

95/w
family



Heart Insurance Program

UNCERTAIN ABOUT YOUR NEED FOR NTA LIFE'S HEART
INSURANCE PROGRAM CONSIDER THESE FACTS!

Cardiovascular Disease

Remains the #1 cause of death in the U.S.

\$918

billion is the projected direct medical costs of Cardiovascular Disease in 2030, up from \$396 billion in 2012.

2,200

Americans die of Cardiovascular Disease each day, averaging 1 death every 40 seconds.

43.9%

of the U.S. population is projected to have some form of Cardiovascular Disease by 2030.

92.1

million estimated American adults now suffer from at least one type of Cardiovascular Disease.

795,000

estimated people experience a new or recurrent stroke each year, averaging 1 stroke every 40 seconds in the U.S.

Cardiovascular Risk Factors



Heredity



Increasing Age



High Cholesterol



Smoking



Lack of Exercise



Overweight



Diabetes



Stress

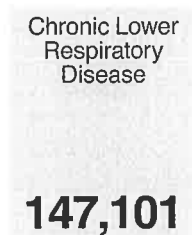


High Blood Pressure

Source: Heart and Stroke Facts: Heart Disease and Stroke Statistics 2017 update, American Heart Association. The above facts are presented for information only and do not imply coverage under this policy or endorsement of the American Heart Association. The American Heart Association does not endorse any product or service.

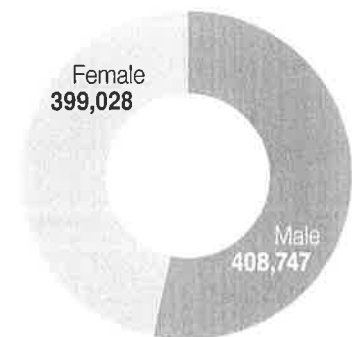
Significant Causes of Death

U.S. 2014 Mortality Rates



In 2014, 1 of every 3 deaths in America (30.8%) was related to Cardiovascular Disease.*

In 2014, Cardiovascular Disease caused on average 1 death every 1 minute 19 seconds among females in the U.S.



*Cardiovascular Disease includes congenital cardiovascular disease.
Source: National Center for Health Statistics and National Heart, Lung, and Blood Institute. www.heart.org

BENEFITS AVAILABLE IN OR OUT OF HOSPITAL

— TREATMENT BENEFITS —	BASIC	GREEN	GOLD
INITIAL OCCURRENCE Paid once per Covered Person upon a Physician's diagnosis of the first Heart Attack or Stroke , or for the first confinement for a Day in a Hospital due to Heart or Carotid Artery Disease . (Not payable solely due to occurrence of TIA.)	\$1,000	\$1,500	\$2,000
HEART SCREENING WELLNESS BENEFIT Paid for actual charges of any combination of wellness exams and tests specified in your Policy to evaluate the heart or cardiovascular system for (example Lipid profiles and resting EKG). No lifetime maximum!	Up to \$25/ Calendar Year	Up to \$50/ Calendar Year	Up to \$75/ Calendar Year
DIAGNOSTIC OR EMERGENCY ROOM ("ER") PROCEDURES Paid for actual charges of evaluation of symptoms of a Covered Condition for care in an ER or for Diagnostic Procedures listed in your Policy. No lifetime maximum!	Up to \$100/ Calendar Year	Up to \$150/ Calendar Year	Up to \$200/ Calendar Year
AMBULANCE Paid for actual charges of 2 one-way trips by ground and 2 one-way trips by air to or from a Hospital per year to evaluate symptoms of a Covered Condition. Calendar Year maximum applies. No lifetime maximum!	Up to \$75/trip-Ground \$150/trip-Air	Up to \$100/trip-Ground \$300/trip-Air	Up to \$125/trip-Ground \$450/trip-Air
SURGICAL FACILITY Paid for actual charges of a day of use of an operating room facility for a covered surgery. No lifetime maximum!	Up to \$100/ surgical facility	Up to \$200/ surgical facility	Up to \$300/ surgical facility
PRIMARY SURGEON'S FEE Paid for actual charges of primary surgeon up to the maximum amount described in the Policy based on the severity of the operation as rated in the Federal Register. No lifetime maximum!	Up to \$2,500 for the most costly surgeries	Up to \$5,000 for the most costly surgeries	Up to \$7,500 for the most costly surgeries
ASSISTANT SURGEON'S FEE Paid for actual charges of one Assistant Surgeon (if any). No lifetime maximum!	Up to 25% of Primary Surgeon's Fee Benefit	Up to 25% of Primary Surgeon's Fee Benefit	Up to 25% of Primary Surgeon's Fee Benefit
2ND & 3RD SURGICAL OPINIONS Paid to give you peace of mind that a first opinion recommending surgery is appropriate. No lifetime maximum!	Up to \$25/ opinion	Up to \$50/ opinion	Up to \$75/ opinion
ANESTHESIA Paid to cover professional fees of an anesthesiologist or anesthesiologist and anesthesia directly charged by the Hospital or Outpatient Care Facility. Paid only in connection with a covered surgery. No lifetime maximum!	Up to 25% of Primary Surgeon's Fee Benefit	Up to 25% of Primary Surgeon's Fee Benefit	Up to 25% of Primary Surgeon's Fee Benefit
IMPLANTED CARDIAC DEVICE Paid for actual charges of implanted pacemaker or similar electronic device to regulate heart rhythm. No lifetime maximum!	Up to \$250/ Calendar Year	Up to \$500/ Calendar Year	Up to \$750/ Calendar Year

