



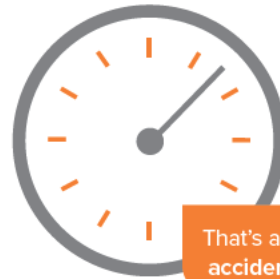
Accident Insurance



Why Accident Insurance?

Accidents happen, but that shouldn't stop you from living your life to the fullest. Whether your next adventure is traveling to a tropical destination or teaching your child to ride their bike, you can rest a little easier with NTA Life Accident Insurance.

Our coverage pays in addition to your major medical insurance and provides cash benefits for Emergency Care related to a Covered Injury. With an NTA Life Accident Insurance policy, you are empowered to spend more time planning your next adventure, and a little less time worrying about what might happen if you accidentally slip along the way.



In the next
10 minutes,

847 Americans will suffer an injury severe enough to require consultation with a medical professional.

That's an average of **5,082 medically consulted accidents every hour** during the year.

Source: Data from National Safety Council Injury Facts, 2017 edition. Centers for Disease Control. U.S. Statistics.

Here is a sample of just some of our benefits:

• Emergency care benefit

We know when you are injured the treatment you seek is often based on the severity of the Injury and the availability of care in your area. Our **Emergency Care Benefit** is payable when a Covered Person receives Emergency Care for a Covered Injury at an Emergency Room, Emergency Care Clinic, or Medical Practitioner's office.

Max 1 visit per Covered Injury/Calendar Year max applies.

• Diagnostic Imaging benefit

Payable for imaging procedures such as an x-ray, ultrasound, sonogram, CT scan, or MRI a Covered Person receives in connection with Emergency Care for a Covered Injury.

Max 1 image per Covered Injury/Calendar Year max applies.

• Ambulance benefit

Payable for transport to a Hospital emergency room by a ground or air ambulance for a Covered Injury, if a Covered Person incurs charges from a licensed ambulance company.

Max 1 trip per Covered Injury/Calendar Year max applies.

• Initial hospital confinement benefit

Payable for the first day of a Hospital Confinement of a Covered Person for a Covered Injury.

Max 1 trip per Covered Injury/Calendar Year max applies.

YOU DECIDE how and when benefits are used.

Our benefits pay directly to you, or whomever you designate, allowing you to use the cash benefits for items that your major medical insurance does not cover.

Semi-monthly premiums | based on 24 pay periods

NTA ACCIDENT BASIC		NTA ACCIDENT CLASSIC		NTA ACCIDENT ELITE	
GROUP 1	PER PAY PERIOD	GROUP 1	PER PAY PERIOD	GROUP 1	PER PAY PERIOD
INDIVIDUAL	\$3.55	INDIVIDUAL	\$7.10	INDIVIDUAL	\$11.95
ONE PARENT	\$5.33	ONE PARENT	\$10.65	ONE PARENT	\$17.93
EMPLOYEE + FAMILY	\$7.53	EMPLOYEE + FAMILY	\$15.05	EMPLOYEE + FAMILY	\$25.05
GROUP 2	PER PAY PERIOD	GROUP 2	PER PAY PERIOD	GROUP 2	PER PAY PERIOD
INDIVIDUAL	\$4.95	INDIVIDUAL	\$9.90	INDIVIDUAL	\$16.93
ONE PARENT	\$7.48	ONE PARENT	\$14.95	ONE PARENT	\$25.88
EMPLOYEE + FAMILY	\$10.18	EMPLOYEE + FAMILY	\$20.35	EMPLOYEE + FAMILY	\$34.55
GROUP 3	PER PAY PERIOD	GROUP 3	PER PAY PERIOD	GROUP 3	PER PAY PERIOD
INDIVIDUAL	\$10.33	INDIVIDUAL	\$20.65	INDIVIDUAL	\$36.20
ONE PARENT	\$17.38	ONE PARENT	\$34.75	ONE PARENT	\$61.50
EMPLOYEE + FAMILY	\$21.45	EMPLOYEE + FAMILY	\$42.90	EMPLOYEE + FAMILY	\$75.10

Questions about exclusions and limitations? We have answers

1. What is the purpose for buying this insurance policy?

This Policy is a SPECIFIED DISEASE INSURANCE POLICY (may be called a LIMITED BENEFIT POLICY, a LIMITED POLICY, or a CANCER-ONLY POLICY). It provides insurance protection only for treatment of Cancer and, unless specifically noted in the Policy, does not cover any other disease or complication caused or contributed to by Cancer.

2. Are the capitalized words i see throughout the brochure, like “day” and “hospital” capitalized for a reason?

Yes, critical definitions of capitalized words are contained in your Policy along with a complete description of all exclusions and limitations. READ YOUR POLICY CAREFULLY since only the Policy provisions, not this brochure, control.

3. Can i decide to cancel the policy at any time, and can you, the insurance company, cancel it as well?

If after reading your Policy you decide you do not want it, send it back to us within 10 days after receipt. A refund will be provided and the Policy will be voided from its date of issue. After 10 days of initial policy receipt, you can cancel the Policy by sending written notice to us or by simply not paying the renewal premium at any time. However, elections to pay premiums through pre-tax deductions in an IRS Section 125 plan generally may only be changed at the end of a plan year or after a qualifying event. We, the insurance company, cannot cancel the Policy and guarantee you the right to keep it in force by timely paying your premiums when due or during the Grace Period for your entire life. We do have the right to increase premiums, but only if we do so for all similar policies in your state.

