



Medicare Supplement Insurance Application Transmittal Form

Please fill out the following fields:

Selling agent name

Selling agent number

Agent telephone

Agent email

Submitting Medicare Supplement applications to Allstate Health Solutions is easy. Here's how:

1. **Download the appropriate application.** Fill it out with your client.
2. **Submit the completed application.** There are 3 ways to submit paper Medicare Supplement Insurance applications. **MAKE SURE YOU INCLUDE THIS COVER LETTER, INCLUDING YOUR INFORMATION.**

1. **Mail:**
Allstate Health Solutions
PO Box 95464
Cleveland, OH 44101
2. **Email (scanned apps):**
Send to NPSMedicareSuppApps@NGIC.com
Please be sure to send securely.
3. **Fax:**
(888) 344-3232

For status updates and/or confirmation of receipt, call Agent Services:
(888) 966-2345 (Monday-Friday, 7:00 a.m. - 4:00 p.m. Central Time).

Allstate Health Solutions is a marketing name for products underwritten by National Health Insurance Company.

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Application for Medicare Supplement Insurance

National Health Insurance Company

PO Box 95464, Cleveland, OH 44101

Toll-free telephone: (888) 966-2345 • www.Allstatehealth.com

New Business Conversion Reinstatement

Section A. Applicant Information

First Name	Middle Name	Last Name		
Social Security Number*	Medicare Claim Number	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth ____/____/____ (mm/dd/yyyy)	Current Age	State and Country of Birth		
Residence Address	City	State	Zip Code	
Mailing Address (if different)	City	State	Zip Code	
Home Telephone Number	Mobile Telephone Number	Email Address		

Section B. Plan and Billing Information

Did you first become eligible for Medicare due to age, disability or end-stage renal disease prior to January 1, 2020? Yes No

Plan Applied For: <input type="checkbox"/> Basic <input type="checkbox"/> **Extended Basic – Pre (2020) <input type="checkbox"/> Co-Pay Plan <input type="checkbox"/> Extended Basic – Post (2020) <input type="checkbox"/> High Deductible Plan	Select Policy Premium Payment Option (check only one) Bank Draft (EFT): <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> I Authorize Bank Draft Payments Direct Bill: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly
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Optional Riders (Basic Plan Only)

Medicare Part A Deductible Rider Medicare Part B Excess Charges Rider
 **Medicare Part B Deductible Rider (Only available to those Medicare eligible prior to January 1, 2020) Preventative Care Rider

Application Fee: \$25	Requested Policy Effective Date ____/____/____ (mm/dd/yyyy)	Draft Initial Premium on ____/____/____ (mm/dd/yyyy)
Initial Premium: \$ _____		
Total Amount Submitted: \$ _____		

Bank Routing # (9 digits) : _____:	Bank Account # (do not include check #) _____
Bank Name: _____	Name(s) of Depositor(s): _____

Account Type: Checking Savings Select Bank Draft Day _____ (1st – 31st)

If paying premium by Bank Draft, please include a voided check.
The first draft will occur on the date your application is approved by NHIC (unless specified otherwise).
All Checks will be processed as EFT (Electronic Funds Transfer) from your bank.

*We use your Social Security Number to verify the health information you provide on this application and to ensure that you are issued only one Medicare Supplement policy from us. Your Social Security Number is requested but not required.

** Only available for Medicare enrollees first eligible before 2020.

Section C. Medicare and Insurance Information

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. **Please include a copy of the notice from your prior insurer with your application.**

Answer all questions to the best of your knowledge. Mark “YES” or “NO” with an “X” to the questions below.

1. Did you enroll in Medicare Part B within the past six months? Yes No
2. Did you turn age 65 within the past six months? Yes No

Medicare Part A Effective Date

____/____/____(mm/dd/yyyy)

Medicare Part B Effective Date

____/____/____(mm/dd/yyyy)

3. Are you applying during a guaranteed issue period? (NOTE: If “Yes,” please **attach proof of eligibility.**) Yes No

4. Do you have another Medicare Supplement or Medicare Select insurance policy in force? Yes No

If yes:

(a) Name of Company _____ Plan ____ Effective Date ____/____/____(mm/dd/yyyy)

(b) Do you intend to replace your current Medicare Supplement policy with this policy? Yes No
(If yes, complete the Replacement Notice)

(c) Indicate termination date ____/____/____(mm/dd/yyyy)

5. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates:

If you are still covered under this plan, leave “END” blank.

