

MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. This policy meets these standards. It, along with Medicare, may not cover all of Your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see Wisconsin Guide to Health Insurance for People with Medicare, given to You when You applied for this policy. Do not buy this policy if You did not get this guide.

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. Thereafter your premium will increase each year based on your age at that time. 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.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

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 treat the policy as if it had never been issued, and return all of your payments.

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 NOT ITS AGENTS ARE CONNECTED WITH MEDICARE.

NATIONAL HEALTH INSURANCE COMPANY
Medicare Supplement Policy
Standardized Base Core Plan
Attained Age Premium Rates
Rates Effective Upon Approval

Attained Age	Female			Male		
	Preferred Select	Preferred	Standard	Preferred Select	Preferred	Standard
0-64		437.00	502.55		494.01	568.11
65		99.64	114.58		112.63	129.53
66		99.64	114.58		112.63	129.53
67	99.64	105.67	121.53	112.63	119.46	137.38
68	99.64	109.25	125.64	112.63	123.50	142.03
69	99.64	113.08	130.04	112.63	127.83	147.00
70	99.64	117.03	134.59	112.63	132.30	152.14
71	104.69	121.13	139.30	118.35	136.93	157.47
72	108.87	125.25	144.03	123.07	141.59	162.82
73	113.27	129.38	148.79	128.05	146.26	168.20
74	118.03	133.52	153.55	133.43	150.94	173.58
75	125.20	137.66	158.31	141.53	155.62	178.96
76	127.75	141.79	163.06	144.42	160.29	184.33
77	132.70	145.90	167.79	150.01	164.93	189.67
78	137.69	149.99	172.49	155.65	169.55	194.99
79	142.72	154.04	177.14	161.33	174.13	200.25
80	153.14	158.04	181.75	173.12	178.66	205.46
81	152.70	162.15	186.47	172.62	183.30	210.80
82	158.11	166.36	191.32	178.74	188.07	216.28
83	163.45	170.52	196.10	184.77	192.77	221.69
84	167.66	174.79	201.01	189.53	197.59	227.23
85	171.90	179.16	206.03	194.33	202.53	232.91
86	176.20	183.64	211.18	199.18	207.59	238.73
87	180.60	188.23	216.46	204.17	212.78	244.70
88	185.12	192.93	221.87	209.27	218.10	250.82
89	189.75	197.76	227.42	214.50	223.56	257.09
90	194.49	202.70	233.11	219.86	229.14	263.51
91	199.35	207.77	238.93	225.36	234.87	270.10
92	204.34	212.96	244.91	230.99	240.74	276.86
93	209.45	218.29	251.03	236.77	246.76	283.78
94	214.68	223.74	257.31	242.69	252.93	290.87
95	220.05	229.34	263.74	248.76	259.26	298.15
96	225.55	235.07	270.33	254.98	265.74	305.60
97	231.19	240.95	277.09	261.35	272.38	313.24
98	236.97	246.97	284.02	267.88	279.19	321.07
99+	242.89	253.15	291.12	274.58	286.17	329.09

Open Enrollment or Guaranteed Issue: Select the lowest available rate based on age

Underwritten: Determine Underwriting Class based on Tobacco, HT/WT, and Preferred Select Medical Question

See UW Guide for detailed instructions

Rate Calculator

Monthly Rate

A - Monthly Rate (use table above)

B - Area Factor (see area factors below)

C - Input Household Discount (1.0 if not applicable, 0.93 if roommate HHD applies, 0.9 if dual HHD applies)

D - Input Activity Tracker Discount (1.0 if not applicable, 0.95 if discount applies)

E - Input Annual Pay Discount (1.0 if not applicable, 0.9 if discount applies)

F - Calculate Monthly Rate (rounded to the nearest penny)

F=A*B*C*D*E

Quarterly, Semi-Annual, or Annual Rate

G - Input Modal Factor (Quarterly - multiply by 3, Semi-Annual - multiply by 6, Annual - multiply by 12)

H - Calculate Final Modal Billing Rate (rounded to the nearest penny)

H=F*G

Roommate Household Discount:

7%

Dual Household Discount (applies if multiple people in the same Household have or are applying for National General Medicare Supplement policies):

10%

Annual Pay Discount:

10%

Activity Tracker "Wearable" Discount:

5%

The rates above do not include a one time \$25 policy fee.