4. How do we resolve any dispute that might arise?

If the dispute is over claims, you have the right to have our Claims Appeal Committee review the matter. We have an excellent record at resolving disputes and misunderstandings. Any unresolved dispute concerning your Policy will be governed by the Dispute Resolution Program in the Policy (in AL, CO, DE, ID, MI, MS, NV, TN, WI).

5. When might a benefit for a covered disease not be payable to me?

No coverage is provided for two years (six months in NM; one year in ID, NC, VA, WA, WV) after the Policy's Coverage Effective Date (generally, the issue date) for a Preexisting Condition. Generally, a Preexisting Condition is a condition, whether known or unknown, for which: [1] medical advice (“consultation” in KY), or treatment was recommended by or received from a Physician within the two year period (six month period in GA, ID, NM, NV; one year period in NC, WI; five year period in WA) before the Coverage Effective Date; or [2] symptoms existed within the two year period (six month period in GA, ID, NM; one year period in IL, NC, SC, WI; five year period in WA) before the Coverage Effective Date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment. Part [2] not applicable in KY or NV. For VA policies, a Preexisting Condition is a condition which: [1] was diagnosed by a Physician before the Coverage Effective Date and for which medical advice, consultation or treatment was recommended by or received from a Physician within the five year period before the Coverage Effective Date; or [2] manifested itself within the six month period before the Coverage Effective Date. For Cancer that is First Diagnosed within the 30 days following the Coverage Effective Date, the Express Payment Benefit will not be paid, and benefits, except for the 30-Day Payment Benefit in AZ and MO, will only be paid for any care and treatment of that condition received more than two years (30 days in GA and VA; 31 days in ID, OK; 90 days in WA; 120 days in FL; one year in NC) following the Coverage Effective Date. No benefits are provided for care or treatment that is not Medically Necessary. No benefits are provided for conditions that are not covered conditions under the Policy terms.

6. Is there any coverage for events before the policy is issued or after the policy lapses or terminates?

The Coverage is provided after the Coverage Effective Date for a Covered Person and until the Policy terminates (other than continuous Hospital confinement for up to 90 Days, as specified in the Policy).

Policy Form GRC-2005 (11/11) and state specific versions. Premium and benefits vary with the benefit level selected.
Hospital generally does not include a Hospice, convalescent home, or extended care facility.





Cancer Insurance



Why Cancer Insurance?

A cancer diagnosis can be a challenging bump in the road to overcome, one that unfortunately many Americans know all too well.

NTA Life's Cancer insurance coverage pays in addition to your major medical insurance and provides benefit payments directly to you or whomever you designate, empowering you to focus more on healing and less on bumps in the road.

Source: Cancer Facts and Figures 2019 American Cancer Society. The above facts are presented for information only and do not imply coverage provided under this policy or endorsement of the American Cancer Society. The American Cancer Society does not endorse any product or service.

The lifetime risk of developing invasive cancer in the United States is...



**1 IN 3
MEN**



**1 IN 3
WOMEN**

Here is a sample of just some of our benefits:

• Cancer screening benefit (wellness)

Our Wellness Benefit is paid once per Calendar Year for each Covered Person who receives a pap-smear lab, chest x-ray, colonoscopy, or other wellness tests specified in the Policy that is used for the detection of Cancer.

• Inpatient/outpatient Injected chemotherapy benefit

Payable for each day a Covered Person receives Chemotherapy Treatment by injection, either during the first 60 days of One Period of Confinement or at an Outpatient Care Facility.

• Surgeon's fee benefit

Payable for surgery for the care and treatment of Cancer, while in or out of the Hospital, including surgery for Skin Cancer. Benefit maximum per surgery.

• Reconstructive surgery

Paid similarly to the Surgeon's Fee Benefit if performed within 3 years of a Covered Surgery for which benefits were paid.

YOU DECIDE how and when benefits are used.

Our benefits pay directly to you, or whomever you designate, allowing you to use the cash benefits for items that your major medical insurance does not cover, such as:



Copays and other out of pocket medical costs



Home mortgage, rent, or utilities



Transportation and lodging



Childcare



Other unforeseen expenses

SEMI-MONTHLY PREMIUMS | BASED ON 24 PAY PERIODS

NTA CANCER BASIC		NTA CANCER GREEN		NTA CANCER ELITE	
YOUR COST:	PER PAY PERIOD	YOUR COST:	PER PAY PERIOD	YOUR COST:	PER PAY PERIOD
INDIVIDUAL	\$5.38	INDIVIDUAL	\$10.75	INDIVIDUAL	\$16.13
ONE PARENT	\$5.98	ONE PARENT	\$11.95	ONE PARENT	\$17.93
EMPLOYEE + FAMILY	\$9.98	EMPLOYEE + FAMILY	\$19.95	EMPLOYEE + FAMILY	\$29.93

Questions about exclusions and limitations? We have answers

1. Are the capitalized words I see throughout the brochure, like “covered injury” and “emergency care” capitalized for a reason?

Yes, critical definitions of capitalized words are contained in your Policy, along with a complete description of all exceptions and limitations. READ YOUR POLICY CAREFULLY since only the Policy provisions, not this brochure, control.