Start ____/____/____(mm/dd/yyyy) End ____/____/____(mm/dd/yyyy)

(a) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? (If yes, complete the Replacement Notice.) Yes No

(b) Describe reason for termination _____

(c) Planned date of termination ____/____/____(mm/dd/yyyy)

(d) Was this your first time in this type of Medicare plan? Yes No

(e) Did you drop a Medicare Supplement or Medicare Select policy to enroll in this plan? Yes No

6. Have you had coverage under any other health insurance within the past 63 days? (for example, an employer, union, or individual health plan) Yes No

If yes:

(a) Name of company and type of policy _____

(b) Start date ____/____/____(mm/dd/yyyy) End date ____/____/____(mm/dd/yyyy)

(c) Reason for termination _____

7. Are you covered for medical assistance through the state Medicaid program? Yes No
(Note to applicant: If you are participating in a “Spend-Down Program” and have not yet met your “Share of Cost,” please answer “No” to this question.)

(a) If yes, will Medicaid pay your premiums for this Medicare Supplement policy? Yes No

(b) If yes, do you receive any benefits from Medicaid **other than** payment toward your Medicare Part B premium? Yes No

8. Have you received a copy of the **Guide to Health Insurance for People with Medicare**, the **Outline of Coverage**, and the **Notice of Information Practices**? Yes No

Section D. Health Information

For applicants applying as an Open Enrollee or under Guarantee Issue rights, skip sections D, E and F.

The information I provided on this enrollment form is complete, true and accurate to the best of my knowledge and belief. I realize that any incomplete, false, or inaccurate statement or material misrepresentation in the enrollment form may result in cancellation of my coverage, a change in my premium, or a rescission of my coverage.

Signature of Applicant: _____ **Date:** _____ (mm/dd/yyyy)

The Authorization excludes the release of information about HBV (Hepatitis B Virus), HCV (Hepatitis C Virus), or HIV (Human Immunodeficiency Virus) tests which were administered (1) to a criminal offender or crime victim as a result of a crime that was reported to the police; (2) to a patient who received the services of emergency medical services personnel at a hospital or medical care facility; (3) to emergency medical personnel who were tested as a result of performing emergency medical services and (4) other persons who render emergency care or assistance at the scene of an emergency and would qualify as a Good Samaritan.

For underwriting purposes provide the name and address of your primary care physician

Name: _____

Address: _____

Please read through each question carefully and indicate any of the conditions that apply with a check mark in the box.

Applicant's Height _____ ft _____ in Weight _____ lbs	When last have you used tobacco in any form, or used nicotine products including a patch, gum, or electronic cigarettes? _____ / _____ (mm/yyyy) <input type="checkbox"/> Never
----------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Currently or within the past 1 month have you had, been diagnosed with, been treated or advised to have treatment for, or tested positive for?
- Diabetes with complications such as numbness, kidney disease, heart disease, stroke, eye disease, or skin ulcers
 - Arthritis or Spinal Stenosis which requires joint replacement surgery, or requires continuous use of opioid pain medications, or is crippling or disabling
 - None of the above

2. Currently or within the past 1 month, have you?
- Had any recommended or required medical evaluations, treatments, or surgeries that have not yet been completed
 - Received help with movement, toileting, eating or dressing
 - Received services from an Assisted Living Facility
 - Been hospitalized or were confined to a bed
 - Required use of a Cardiac Pacemaker or Defibrillator
 - None of the above
 - Received speech therapy
 - Received oxygen therapy
 - Had Kidney Dialysis

3. Within the past 2 years have you had, been diagnosed with, been treated or advised to have treatment for, or tested positive for?

Circulatory disease (do not check any circulatory conditions below if taking only high blood pressure or high cholesterol type medications for prevention or maintenance).