Policy series GRH-1004 (9/06) and GRH-1004 (1/12) with state specific versions. Premium and benefits vary with the plan selected.

See back page for exceptions and limitations.

COVERED CONDITIONS: HEART DISEASE, CAROTID ARTERY DISEASE, HEART ATTACK, STROKE, AND, EXCEPT AS TO THE INITIAL OCCURRENCE BENEFIT, TRANSIENT ISCHEMIC ATTACK ("TIA")

BENEFITS AVAILABLE WHILE IN HOSPITAL

TREATMENT BENEFITS

BASIC

GREEN

GOLD

HOSPITAL CONFINEMENT

Paid 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!**

\$100/
Day

\$200/
Day

\$300/
Day

EXTENDED HOSPITAL CONFINEMENT

Paid in lieu of all other benefits (except the Heart Transplant Benefit) while Hospital confined for the 61st and later Days of One Period of Confinement that you are an Inpatient in a Hospital. **No lifetime maximum!**

\$200/
Day

\$300/
Day

\$400/
Day

HEART TRANSPLANT

Paid for implantation of a natural human heart once per Covered Person.

\$10,000

\$20,000

\$30,000

HOSPITAL MEDICATIONS

Paid for each One Period of Confinement up to twice a year. **No lifetime maximum!**

\$200/
Confinement

\$400/
Confinement

\$600/
Confinement

PRIVATE DUTY NURSE

Paid for actual charges of a minimum 4-hour daily shift during the first 60 Days you are in the Hospital, if ordered by your Physician. **No lifetime maximum!**

Up to \$50/
Day

Up to \$75/
Day

Up to \$100/
Day

ATTENDING PHYSICIAN

Paid daily during the first 60 Days you are in the Hospital for actual charges for visits by a Physician other than the surgeons. **No lifetime maximum!**

Up to \$25/
Day

Up to \$50/
Day

Up to \$75/
Day

BLOOD, PLASMA, & PLATELETS

Paid for actual charges of each unit of blood, plasma, and platelets during the first 60 Days of One Period of Confinement. Maximum 25 units per Calendar Year. **No lifetime maximum!**

Up to \$20/
Unit

Up to \$30/
Unit

Up to \$40/
Unit

PHYSIOTHERAPY

Paid for actual charges of up to 15 days treatment by a registered physiotherapist during the first 60 Days for each One Period of Confinement. **No lifetime maximum!**

Up to \$25/
Day

Up to \$50/
Day

Up to \$75/
Day



BENEFITS AVAILABLE WHILE IN HOSPITAL

TREATMENT BENEFITS

BASIC

GREEN

GOLD

ELECTROCARDIOGRAM OR ECHOCARDIOGRAM

Paid for actual charges of either procedure during the first 60 Days of One Period of Confinement. **No lifetime maximum!**

Up to **\$100/**
Confinement

Up to **\$150/**
Confinement

Up to **\$200/**
Confinement

OXYGEN

Paid for actual charges of the use of oxygen and related equipment during the first 60 Days of One Period of Confinement.