Area Factors:

Wisconsin Zip Codes	Factor
Area 1: 532, 534	1.144
Area 2: 540, 541, 545-548	1.009
Area 3: 530, 531	1.082
Area 4: All Other Zip Codes	0.988

Attained Age	Female			Male		
	Preferred Select	Preferred	Standard	Preferred Select	Preferred	Standard
0-64	-99.00		-113.85	-111.92		-128.71
65	-22.57		-25.96	-25.52		-29.35
66	-22.57		-25.96	-25.52		-29.35
67	-22.57	-23.94	-27.53	-25.52	-27.06	-31.12
68	-22.57	-24.75	-28.46	-25.52	-27.98	-32.18
69	-22.57	-25.62	-29.46	-25.52	-28.96	-33.30
70	-22.57	-26.52	-30.49	-25.52	-29.97	-34.47
71	-23.72	-27.44	-31.56	-26.81	-31.02	-35.68
72	-24.67	-28.38	-32.63	-27.88	-32.08	-36.89
73	-25.66	-29.31	-33.71	-29.01	-33.13	-38.10
74	-26.74	-30.25	-34.79	-30.23	-34.19	-39.32
75	-28.36	-31.19	-35.87	-32.07	-35.26	-40.54
76	-28.94	-32.12	-36.94	-32.72	-36.31	-41.76
77	-30.06	-33.05	-38.01	-33.98	-37.36	-42.97
78	-31.19	-33.98	-39.08	-35.26	-38.41	-44.17
79	-32.33	-34.90	-40.13	-36.55	-39.45	-45.37
80	-34.69	-35.80	-41.17	-39.22	-40.47	-46.55
81	-34.59	-36.74	-42.24	-39.11	-41.53	-47.75
82	-35.82	-37.69	-43.34	-40.49	-42.61	-49.00
83	-37.03	-38.63	-44.43	-41.86	-43.67	-50.22
84	-37.98	-39.60	-45.54	-42.94	-44.76	-51.48
85	-38.94	-40.59	-46.67	-44.02	-45.88	-52.76
86	-39.92	-41.60	-47.84	-45.12	-47.03	-54.08
87	-40.92	-42.64	-49.04	-46.25	-48.21	-55.44
88	-41.94	-43.71	-50.26	-47.41	-49.41	-56.82
89	-42.99	-44.80	-51.52	-48.60	-50.65	-58.24
90	-44.06	-45.92	-52.81	-49.81	-51.91	-59.70
91	-45.16	-47.07	-54.13	-51.05	-53.21	-61.19
92	-46.29	-48.25	-55.48	-52.33	-54.54	-62.72
93	-47.45	-49.45	-56.87	-53.64	-55.90	-64.29
94	-48.63	-50.69	-58.29	-54.98	-57.30	-65.90
95	-49.85	-51.96	-59.75	-56.36	-58.73	-67.55
96	-51.10	-53.25	-61.24	-57.77	-60.20	-69.23
97	-52.38	-54.59	-62.77	-59.21	-61.71	-70.96
98	-53.69	-55.95	-64.34	-60.69	-63.25	-72.74
99+	-55.03	-57.35	-65.95	-62.21	-64.83	-74.56

Underwritten: Determine Underwriting Class based on Tobacco, HT/WT, and Preferred Select Medical Question
See UW Guide for detailed instructions

$$H = F * G$$

7%

10%

10%

5%

0.988

NATIONAL HEALTH INSURANCE COMPANY
 Medicare Supplement Policy
 Medicare Part A Deductible
 Attained Age Premium Rates
 Rates Effective Upon Approval