2. Can I decide to cancel the policy at any time, and can you, the insurance company, cancel it as well?

If after reading your Policy you decide you do not want it, send it back to us within 10 days after receipt. A refund will be provided and the Policy will be voided from its date of issue. After 10 days of initial policy receipt, you can cancel the Policy by simply not paying the renewal premium. However, elections to pay premiums through pre-tax deductions in an IRS Section 125 plan generally may only be changed at the end of a plan year or after a qualifying event. We, the insurance company, cannot cancel the Policy and guarantee you the right to keep it in force by timely paying your premiums when due or during the Grace Period for your entire life. We do have the right to increase premiums, but only if we do so for all similar policies in your state.

3. When might a benefit not be payable to me?

No benefits are provided for services or supplies that are not Medically Necessary or (except in VA) are attributable to a recurrence, exacerbation, or aggravation of any bodily harm sustained or any condition suffered by the Covered Person prior to the Coverage Effective Date of the Policy. This Policy does not provide benefits if the Covered Person's Injury is caused or (except in IL, and exclusions 3 and 4 in TN) contributed to by:

(1.) Suicide, attempted suicide, or an intentionally self-inflicted injury; (2.) (Except in MI, OR and VA) Any poison (except CA), gas, or fumes (except in CA), voluntarily absorbed, inhaled, or taken; or medical or surgical treatment of these acts; (3.) (Except in MI, NV, OR, and SC) Injury of a Covered Person resulting from the Covered Person's intoxication or being under the influence of any intoxicant (unless administered on the advice of a physician in GA: “narcotics (unless taken or used as prescribed by a Medical Practitioner)” in LA; “being drunk” in VA); (4.) (Except in MI, NV, and SC) The voluntary use or taking (“being under the influence” in VA) of any narcotic (“narcotics” in LA) (unless taken or used as prescribed by a Medical Practitioner); (5.) A Covered Person acting as a pilot or crew member in any aircraft; or (except in VA) while a passenger in aircraft operated by the armed forces or used for training, practice, tests, experimental or exhibition or stunt purposes; or while a passenger (other than a fare-paying passenger) in any aircraft; (6.) Cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a Child that has resulted in a functional defect; (7.) The Covered Person's commission or attempted commission of a felony; or being engaged in an illegal occupation; or (except in CA and VA) while the Covered Person is incarcerated in a municipal, county, state, or federal correctional facility; (8.) War or act of war (whether declared or undeclared (“other than Terrorism” in FL)); participation in a felony, riot or insurrection; services in the armed forces or units auxiliary to it; (9.) (Except in IL and VA) Engaging in parachuting, hang-gliding, mountaineering, bungee jumping, or (except in FL) similar activities; (10.) (Except in IL and VA) Participation in (In CA, “professional”) competitive athletic contests of any type where compensation or monetary awards are received; (11.) (Except in IL and VA) The use of any motor driven vehicle in a race stunt show, or speed test; (12.) (Except in CA) Syncope, seizure, or Transient Ischemic Attack (TIA); (13.) Any disease, sickness, infection, or other disorder, unless such condition is a Medical Complication initially treated by a Medical Practitioner within 72 hours of the Covered Injury; (14.) Any bodily infirmity, mental infirmity, or psychiatric illness; or medical or surgical treatment therefor; (15.) (Except in CA) Diseases or conditions resulting from the bite or sting of an insect or spider; or (16.) Infestation by any virus, bacteria, or microorganism including food poisoning unless such infestation is a Medical Complication initially treated by a Medical Practitioner within 72 hours of the Covered Injury.

This Policy pays benefits only for loss resulting from a Covered Injury, which occurs while this Policy is in force. If Emergency Care received is due to more than one Covered Injury resulting from the same Accident, benefits will be payable only for the Covered Injury with the greatest covered benefits. This Policy does not provide benefits for a Covered Injury that occurs while a Covered Person is on active duty status in the armed forces. If we receive notice in advance (advanced notice not required in TX and VA) of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.

Policy Form GRA-3004 (1/15) and state specific versions. Premium and benefits vary with the benefit level selected.
Hospital generally does not include a Hospice, convalescent home, or extended care facility.





Disability Insurance



Why Disability Income Insurance?

You are in the driver seat when it comes to financial decisions related to your career, home, and savings for retirement, but Injury and Sickness can cause obstacles that limit your choice and control.

Our Disability Income Insurance coverage pays in addition to workers' compensation, sick leave and major medical insurance. With NTA Life Disability Income Insurance, you can take back control and more easily maneuver financial obstacles that may come your way due to an Injury or Sickness.

1 in 4

of today's 20 year-olds in the U.S. will become disabled before reaching age 67.



Source: Social Security Administration, Basic Fact Sheet 2019.

Here is a sample of just some of our benefits:

• Total disability benefit

Payable for **up to six months** after any applicable Elimination Period, if you become Totally Disabled as a result of a covered Injury or Sickness while Gainfully Employed.

• Physician consultation benefit

Payable for consultation with a Physician due to an Injury or Sickness, such as a physician's office or hospital emergency room visit, for the purpose of obtaining a diagnosis, treatment, or medical advice. *Maximum 2 visits per Calendar Year.*

• Childbirth benefit

Payable as a lump sum when you deliver a child during or at the end of the third trimester. *Any Total Disability Benefit payment received for a Total Disability due to Complications of Pregnancy will be deducted from this benefit.*

• Waiver of premium benefit

If you become Totally Disabled as a result of a covered Injury or Sickness for 90 or more consecutive days, **Policy premiums are waived** during the period of Total Disability.