No lifetime maximum!

Up to **\$100/**
Confinement

Up to **\$150/**
Confinement

Up to **\$200/**
Confinement

TRANSPORTATION

Paid for actual charges of 2 one-way trips per One Period of Confinement for you and paid for one family member's coach air, train, and bus tickets, or one car mileage allowance.

Your travel must be more than 100 miles from your home, within the U.S. and possessions or Canada, and prescribed by your Physician.

No lifetime maximum!

17¢/
Mile

33¢/
Mile

50¢/
Mile

Up to
\$250/
Confinement

Up to
\$500/
Confinement

Up to
\$750/
Confinement

FAMILY MEMBER LODGING:

Paid for actual charges of hotel or motel up to 14 days per trip for one family member of a Hospital confined Covered Person per One Period of Confinement. Travel must be more than 100 miles from the Covered Person's home and within the U.S. and possessions or Canada. **No lifetime maximum!**

Up to **\$25/**
Day

Up to **\$50/**
Day

Up to **\$75/**
Day

POST-HOSPITAL CONTINUING CARE:

Paid for actual charges of up to 30 days per One Period of Confinement for services that begin within the first 14 days after Hospital discharge. Payable only through the 180th day after Hospital discharge for: overnight confinement in a Skilled Nursing Facility or rehabilitation facility; services of a private duty Nurse for a minimum 4-hour daily shift at home, or a registered physiotherapist other than while Hospital confined.

No lifetime maximum!

Up to **\$25/**
day

Up to **\$50/**
day

Up to **\$75/**
day

QUESTIONS ABOUT EXCEPTIONS & 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. CAN I RELY ON THE DESCRIPTION OF THE BENEFITS IN THIS BROCHURE?

Yes, however, space limits us to providing only general descriptions. READ YOUR POLICY CAREFULLY since only the Policy provisions, not this brochure, control. This brochure is only a summary of benefits and exclusions/limitations.

3. 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.

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

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.

5. 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 without any party needing to resort to legal action! Any unresolved dispute concerning your Policy will be governed by the Dispute Resolution Program in the Policy (for AL, DC, MI, MS, NV, TN, WV).

6. CAN I SEND MY POLICY BACK AND GET MY MONEY BACK IF AFTER READING IT I DECIDE I DON'T WANT IT?

Yes. Send it back to us within 10 days for a full refund and the Policy will be voided from its date of issue.

7. 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 & WV; three years in DC & NV) 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 will only be paid for any care and treatment of that condition received more than two years (120 days in FL; one year in CA; three years in DC & NV) following the Coverage Effective Date. (Generally, a Preexisting Condition is a condition, whether known or unknown (except in FL), 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; 2 year period in IL & WV; 5 year period in AR) before the Coverage Effective Date, or [2] for which symptoms existed within the one year period (6 month period in NM & NV; 2 year period in WV; 5 year period in AR) before the Coverage Effective Date that would cause an ordinarily prudent person (just "person" in DC) to seek diagnosis, care, or treatment. Part [2] not applicable in KY.) 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.

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

Under the HEART DISEASE, HEART ATTACK, AND STROKE POLICY, benefits are not available for treatment received outside of Canada or the United States and its possessions.

9. CAN I RECEIVE INSURANCE PROTECTION FOR MY SPOUSE AND CHILDREN?

Yes. Instead of an Individual Plan, you may elect a One Parent Plan to cover you and your unmarried Children, or a Family Plan for you, your Spouse and Children as well. Additional premium applies. Each person applied for must meet the underwriting standards to have coverage under the Policy.

10. 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).



* 90 Day time limit not applicable in FL.