Attained Age	Female			Male		
	Preferred Select	Preferred	Standard	Preferred Select	Preferred	Standard
0-64		76.09	87.50		86.02	98.92
65		17.35	19.95		19.61	22.55
66		17.35	19.95		19.61	22.55
67	17.35	18.40	21.16	19.61	20.80	23.92
68	17.35	19.02	21.88	19.61	21.50	24.73
69	17.35	19.78	22.75	19.61	22.36	25.72
70	17.35	20.58	23.66	19.61	23.26	26.75
71	18.49	21.40	24.61	20.91	24.19	27.82
72	19.34	22.25	25.59	21.87	25.16	28.93
73	20.26	23.14	26.61	22.91	26.16	30.09
74	21.28	24.07	27.68	24.05	27.21	31.29
75	22.77	25.03	28.79	25.74	28.30	32.54
76	23.46	26.03	29.94	26.52	29.43	33.84
77	24.62	27.07	31.14	27.84	30.61	35.20
78	25.85	28.16	32.38	29.22	31.83	36.60
79	27.13	29.28	33.68	30.67	33.10	38.07
80	29.51	30.46	35.02	33.36	34.43	39.59
81	29.83	31.67	36.42	33.72	35.81	41.17
82	31.31	32.94	37.88	35.39	37.24	42.82
83	32.84	34.26	39.40	37.12	38.73	44.54
84	34.18	35.63	40.97	38.63	40.28	46.32
85	35.55	37.05	42.61	40.19	41.89	48.17
86	36.98	38.54	44.32	41.80	43.56	50.10
87	38.45	40.08	46.09	43.47	45.31	52.10
88	39.99	41.68	47.93	45.21	47.12	54.19
89	41.59	43.35	49.85	47.02	49.00	56.35
90	43.26	45.08	51.84	48.90	50.96	58.61
91	44.99	46.88	53.92	50.85	53.00	60.95
92	46.78	48.76	56.07	52.89	55.12	63.39
93	48.66	50.71	58.32	55.00	57.32	65.92
94	50.60	52.74	60.65	57.20	59.62	68.56
95	52.63	54.85	63.07	59.49	62.00	71.30
96	54.73	57.04	65.60	61.87	64.48	74.16
97	56.92	59.32	68.22	64.35	67.06	77.12
98	59.20	61.70	70.95	66.92	69.74	80.21
99+	61.57	64.16	73.79	69.60	72.53	83.42

Open Enrollment or Guaranteed Issue: Select the lowest available rate based on age

Underwritten: Determine Underwriting Class based on Tobacco, HT/WT, and Preferred Select Medical Question

See UW Guide for detailed instructions

Rate Calculator

Monthly Rate

A - Monthly Rate (use table above)

B - Area Factor (see area factors below)

C - Input Household Discount (1.0 if not applicable, 0.93 if roommate HHD applies, 0.9 if dual HHD applies)

D - Input Activity Tracker Discount (1.0 if not applicable, 0.95 if discount applies)

E - Input Annual Pay Discount (1.0 if not applicable, 0.9 if discount applies)

F - Calculate Monthly Rate (rounded to the nearest penny)

F=A*B*C*D*E

Quarterly, Semi-Annual, or Annual Rate

G - Input Modal Factor (Quarterly - multiply by 3, Semi-Annual - multiply by 6, Annual - multiply by 12)

H - Calculate Final Modal Billing Rate (rounded to the nearest penny)

H=F*G

Roommate Household Discount:

7%

Dual Household Discount (applies if multiple people in the same Household have or are applying for National General Medicare Supplement policies):

10%

Annual Pay Discount:

10%

Activity Tracker "Wearable" Discount:

5%

The rates above do not include a one time \$25 policy fee.

Area Factors:

Wisconsin Zip Codes	Factor
Area 1: 532, 534	1.144
Area 2: 540, 541, 545-548	1.009
Area 3: 530, 531	1.082
Area 4: All Other Zip Codes	0.988

NATIONAL HEALTH INSURANCE COMPANY
Medicare Supplement Policy
Additional Home Health Care
Attained Age Premium Rates
Rates Effective Upon Approval

