

Group Accident Only Insurance	Advantage 2500	Advantage 5000	Advantage 7500	Advantage 10000
→ Accident Medical Expense Benefit	✓	✓	✓	✓
→ Accidental Death and Dismemberment, Loss of Sight, Speech and Hearing Benefit	✓	✓	✓	✓

<p>NOT AVAILABLE IN ALL STATES.</p>	<p>Insured by: National Family Care Life Insurance Company 13530 INWOOD ROAD DALLAS, TX 75244 Group Accident Policy: ADD110822</p>	<p>Policy Holder: Healthcare Practitioners Association, Inc. For each respective class; All Members of the Policy holder and their enrolled Spouses and Dependent Children.</p>
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Group Accident Medical Insurance*	Advantage 2500	Advantage 5000	Advantage 7500	Advantage 10000
→ Your association membership provides additional group accident insurance that pays a choice level maximum per covered person, per covered injury after a \$250 per covered accident, per covered person deductible. First treatment must occur within 60 days of the covered accident. The benefit period is up to 12 months from the date of the covered accident.	Maximum \$2500	Maximum \$5000	Maximum \$7500	Maximum \$10000

Group Accidental Death & Dismemberment Insurance	Advantage 2500	Advantage 5000	Advantage 7500	Advantage 10000
→ Your association membership provides additional group accidental death and dismemberment insurance that pays a maximum of the choice level chosen. Accidental injury pays per covered injury Features: This is a group insurance benefit or each covered member of the family Accidental Dismemberment for loss of limb or sight according to the schedule. Schedule details available upon request.	Maximum \$5000	Maximum \$10000	Maximum \$15000	Maximum \$20000

“This is not a full description of all coverages. Coverage is subject to all terms and conditions of the plan including limitations and exclusions”.

→ * This Group Accident Medical Insurance contains a pre-existing conditions limitation. Please read your Certificate carefully for full details.

Insurance benefits written for members of Healthcare Practitioners Association, Inc. You must be a member to qualify for the benefit package. These benefits are not available in all states and are subject to change without notice. Group Accident Insurance Benefits are underwritten by National Family Care Insurance Company.

The Accident Death and Dismemberment and the Accident Medical Expense benefit insurance is subject to terms, definitions, condition, exclusions, and limitations of the group policy. All members are enrolled into Healthcare Practitioners Association, Inc. to be eligible to receive these benefits. These insurance benefits are underwritten by National Family Care Life Insurance Company. These benefits are under policy **ADD110822** issued to Healthcare Practitioners Association, Inc. Coverage becomes effective on the date provided in your Membership material.

Features: This is a group insurance benefit

- Insurance reimburses you directly or benefits can be assigned to the provider.
- Association members can be purchased individually, or for family. *(dependent coverage may not be available in all states)*
- Guaranteed Issue - No underwriting required to qualify for coverage.

(Although guaranteed issue, please keep in mind the benefits are impacted by any pre-existing condition as defined within your Certificate.)

This is a summary of benefits and limits. Please view the Certificate of Coverage for details.



Exclusions

The Policy does not provide benefits for:

The following will not be considered Covered Expenses unless coverage is specifically provided.

- Injury sustained while participating in professional athletics;
- Routine physical and care of any kind;
- Routine dental care and treatment;
- Immunizations of any kind;
- Cosmetic or plastic surgery, except as the result of a Covered Injury;
- Routine nursery or routine childcare;
- Any mental or nervous disorders;
- Pre-existing Condition;
- Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Necessary Treatment and reasonable by a Physician, or expenses which are non-medical in nature;
- Charges for Covered Medical Expenses for which the Insured Person would not be responsible in the absence of this Policy;
- Any expense paid or payable by any Other Insurance; Injury or Sickness for which benefits are payable under any worker's compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law;
- Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
- Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- Repair or replacement of existing dentures, partial dentures, braces or bridgework;
- Repair or replacement of existing artificial limbs, eyes and larynx;
- Treatment of Hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed.

Other Exclusions and Limitations that apply to this Benefit are in the Common Exclusions Section of the Policy.

Claim Provisions

→ Notice of Claim:

Written notice of claim must be given to the Company or its authorized representative within **60 days** after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Covered Person.

→ Claim Forms:

The Company, upon receipt of written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within **15 days** after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proof of Loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

→ Proof of Loss:

Written proof of loss for Hospital confinement must be given to the Company or its authorized representative within **90 days** after release from the Hospital. Proof of any other covered loss must be given to the Company or its authorized representative no later than 90 days after the covered loss. If proof of loss is not given within the time specified, the claim will not be denied or reduced for that reason if that proof was given as soon as reasonably possible.

→ Disclosure:

The Accidental Death and Dismemberment and the Accidental Medical Expense insurance benefits are underwritten by **National Family Care Life Insurance Company 13530 Inwood Road Dallas TX 75244 13530** issued to the Healthcare Practitioners Association, Inc. Association. This product, and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. NCF does not provide nor is affiliated with the other benefits provided as part of membership in the Healthcare Practitioners Association, Inc. (HPA). All members of the NFC insurance coverage must be enrolled into HPA Association to be eligible to receive these insurance benefits. Coverage becomes effective on the date provided in your membership material.

Coverage is subject to termination in accordance with the Association Group Master Policy provisions. Notice of termination provided to the Association is considered notification to all Association Members and will not be sent to you individually by NFC.

Covered Charges

Treatment, Services or Supplies incurred for:

Hospital room and board, and general nursing care up to the semi-private room rate.	Up to Policy Limits
Hospital miscellaneous expense during Hospital Confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies.	Up to Policy Limits.
Doctor's Fees for surgery.	100% of the U&C Charges up to \$75 per Covered Injury
Anesthesia services	100% of the U&C Charges
Doctors' visits, inpatient and outpatient, each visit.	100% of the U&C Charges up to \$75 per Covered Injury
Hospital Emergency care.	100% of the U&C Charges; up to \$1,000 per Covered Injury
X-Ray and other diagnostic tests.	100% of the U&C Charges up to \$500 per Covered Injury
Ambulance Expense.	100% of the U&C Charges up to \$1,000 per Covered Injury
Durable Medical Equipment.	100% of the U&C Charges up to \$300 per Covered Injury
Prescription Drugs.	100% of the U&C Charges up to \$500 per Covered Injury
Dental Treatment for injury to Sound Natural Teeth.	\$250 per tooth up to a maximum of \$500
Physical Therapy.	\$60 for first visit; \$30 for each additional visit thereafter
Registered Nurse Expense.	Up to Policy Limits

This is a summary of benefits and limits. Please view the Certificate of Coverage for details.