



Educators Select Series[®] III

National Teachers Associates Life Insurance Company

Heart Disease, Heart Attack & Stroke Insurance Program

Covered Conditions: Heart Attack, Heart Disease, Carotid Artery Disease, Stroke & Transient Ischemic Attack (TIA)

INITIAL OCCURRENCE BENEFIT of **\$1,500** for a Physician's diagnosis of a Heart Attack or Stroke (not for a TIA) or upon the first Day of Hospital confinement as an Inpatient primarily for Heart Disease or Carotid Artery Disease if diagnosis/confinement is first manifested more than 30 days following the Covered Person's Coverage Effective Date. Payable only once per Covered Person regardless of combination of covered events.

Initial Occurrence Benefit
\$1,500

Heart Wellness Benefit
Heart Screening
up to **\$50**
(per year/per Covered Person)

HEART SCREENING WELLNESS BENEFIT: Actual charges up to **\$50** per year for any combination of wellness exams and tests specified in your Policy, for example lipid profiles and resting EKG, to evaluate the heart or cardiovascular system. **No Lifetime Maximum.**

Heart Transplant Benefit
\$20,000

\$20,000 for the implantation of a natural human heart while Hospital confined, once per Covered Person, *without regard to actual costs.*

Hospital Confinement
\$200/Day up to \$12,000
(60 Day Hospital stay)

\$200 per Day for each of the first 60 Days of One Period of Confinement as an Inpatient for a Covered Condition. *Paid without regard to actual costs.* **No Lifetime Maximum.**

Extended Confinement
\$300/Day
(61st Day and thereafter)

\$300 per Day *without regard to actual costs* in lieu of all other benefits (except the Heart Transplant Benefit) for the 61st and later Days of One Period of Confinement that you are an Inpatient. **No Lifetime Maximum.**

1. Diagnostic or Emergency Room ("ER") Procedures: Actual charges up to **\$150** per year for evaluation of symptoms of a Covered Condition in an ER or for Diagnostic Procedures listed in your Policy. **No Lifetime Maximum.**

2. Ambulance: Actual charges up to **\$100** per trip by ground ambulance and up to **\$300** per trip by air ambulance to or from a Hospital to evaluate symptoms of a Covered Condition. Maximum of 2 one-way trips per year. **No Lifetime Maximum.**

3. Surgical Facility: Actual charges up to **\$200** for a day of use of an operating room facility for a covered surgery (if separately billed). **No Lifetime Maximum.**

4. Primary Surgeon's Fee: Up to **\$5,000** for the services of a primary surgeon subject to the maximum amount described in the Policy based on the severity of the operation as rated in the Federal Register. **No Lifetime Maximum.**

5. Assistant Surgeon's Fee: Actual charges up to **25%** of the Primary Surgeon's Fee for one Assistant Surgeon (if any). **No Lifetime Maximum.**

6. 2nd & 3rd Surgical Opinions: Actual charges up to **\$50** to give you peace of mind that a first opinion recommending surgery is appropriate. **No Lifetime Maximum.**

7. Anesthesia: Actual charges up to **25%** of the Primary Surgeon's Fee 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.**

8. Implanted Cardiac Device: Actual charges up to **\$500** per year for implanted pacemaker or similar electronic device to regulate heart rhythm. **No Lifetime Maximum.**

9. Hospital Medications: **\$400** for each One Period of Confinement up to twice a year (maximum **\$800** per Calendar Year). **No Lifetime Maximum.**

10. Private Duty Nurse: Actual charges up to **\$75** daily for a minimum 4-hour daily shift during the first 60 Days of One Period of Confinement if ordered by your Physician. **No Lifetime Maximum.**

11. Attending Physician: Actual charges up to **\$50** daily during the first 60 Days of One Period of Confinement for visits by a Physician other than the surgeons. **No Lifetime Maximum.**

12. Blood, Plasma, & Platelets: Actual charges up to **\$30** for each unit of blood, plasma, and platelets during the first 60 Days of One Period of Confinement. Maximum 25 units per year. **No Lifetime Maximum.**

13. Physiotherapy: Actual charges up to **\$50** per day for up to 15 days treatment by a registered physiotherapist during the first 60 Days of One Period of Confinement. **No Lifetime Maximum.**

14. Electrocardiogram or Echocardiogram: Actual charges up to **\$150** during the first 60 Days of One Period of Confinement. **No Lifetime Maximum.**