Attained Age	Female			Male		
	Preferred Select	Preferred	Standard	Preferred Select	Preferred	Standard
0-64		6.21	7.15		7.03	8.08
65		1.42	1.63		1.60	1.84
66		1.42	1.63		1.60	1.84
67	1.42	1.50	1.73	1.60	1.70	1.95
68	1.42	1.55	1.79	1.60	1.76	2.02
69	1.42	1.58	1.82	1.60	1.79	2.06
70	1.42	1.62	1.86	1.60	1.83	2.10
71	1.43	1.65	1.90	1.61	1.86	2.14
72	1.46	1.68	1.93	1.65	1.90	2.19
73	1.50	1.72	1.97	1.70	1.94	2.23
74	1.55	1.75	2.01	1.75	1.98	2.27
75	1.62	1.78	2.05	1.83	2.02	2.32
76	1.64	1.82	2.09	1.85	2.06	2.37
77	1.69	1.86	2.14	1.91	2.10	2.41
78	1.74	1.89	2.18	1.96	2.14	2.46
79	1.79	1.93	2.22	2.02	2.18	2.51
80	1.91	1.97	2.27	2.16	2.23	2.56
81	1.89	2.01	2.31	2.14	2.27	2.61
82	1.95	2.05	2.36	2.20	2.32	2.67
83	2.00	2.09	2.40	2.27	2.36	2.72
84	2.04	2.13	2.45	2.31	2.41	2.77
85	2.09	2.17	2.50	2.36	2.46	2.83
86	2.13	2.22	2.55	2.41	2.51	2.88
87	2.17	2.26	2.60	2.45	2.56	2.94
88	2.21	2.31	2.65	2.50	2.61	3.00
89	2.26	2.35	2.71	2.55	2.66	3.06
90	2.30	2.40	2.76	2.60	2.71	3.12
91	2.35	2.45	2.82	2.66	2.77	3.18
92	2.40	2.50	2.87	2.71	2.82	3.25
93	2.44	2.55	2.93	2.76	2.88	3.31
94	2.49	2.60	2.99	2.82	2.94	3.38
95	2.54	2.65	3.05	2.87	2.99	3.44
96	2.59	2.70	3.11	2.93	3.06	3.51
97	2.65	2.76	3.17	2.99	3.12	3.58
98	2.70	2.81	3.23	3.05	3.18	3.66
99+	2.75	2.87	3.30	3.11	3.24	3.73

Open Enrollment or Guaranteed Issue: Select the lowest available rate based on age

Underwritten: Determine Underwriting Class based on Tobacco, HT/WT, and Preferred Select Medical Question

See UW Guide for detailed instructions

Rate Calculator

Monthly Rate

A - Monthly Rate (use table above)

B - Area Factor (see area factors below)

C - Input Household Discount (1.0 if not applicable, 0.93 if roommate HHD applies, 0.9 if dual HHD applies)

D - Input Activity Tracker Discount (1.0 if not applicable, 0.95 if discount applies)

E - Input Annual Pay Discount (1.0 if not applicable, 0.9 if discount applies)

F - Calculate Monthly Rate (rounded to the nearest penny)

F=A*B*C*D*E

Quarterly, Semi-Annual, or Annual Rate

G - Input Modal Factor (Quarterly - multiply by 3, Semi-Annual - multiply by 6, Annual - multiply by 12)

H - Calculate Final Modal Billing Rate (rounded to the nearest penny)

H=F*G

Roommate Household Discount:

7%

Dual Household Discount (applies if multiple people in the same Household have or are applying for National General Medicare Supplement policies):

10%

Annual Pay Discount:

10%

Activity Tracker "Wearable" Discount:

5%

The rates above do not include a one time \$25 policy fee.

Area Factors:

Wisconsin Zip Codes	Factor
Area 1: 532, 534	1.144
Area 2: 540, 541, 545-548	1.009
Area 3: 530, 531	1.082
Area 4: All Other Zip Codes	0.988

NATIONAL HEALTH INSURANCE COMPANY
 Medicare Supplement Policy
 Medicare Part B Deductible
 Attained Age Premium Rates
 Rates Effective Upon Approval