YOU DECIDE how and when benefits are used.

Our benefits pay directly to you, or whomever you designate, allowing you to use the cash benefits for items that your major medical insurance does not cover, such as:



Copays and other out of pocket medical costs



Home mortgage, rent, or utilities



Transportation and lodging



Childcare



Other unforeseen expenses

Elimination period | days injury/days sickness

NTA DISABILITY BASIC		NTA DISABILITY CLASSIC		NTA DISABILITY ELITE	
YOUR COST:	PER PAY PERIOD	YOUR COST:	PER PAY PERIOD	YOUR COST:	PER PAY PERIOD
0/30	\$21.51	0/30	\$43.02	0/30	\$64.53
0/7	\$19.44	0/7	\$38.87	0/7	\$58.31
7/7	\$18.12	7/7	\$36.24	7/7	\$54.37
14/14	\$14.08	14/14	\$28.16	14/14	\$42.23
30/30	\$12.65	30/30	\$25.30	30/30	\$37.94

Questions about exclusions and limitations? We have answers

1. Are the capitalized words i see throughout the brochure, like “injury” and “insured” capitalized for a reason?

Words capitalized throughout this brochure are defined in the Policy, along with a complete description of exclusions and limitations. READ THE POLICY CAREFULLY AS IT CONTROLS. THIS BROCHURE IS ONLY A SUMMARY.

2. Can i decide to cancel the policy at any time, and can you, the insurance company, cancel it as well?

The Policy is guaranteed renewable until Age 70, which means we cannot cancel the Policy and guarantee you the right to keep the Policy in force until Age 70 by timely paying your premiums when due or during the Grace Period. We do have the right to increase premiums, but only if we do so for all similar policies in your state. If you decide you no longer want your Policy after reading it, you can send it back to us within 30 days (10 days in CA, DC, DE, and FL) after receipt. You will be issued a full refund and the Policy will be voided from its original Issue Date. After 30 days (10 days in CA, DC, DE, and FL) of initial Policy receipt, you can cancel the Policy by simply not paying the renewal premium at any time.

3. When might a benefit not be payable to me?

Generally, no benefits are payable for loss if the Injury or Sickness is caused or contributed to by:

1. Attempted suicide or intentionally self-inflicted injury (while sane or insane); 2. War or any act of war (whether declared or undeclared); 3. Participation in a riot or insurrection; 4. Active duty status in the armed forces (this exclusion shall not deny the Owner the right to suspend coverage as described in the “Suspension of Coverage While in Military Service” provision); 5. The voluntary use or taking of any narcotic, barbiturate, or other drug (unless administered on the advice of a Physician), (In DC, the voluntary use of any illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and intentional misuse of prescription drugs); 6. Except in DE, the Insured’s legal intoxication as defined by the state law where the loss occurs, (In DC and FL, Injury resulting from alcohol, an intoxicant, or being under the influence of an intoxicant); 7. Alcoholism or (except in DC) drug addiction, (In CA, the treatment of alcoholism or drug addiction); 8. The Insured acting as a pilot or crew member in any aircraft; while a passenger in aircraft operated by the armed forces or used for training, practice, tests, experiment, exhibition, or stunt purposes; or while a passenger (other than a fare-paying passenger) in any aircraft; 9. The commission or attempted commission of a felony, or engaging in an illegal occupation; 10. Except in DE, legal incarceration for more than seven days in a municipal, county, state, or federal correctional facility, (In CA and FL, incarceration in a municipal, county, state or federal correctional facility); 11. Except in CA, DE and FL, legal detainment of more than seven days where the period of legal detainment results in the inability of the Insured to be Gainfully Employed; 12. Cosmetic surgery, except that “cosmetic surgery” does not include reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly resulting in a functional defect, (In CA, DE, DC, and FL, medical treatment or elective procedure that is not medically necessary, including but not limited to cosmetic surgery); or 13. Except in FL, Mental or Nervous Disorder(s), (In DE, mental or emotional disorders); 14. In CA, DC, FL, ND, and SD, the voluntary taking, absorption, or inhalation of any poison, gas, or fumes, or the medical treatment of any of these acts.

PREEXISTING CONDITIONS. Coverage is not provided until one year after the Policy’s Coverage Effective Date for a Preexisting Condition. If you request and we, the Insurance company, approve a change to the Policy that increases Policy or rider benefits, the increase in benefits will not cover Preexisting Conditions for the Insured for a one year period after the Coverage Effective Date of such increase in benefits. In FL, the Preexisting Condition exclusion does not apply to breast cancer if the Insured has been free from breast cancer for more than two years prior to the Coverage Effective Date. A Preexisting Condition is a condition for which: (1) medical advice or treatment was recommended by or received from a Physician within the two-year period before the Coverage Effective Date; or (2) symptoms existed within the one-year period before the Coverage Effective Date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment. In CA, a Complication of Pregnancy is not considered a Preexisting Condition unless the Total Disability related to the Complication of Pregnancy began before the Coverage Effective Date. **MULTIPLE INJURIES OR SICKNESSES THAT OCCUR AT THE SAME TIME.** The Policy does not pay concurrent benefits for multiple injuries or sicknesses that occur at the same time during a Total Disability. **PREGNANCY.** The Insured is not eligible for the Total Disability Benefit, Hospital Disability Benefit, or Waiver of Premium Benefit attributable to child birth or pregnancy (other than Complications of Pregnancy). **In FL, the Childbirth benefit is not available if conception occurs during the first 30 days following the Coverage Effective Date. In CA, DC, DE, ND, and SD, The Insured is also not eligible for the Childbirth Benefit if the birth occurs during the first 300 days following the Coverage Effective Date.**

