



Accident 2500

Up to **\$17,600** of ACCIDENT PROTECTION

Association benefits include:

- > **Hearing Service Plan** EPIC Hearing Health Care brings you discounts and saving up to 50% off on testing and diagnostics and batteries not covered by major medical insurance. Between 35% - 65% off on name-brand hearing aids and products to protect and improve your hearing
- > **Emergency Travel Assistance** (Not available in Florida) Members receive numerous benefits when traveling more than 100 miles from your home. Emergency Evacuation/Repatriation, Transportation of escort & more
- > **Medical Cost Advocate** Consumers are faced with increased responsibility for health care costs. You don't have the time or experience to become a health care expert. Now you and your family have a partner to reduce health care costs through the power of expert review and negotiation before or after your expense had taken place.
- > **24/7 Nurse Hot-line** (Not available in Florida)
- > **Medical Emergency Data Card** In an emergency, getting vital information to medical personnel quickly could be critical. Gateway Medicaid keeps your medical profile handy at all times.
- > **DBM** Members have access to DiaTri's Concierge diagnostic scheduling service. Members get LIVE assistance in locating and scheduling diagnostic services in their immediate community; MRI, PET, CT EMG and a variety of lab services
- > **AT&T Premier Wireless Discount Program** NACHP members can save 8% per month on their ATT wireless bill.
- > **Members on Vacation** NACHP members receive discounts on air travel, hotel rooms, Cruises, car rentals and many more not available to the general public.
- > **Website Design and Hosting** NACHP members receive a 25% discount on all design and hosting services from Ke Solutions.
- > **Identity Theft Protection** - Members receive up to \$2500 reimbursement for expenses incurred that are a result of the theft of your identity.
- > **Child ID Safety Network** - Members receive the peace-of-mind that a photo and description are available for authorities when seconds count.
- > **Accudiet** - Members receive special pricing on accudiet.com, the all-in-one interactive toolkit for the personalized diet.
- > **Vitamins** - Members are provided a complete line of quality vitamins, nutritional supplements, herbal remedies, and generic over-the-counter medicines at discount prices.
- > **GEWDC** - Provides members and industry Alliance stakeholders with access to a wide range of Value-Added and cost effective programs designed to help improve operational Productivity, Efficiency and Effectiveness while reducing operating costs and enhancing PROFITABILITY.
- > **WebCE** - a leading nationwide provider of Continuing Education for insurance professionals provides state-approved self-study CE courses to satisfy your CE requirements online at a 10% discount!
- > **Global Education Systems** - Members receive a 20% discount on over 4000 courses averaging 3+ hours per course.
- > **University of Health Care** - Members receive 20% discount on the most comprehensive healthcare and job safety course content available on the web, from top experts.
- > **Accident Medical, Accident Death & Dismemberment, Accident Hospital Indemnity, Accident Disability**

NACHP does not accept any accident enrollments in the following states... AK, CT, KY, LA, ME, OR, WA

Limited Insurance Benefits Included in Membership

The following limited insurance benefits are under the Group Accidental Death and Dismemberment and Medical Care Insurance policy and is an added benefit of your membership featuring:

Accidental Death & Dismemberment Benefit: If you are under age 70, it pays the beneficiary up to the benefit amount listed for the member's death or loss of certain body parts in a covered accident or a portion of that amount for the accidental death of a family member, if this is a family membership (50% for covered spouse, 60% if there are no dependent children; 20% for covered dependent children, 25% if there is no covered spouse).	\$2,500
Accident Medical/Dental Expense Benefit: If you are under age 70, We will pay Accident Medical/Dental Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to a \$250 Deductible, and a \$2,500 Benefit Maximum. The first Covered Expenses must be incurred within 90 days of the Accident. Accident Medical/Dental Benefits are only payable: (1) for Usual and Customary Charges incurred after the Deductible has been met; (2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person; and (3) for charges incurred within 365 days after the date of the Covered Accident. No benefits will be paid for any expenses incurred that, in Our judgment, are in excess of Usual and Customary Charges.	\$2,500
Accident Disability: If you are under age 70, it pays a monthly benefit for total disability resulting from a covered accident. Benefits are payable for up to 12 month and are subject to a 90 day waiting period.	\$1,000 per month
Daily Hospital Confinement Benefit: If you are under age 70, it pays you the amount listed per day for up to (31) days if you have to be admitted and stay in a hospital to treat you for a covered injury.	\$100

