

**NATIONAL HEALTH INSURANCE COMPANY**  
 PO Box 1070, Winston-Salem, NC 27102-1070  
**Outline of Medicare Supplement Coverage**  
**BASIC PLAN**

The Commissioner of Commerce of the State of Minnesota has established two categories for Medicare Supplements. The categories are Basic Medicare Supplement and Extended Basic Medicare Supplements with Extended Medicare Supplements being the most comprehensive and the Basic Medicare Supplements being the least comprehensive.

This chart shows the benefits included in all plans.

**BASIC BENEFITS** included in all plans:

**Inpatient Hospital Care:** Covers the Medicare Part A Coinsurance

**Medical Costs:** Covers the Medicare Part B coinsurance (generally 20% of the Medicare Approved payment amount), or in the case of hospital outpatient department services under a prospective payment system, applicable co-payments.

<b>BASIC</b>	<b>EXTENDED BASIC</b>	<b>HIGH DEDUCTIBLE PLAN**</b>	<b>\$20 &amp; \$50 COPAYMENT PLAN</b>
Hospitalization: Part A Coinsurance	Hospitalization: Part A Coinsurance	Hospitalization: Part A Coinsurance	Hospitalization: Part A Coinsurance
Medical Expenses: Part B Coinsurance	Medical Expenses: Part B Coinsurance	Medical Expenses: Part B Coinsurance	Medical Expenses: Part B Coinsurance except up to \$20 copayment for office visits and up to \$50 copayment for ER
Blood: First 3 Pints of blood each year	Blood: First 3 Pints of blood each year	Blood: First 3 Pints of blood each year	Blood: First 3 Pints of blood each year
Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
*Part A Deductible Rider	Part A Deductible	Part A Deductible	Part A Deductible
*Part B Deductible Rider***	Part B Deductible***		
*Part B Excess Charges Rider	Part B Excess (100%)		
Foreign Travel Emergency	Foreign Travel Medical Care	Foreign Travel Emergency	Foreign Travel Emergency
*Preventative Care Rider	Preventative Care		

\*\*This plan will pay coverage upon payment of the annual deductible. For 2023 the deductible amount is \$2700. This amount will be adjusted annual to reflect the changes in Medicare.

\* Optional Riders for Basic Plan only

\*Optional Riders for Part A Deductible, Part B Excess, Medicare Part B Deductible and Preventative Health Services.

\*\*\* Part B Deductible only available for Medicare first eligible before 2020 only.

**NATIONAL HEALTH INSURANCE COMPANY**  
**Ultimate Premiums - Annual Non-Tobacco**  
**AREA 1: see Rate Areas sheet for zip codes**  
**A one-time \$25 policy fee applies to each application**

<b>Basic - Policy Form 38000 MN</b>	<b>ANNUAL RATES</b>
ALL AGES .....	\$2,301.30
<b>Optional Riders</b>	
Rider A - Medicare Part A Deductible .....	\$398.10
Rider B - Medicare Part B Excess .....	\$33.06
Rider C - Medicare Part B Deductible .....	\$208.02
Rider D - Preventative Medicare Care Benefits Rider.....	\$79.36
<b>High Deductible - 38000 HD MN</b>	
ALL AGES .....	\$1,068.65
<b>\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN</b>	
ALL AGES .....	\$2,260.30
<b>Extended Basic - Policy Form 38000 EB MN</b>	
ALL AGES .....	\$3,266.54

**Ultimate Premiums - Annual Tobacco**  
**AREA 1: see Rate Areas sheet for zip codes**  
**A one-time \$25 policy fee applies to each application**

<b>Basic - Policy Form 38000 MN</b>	<b>ANNUAL RATES</b>
ALL AGES .....	\$2,712.01
<b>Optional Riders</b>	
Rider A - Medicare Part A Deductible .....	\$469.02
Rider B - Medicare Part B Excess .....	\$38.63
Rider C - Medicare Part B Deductible .....	\$208.02
Rider D - Preventative Medicare Care Benefits Rider.....	\$93.81
<b>High Deductible - 38000 HD MN</b>	
ALL AGES .....	\$1,259.44
<b>\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN</b>	
ALL AGES .....	\$2,663.73
<b>Extended Basic - Policy Form 38000 EB MN</b>	
ALL AGES .....	\$3,884.29

**Notice:** This disclosure is required by Minnesota law. This policy provides an anticipated loss ratio of 65% percent. This means that, on the average, policyholders may expect that \$65 of every \$100.00 in premium will be returned as benefits to policyholders over the life of the contract. The lowest percentage permitted by state law for this policy is 65 percent.