Policy Form ICC16 GRD-6005 (8/16) and state specific versions. Premium and Benefits will vary with the coverage selected. Hospital does not include any institution, or part thereof, that is used primarily as a clinic (except in FL), convalescent home, nursing or rest home, home for the aged, or any facility primarily affording custodial, educational or rehabilitative care.





Heart Insurance



Why Heart Insurance?

You already know that an active lifestyle and healthy diet are important when it comes to protecting your heart, but you can also help protect your lifestyle with NTA Life Heart Insurance.

Our coverage pays in addition to your major medical insurance and provides benefits if you are diagnosed with, and receive treatment for, Covered Conditions such as Heart Disease, Heart Attack,¹ Stroke¹ or Carotid Artery Disease. Benefits are paid directly to you, or whomever you designate, giving you the power to choose how to use benefit payments.

¹ Cerebral Artery Disease in VA; ² Source: Heart Disease and Stroke Statistics 2017 At-A-Glance, American Heart Association.

Direct and indirect costs of cardiovascular diseases and stroke in the U.S. are estimated to total more than



that includes both health expenditures and lost productivity ²

Here is a sample of just some of our benefits:

• Heart screening wellness benefit

Payable once per Calendar Year for each Covered Person who receives any of the wellness exams and tests specified in your Policy to assess the heart or cardiovascular system (such as a lipid profile test, resting EKG, or MRI).

• Transportation benefit

Payable for 2 one-way trips per One Period of Confinement for you and one family member's coach air, train, and bus tickets, or one car mileage allowance. Travel must be for Inpatient treatment of Covered Condition, more than 100 miles from your home, within the U.S. and possessions or Canada, and prescribed by your Physician.

No lifetime maximum!

• Hospital confinement benefit

Payable for each of the first 60 Days of One Period of Confinement that you are an Inpatient in a Hospital for a Covered Condition.

No lifetime maximum!

• Primary surgeon's fee benefit

Payable for a Surgery performed for a Covered Condition, up to the maximum amount described in the Policy.

No lifetime maximum!

YOU DECIDE how and when benefits are used.

Our benefits pay directly to you, or whomever you designate, allowing you to use the cash benefits for items that your major medical insurance does not cover, such as:



Copays and other out of pocket medical costs



Home mortgage, rent, or utilities



Transportation and lodging



Childcare



Other unforeseen expenses

Semi-monthly premiums | based on 24 pay periods

NTA HEART BASIC	
YOUR COST:	PER PAY PERIOD
INDIVIDUAL	\$9.48
ONE PARENT	\$9.98
EMPLOYEE + FAMILY	\$15.98

NTA HEART GREEN	
YOUR COST:	PER PAY PERIOD
INDIVIDUAL	\$13.98
ONE PARENT	\$15.48
EMPLOYEE + FAMILY	\$22.98

NTA HEART ELITE	
YOUR COST:	PER PAY PERIOD
INDIVIDUAL	\$18.48
ONE PARENT	\$19.98
EMPLOYEE + FAMILY	\$29.98

Questions about exclusions and limitations? We have answers

1. What is the purpose for buying this insurance policy?

This is a SPECIFIED DISEASE INSURANCE POLICY (may be called a LIMITED BENEFIT(s) POLICY in some states). It provides insurance protection only for treatment of the named diseases and does not cover any other disease or complication caused or contributed to by the named covered disease. The Policy is designed to supplement comprehensive health insurance and is valuable when purchased as an addition to comprehensive health insurance. This Policy will not provide benefits equal to major medical coverage.

2. Are the capitalized words i see throughout the brochure, like “day” and “hospital” capitalized for a reason?

Yes, critical definitions of capitalized words are contained in your Policy, along with a complete description of all exceptions and limitations. READ YOUR POLICY CAREFULLY since only the Policy provisions, not this brochure, control.

3. Can i decide to cancel the policy at any time, and can you, the insurance company, cancel it as well?

If after reading your Policy you decide you do not want it, send it back to us within 10 days after receipt. A refund will be provided and the Policy will be voided from its date of issue. After 10 days of initial policy receipt, you can cancel the Policy by simply not paying the renewal premium at any time. However, elections to pay premiums through pre-tax deductions in an IRS Section 125 plan generally may only be changed at the end of a plan year or after a qualifying event. We, the insurance company, cannot cancel the Policy and guarantee you the right to keep it in force by timely paying your premiums when due or during the Grace Period for your entire life. We do have the right to increase premiums, but only if we do so for all similar policies in your state.

4. How do we resolve any dispute that might arise?

If the dispute is over claims, you have the right to have our Claims Appeal Committee review the matter. We have an excellent record at resolving disputes and misunderstandings. Any unresolved dispute concerning your Policy will be governed by the Dispute Resolution Program in the Policy (for AL, CO, DC, DE, MI, MS, NV, PA, TN, WV).