Attained Age	Female			Male		
	Preferred Select	Preferred	Standard	Preferred Select	Preferred	Standard
0-64		16.10	16.10		16.10	16.10
65		16.10	16.10		16.10	16.10
66		16.10	16.10		16.10	16.10
67	16.10	16.10	16.10	16.10	16.10	16.10
68	16.10	16.10	16.10	16.10	16.10	16.10
69	16.10	16.10	16.10	16.10	16.10	16.10
70	16.10	16.10	16.10	16.10	16.10	16.10
71	16.10	16.10	16.10	16.10	16.10	16.10
72	16.10	16.10	16.10	16.10	16.10	16.10
73	16.10	16.10	16.10	16.10	16.10	16.10
74	16.10	16.10	16.10	16.10	16.10	16.10
75	16.10	16.10	16.10	16.10	16.10	16.10
76	16.10	16.10	16.10	16.10	16.10	16.10
77	16.10	16.10	16.10	16.10	16.10	16.10
78	16.10	16.10	16.10	16.10	16.10	16.10
79	16.10	16.10	16.10	16.10	16.10	16.10
80	16.10	16.10	16.10	16.10	16.10	16.10
81	16.10	16.10	16.10	16.10	16.10	16.10
82	16.10	16.10	16.10	16.10	16.10	16.10
83	16.10	16.10	16.10	16.10	16.10	16.10
84	16.10	16.10	16.10	16.10	16.10	16.10
85	16.10	16.10	16.10	16.10	16.10	16.10
86	16.10	16.10	16.10	16.10	16.10	16.10
87	16.10	16.10	16.10	16.10	16.10	16.10
88	16.10	16.10	16.10	16.10	16.10	16.10
89	16.10	16.10	16.10	16.10	16.10	16.10
90	16.10	16.10	16.10	16.10	16.10	16.10
91	16.10	16.10	16.10	16.10	16.10	16.10
92	16.10	16.10	16.10	16.10	16.10	16.10
93	16.10	16.10	16.10	16.10	16.10	16.10
94	16.10	16.10	16.10	16.10	16.10	16.10
95	16.10	16.10	16.10	16.10	16.10	16.10
96	16.10	16.10	16.10	16.10	16.10	16.10
97	16.10	16.10	16.10	16.10	16.10	16.10
98	16.10	16.10	16.10	16.10	16.10	16.10
99+	16.10	16.10	16.10	16.10	16.10	16.10

Open Enrollment or Guaranteed Issue: Select the lowest available rate based on age

Underwritten: Determine Underwriting Class based on Tobacco, HT/WT, and Preferred Select Medical Question

See UW Guide for detailed instructions

Rate Calculator

Monthly Rate

A - Monthly Rate (use table above)

B - Area Factor (see area factors below)

C - Input Household Discount (1.0 if not applicable, 0.93 if roommate HHD applies, 0.9 if dual HHD applies)

D - Input Activity Tracker Discount (1.0 if not applicable, 0.95 if discount applies)

E - Input Annual Pay Discount (1.0 if not applicable, 0.9 if discount applies)

F - Calculate Monthly Rate (rounded to the nearest penny)

Quarterly, Semi-Annual, or Annual Rate

G - Input Modal Factor (Quarterly - multiply by 3, Semi-Annual - multiply by 6, Annual - multiply by 12)

H - Calculate Final Modal Billing Rate (rounded to the nearest penny)

1.000
F=A*B*C*D*E
H=F*G

Roommate Household Discount: 7%

Dual Household Discount (applies if multiple people in the same Household have or are applying for National General Medicare Supplement policies): 10%

Annual Pay Discount: 10%

Activity Tracker "Wearable" Discount: 5%

The rates above do not include a one time \$25 policy fee.

Area Factors do not apply to this rider

Wisconsin Zip Codes	Factor
Area 1: 532, 534	1.000
Area 2: 540, 541, 545-548	1.000
Area 3: 530, 531	1.000
Area 4: All Other Zip Codes	1.000

NATIONAL HEALTH INSURANCE COMPANY
Medicare Supplement Policy
Medicare Part B Excess
Attained Age Premium Rates
Rates Effective Upon Approval