- Peripheral Vascular / Arterial Disease
- Cardiac Chest Pain (Angina)
- Transient Ischemic Attack
- None of the above
- Blood disorder (excluding mild anemia)
- Chronic Atrial Fibrillation
- Deep Venous Thrombosis
- Stroke
- Heart Attack
- Embolus

Cancer

- Leukemia, Myeloma or Lymphoma
- None of the above
- Internal Cancer
- Melanoma

Neurological disorders

- Muscular Dystrophy
- Huntington's disease
- None of the above
- Multiple Sclerosis
- Transverse Myelitis

3. Within the past 2 years have you had, been diagnosed with, been treated or advised to have treatment for, or tested positive for?				
Autoimmune disorders				
<input type="checkbox"/> Systemic Scleroderma		<input type="checkbox"/> Systemic Lupus		
<input type="checkbox"/> None of the above				
Other disorders or conditions				
<input type="checkbox"/> Osteoporosis with bone fractures		<input type="checkbox"/> Drug or Alcohol abuse		<input type="checkbox"/> Enzyme disorders
<input type="checkbox"/> Osteoporosis by injections or infusions		<input type="checkbox"/> Amputation due to disease		<input type="checkbox"/> Adrenal gland disorders
<input type="checkbox"/> Pituitary disease or disorder				
<input type="checkbox"/> None of the above				
4. Within the past 2 years have you been hospitalized or required treatment in an Emergency Room for any of the following?				
<input type="checkbox"/> Blood Pressure Crisis		<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy (Seizures)
<input type="checkbox"/> Depression		<input type="checkbox"/> Ulcerative Colitis		<input type="checkbox"/> Crohn's Disease
<input type="checkbox"/> 2 or more times for the same condition				
<input type="checkbox"/> None of the above				
5. Within the past 10 years have you had, been diagnosed with, been treated or advised to have treatment for, or tested positive for:				
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease		<input type="checkbox"/> Emphysema		<input type="checkbox"/> Chronic Bronchitis
<input type="checkbox"/> Renal Failure		<input type="checkbox"/> Alzheimer's Disease		<input type="checkbox"/> Dementia
<input type="checkbox"/> Cognitive disorder		<input type="checkbox"/> ALS (Amyotrophic Lateral Sclerosis)		<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> Schizophrenia		<input type="checkbox"/> AIDS, ARC or HIV infection		<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Hepatitis B		<input type="checkbox"/> Cirrhosis		<input type="checkbox"/> Myasthenia Gravis
<input type="checkbox"/> Organ Transplant		<input type="checkbox"/> Congestive Heart Failure		<input type="checkbox"/> Cardiomyopathy
<input type="checkbox"/> Enlarged Heart		<input type="checkbox"/> End Stage Renal Disease		
<input type="checkbox"/> None of the above				
6. Excluding oral medications- have you been advised that surgery, injections, infusions, brain or nerve stimulation, focused ultrasound, dialysis, oxygen therapy or any other type of treatment will be required for?				
<input type="checkbox"/> Tremors		<input type="checkbox"/> Cataracts		<input type="checkbox"/> Ulcerative Colitis
<input type="checkbox"/> Crohn's disease		<input type="checkbox"/> Macular Degeneration		<input type="checkbox"/> Aneurysm
<input type="checkbox"/> Weight Loss (Bariatric surgery only)		<input type="checkbox"/> Gallstones		<input type="checkbox"/> Heart Valve Disease
<input type="checkbox"/> Organ, Tissue, or Bone Marrow Transplant		<input type="checkbox"/> Coronary Artery Disease		
<input type="checkbox"/> Hepatitis C (including treatment by oral medications)		<input type="checkbox"/> Kidney Disease		
<input type="checkbox"/> Pulmonary disease (OSA on CPAP without oxygen is acceptable)		<input type="checkbox"/> Osteoporosis		
<input type="checkbox"/> None of the above				
List prescriptions you've taken in the last 12 months and reason for taking them.				
Medication	Reason taken	Dose	Frequency	Still taking?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments on medical conditions or medications-

Section F. Disclosure, Acknowledgements, and Agreement

Disclosure:

1. You do not need more than one Medicare Supplement policy.
2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
3. You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
4. If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage but will otherwise be substantially equivalent to your coverage before the date of the suspension.
5. If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
6. Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

Acknowledgments and Agreement:

I wish to apply for Medicare Supplement insurance coverage. I acknowledge that I have received or been given access to review: (a) an Outline of Coverage for the policy applied for, and (b) a "Guide to Health Insurance for People with Medicare."