5. When might a benefit for a covered disease not be payable to me?

No coverage is provided for two years (6 months in NM; one year in CA, CO, NC, VA, WA, WV, and WY; three years in DC, NV, and PA) after the Policy's Coverage Effective Date (generally, the issue date) for a covered disease that is a Preexisting Condition. For Covered Conditions that are First Manifested or First Occur within the 30 days following the Coverage Effective Date, benefits (except the 30 Day payment benefit in AZ and MO), will only be paid for any care and treatment of that condition received more than two years (31 days in NC, PA and VA; 120 days in FL; 6 months in WA; one year in CA; three years in DC & NV) following the Coverage Effective Date. In IN, if a Covered Condition is First Manifested or Occurs within 30 days of the Coverage Effective Date, the Company will refund premiums paid upon written request of cancellation of benefits by the Owner if no claims have been paid. Generally, a Preexisting Condition (except in CO, NC, SC, and VA) is a condition, whether known or unknown (except in FL and PA), for which: [1] medical advice or treatment was recommended by or received from a Physician within the one year period (6 month period in NM, NV and WY; 2 year period in DE, IL and WV; 5 year period in AR, IA, PA, and WA) before the Coverage Effective Date, or [2] for which symptoms existed within the one year period (6 month period in NM and NV; 2 year period in DE and WV; 5 year period in AR and WA) before the Coverage Effective Date that would cause an ordinarily prudent person (just “person” in CO and DC) to seek diagnosis, care, or treatment. Part [2] not applicable in KY, PA and WY. In CO, a Preexisting Condition means an injury, sickness, or pregnancy for which a person incurred charges, received medical treatment, consulted a health care professional, or took prescription medication within one year preceding the Coverage Effective Date. In NC, a Preexisting Condition is a condition for which medical advice, diagnosis, care, or treatment was recommended by or received from a Physician within the one year period immediately preceding the Coverage Effective Date. In SC, a Preexisting Condition is a condition misrepresented or not revealed in the application and for which symptoms existed prior to the effective date of coverage that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by or received from a Physician. In VA, a Preexisting Condition is a condition which [1] was diagnosed by a Physician and for which medical advice or treatment was recommended by or received from a Physician within the ten year period before the Coverage Effective Date or [2] Manifested itself within the six month period before the Coverage Effective Date. Except in MD, no benefits are provided for care or treatment that is not Medically Necessary. No benefits are provided for conditions that are not covered conditions under the Policy terms. Benefits are not available for treatment received outside of Canada or the United States and its possessions. Coverage is provided after the Coverage Effective Date for a Covered Person and until the Policy terminates (other than continuous Hospital confinement for up to 90 Days (no time limit in FL and PA), as specified in the Policy.

Policy Form GRH-1004 (9/06) and state specific versions. Premium and benefits vary with the benefit level selected.
Hospital generally does not include a Hospice, convalescent home, or extended care facility





Hospital Insurance



Why Hospital Insurance?

A stay in the hospital can result in challenging and uncertain times. National Teachers Associates Life's (NTA) Hospital Plan can help you take some control back.

NTA's Hospital Plan pays eligible benefits in addition to your major medical insurance and provides benefit payments directly to you, or whomever you designate, empowering you to choose how to use benefit payments.

Average cost of hospital stay

\$13,262¹

Amount of hospital care paid for by private health insurance in 2021

\$1.2 trillion²

¹ Source: CDC/National Center for Health Statistics, 2021 Debt.org, America's Debt Help Organization, 2021

² Source: Debt.org, <https://www.debt.org/medical/hospital-surgery-costs/>

Here is a sample of just some of our benefits:

• Hospital inpatient admission benefit

Payable for the first day a Covered Person's inpatient Hospital Confinement for a covered Injury or Sickness. Not payable for treatment in an Emergency Care Facility or Outpatient Care Facility, or confinement in an Observation Unit.

• Daily inpatient hospital confinement benefit

Payable for each Day a Covered Person is Confined in a Hospital due to a covered Injury or Sickness. Not payable on the same Day as the Hospital Inpatient Admission Benefit is paid. Not payable for

treatment in an Emergency Care Facility or Outpatient Care Facility, or confinement in an Observation Unit

• Observation unit benefit

Payable for any part of a day or more of the Covered Person's confinement in an Observation Unit for a covered Injury or Sickness. Not payable on the same day as the Daily Inpatient Hospital Confinement Benefit or Hospital Inpatient Admission Benefit is paid. Not payable for treatment in an Emergency Care Facility or Outpatient Care Facility.

YOU DECIDE how and when benefits are used.

Benefits payable to you, or whomever you designate, allowing you to use the cash benefits for items that your major medical insurance does not cover.