Attained Age	Female			Male		
	Preferred Select	Preferred	Standard	Preferred Select	Preferred	Standard
0-64		5.82	6.70		6.58	7.57
65		1.33	1.53		1.50	1.73
66		1.33	1.53		1.50	1.73
67	1.33	1.41	1.62	1.50	1.59	1.83
68	1.33	1.46	1.67	1.50	1.65	1.89
69	1.33	1.50	1.73	1.50	1.70	1.95
70	1.33	1.54	1.78	1.50	1.75	2.01
71	1.38	1.59	1.83	1.56	1.80	2.07
72	1.43	1.64	1.89	1.61	1.85	2.13
73	1.48	1.69	1.94	1.67	1.91	2.19
74	1.54	1.74	2.00	1.74	1.97	2.26
75	1.63	1.79	2.06	1.84	2.03	2.33
76	1.66	1.85	2.12	1.88	2.09	2.40
77	1.73	1.90	2.19	1.95	2.15	2.47
78	1.80	1.96	2.25	2.03	2.21	2.55
79	1.87	2.02	2.32	2.11	2.28	2.62
80	2.01	2.08	2.39	2.28	2.35	2.70
81	2.02	2.14	2.46	2.28	2.42	2.78
82	2.10	2.20	2.53	2.37	2.49	2.87
83	2.18	2.27	2.61	2.46	2.57	2.95
84	2.24	2.34	2.69	2.54	2.64	3.04
85	2.31	2.41	2.77	2.61	2.72	3.13
86	2.38	2.48	2.85	2.69	2.80	3.22
87	2.45	2.56	2.94	2.77	2.89	3.32
88	2.53	2.63	3.03	2.86	2.98	3.42
89	2.60	2.71	3.12	2.94	3.06	3.52
90	2.68	2.79	3.21	3.03	3.16	3.63
91	2.76	2.88	3.31	3.12	3.25	3.74
92	2.84	2.96	3.41	3.21	3.35	3.85
93	2.93	3.05	3.51	3.31	3.45	3.97
94	3.02	3.14	3.61	3.41	3.55	4.08
95	3.11	3.24	3.72	3.51	3.66	4.21
96	3.20	3.33	3.83	3.62	3.77	4.33
97	3.29	3.43	3.95	3.72	3.88	4.46
98	3.39	3.54	4.07	3.84	4.00	4.60
99+	3.49	3.64	4.19	3.95	4.12	4.74

Open Enrollment or Guaranteed Issue: Select the lowest available rate based on age

Underwritten: Determine Underwriting Class based on Tobacco, HT/WT, and Preferred Select Medical Question

See UW Guide for detailed instructions

Rate Calculator

Monthly Rate

A - Monthly Rate (use table above)

B - Area Factor (see area factors below)

C - Input Household Discount (1.0 if not applicable, 0.93 if roommate HHD applies, 0.9 if dual HHD applies)

D - Input Activity Tracker Discount (1.0 if not applicable, 0.95 if discount applies)

E - Input Annual Pay Discount (1.0 if not applicable, 0.9 if discount applies)

F - Calculate Monthly Rate (rounded to the nearest penny)

F=A*B*C*D*E

Quarterly, Semi-Annual, or Annual Rate

G - Input Modal Factor (Quarterly - multiply by 3, Semi-Annual - multiply by 6, Annual - multiply by 12)

H - Calculate Final Modal Billing Rate (rounded to the nearest penny)

H=F*G

Roommate Household Discount:

7%

Dual Household Discount (applies if multiple people in the same Household have or are applying for National General Medicare Supplement policies):

10%

Annual Pay Discount:

10%

Activity Tracker "Wearable" Discount:

5%

The rates above do not include a one time \$25 policy fee.

Area Factors:

Wisconsin Zip Codes	Factor
Area 1: 532, 534	1.144
Area 2: 540, 541, 545-548	1.009
Area 3: 530, 531	1.082
Area 4: All Other Zip Codes	0.988

NATIONAL HEALTH INSURANCE COMPANY
Medicare Supplement Policy
Foreign Travel
Attained Age Premium Rates
Rates Effective Upon Approval