All benefits provided by this insurance are subject to the terms, definitions, conditions, exclusions and limitations, of the group policy. To obtain more information about this insurance, please visit our website at www.NACHP.com or call 1-702-425-5749 and ask to speak to a licensed agent. All members of the PowerPlan Program are enrolled into the National Alliance of Consumers and Healthcare Professionals (NACHP), to be eligible to receive these benefits. The insurance benefits are underwritten by the United States Life Insurance Company in the City of New York, under Group AD&D & Medical Care Insurance Policy (Form #G-19000) issued to the National Alliance of Consumers and Healthcare Professionals. Coverage becomes effective on the date provided in your membership materials. The underwriting risks, financial and contractual obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility.

THIS IS NOT BASIC HEALTH INSURANCE. THIS OFFER INCLUDES DISCOUNTS AND/OR SERVICES PLUS ADDED LIMITED BENEFIT INDEMNITY INSURANCE. NONE OF THESE, INDIVIDUALLY OR IN COMBINATION ARE A SUBSTITUTE FOR BASIC HEALTH COVERAGE, MAJOR MEDICAL INSURANCE OR ANY OTHER MEDICAL EXPENSES REIMBURSEMENT INSURANCE PLAN.

COVERED PERSONS

Insured means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. An Insured is not an Eligible Dependent covered under the Policy. The Insured is referred to as "You" or "Your(s)". **Covered Person** means any Eligible Person and Eligible Dependent (if family program is elected) for whom the required premium is paid. **Eligible Dependent** means an Insured's lawful spouse; or an Insured's unmarried child, from the moment of birth to age 18 (23 if a full-time student), who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. Insurance will continue for any dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends mainly on the insured for support and maintenance. The insured must send us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

PRE-EXISTING CONDITIONS PROVISIONS FOR MEDICAL CARE BENEFITS

Coverage is not provided for loss due to a pre-existing condition for 12 month from the effective date of the Covered Person's insurance. Pre-existing condition means: (a) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a one year period preceding the effective date of the Covered Person's insurance; or (b) a condition for which medical advice or treatment was recommended by a Doctor or received from a Doctor within a one year period preceding the effective date of the Covered Person's insurance.

CLAIMS

Claim Payment Provisions

Notice: The Insured must notify the National Alliance of Consumers and Healthcare Professionals within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured. Notice should be sent to: The National Alliance of Consumers and Healthcare Professionals 16476 Wild Horse Creek Road; Chesterfield, MO 63017 or call toll free to 1 800 992 8044.

Claim Forms: Claim forms will be provided to the claimant within 15 days.

Proof of Loss: The proof of loss for other than loss of time for disability must be sent to the address above within 90 days after the date of loss. In case of claim for loss of time for disability, written proof of such loss must be furnished within 30 days after the commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be furnished at such intervals as we may reasonably require. If it cannot be provided within the time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: If the Insured fails to cooperate with United States Life in the administration of a claim, the claim may be terminated. Cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment of Claims: Any benefits due will be paid when We receive the required proof of loss.

GENERALEXCLUSIONS

No benefits will be paid by this policy for any loss or injury that is caused by, results from, or is contributed to by:

1. Intentionally self-inflicted injury, suicide or attempt suicide, while sane.
2. War or any act of war, whether declared or not.
3. Active participation in a riot or insurrection.
4. Service in the military, naval or air service of any country, or international organization.
5. Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or chartered airline.
6. Work related injuries covered under Workers's Compensation, Employer's Liability Laws, or similar occupational benefits
7. Medical mishap or negligence, including malpractice
8. While traveling outside the United States, Canada, Mexico, or any United States possessions, except for a Medical Emergency or a covered Accidental Death or Accidental Dismemberment.
9. Treatment provided in a governmental hospital, benefits provided under a government program (except Medicaid or Medicare), and any other services for which no charge is normally made in the absence of insurance.
10. Treatment by an Immediate Family member or a member of the Covered Person's household.
11. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
12. Cosmetic care, except for Medically Necessary reconstructive plastic surgery. Reconstructive plastic surgery is defined as:
 - a. Surgery to restore normal bodily functions; or
 - b. Surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - c. Breast reconstruction following a mastectomy.
13. Dental Treatment, except for Injury to sound, natural teeth.
14. Hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproductive organs, voluntary abortion, or elective sterilization with 6 month after the Covered Person's effective date of insurance.
15. Rest care, convalescent care, or rehabilitative care.
16. Treatment of Mental or Nervous Disorders.

