Short Term Care

Get cash benefits that help you pay for costs resulting from time spent in a nursing home, assisted living facility, adult day care, hospice care, and in-home health care

THIS PLAN PROVIDES LIMITED BENEFITS.
In life, it’s important to have a loyal companion

Let Short Term Care catch you when you fall

Unfortunately, accidents and serious illnesses are a reality. They’re part of the unpredictable lives we lead, and we hope we never have to endure them. But they can happen. And sometimes, their outcomes can lead to extended recovery times — often requiring large out-of-pocket expenses you didn’t see coming.

Don’t let these high costs become a burden on you or the ones you love. Choose Short Term Care and get the financial companion you need today.

Short Term Care:

- Provides a range of benefits from $50/day to $300/day
- Pays cash benefits for time spent in a nursing home, assisted living facility, adult day care, hospice care, and in-home care — all in one plan
- Waives any premiums due once you start receiving benefits
- Sends cash benefits right to you, allowing you to use them in any way you need

Affordable plans starting at $7.51 per month*

* Rate example is for an individual under the age of 51 at the $50 benefit level with an elimination period of 20 days and a benefit period of 180 days
Because when you need it, this plan helps you focus on your recovery. Not medical bills.

At some point, even the healthiest of us will end up facing difficult times when our health isn’t what it used to be. And if something does go wrong, it can take a while to recover. For example, the average recovery time for a total hip replacement is 4 to 6 weeks.¹

And that’s why it’s so important to have a plan like Short Term Care. It sticks with you when the going gets tough and shields you from costly out-of-pocket expenses — helping you focus on getting better.

Why Short Term Care?

The underwriting company for this plan, National Health Insurance Company, is rated as “A-“ (Excellent) by A.M. Best*.  

Sources for cost-of-care statistics are listed on page 6.

* Rating issued by A.M. Best Rating Services, Inc. Effective date: August 30, 2016. For the latest rating, access www.ambest.com
** The Short Term Care policy provides benefits for Skilled Nursing Facilities to the extent it meets the definition of “Nursing Home Facility” in the policy

How much does it cost to stay at a skilled nursing facility?**

The average cost per stay for a Skilled Nursing Facility is $10,919, with an average length of stay of 28 days²

What about home health care?

Recovering at home sounds much better than staying at a hospital, but it can get expensive. The average annual cost for a home health aide to come and help you recover in your home is $21,840³

What does time spent in a nursing home cost?

A private room in a nursing home costs an average of $253/day, or more than $92,000 per year.⁴ However, nearly 3 in 10 residents between the ages of 75 to 84 stay in a nursing home for less than 100 days⁴
Plan options and benefits

Selecting a plan that fits your needs and budget is easy

1. First, select a benefit level
   Pays per day
   - $50
   - $100
   - $200
   - $300

2. Then, select a benefit period
   - 180 days
   - 360 days

3. Now, choose your elimination period option (your elimination period is the number of days when you received care before your plan’s benefits kick in)
   - 0 days
   - 20 days

Important features:

- **Spousal Discount**
  - If you and your spouse both purchase a plan, you both will receive a 10% discount on your rates
  - If you are married and purchase an individual plan, you’ll receive a 5% discount on your rate

- **Waiver of premium**
  - Your premiums are automatically waived as soon as you begin receiving benefits from this plan

- **Automatic restoration of benefits**
  - If you don’t use the full amount of days in your benefit period, we’ll refill it back to the maximum amount after you’ve recovered and no longer need care

This plan can pay a maximum annual benefit amount of up to $108,000 per year*

Sources for cost-of-care statistics are listed on page 6.

* Benefit example is for a plan with a $300 benefit level, a benefit period of 360 days, and an elimination period of 0 days
Limitations & Exclusions

Benefits under this Policy will not be paid during the Elimination Period and are subject to:

- The Maximum Benefit Period for a Period of Care; and
- The Lifetime Maximum Benefit Period

Benefits under this policy will not be paid for:

- Facility confinement; or
- Any Home and Community Care Visit;

That is due to a Pre-Existing Condition, unless the Limiting Condition that lead to such confinement or care begins at least 12 months after the Effective Date of this Policy.

Pre-Existing Condition means a physical or mental condition for which, within 12 months prior to the Effective Date of this Policy:

- Medical advice or treatment was recommended by or received from a Physician; or
- An ordinarily prudent person would have sought diagnosis, care, or treatment.

We will not pay benefits under this Policy for any expense or charge that:

- Occurs outside the territorial limits of the United States and its possessions;
- Is a result of war or any act of war, whether declared or undeclared, or any other armed conflict;
- Is a result of committing or attempting to commit a felony, or of engaging in an illegal occupation, riot or insurrection;
- Is a result of piloting an aircraft, or flying aboard any aircraft as a non-fare paying passenger;
- Results from cosmetic surgery, except reconstructive surgery resulting from an injury or sickness;
- Is caused by an attempt at suicide, or by an intentionally self-inflicted injury;
- Is a result of being intoxicated, or of being under the influence of any narcotic except when administered under the advice of a Physician; or
- Is covered by any state or federal worker’s compensation plan, or any employer’s liability plan.

We will not pay benefits under this Policy:

- For expenses that are reimbursed in full by any government program;
- For charges for which You are not responsible;
- For services provided by a Family Member; or
- For services for which no charge is normally made in the absence of insurance.

When does this plan pay benefits?

To receive benefits, you must be declared eligible — which means a health care professional must:

- Certify you are either unable to perform two or more of the activities of daily living, which includes eating, bathing, dressing, toileting, transferring and continence
- Or, have a cognitive impairment requiring substantial supervision, such as Alzheimer’s or dementia, and,
- Submit a plan of care for you

Guaranteed Renewable

You can renew this policy during your lifetime as long as you pay your renewal premiums on time.

This brochure provides a summary of benefits

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the Short Term Care plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance with Medicare available at www.medicare.gov/Publications/Pubs/pdf/02110.pdf
National General Holdings Corp. (NGHC) is a publicly traded company with approximately $2.5 billion in annual revenue. The companies held by NGHC provide personal and commercial automobile insurance, recreational vehicle and motorcycle insurance, homeowner and flood insurance, self-funded business products, life, supplemental health insurance products, Short Term Medical, and other niche insurance products.

National General Accident & Health, a division of NGHC, is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by Time Insurance Company (est. in 1892), National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company has been rated as A- (Excellent) by A.M. Best. National Health Insurance Company is financially responsible for its respective products.

Sources for cost-of-care statistics (pages 3 and 4)

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