Semi-monthly premiums | based on 24 pay periods

NTA HOSPITAL BASIC			NTA HOSPITAL CLASSIC			NTA HOSPITAL ELITE		
GROUP 1 PER PAY PERIOD			GROUP 1 PER PAY PERIOD			GROUP 1 PER PAY PERIOD		
AGE	INDIVIDUAL	ONE PARENT	AGE	INDIVIDUAL	ONE PARENT	AGE	INDIVIDUAL	ONE PARENT
18-44	\$4.35	\$6.95	18-44	\$6.55	\$10.40	18-44	\$8.70	\$13.90
45-54	\$5.60	\$8.25	45-54	\$8.45	\$12.35	45-54	\$11.25	\$16.45
55-64	\$8.50	\$11.10	55-64	\$12.80	\$16.60	55-64	\$17.05	\$22.15
GROUP 2 PER PAY PERIOD			GROUP 2 PER PAY PERIOD			GROUP 2 PER PAY PERIOD		
AGE	INDIVIDUAL	ONE PARENT	AGE	INDIVIDUAL	ONE PARENT	AGE	INDIVIDUAL	ONE PARENT
18-44	\$4.15	\$7.05	18-44	\$6.25	\$10.55	18-44	\$8.35	\$14.10
45-54	\$6.40	\$9.30	45-54	\$9.60	\$14.00	45-54	\$12.80	\$18.65
55-64	\$9.90	\$12.75	55-64	\$14.80	\$19.10	55-64	\$19.75	\$25.45
GROUP 3 PER PAY PERIOD			GROUP 3 PER PAY PERIOD			GROUP 3 PER PAY PERIOD		
AGE	INDIVIDUAL	ONE PARENT	AGE	INDIVIDUAL	ONE PARENT	AGE	INDIVIDUAL	ONE PARENT
18-44	\$3.90	\$7.40	18-44	\$5.85	\$11.15	18-44	\$7.80	\$14.85
45-54	\$8.05	\$11.65	45-54	\$12.10	\$17.45	45-54	\$16.15	\$23.25
55-64	\$12.75	\$16.25	55-64	\$19.10	\$24.35	55-64	\$25.50	\$32.45

Questions about exclusions and limitations? We have answers.

1. Limitations and exclusions

This plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your policy for complete details, definitions, limitations, and exclusions.

2. Continuation of coverage

Your coverage may be continued with certain stipulations. See policy for details.

3. Termination of policy

This Policy will terminate and coverage will end for all Covered Persons on the earliest of: The Owner's request to cancel this Policy as described in the "Cancellation by Owner" provision. The end of the Grace Period if the required premium is not paid before the end of the Grace Period; The end of the Policy month in which the Primary Insured reaches Age 70; or The date of the Owner's death (subject to the "Continuation of Policy After the Owner's Death" provision). See policy for complete details.

4. Notices

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed renewable policy.

Notice to Buyer: This is a hospital confinement indemnity policy. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

This policy has exclusions and limitations. For costs and complete details of coverage, call your insurance agent or National Teachers Associates Life Insurance Company. Rates provided are for Virginia applicants and do not vary based on gender. For the Hospital Program rates, "GROUP" refers to Occupational Group.

Underwritten by: National Teachers Associates Life Insurance Company (NTA Life)





Why ICU Insurance?

You can't plan for when an ICU stay will be necessary, but you can plan for some of the incidentals that may come up that are associated with the stay.

NTA Life's ICU insurance coverage pays in addition to your major medical insurance and provides cash benefits for an ICU confinement, giving you some control in an otherwise uncertain time. With NTA Life ICU insurance coverage, you can rest assured knowing you have made a smart choice.

A trip to the ICU often can't be planned



Here is a sample of just some of our benefits:

- **Intensive care unit confinement benefit**

Payable, after any applicable elimination period, for each Day of confinement in an Intensive Care Unit due to Injury or Sickness.

- **Hospital stepdown care unit confinement benefit**

Payable, after any applicable elimination period, for each Day of confinement in a Stepdown Care Unit, due to an Injury or Sickness.

- **30 Days of continuous protection**

Benefits are paid, after any applicable elimination period, for up to 30 Days of continuous confinement due to an Injury or Sickness, whether in an Intensive Care Unit, Stepdown Care Unit, or combination of both.

YOU DECIDE how and when benefits are used.

Our benefits pay directly to you, or whomever you designate, allowing you to use the cash benefits for items that your major medical insurance does not cover, such as:



Copays and other out of pocket medical costs



Home mortgage, rent, or utilities



Transportation and lodging



Childcare



Other unforeseen expenses

SEMI-MONTHLY PREMIUMS | BASED ON 24 PAY PERIODS

NTA ICU – \$300 DAILY BENEFIT		NTA ICU – \$600 DAILY BENEFIT		NTA ICU – \$900 DAILY BENEFIT	
YOUR COST:	PER PAY PERIOD	YOUR COST:	PER PAY PERIOD	YOUR COST:	PER PAY PERIOD
INDIVIDUAL	\$2.10	INDIVIDUAL	\$4.20	INDIVIDUAL	\$6.30
ONE PARENT	\$2.55	ONE PARENT	\$5.10	ONE PARENT	\$7.65
EMPLOYEE + FAMILY	\$4.28	EMPLOYEE + FAMILY	\$8.55	EMPLOYEE + FAMILY	\$12.83

Questions about exclusions and limitations? We have answers

1. ARE THE CAPITALIZED WORDS I SEE THROUGHOUT THE BROCHURE, LIKE “DAY” AND “INJURY” CAPITALIZED FOR A REASON?

Yes, critical definitions of capitalized words are contained in your Policy/Rider, along with a complete description of all exceptions and limitations. READ YOUR POLICY/RIDER CAREFULLY since only the Policy and Rider provisions, not this brochure, control.