I HAVE READ AND FULLY UNDERSTAND the questions and my answers on this application. To the best of my knowledge and belief they are true and complete. I understand the Company may conduct a telephone interview with me regarding the answers. I understand and agree the policy applied for will not take effect until issued by the Company, and that the agent is not authorized to extend, waive or change any terms, conditions or provisions of the coverage.

Caution: If your answers on this application are incorrect or untrue, the Company has the right to deny benefits or rescind your coverage.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____

Signed at (City and State): _____ **Date:** _____ (mm/dd/yyyy)

Section G. Agent Statement

Type of Sale: Telephone In Person Internet Mail Other _____

Yes No

Did anyone assist the proposed insured in completing the application or answering the application questions?
Name _____ Relationship to the Applicant _____
Type of assistance provided _____

1. Did you review the Application for correctness and any omissions?
 2. Did the Applicant review the Application for correctness and any omissions?
 3. Are you related to the Applicant?
If Yes, provide relationship: _____

Listed below are all other health insurance policies I have (a) sold to the Applicant which are still In force; and (b) sold to the Applicant in the last 5 years which are no longer in force.

Company	Type of Policy	Effective Date	In Force
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify: 1) I have accurately recorded the information supplied by the Applicant; 2) I have given the Applicant an **Outline of Coverage** for the policy being applied for, the **Guide to Health Insurance for People on Medicare**, and the **Notice of Information Practices**; and 3) I have reviewed the current health coverage of the Applicant and have completed the chart above, as applicable. I find that additional coverage of the type and amount applied for is appropriate for the Applicant's needs.

Agent Signature: _____ Date: _____ (mm/dd/yyyy)



Medicare Supplement Activity Tracker Discount Authorization Form

Please fill out the following fields:

Applicant name: _____

Applicant phone number: _____

Applicant email address: _____

(An email address is required to participate in the Activity Tracker Discount program. By supplying your email address, you are agreeing to receive email correspondence about the Activity Tracker Discount program.)

Selling agent name: _____

Selling agent phone number: _____

Yes, I acknowledge I own an activity tracker or wearable device, and I am willing to share my fitness data.

No, I do not want to participate and share my fitness data.

Authorize and Agree:

By selecting this box, I acknowledge that I own an activity tracker or wearable device. I agree to register my activity tracker device within 30 days and share my activity data with Allstate Health Solutions insurance. I understand that if I do not register my device, my Activity Tracker Discount will be removed and my Medicare Supplement Insurance premium will be adjusted.

By selecting this box, I agree to receive email correspondence from Allstate Health Solutions about the Activity Tracker program at the email address supplied above.

Applicant signature: _____

Date: _____

Allstate Health Solutions is a marketing name for products underwritten by National Health Insurance Company.

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NHIC-MEDSUPP-ACTIVITY TRACKER (9/2022)

Health Information Authorization

This Authorization complies with the HIPAA Privacy Rule

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, or other health care provider that has provided services, treatment or payment to me, or on my behalf, within the past 10 years ("My Providers"), or consumer reporting agency, to disclose my entire medical record and any other protected health information concerning me to National Health Insurance Company ("NHIC") and its agents, employees and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes and excludes information related to genetic tests or genetic services (except to pay a claim related to such tests or services).

In addition I authorize MIB, Inc., and any MIB member insurer, to provide any medical or personal information that it has about me to NHIC, its reinsurer or any MIB-authorized third-party administrator performing underwriting services on NHIC's behalf. I also authorize NHIC, its reinsurer or authorized third-party administrator, to make a brief report of my personal health information to MIB, Inc.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

My protected health information is to be disclosed under this Authorization so that NHIC may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill their responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with NHIC.

