Dental Indemnity
Get cash benefits to help you pay for dental care

For use in Washington.

This limited health benefits plan does not provide comprehensive medical coverage. It is basic or limited benefits policy and is not intended to cover all medical expenses. This plan is not designed to cover the costs of a serious or chronic illness.

National General Accident and Health markets products underwritten by National Health Insurance Company.
Protect your healthy smile

Get cash to help pay for dental checkups and treatments

Dental Indemnity coverage from National General Accident & Health pays cash benefits when you have dental checkups and treatments, helping you catch small problems before they become big expenses.

Our dental plans include:

- Coverage for applicants from birth through age 94.¹
- Set benefits that pay for preventive care and covered treatments — available for you, your spouse, and any dependent children.
- No waiting period for preventive and basic services. Your benefits are available on your plan’s effective date.

Easily add Dental coverage to any medical plan.

THIS PLAN PROVIDES LIMITED BENEFITS.

The plan DOES NOT meet the pediatric dental coverage level requirements as mandated by the Affordable Care Act. Pediatric dental coverage that meets the Affordable Care Act’s coverage level requirement may be purchased through your state’s marketplace or your insurance agent.

¹ Enrollment age for spouses is 14 through 94; for child dependents, birth through 24.
Choose your Dental plan

We have three unique Dental benefit levels to choose from: Basic, Intermediate, and Plus. All you have to do is select the benefit level meeting your needs and budget.

<table>
<thead>
<tr>
<th>BENEFIT EXAMPLES</th>
<th>BASIC</th>
<th>INTERMEDIATE</th>
<th>PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive services</td>
<td>$75/visit</td>
<td>$100/visit</td>
<td>$100/visit</td>
</tr>
<tr>
<td>Two visits per person each calendar year, separated by at least 150 days.</td>
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<td>Examples:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>» Exams, x-rays, cleaning</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Basic services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Payments are 50% of the listed benefit in the first policy year and 100% thereafter.</td>
<td></td>
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<tr>
<td>Examples:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>» Filling</td>
<td>$75</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>» Extraction; erupted tooth or exposed root</td>
<td>$50</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>» Reline complete denture (laboratory)</td>
<td>$150</td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td>Major services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For the Plus plan, there is a 180-day waiting period on major services. After the waiting period, payments are 50% of the listed benefit for the remainder of the first policy year and 100% thereafter. Major services are not covered under Basic or Intermediate plans.</td>
<td></td>
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<td></td>
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<tr>
<td>Examples:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>» Inlay; metallic; two surfaces</td>
<td>—</td>
<td>—</td>
<td>$330</td>
</tr>
<tr>
<td>» Crown; resin</td>
<td>—</td>
<td>—</td>
<td>$450</td>
</tr>
<tr>
<td>» Retreatment of previous root canal therapy</td>
<td>—</td>
<td>—</td>
<td>$250</td>
</tr>
<tr>
<td>» Complete denture</td>
<td>—</td>
<td>—</td>
<td>$375</td>
</tr>
<tr>
<td>» Maxillary sinusotomy</td>
<td>—</td>
<td>—</td>
<td>$825</td>
</tr>
<tr>
<td>Annual Benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The maximum calendar-year benefit. Preventive services benefits do not take away from this annual benefit.</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

1 Benefit amounts may vary by procedure code.
We make it easy for you to get the care you need

This Dental plan can help you get significant savings on the dental care you need. Now, we’ll show you how this plan can break down big expenses into much smaller, more manageable out-of-pocket costs.

Let’s do some math

Getting a crown is considered a Major dental service, which is covered under the Plus level plan. If you need one, the average price of getting a crown is about $1,068.

<table>
<thead>
<tr>
<th>TREATMENT COST</th>
<th>$1,068</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENTAL PLAN BENEFIT</td>
<td>- $450</td>
</tr>
<tr>
<td>TOTAL COST TO YOU</td>
<td>$618</td>
</tr>
</tbody>
</table>

Your Dental benefit would save you $450 on the crown.

1 Benefit example uses benefit amounts from a Plus level plan on its second year.
2 Example claim amount is based on 2016 National General Accident & Health claims data. Actual costs may vary.
3 Example provided for illustration purposes only.

Locate a dental provider near you at Careington.com/NGAHDSavings
Limitations and Exclusions

Limited Benefits
This Policy pays limited, fixed indemnity benefits for Dental Treatments only. See the Policy Schedule for the limited benefit amounts and maximum benefit limitations.

Exclusions
We will not pay benefits for any of the following:
1. Any procedure or treatment not shown on the Policy Schedule.
2. Any procedure rendered during an applicable Benefit Waiting Period.
3. Any amount in excess of a Calendar Year or lifetime maximum benefit limitation.
4. Dental Preventive Benefits when there is less than 150 calendar days between the dates of service for Dental Preventive Services.
5. All Experimental or Investigative Services.
6. Any procedure performed by a person other than a Dentist, Dental Hygienist, or Denturist.
7. Performed while the Covered Person is not in a dental office.
8. Any procedure performed by a Covered Person’s Immediate Family Member.
9. All services that are not Dentally Necessary.
10. Repairs to dental work less than 180 calendar days following completion of the initial procedure.
11. Prosthetics replaced less than 5 years following the previous placement.
12. Crowns replaced less than 5 years following the previous placement.
13. Inlays or onlays replaced less than 5 years following the last placement.
14. Dental implants or the removal of implants.
15. Cosmetic Services, unless performed to correct a functional disorder.
16. Services performed outside the United States and, its territories and Canada except for services that are received for Emergency Dental Treatment.
17. Replacement of any tooth missing prior to the Effective Date.
18. Placement of full or partial dentures, whether removable or fixed, including a Maryland Bridge, unless replacing a Functioning Natural Tooth extracted after the Effective Date and not within a Benefit Waiting Period.

19. For Covered Persons under age 16, inlays, onlays, bridgework or crowns except for stainless steel or plastic crowns.
20. Any charge or procedure for treatment required because of Dental Injury or disease due to:
   » War or any act of war, whether declared or undeclared.
   » Participation in the military service of any country or international organization, including non-military units supporting such forces.
   » Charges for Sickness or Injury caused or aggravated by attempted suicide or self-inflicted Sickness or Injury, even if the Covered Person did not intend to cause the harm which resulted from the action which led to the self-inflicted Sickness or Injury.
   » Taking part in a riot or insurrection, or an act of riot or insurrection.
   » Participating in, voluntarily attempting to commit or commission of a felony, whether or not charged, or engaging in an illegal occupation or activity at the time of an Accident.
   » Riding in any aircraft not licensed to carry passengers or not operated by a duly licensed pilot.
   » Charges for treatment or services required due to an Injury sustained in operating a motor vehicle while the Covered Person’s blood alcohol level, as defined by law, was .08 or higher. This exclusion applies whether or not the Covered Person is charged with any violation in connection with the Accident.

21. Procedures rendered before the Effective Date or after the termination date of coverage.
21. Orthodontic treatment and services.

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 Dental benefit Plus plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions.

Coverage is renewable provided you have not moved to a state where we do not offer this plan or no longer qualify as a dependent. National General Accident & Health has the right to change premium rates upon providing appropriate notice.

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), headquartered in New York City, is a specialty personal lines insurance holding company. National General traces its roots to 1939, has a financial strength rating of A+ (Superior) from A.M. Best, and provides personal and commercial automobile, homeowners, umbrella, recreational vehicle, motorcycle, lender-placed, supplemental health 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 National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation have been rated as A+ (Superior) by A.M. Best. Each underwriting company is financially responsible for its respective products.