2. CAN I DECIDE TO CANCEL THE POLICY AT ANY TIME, AND CAN YOU, THE INSURANCE COMPANY, CANCEL IT AS WELL?

If after reading your Policy you decide you do not want it, send it back to us within 10 days after receipt. A refund will be provided and the Policy will be voided from its date of issue. After 10 days of initial policy receipt, you can cancel the Policy by simply not paying the renewal premium. However, elections to pay premiums through pre-tax deductions in an IRS Section 125 plan generally may only be changed at the end of a plan year or after a qualifying event. We, the insurance company, cannot cancel the Policy/Rider and guarantee you the right to keep it in force by timely paying your premiums when due or during the Grace Period for your entire life. We do have the right to increase premiums, but only if we do so for all similar policies/rider in your state.

3. WHEN MIGHT A BENEFIT FOR A CONFINEMENT NOT BE PAYABLE TO ME?

In general, no benefits are payable for confinement due to suicide or intentionally self-inflicted injury, war or any act of war, participation in riots or civil commotion (not applicable in MD), service in the armed forces or units auxiliary thereto, drug addiction or chemical dependency (not applicable in CA), alcoholism (not applicable in CA), legal intoxication or the influence of any narcotic or any hallucinogenic drug unless prescribed by the Covered Person's Physician, (not applicable in MD; "hallucinogenic drug" not applicable in PA), mental or nervous disorder without demonstrable organic cause, commission or attempted commission of a felony (not applicable in MD), while engaging in an illegal occupation (not applicable in MD), or childbirth or pregnancy unless the cause of loss relating to pregnancy meets the definition of Complications of Pregnancy. False labor, occasional spotting, physician prescribed rest, morning sickness, preeclampsia, and similar conditions that occur in a difficult pregnancy generally are not Complications of Pregnancy for which benefits are payable. **Benefits are paid at 50% of the plan amount on or after the first day of the month following the Covered Person's 70th birthday.**

This Policy/Rider does not cover any confinement resulting from a Preexisting Condition for the first 2 years (6 months in NM; 1 year in CA, ID, VA, and WV; 3 years in DC, NV, and PA) after the Coverage Effective Date. "Preexisting Condition" means a condition, whether known or unknown ("whether known or unknown" not applicable in NM, MD, and WV), for which: [1] medical advice or treatment for Sickness was recommended by or received from a Physician within the 1-year (6-month in ID and NM; 2-year in WV; 5-year in OK and PA) period before the Coverage Effective Date, or [2] (except in CA and PA) for which symptoms of Sickness existed within the 1-year (6-month in ID and NM; 2-year in WV) period before the Coverage Effective Date that would cause an ordinarily prudent person ("person" in DC) to seek diagnosis, care or treatment.

Except in PA and VA, if a confinement due to a Sickness is First Manifested (in PA, "Medically Diagnosed"; in VA, "Manifested") within the first 30 days following the Coverage Effective Date, benefits for that specific condition will only be paid for Intensive Care Confinement which occurs more than 2 years (31 days in OK and VA; 1 year in CA, ID, and WV; 3 years in DC and NV) after the Coverage Effective Date. Subsequent periods of confinement for the same or related cause are considered a continuation of the first confinement unless separated by 30 or more days. Hospital generally does not include a nursing home, convalescent home, or extended care facility.

4. CAN I RECEIVE TREATMENT ANYWHERE IN THE WORLD AND BE PAID BENEFITS?

No, the Intensive Care Unit or Stepdown Unit must be located in Canada or the United States or its possessions (not applicable for TX riders). For TX riders, benefits are not payable for care and treatment received outside the United States if the Covered Person traveled to the location for the purpose of receiving medical services, drugs, or supplies.

Policy Form GRI-2015 (1/03) or Rider form GR-2015 (1/03) or (12/06), with state specific versions.
Premium and benefits vary with the benefit level selected.





NTA Life Supplemental Insurances



How to File a Claim with NTA Life

FILE A CLAIM ONLINE



Sign into your MYNTALife Account at www.ntalife.com and click on **Claims>File a New Claim**. You will be guided through the step-by-step online submission process.

FILE A CLAIM USING A CLAIM FORM



- Go to www.ntalife.com and click **Forms** to download the appropriate claim form.
- Complete and sign the Claimant's Statement on claim form.
- Have your Physician complete and sign the Physician Statement section of the claim form.
- Sign and date the *Authorization for Release of Health-Related Information*.
- Submit itemized bills for each benefit claimed (ex. Itemized medical bill, hospital discharge summary, etc).
- **For Disability Claims:** Have your employer complete and sign the Employer's Statement on the claim form.
- **For Cancer Claims:** Submit a pathology report documenting a positive cancer diagnosis.

Submit your completed forms and documents to the Claims Processing Center by:

- MAIL: P.O. Box 2369 Addison, TX 75001-2369
- EMAIL: claims@ntalife.com
- FAX: 1-855-51 CLAIM (25246)

Want to receive your claim payment faster?

Direct Deposit is fast and convenient. To sign up for direct deposit, simply complete the *Direct Deposit/ACH Agreement* form in the "Forms" section of www.ntalife.com and submit with your claim forms. We will do the rest. **It's that easy!**

Questions? We're here for you.

1-888-671-6771

support@ntalife.com

www.ntalife.com

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