In addition to the General Exclusions, no benefits will be paid by this policy for injury or death to which a contributing cause is:

1. The Covered Person's violation or attempt to violate any duly enacted law, or the commission or attempt to commit an assault or a felony, or that occurs while the Insured is engaged in an illegal activity or occupation.
2. Injury or death from an Accident where the Covered Person's intoxication would be considered a contributing cause to the Accident. Intoxication is determined according to the laws and/or regulations of the jurisdiction in which the Accident occurred. It will be considered a contributing cause if:
 - a. An investigation into the cause of the Accident by a police department or other government body makes such determination; or
 - b. It meets a "prudent and reasonable" test. "Prudent and reasonable" means that a review of the circumstances of the Accident by an ordinarily prudent person would find that the most reasonable interpretation of the facts indicate the intoxication was a causal factor.
3. Loss for which the Covered Person would not be responsible in the absence of this Coverage.

In addition to the General Exclusions, no benefits will be paid by this policy for injury or death to which a contributing cause is:

1. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, or detached retina unless caused by Injury, whether or not by a Covered Accident.
2. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
3. Mental and Nervous Disorders (except as provided in the Group Policy).
4. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Group Policy).
5. Expense incurred for treatment of Temporomandibular or Craniomandibular joint dysfunction and associated myofacial pain (except as provided by the Group Policy).
6. Covered medical expenses for which the Covered Person would not be responsible in the absence of this Coverage.
7. Any expense paid or payable by any other valid and collectible group insurance plan.
8. Conditions that are not caused by a Covered Accident.
9. Any treatment, service or supply not specifically covered by the Group Policy.

NACHP Healthcare Specialist

Marketed by Cash Doctor®

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Plantation, Florida 33317

Phone: 702-425-5749 Fax: 800-470-1416



NACHP

Accident 5000

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6. Work related injuries covered under Workers's Compensation, Employer's Liability Laws, or similar occupational benefits
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8. While traveling outside the United States, Canada, Mexico, or any United States possessions, except for a Medical Emergency or a covered Accidental Death or Accidental Dismemberment.
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Daily Hospital Confinement Benefit: If you are under age 70, it pays you the amount listed per day for up to (31) days if you have to be admitted and stay in a hospital to treat you for a covered injury.	\$100

All benefits provided by this insurance are subject to the terms, definitions, conditions, exclusions and limitations, of the group policy. To obtain more information about this insurance, please visit our website at www.NACHP.com or call 1-702-425-5749 and ask to speak to a licensed agent. All members of the PowerPlan Program are enrolled into the National Alliance of Consumers and Healthcare Professionals (NACHP), to be eligible to receive these benefits. The insurance benefits are underwritten by the United States Life Insurance Company in the City of New York, under Group AD&D & Medical Care Insurance Policy (Form #G-19000) issued to the National Alliance of Consumers and Healthcare Professionals. Coverage becomes effective on the date provided in your membership materials. The underwriting risks, financial and contractual obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility.

THIS IS NOT BASIC HEALTH INSURANCE. THIS OFFER INCLUDES DISCOUNTS AND/OR SERVICES PLUS ADDED LIMITED BENEFIT INDEMNITY INSURANCE. NONE OF THESE, INDIVIDUALLY OR IN COMBINATION ARE A SUBSTITUTE FOR BASIC HEALTH COVERAGE, MAJOR MEDICAL INSURANCE OR ANY OTHER MEDICAL EXPENSES REIMBURSEMENT INSURANCE PLAN.

COVERED PERSONS

Insured means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. An Insured is not an Eligible Dependent covered under the Policy. The Insured is referred to as "You" or "Your(s)". **Covered Person** means any Eligible Person and Eligible Dependent (if family program is elected) for whom the required premium is paid. **Eligible Dependent** means an Insured's lawful spouse; or an Insured's unmarried child, from the moment of birth to age 18 (23 if a full-time student), who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. Insurance will continue for any dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends mainly on the insured for support and maintenance. The insured must send us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

PRE-EXISTING CONDITIONS PROVISIONS FOR MEDICAL CARE BENEFITS

Coverage is not provided for loss due to a pre-existing condition for 12 month from the effective date of the Covered Person's insurance. Pre-existing condition means: (a) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a one year period preceding the effective date of the Covered Person's insurance; or (b) a condition for which medical advice or treatment was recommended by a Doctor or received from a Doctor within a one year period preceding the effective date of the Covered Person's insurance.