**NATIONAL HEALTH INSURANCE COMPANY**  
**Ultimate Premiums - Annual Non-Tobacco**  
**AREA 2: see Rate Areas sheet for zip codes**  
**A one-time \$25 policy fee applies to each application**

<b>Basic - Policy Form 38000 MN</b>	<b>ANNUAL RATES</b>
ALL AGES .....	\$2,090.17
<b>Optional Riders</b>	
Rider A - Medicare Part A Deductible .....	\$361.58
Rider B - Medicare Part B Excess .....	\$30.03
Rider C - Medicare Part B Deductible .....	\$208.02
Rider D - Preventative Medicare Care Benefits Rider.....	\$72.08
<b>High Deductible - 38000 HD MN</b>	
ALL AGES .....	\$970.61
<b>\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN</b>	
ALL AGES .....	\$2,052.93
<b>Extended Basic - Policy Form 38000 EB MN</b>	
ALL AGES .....	\$2,966.86

**Ultimate Premiums - Annual Tobacco**  
**AREA 2: see Rate Areas sheet for zip codes**  
**A one-time \$25 policy fee applies to each application**

<b>Basic - Policy Form 38000 MN</b>	<b>ANNUAL RATES</b>
ALL AGES .....	\$2,463.20
<b>Optional Riders</b>	
Rider A - Medicare Part A Deductible .....	\$425.99
Rider B - Medicare Part B Excess .....	\$35.09
Rider C - Medicare Part B Deductible .....	\$208.02
Rider D - Preventative Medicare Care Benefits Rider.....	\$85.20
<b>High Deductible - 38000 HD MN</b>	
ALL AGES .....	\$1,143.90
<b>\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN</b>	
ALL AGES .....	\$2,419.35
<b>Extended Basic - Policy Form 38000 EB MN</b>	
ALL AGES .....	\$3,527.93

**Notice:** This disclosure is required by Minnesota law. This policy provides an anticipated loss ratio of 65% percent. This means that, on the average, policyholders may expect that \$65 of every \$100.00 in premium will be returned as benefits to policyholders over the life of the contract. The lowest percentage permitted by state law for this policy is 65 percent.

## Rate Areas by Zip Code

<b>Area 1:</b>	55007	55037	55063	55072	55310	55332	55333	55335
	55601	55602	55603	55604	55605	55606	55607	55612
	55614	55615	55616	55704	55706	55707	55711	55712
	55725	55726	55731	55735	55736	55756	55757	55760
	55771	55772	55780	55783	55787	55795	55796	55798
	55922	55939	55945	55951	55954	55961	55965	55968
	55977	55981	56019	56022	56025	56030	56033	56041
	56056	56073	56081	56083	56085	56087	56101	56113
	56118	56120	56122	56123	56125	56128	56132	56134
	56140	56142	56144	56145	56146	56147	56151	56152
	56157	56158	56159	56164	56166	56169	56170	56172
	56175	56178	56180	56183	56186	56207	56208	56210
	56212	56214	56215	56218	56219	56220	56221	56223
	56225	56226	56227	56229	56231	56232	56235	56236
	56239	56240	56241	56244	56245	56248	56249	56255
	56257	56258	56260	56262	56263	56264	56265	56266
	56270	56274	56276	56278	56280	56283	56285	56287
	56292	56293	56294	56295	56296	56297	56312	56316
	56323	56325	56328	56331	56335	56336	56338	56342
	56350	56352	56356	56359	56362	56364	56382	56384
	56431	56433	56434	56437	56438	56440	56446	56447
	56453	56464	56467	56469	56470	56475	56477	56479
	56482	56484	56510	56516	56517	56518	56527	56535
	56541	56542	56545	56548	56550	56551	56553	56556
	56566	56568	56570	56571	56575	56576	56581	56583
	56589	56592	56623	56626	56627	56628	56629	56637
	56641	56646	56649	56651	56653	56654	56657	56658
	56661	56668	56669	56673	56679	56680	56684	56686
	56701	56711	56713	56714	56715	56720	56724	56725
	56728	56729	56731	56732	56733	56734	56735	56736
	56738	56740	56741	56742	56748	56750	56751	56754
	56756	56757	56758	56759	56760	56761	56763	

**Area 2:** All Other Zip Codes

# NATIONAL HEALTH INSURANCE COMPANY

P.O. Box 1070, Winston-Salem, NC 27102-1070

## **PREMIUM INFORMATION**

We, National Health Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. We will not change the premiums for this policy during your first year of coverage. No rate adjustment may be made on an individual basis. Also, your renewal premiums may change on a renewal date following the Effective Date of any change in the deductible and/or coinsurance amounts which you are required to pay under Medicare. Any such premium change will be based on the actuarial computations that we then use to determine the renewal premium. Rates can only be changed when approved by the Commissioner of Commerce.