Attained Age	Female			Male		
	Preferred Select	Preferred	Standard	Preferred Select	Preferred	Standard
0-64		4.48	5.15		5.07	5.83
65		1.02	1.17		1.16	1.33
66		1.02	1.17		1.16	1.33
67	1.02	1.08	1.25	1.16	1.23	1.41
68	1.02	1.12	1.29	1.16	1.27	1.46
69	1.02	1.15	1.33	1.16	1.30	1.50
70	1.02	1.19	1.37	1.16	1.34	1.55
71	1.06	1.22	1.41	1.20	1.38	1.59
72	1.10	1.26	1.45	1.24	1.42	1.64
73	1.14	1.30	1.49	1.28	1.47	1.68
74	1.18	1.33	1.53	1.33	1.50	1.73
75	1.24	1.36	1.57	1.40	1.54	1.77
76	1.25	1.39	1.60	1.42	1.57	1.81
77	1.29	1.42	1.63	1.46	1.60	1.84
78	1.33	1.45	1.66	1.50	1.63	1.88
79	1.36	1.47	1.69	1.54	1.66	1.91
80	1.44	1.49	1.71	1.63	1.68	1.94
81	1.42	1.51	1.73	1.60	1.70	1.96
82	1.45	1.52	1.75	1.64	1.72	1.98
83	1.47	1.54	1.77	1.67	1.74	2.00
84	1.49	1.55	1.79	1.69	1.76	2.02
85	1.51	1.57	1.80	1.70	1.77	2.04
86	1.52	1.58	1.82	1.72	1.79	2.06
87	1.53	1.60	1.84	1.74	1.81	2.08
88	1.55	1.62	1.86	1.75	1.83	2.10
89	1.57	1.63	1.88	1.77	1.84	2.12
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MEDICARE SUPPLEMENT POLICIES – PART A BENEFITS

* This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

** NOTICE: when your Medicare Part A hospital benefits are exhausted, We stand in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits."

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the additional 365 days	All but \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$0 <input type="checkbox"/> Optional Part A Deductible Rider* E-A \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$1600 \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* 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 21st thru 100th day 101st day and after	All approved amounts All but \$200 a day \$0	\$0 \$200 \$0	\$0 \$0 All costs
INPATIENT PSYCHIATRIC CARE In a participating psychiatric hospital	190 days per lifetime	175 additional days per lifetime	100% of the Medicare eligible expenses after 365 days
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

MEDICARE SUPPLEMENT POLICIES – PART A BENEFITS

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

** This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICARE PART B BENEFITS MEDICAL EXPENSES - Eligible expenses for physician's services, inpatient and outpatient medical 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 <input type="checkbox"/> Optional Part B Deductible Rider** - E-B Generally 20%	 \$226 The expense incurred above the Medicare approved charges Expenses not paid by Medicare of the policy
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	<input type="checkbox"/> Optional Part B Excess Charges Rider ** E-BEX	Expenses not paid by Medicare of the policy
BLOOD First 3 pints Next \$226 of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$0 20%	 Expenses not paid by Medicare or the policy \$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
HOME HEALTH CARE Charges for visits considered medically necessary by Medicare	100%	40 visits OR <input type="checkbox"/> Optional Home Care Rider ** - E-HHC	Expenses not paid by Medicare or the policy.
FOREIGN TRAVEL – NOT COVERED BY MEDICARE , Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	 \$0 \$0	<input type="checkbox"/> Optional Foreign Travel Emergency Rider** - E-FTE \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum

KIDNEY DISEASE TREATMENT BENEFIT

Coverage for usual and customary charges which are not payable under Medicare that You incur for necessary hospital inpatient and outpatient treatment of kidney disease, including dialysis, transplantation, and donor-related services. Benefits are not payable for that portion of expense that is paid under any other part of this policy. Benefits will be reduced by like benefits payable under any other policy You have with Us. Benefits are limited to \$30,000 per Calendar Year.

CHIROPRACTIC SERVICES BENEFIT

Coverage for usual and customary charges which are not payable under Medicare that You incur for medically necessary services received from a chiropractor.

DIABETES TREATMENT BENEFIT

Coverage for usual and customary charges which are not payable under Medicare that You incur for: (1) the installation and use of an insulin infusion pump, limited to one pump each year which is used for at least 30 days before purchase; (2) other equipment and supplies for the treatment of diabetes that are not covered by Medicare Part D; and (3) diabetic self-management education programs.

In order to avoid duplication of coverage under Medicare Part D, benefits listed under (2) do not include prescription medication, prescription insulin, and some supplies.

PREVENTIVE HEALTH CARE SERVICES BENEFIT

Coverage for usual and customary charges which are not payable under Medicare that You incur for preventive health care services that are determined to be medically appropriate by the attending physician. Preventive health care services include physical examinations, immunizations, and health screenings. We will pay the Medicare-approved amounts for these services as if Medicare covered the services. Benefits are limited to \$300 per calendar year.