For a period of 120 days from the date of this Authorization I authorize my NHIC Producer to receive certain protected health information about me that is related to an adverse underwriting decision or counteroffer for alternative coverage made during the underwriting of my application.

This Authorization shall remain in force as long as my insurance with NHIC continued following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to: **NHIC at PO Box 1070, Winston-Salem, NC 27102-1070, Attention: Privacy Officer.** I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that NHIC has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization.

Name of Applicant (please print)

Signature of Applicant or Personal Representative

Date of Birth

Date

Description of Personal Representative's Authority or Relationship to Applicant (if applicable)

(Return to Company)

N-HHA-MS-M-MN

NATIONAL HEALTH INSURANCE COMPANY

Definition of Eligible Person for Guaranteed Issue

Guaranteed Issue for Eligible Persons Under the Balanced Budget Act of 1997: The following are definitions of the categories of individuals who are eligible for Guaranteed Issue under the Balanced Budget Act of 1997:

- Enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare; and the plan terminates, or the plan ceases to provide all such supplemental health benefits to the individual; or
- Enrolled in a Medicare Advantage plan or Program of All-Inclusive Care for the Elderly (PACE) and the organization's certification or plan is terminated or specific circumstances permit discontinuance including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual, or meets such other exceptional conditions as the secretary may provide; or
- Enrolled in a Medicare risk contract, health care prepayment plan, cost contract or Medicare Select plan, or similar organization, and the organization's certification or plan is terminated or specific circumstances permit discontinuance including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual; or
- Enrolled in a Medicare Supplement policy and coverage discontinues due to insolvency, or other involuntary termination of coverage or enrollment under the policy, substantial violation of a material policy provision, or material misrepresentation; or
- Enrolled under a Medicare Supplement policy, terminates and enrolls for the first time in a Medicare Advantage, a risk or cost contract, or a Medicare Select plan, a PACE provider, and then terminates coverage within 12 months of the subsequent enrollment; or
- Upon first enrolling for benefits under Part B, enrolls in a Medicare Advantage or PACE provider and then disenrolls within 12 months; or
- Enrolled in a Medicare Part D Plan during the initial Part D enrollment period while enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and terminate the Medicare Supplement policy ; or

Other Guarantee Issue rights available under State law. Documentation of these events must be submitted with this Application. You must apply within 63 days of the date of termination of previous coverage in order to qualify as an eligible person.

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.

BASIC	EXTENDED BASIC	HIGH DEDUCTIBLE PLAN**	\$20 & \$50 COPAYMENT PLAN
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 2024 the deductible amount is \$2800. 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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,301.30
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,068.65
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,260.30
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,712.01
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,259.44
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,663.73
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,090.17
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$970.61
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,052.93
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,463.20
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,143.90
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,419.35
Extended Basic - Policy Form 38000 EB MN	
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

Area 1:	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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies	All but \$1632	\$0 <input type="checkbox"/> \$1632 with Optional Benefit Rider E-A	\$1632 (Part A deductible) \$0
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 After 20 th day	All approved amounts All but \$200 a day	\$0 \$200 a day	\$0 \$0
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 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 \$240 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.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-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 \$240 of Medicare Approved Amounts**	\$0	\$0	\$240 (Part B Deductible) \$0
Remainder of Medicare Approved Amounts	Generally 80%	<input type="checkbox"/> \$240 with Optional Benefit Rider E-B Generally 20%**	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0 <input type="checkbox"/> \$240 with Optional Benefit Rider E-BEX	All costs \$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	<input type="checkbox"/> \$240 with Optional Benefit Rider E-BEX 20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

NATIONAL HEALTH INSURANCE COMPANY

Basic Plan (continued)