## **DISCLOSURES**

Use this outline to compare benefits and premiums among policies, certificates and contracts.

**THIS POLICY DOES NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THIS POLICY DOES NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR POLICY CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR POLICY.**

## **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

## **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to us at: P.O. Box 1070, Winston-Salem, NC 27102-1070. If you send the policy back to us within 30 days after you receive it, we will then, within 10 days, refund all premiums paid, less any claims paid. The policy will then be considered never to have been issued.

## **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

## **NOTICE**

This policy may not fully cover all of your medical costs. Neither National Health Insurance Company nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "The Medicare Handbook" for more details.

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

If you are eligible for guaranteed issue or during open enrollment this does not apply.

## **LOSS RATIO**

The policy provides an anticipated loss ratio of 65%. This means that, on the average, policyholders may expect that \$65 of every \$100 in premium will be returned as benefits to policyholders over the life of the contract.

**NATIONAL HEALTH INSURANCE COMPANY**

**BASIC PLAN**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	BASIC PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies	All but \$1600	\$0  \$1600 with Optional Benefit Rider E-A	\$1600 (Part A deductible) \$0
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days After 20 <sup>th</sup> day	All approved amounts All but \$200 a day	\$0 \$200 a day	\$0 \$0
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited Coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/Coinsurance	\$0

**NATIONAL HEALTH INSURANCE COMPANY**

**Basic Plan (continued)  
 MEDICARE (Part B) – MEDICAL SERVICES -PER CALENDAR YEAR**

*\*\*Once you have been billed \$226 of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.*

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES</b> -IN OR OUT OF THE HOSPITAL AND OUTPATIENT TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$226 of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  \$226 with Optional Benefit Rider E-B Generally 20%**	\$226 (Part B Deductible) \$0  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0 \$226 with Optional Benefit Rider E-BEX	All costs \$0
<b>BLOOD</b> First 3 pints  Next \$226 of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	\$0  \$0  80%	All costs  \$0 \$226 with Optional Benefit Rider E-BEX 20%	\$0  \$226 (Part B Deductible) \$0 \$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**NATIONAL HEALTH INSURANCE COMPANY**

**Basic Plan (continued)  
 MEDICARE (Parts A & B) – MEDICAL SERVICES -PER CALENDAR YEAR**

*\*\*Once you have been billed \$226 of Medicare-Approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.*

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$226 of Medicare Approved Amounts**  Remainder of Medicare Approved Amounts	100%  \$0  80%	\$0  \$0 \$226 with Optional Benefit Rider E-BEX 20%	\$0  \$226 (Part B Deductible)  \$0 \$0
<b>FOREIGN TRAVEL- NOT COVERED BY MEDICARE,</b> Medically necessary emergency care services	\$0	80% of covered expenses	Expenses not paid by Medicare or the policy
<b>PREVENTATIVE MEDICAL CARE BENEFIT-NOT COVERED BY MEDIARE</b> Annual physical and preventative tests and services administered by or ordered by your doctor when not covered by Medicare. Routine annual medical exam, including diagnostic X-rays and laboratory services.	\$0	\$0 \$120 Optional Benefit Rider E-BPREV	All costs or Balance



## NATIONAL HEALTH INSURANCE COMPANY

### ADDITIONAL BENEFITS

**Scalp Hair Prosthesis.** Coverage for the Usual and Customary charge incurred for a scalp hair prosthesis that is needed because of hair loss suffered as a result of alopecia areata. Benefits will be paid on the same basis as any other sickness or injury and as if Medicare paid benefits. This benefit is limited to one prosthesis per calendar year. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

**Immunization.** Coverage for 100% of the cost of immunizations unless covered under Part D of Medicare for an immunization received by You. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

**Routine Cancer Screening.** Coverage for the Usual and Customary charge incurred for routine screening procedures for cancer, including colorectal screening, mammograms and Pap smears. We will also pay the expenses for surveillance tests for ovarian cancer for women at risk for ovarian cancer when ordered or provided by a physician. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy. Routine Screening Procedures for Prostate Cancer. Coverage for the usual and customary charge for prostate cancer screening for:

- a) men who are 50 years of age or older; and
- b) b) men who are 40 years of age or older if it is determined by Your Physician that You are symptomatic or at a high risk of developing prostate cancer.

A Prostate cancer screening must consist of:

- a) a prostate-specific antigen blood test; and
- b) a digital rectal examination.

**Diabetes Care.** Coverage for 80% of the Usual and Customary Charge not covered by Medicare or Medicare Part D for all Physician-prescribed medically appropriate and necessary equipment and supplies used in the management and treatment of diabetes. We will also pay diabetes outpatient self-management training and education, including medical nutrition therapy, that is provided by certified, registered, or licensed health care professionals working in a program consistent with the national standards of diabetes self-management education as established by the American Diabetes Association. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

Coverage includes gestational type 1 or type 2 diabetes.