CLAIMS

Claim Payment Provisions

Notice: The Insured must notify the National Alliance of Consumers and Healthcare Professionals within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured. Notice should be sent to: The National Alliance of Consumers and Healthcare Professionals 16476 Wild Horse Creek Road; Chesterfield, MO 63017 or call toll free to 1 800 992 8044.

Claim Forms: Claim forms will be provided to the claimant within 15 days.

Proof of Loss: The proof of loss for other than loss of time for disability must be sent to the address above within 90 days after the date of loss. In case of claim for loss of time for disability, written proof of such loss must be furnished within 30 days after the commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be furnished at such intervals as we may reasonably require. If it cannot be provided within the time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: If the Insured fails to cooperate with United States Life in the administration of a claim, the claim may be terminated. Cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment of Claims: Any benefits due will be paid when We receive the required proof of loss.

GENERALEXCLUSIONS

No benefits will be paid by this policy for any loss or injury that is caused by, results from, or is contributed to by:

1. Intentionally self-inflicted injury, suicide or attempt suicide, while sane.
2. War or any act of war, whether declared or not.
3. Active participation in a riot or insurrection.
4. Service in the military, naval or air service of any country, or international organization.
5. Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or chartered airline.
6. Work related injuries covered under Workers's Compensation, Employer's Liability Laws, or similar occupational benefits
7. Medical mishap or negligence, including malpractice
8. While traveling outside the United States, Canada, Mexico, or any United States possessions, except for a Medical Emergency or a covered Accidental Death or Accidental Dismemberment.
9. Treatment provided in a governmental hospital, benefits provided under a government program (except Medicaid or Medicare), and any other services for which no charge is normally made in the absence of insurance.
10. Treatment by an Immediate Family member or a member of the Covered Person's household.
11. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
12. Cosmetic care, except for Medically Necessary reconstructive plastic surgery. Reconstructive plastic surgery is defined as:
 - a. Surgery to restore normal bodily functions; or
 - b. Surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - c. Breast reconstruction following a mastectomy.
13. Dental Treatment, except for Injury to sound, natural teeth.
14. Hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproductive organs, voluntary abortion, or elective sterilization with 6 month after the Covered Person's effective date of insurance.
15. Rest care, convalescent care, or rehabilitative care.
16. Treatment of Mental or Nervous Disorders.

In addition to the General Exclusions, no benefits will be paid by this policy for injury or death to which a contributing cause is:

1. The Covered Person's violation or attempt to violate any duly enacted law, or the commission or attempt to commit an assault or a felony, or that occurs while the Insured is engaged in an illegal activity or occupation.
2. Injury or death from an Accident where the Covered Person's intoxication would be considered a contributing cause to the Accident. Intoxication is determined according to the laws and/or regulations of the jurisdiction in which the Accident occurred. It will be considered a contributing cause if:
 - a. An investigation into the cause of the Accident by a police department or other government body makes such determination; or
 - b. It meets a "prudent and reasonable" test. "Prudent and reasonable" means that a review of the circumstances of the Accident by an ordinarily prudent person would find that the most reasonable interpretation of the facts indicate the intoxication was a causal factor.
3. Loss for which the Covered Person would not be responsible in the absence of this Coverage.

In addition to the General Exclusions, no benefits will be paid by this policy for injury or death to which a contributing cause is:

1. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, or detached retina unless caused by Injury, whether or not by a Covered Accident.
2. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
3. Mental and Nervous Disorders (except as provided in the Group Policy).
4. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Group Policy).
5. Expense incurred for treatment of Temporomandibular or Craniomandibular joint dysfunction and associated myofacial pain (except as provided by the Group Policy).
6. Covered medical expenses for which the Covered Person would not be responsible in the absence of this Coverage.
7. Any expense paid or payable by any other valid and collectible group insurance plan.
8. Conditions that are not caused by a Covered Accident.
9. Any treatment, service or supply not specifically covered by the Group Policy.

NACHP Healthcare Specialist

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