



Heart Insurance Program

Underwritten by: National Teachers Associates Life Insurance Company (NTA Life)
4949 Keller Springs Rd • Addison, Texas 75001 • P.O. Box 802207 - Dallas, Texas 75380 • (888) 671-6771 • ntalife.com

Benefits available whether or not you are Hospital confined:

GREEN LEVEL	TREATMENT BENEFITS	GOLD LEVEL
<p>\$1,500</p>	<p>1. 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.)</p>	<p>\$2,000</p>
<p>Up to \$50/Year</p>	<p>2. 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!</p>	<p>Up to \$75/Year</p>
<p>Up to \$150/Year</p>	<p>3. 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!</p>	<p>Up to \$200/Year</p>
<p>Up to \$100/trip-Ground \$300/trip-Air</p>	<p>4. 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!</p>	<p>Up to \$125/trip-Ground \$450/trip-Air</p>
<p>Up to \$200/facility</p>	<p>5. Surgical Facility: Paid for actual charges of a day of use of an operating room facility for a covered surgery. No lifetime maximum!</p>	<p>Up to \$300/facility</p>
<p>Up to \$5,000 for the most costly surgeries</p>	<p>6. 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!</p>	<p>Up to \$7,500 for the most costly surgeries</p>
<p>Up to 25% of Primary Surgeon’s Fee Benefit</p>	<p>7. Assistant Surgeon’s Fee: Paid for actual charges of one Assistant Surgeon (if any). No lifetime maximum!</p>	<p>Up to 25% of Primary Surgeon’s Fee Benefit</p>
<p>Up to \$50</p>	<p>8. 2nd & 3rd Surgical Opinions: Paid to give you peace of mind that a first opinion recommending surgery is appropriate. No lifetime maximum!</p>	<p>Up to \$75</p>
<p>Up to 25% of Primary Surgeon’s Fee Benefit</p>	<p>9. 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!</p>	<p>Up to 25% of Primary Surgeon’s Fee Benefit</p>
<p>Up to \$500/Year</p>	<p>10. Implanted Cardiac Device: Paid for actual charges of implanted pacemaker or similar electronic device to regulate heart rhythm. No lifetime maximum!</p>	<p>Up to \$750/Year</p>

Policy series GRH-1004 (9/06) 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”)

GREEN LEVEL	Benefits available only while Hospital confined:	GOLD LEVEL
\$200/Day	11. 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. <i>No lifetime maximum!</i>	\$300/Day
\$300/Day	12. Extended Hospital Confinement: Paid in lieu of all other benefits (except the Heart Transplant Benefit) while Hospital confined for the 61 st and later Days of One Period of Confinement that you are an Inpatient in a Hospital. <i>No lifetime maximum!</i>	\$400/Day
\$20,000	13. Heart Transplant: Paid for implantation of a natural human heart once per Covered Person.	\$30,000
\$400/ Confinement	14. Hospital Medications: Paid for each One Period of Confinement up to twice a year. <i>No lifetime maximum!</i>	\$600/ Confinement
Up to \$75/Day	15. 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. <i>No lifetime maximum!</i>	Up to \$100/Day
Up to \$50/Day	16. 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. <i>No lifetime maximum!</i>	Up to \$75/Day
Up to \$30/unit	17. 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. <i>No lifetime maximum!</i>	Up to \$40/unit
Up to \$50/Day	18. 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. <i>No lifetime maximum!</i>	Up to \$75/Day
Up to \$150/ Confinement	19. Electrocardiogram or Echocardiogram: Paid for actual charges of either procedure during the first 60 Days of One Period of Confinement. <i>No lifetime maximum!</i>	Up to \$200/ Confinement
Up to \$150/ Confinement	20. Oxygen: Paid for actual charges of the use of oxygen and related equipment during the first 60 Days of One Period of Confinement. <i>No Lifetime maximum!</i>	Up to \$200/ Confinement
Up to \$500/ Confinement 33¢/mile by car	21. 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. <i>No lifetime maximum!</i>	Up to \$750/ Confinement 50¢/mile by car
Up to \$50/day	22. 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. <i>No lifetime maximum!</i>	Up to \$75/day
Up to \$50/day	23. 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. <i>No lifetime maximum!</i>	Up to \$75/day

Here are some answers to your questions about exceptions & limitations.

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).