**Alcoholism and Chemical Dependency Treatment.** We will pay the Usual and Customary Charge for the treatment of alcoholism and chemical dependency on the same basis as any other Sickness or Injury and as if Medicare paid benefits when treatment is provided in:

- a) a licensed hospital;
- b) a residential treatment program licensed by the state of Minnesota pursuant to diagnosis or recommendation by a Doctor of Medicine; or
- c) a nonresidential treatment program approved or licensed by the state of Minnesota.

Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

**Lyme Disease.** Coverage for benefits for diagnosed Lyme disease as any other medical service. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

## NATIONAL HEALTH INSURANCE COMPANY

**Mental Health Services Benefit.** Coverage for Medicare Eligible Expenses for inpatient hospital and outpatient mental health services that are intended to treat or ameliorate an emotional, behavioral, or psychiatric condition, if they are medically necessary. "Medically necessary care" means health care services appropriate, in terms of type, frequency, level, setting and duration, to diagnosis or condition, and diagnostic testing and preventative services. Medically necessary care must be consistent with generally accepted practice parameters as determined by health care providers in the same or similar general specialty as typically managed the condition, procedure, or treatment at issue and must:

- a) help restore or maintain Your health; or
- b) prevent deterioration of Your condition.

Benefits are not payable for that portion of expense for which benefits were paid by Medicare or under any other provision of this policy.

Mental health services ordered by a court of competent jurisdiction under a court order that is issued on the basis of a behavioral care evaluation performed by a licensed psychiatrist or a doctoral level licensed psychologist, which includes a diagnosis and an individual treatment plan for care in the most appropriate, least restrictive environment. A copy of the court order and the behavioral care evaluation must be provided to us

**Temporomandibular Joint Disorder and Craniomandibular Disorder.** Coverage for the usual and customary charge for the surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder on the same basis as that for treatment to any other joint in the body. Such treatment must be administered or prescribed by a physician or dentist. Benefits under this provision are not payable for any portion of expense that is paid under any other part of your policy.

**Reconstructive Surgery.** Coverage for the usual and customary charge for reconstructive surgery on the same basis as any other surgery if the reconstructive surgery is incidental to or follows surgery resulting from sickness or injury, including all stages of reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prosthesis and physical complications at all stages of a mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and patient. Benefits under this provision are not payable for any portion of expense that is paid under any other part of your policy.

**Outpatient Services.** Coverage for the usual and customary charge for a health care treatment or surgery on an outpatient basis at a facility equipped to perform these services, whether or not the facility is part of a hospital. We will pay benefits on the same basis as if you had received the health care treatment or surgery at a hospital. Benefits under this provision are not payable for any portion of expense that is paid under any other part of your policy.

**Phenylketonuria.** Coverage for the usual and customary charge for the dietary treatment of phenylketonuria you receive when recommended by a physician. Benefits under this provision are not payable for any portion of expense that is paid under any other part of your policy.

**NATIONAL HEALTH INSURANCE COMPANY**

**OPTIONAL COVERAGE AVAILABLE FOR BASIC PLAN 36000 MN**

(check if applied for)

**Rider A – Medicare Part A Deductible Rider**

If you are confined in a hospital, we will pay 100% of the Medicare Part A inpatient hospital deductible amount due for each benefit period.

**Rider C – Medicare Part B Deductible Rider**

We will pay 100% of the Medicare Part B deductible amount due each calendar year for Part B Medicare-eligible expenses you incur.

**Rider B – Medicare Part B Excess Charges Rider**

We will pay 100% of the Medicare Part B excess charges for all of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

**Rider D – Preventive Medical Care Benefits Rider**

Coverage for 100% the Medicare approved amount of the actual charges for each of the following services, as if Medicare were to cover the service as identified in the American Medical Association Current Procedural Terminology (AMA CPT) codes, to a maximum, of \$120.00 per calendar year:

- (a) An annual clinical preventive medical history and physical examination that may include preventative screening tests and services from the following subsection (b) and patient education to address preventive health care measures.
- (b) Any one or combination of the following preventive screening tests or preventive services, as often as medically necessary: fecal occult blood test and/or digital rectal exam; dipstick urinalysis for hematuria, bacteriuria and proteinuria; pure tone (air only) hearing screening test, ordered or administered by a physician; serum cholesterol screening at a frequency determined to be medically appropriate by the attending physician; thyroid function test; diabetes screening; and any other tests or preventive measures determined appropriate by the attending Physician. Benefits for Preventive Health Services will not duplicate any payment for a procedure that is already covered by Medicare.