15. Oxygen: Actual charges up to **\$150** for use of oxygen and related equipment during the first 60 Days of One Period of Confinement. **No Lifetime Maximum.**

16. Transportation: Actual charges up to **\$500** for 2 one-way trips per One Period of Confinement for you and up to **\$500** for one family member's coach air, train, and bus tickets, or

one car mileage allowance at 33¢ per mile. Your Hospital confinement 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. Family Member Lodging: Actual charges up to **\$50** per day for hotel or motel up to 14 days per trip for one family member of a Hospital confined Covered Person per One Period of Confinement. Treatment must be more than 100 miles from the Covered Person's home and within the U.S. and possessions or Canada. **No Lifetime Maximum.**

18. Post-hospital Continuing Care: Actual charges up to **\$50** per day for up to 30 days of services within the first 180 days after Hospital discharge per One Period of Confinement. Payable for any combination of the following, at least one of which must begin during the immediate 14 days after Hospital discharge:

- Overnight confinement in a Skilled Nursing Facility;
- Overnight confinement in a rehabilitation facility;
- Daily services of a private duty Nurse at home for at least 4 hours; or
- Daily services of a registered physiotherapist other than while Hospital confined.

No Lifetime Maximum.

EXCEPTIONS, EXCLUSIONS, AND LIMITATIONS

THIS IS A SPECIFIED DISEASE/LIMITED BENEFIT INSURANCE POLICY that should be purchased to supplement other health insurance. It provides benefits for the Medically Necessary care and treatment of a **Heart Attack, Heart Disease, Carotid Artery Disease, Stroke, or Transient Ischemic Attack ("Covered Conditions")**. It does not insure against treatment: for any condition that may be caused, complicated, or otherwise affected by a Covered Condition or treatment thereof (except in AR); received outside the U.S. or its possessions or Canada other than for ambulance to those areas; provided before the Coverage Effective Date or after coverage termination (other than continuous Hospital Confinement up to 90 Days); for Preexisting Conditions for the first 2 years (CA & NC-1 yr.; DC & NV-3 yrs.; KS-credit allowed for certain prior coverage) after the Coverage Effective Date; or, other than for a newborn or adopted child as described in your Policy, for a Covered Condition First Manifested within the first 30 days following the Coverage Effective Date for 2 years (OK-30 days; NC-31 days; CA-1 yr.; DC & NV-3 yrs.; KS-not applicable except as to Initial Occurrence Benefit). (In MO and OK, a 30-Day Payment Benefit of \$500 or \$150, respectively, applies in lieu of all benefits including any payment of the Initial Occurrence Benefit.) The Coverage Effective Date may be later than the date of your application. Persons or conditions excluded in the application are never covered unless there is an amendment attached to the policy that waives the exclusion.

Preexisting Condition means a condition, whether known or unknown (except NC), for which medical advice or treatment (and diagnosis or care in NC) was recommended by or received from a physician within the 1 year period (NV-6 mos.; IL-2 yrs.; AR & OK-5 yrs.) before the Coverage Effective Date; or (except KY & NC) symptoms existed within the 1 year period (NV-6 mos.; AR & OK-5 yrs.) before the Coverage Effective Date that would cause an ordinarily prudent person ("person" in CA & DC) to seek diagnosis, care or treatment. (In SC, Preexisting Condition means a condition misrepresented or not revealed in the application and for which symptoms existed prior to the effective date of coverage that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by or received from a Physician.)

This Policy is guaranteed renewable for life if the premiums are paid when due or within the Grace Period. We cannot change the premiums unless we do so for all similar Policies in your state. Any dispute that may arise in AL, CA, DC, MI, MS, NV, or TN shall be resolved by binding arbitration at the election of either party. This brochure is only a summary. The actual Policy provision will control. Read your Policy carefully. Refer to the Policy and attached riders or write to the Company for a complete explanation of all exclusions, limitations, and definitions of the capitalized terms. If you are not satisfied, you have 10 days (OK-30 days) after you received your policy to return it to us or our agent. The premium paid will be refunded, and the Policy will be voided from its date of issue. (In IN, you may also cancel your Policy and receive a refund upon request if claims incurred in the first 30 days are denied.)

Underwritten By:

National Teachers Associates Life Insurance Company

P.O. Box 802207 • Dallas, Texas 75380 • (888) 671-6771 • www.ntalife.com

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