HOSPITAL AND AMBULATORY SURGERY CENTER DENTAL CARE BENEFIT

Coverage for the usual and customary charges which are not payable under Medicare for surgery You receive at a hospital or ambulatory surgery center, and anesthetics provided, in conjunction with dental care if:

- a) You have a chronic health condition; or
- b) You have a medical condition that requires hospitalization or general anesthesia for dental care.

BREAST RECONSTRUCTION BENEFIT

Coverage for the usual and customary charges which are not payable under Medicare that You incur for breast reconstruction incident to a mastectomy.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for:

- a) expenses incurred while Your policy is not in force, except as provided in the Extension of Benefits section;
- b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while coverage is not in force;
- c) that portion of any expense You incur which is paid for by Medicare;
- d) that portion of any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis;
- e) non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions;
- f) services for which a charge is not normally made in the absence of insurance;
- g) loss or expense that is payable under any other Medicare supplement insurance policy or certificate;
- h) skilled nursing facility costs beyond what is covered by Medicare and the 30 days covered under the Medicare Part A Skilled Nursing Facility Benefit provision of Your policy;
- i) home care above the number of visits covered by Medicare and the 40 visits per year covered under the Home Care Benefit provision of Your policy;
- j) physician charges above Medicare's approved charge;
- k) outpatient prescription drugs;
- l) most care received outside of the United States;

- m) routine dental care, dentures, cosmetic surgery, routine foot care, the cost of eyeglasses, and the cost of hearing aids, unless eligible under Medicare;
- n) emergency care anywhere or for care received outside the service area if this care is treated differently from other covered benefits; or
- o) anything beyond usual, customary, and reasonable limitations.

PREMIUM CHANGES

The premium for Your policy will change. Because the premium rate is based on Your attained age, the premium will increase each year as You age. This annual premium change will occur on the first policy renewal date which coincides with or follows the policy anniversary date.

In addition, the premium may change on any premium due date if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all policies in the same class. Class is defined as attained age, sex, underwriting class, and zip code of residence. We will give You the advance written notice required by Your state prior to any premium change.

GRIEVANCE

Any written communication by You or on Your behalf, to Us, expressing your dissatisfaction regarding Our services, claim practices or Our determination to rescind a policy.

MEDICARE SUPPLEMENT PREMIUM INFORMATION - MONTHLY PREMIUM

\$() BASIC MEDICARE SUPPLEMENT COVERAGE

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY

Each of these riders may be purchased separately. NOTE: Only optional coverage provided by rider is listed here.

- \$() 1. Medicare Part A Deductible Rider (E-A)
100% of Part A Deductible
- \$() 2. Additional Home Care Rider (E-HHC)
An aggregate of 365 visits per year including those covered by Medicare.
- \$() 3. Medicare Part B Deductible Rider (E-B)
100% of Part B Deductible (only available to those first eligible prior to January 1, 2020)
- \$() 4. Medicare Part B Copayment or Coinsurance Rider (E-Copay)
After you have met your Part B Deductible: subject to copayment or coinsurance of no more than \$20 per office visit, and no more than \$50 per emergency room visit. The emergency room copayment or coinsurance fee shall be waived if the insured is admitted to any hospital and the emergency room visit is subsequently covered as a Medicare Part A. Expense.
- \$() 5. Medicare Part B Excess Charges Rider (E-BEX)
Difference between what Medicare pays and the amount charged by the provider which may be no greater than the actual charges or the limiting charge allowed by Medicare, whichever is less
- \$() 6. Foreign Travel Emergency Rider (E-FTE)
80% of billed charges for care that begins during the first 60 consecutive days you are outside the U.S.
- \$ 25.00 There will be a one-time enrollment fee of \$25.00 added to the first premium.
- \$ TOTAL FOR BASIC POLICY AND SELECTION OPTIONAL BENEFITS

HOUSEHOLD PREMIUM DISCOUNT: You are eligible for a household premium discount if You have continuously resided for the last 12 months with at least 1, but no more than 3 other individuals, or You reside with Your spouse or partner with whom You are in a civil union partnership.

IN ADDITION TO THIS OUTLINE OF COVERAGE WE WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.