, Tennessee, Virginia and Washington DC

In CA and VA, this plan is sold only with a membership with the L.I.F.E. Association. Membership fees apply.

NGAH-NHICPLANENHANCERBRO-AMEONLY-091118
Build a better plan

Improve your coverage with Accident Medical Expense

Have a plan for the unpredictable with Plan Enhancer’s Accident Medical Expense coverage. This plan gives you the opportunity to protect yourself from out-of-pocket costs you can’t see coming.

By paying cash benefits right to you, Plan Enhancer can help you face those unpredictable moments in life with confidence.

Choose one of four available benefit levels: $2,500; $5,000; $7,500* and $10,000

- Get coverage for accident-related health care costs with Accident Medical Expense
- Accident coverage is guaranteed-issue, ensuring you get the coverage you need
- No maximum number of covered accidents; no annual limit on coverage

THIS PLAN PROVIDES LIMITED BENEFITS.
* $7,500 not available in GA
Accident Medical Expense gives you the coverage you need to pay the high out-of-pocket medical bills following an accident.

Following a covered accidental injury, this plan will cover your accident-related medical expenses up to the benefit amount you choose.

**ACCIDENT MEDICAL EXPENSE DETAILS**

- $250 deductible*
- Pays covered out-of-pocket expenses up to the selected benefit amount
- Treatment-specific limits on ground ambulance, physical medicine and durable medical equipment
- Includes accidental death and dismemberment benefits
- No network restrictions
- No waiting period applies
- Covered persons can be 64 years of age or younger
- Acceptance is guaranteed

Let’s look at how Accident Medical Expense works:

Mark was painting the living room when he fell off the ladder and broke his ankle. He has a primary medical plan with a $5,000 out-of-pocket limit and Plan Enhancer with a $5,000 benefit level.

- Treatment Cost: $2,500
- Primary Medical Plan Paid: $0
- Plan Enhancer Paid: $2,250
- AME Deductible: $250

Mark is responsible for the remaining $250.

Availability and benefits vary by state.

1 Not an actual case. Presented for illustration only. Cost of services will vary.
*In Georgia, the deductible for the $10,000 benefit option is $500.
Limitations and Exclusions

ACCIDENT MEDICAL EXPENSE

We will not pay benefits for any charges, dismemberment or death that result from or are related to an accident sustained prior to the effective date of the coverage under this policy, or claims resulting from or related to sickness. In addition, charges directly or indirectly resulting from any of the following are not covered:

- Medical event, treatment, services or supplies for which benefits equal to or in excess of such charges are received under any other benefits
- Treatment, services or supplies that:
  - Are not included in the covered treatment definition
  - Are due to complications of a noncovered service
  - Are incurred before the covered person’s effective date or after the termination date of coverage
- Dental treatment except as otherwise covered for a dental injury
- Tendonitis, tenosynovitis, bursitis, overuse, strains, repetitive motions or stress, repetitive or cumulative traumas including, but not limited to, carpal tunnel syndrome, tennis elbow and thoracic outlet syndrome
- Hernia or heat exhaustion
- Treatment of mental or emotional disorders, alcoholism, substance abuse and drug addiction
- Cosmetic service, treatment that is not medically necessary, treatment, services and supplies for experimental or investigational services
- Treatment, services and supplies provided for or by a masseur, masseuse or massage therapist, a rolver, massage therapy; meditation or relaxation therapy; aromatherapy; holistic therapies; acupuncture, biofeedback, neuotherapy, and electrical stimulation
- Services or supplies ordered, directed or performed by a health care practitioner or supplies purchased from a medical supply provider who is a covered person, an immediate family member, employer of a covered person or a person who ordinarily resides with a covered person
- Treatment incurred outside of the United States, its possessions or Canada
- All prescription and over-the-counter products, drugs or medicines
- We will not pay benefits for accidental injury, accidental dismemberment or accidental death resulting from or related to any of the following:
  - An accident that occurred before the covered person’s effective date or after the termination date of coverage
  - Participation in the military service
  - War or any act of war
  - Voluntarily taking, absorbing, or inhaling any gas, poison or drugs
  - Voluntary use of alcohol or any controlled substance, as defined by statute, except when administered in accordance with the advice of the covered person’s health care practitioner, including accidents that occur while the covered person is under the influence of alcohol or drugs
  - Participation in an assault or commission of a felony
  - Any hazardous activity including, but not limited to: parachute jumping, hanggliding, bungee jumping, air or space travel in any vehicle other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, including a pit crew, rock or mountain climbing, mountaineering, spelunking and cave exploration, parkour, intercollegiate sports and extreme sports. Also excluded are treatment and services required due to accidental injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity
  - Any hazardous occupation or other activity for which compensation is received in any form, including sponsorship, such as, but not limited to: operating a taxi or delivery service; participating, instructing, demonstrating, guiding or accompanying others in skiing, horse riding, rodeo activities, professional or semi-professional sports, adult sporting competition at a national or international level and extreme sports. Also excluded are treatment and services required due to accidental injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity
  - Suicide or attempted suicide
  - Intentionally self-inflicted injury

For use in CA, CO, DC, GA, KS, MI, TN and VA.

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.

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