MEDICARE (Parts A & B) – MEDICAL SERVICES -PER CALENDAR YEAR

*** Once you have been billed \$240 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.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>HOME HEALTH CARE - MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$240 of Medicare Approved Amounts** Remainder of Medicare Approved Amounts</p>	<p align="center">100%</p> <p align="center">\$0</p> <p align="center">80%</p>	<p align="center">\$0</p> <p align="center">\$0</p> <p align="center"><input type="checkbox"/> \$240 with Optional Benefit Rider E-BEX</p> <p align="center">20%</p>	<p align="center">\$0</p> <p align="center">\$240 (Part B Deductible)</p> <p align="center">\$0</p> <p align="center">\$0</p>
<p>FOREIGN TRAVEL- NOT COVERED BY MEDICARE, Medically necessary emergency care services</p>	<p align="center">\$0</p>	<p align="center">80% of covered expenses</p>	<p align="center">Expenses not paid by Medicare or the policy</p>
<p>PREVENTATIVE MEDICAL CARE BENEFIT- NOT COVERED BY MEDIARE 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.</p>	<p align="center">\$0</p>	<p align="center">\$0</p> <p align="center"><input type="checkbox"/> \$120 Optional Benefit Rider E-BPREV</p>	<p align="center">All costs or Balance</p>

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.

NATIONAL HEALTH INSURANCE COMPANY
 PO Box 1070, Winston-Salem, NC 27102-1070
Outline of Medicare Supplement Coverage
EXTENDED 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.

BASIC	EXTENDED BASIC PLAN	HIGH DEDUCTIBLE PLAN**	\$20 & \$50 COPAYMENT PLAN
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 2024 the deductible amount is \$2,800. 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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,301.30
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,068.65
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,260.30
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,712.01
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,259.44
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,663.73
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,090.17
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$970.61
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,052.93
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,463.20
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,143.90
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,419.35
Extended Basic - Policy Form 38000 EB MN	
ALL AGES.....	\$3,527.93

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Rate Areas by Zip Code

Area 1:	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
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	56566	56568	56570	56571	56575	56576	56581	56583
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	56756	56757	56758	56759	56760	56761	56763	

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NATIONAL HEALTH INSURANCE COMPANY

PO Box 1070, Winston-Salem, NC 27102-1070

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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.

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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.

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LOSS RATIO

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NATIONAL HEALTH INSURANCE COMPANY

**EXTENDED 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	EXTENDED BASIC PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies	All but \$1632	\$1632 (Part A deductible)	\$0
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 After 20 th day	All approved amounts All but \$204 a day	\$0 \$204 a day	\$0 \$0
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

****Notice:** When Your Medicare Part A Hospital benefits are exhausted, the insurer 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."

NATIONAL HEALTH INSURANCE COMPANY

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

*** Once you have been billed \$240 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.*

SERVICES	MEDICARE PAYS	EXTENDED BASIC PLAN PAYS	YOU PAY
MEDICAL EXPENSES-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 \$240 of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$240 (Part B deductible)** Generally 20%	 \$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$240 of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$240 (Part B deductible)** 20%	 \$0 \$0 \$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

NATIONAL HEALTH INSURANCE COMPANY

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

*** Once you have been billed \$240 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.*

SERVICES	MEDICARE PAYS	EXTENDED BASIC PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE – APPROVED SERVICES Medically necessary skilled care services and medical supplies - Durable medical equipment First \$240 of Medicare-approved amounts** Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$240 (Part B deductible)** 20%	\$0 \$0 \$0
FOREIGN TRAVEL- NOT COVERED BY MEDICARE, Medically necessary care and services incurred during travel outside the USA (hospital, medical expense and supplies)	\$0	80% of covered expenses	Expenses not paid by Medicare of the policy
PREVENTATIVE MEDICAL CARE BENEFIT- NOT COVERED BY MEDICARE Some annual physical and preventative tests and services administered by or ordered by your doctor when not covered by Medicare. First \$120 each calendar year Additional Charges	\$0 \$0	\$120 100%	Balance \$0

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

ADDITIONAL BENEFITS FOR THE EXTENDED BASIC PLAN FOR 38000 EB MN

Preventative Care. We will provide coverage for:

- a) an annual clinical preventive medical history and physical examination that may include preventive screening tests and preventive services, and patient education to address preventive health care measures; and
- b) preventive screening tests or preventive services that Your attending physician determines to be medically appropriate in selection and frequency. We will pay the actual charges up to 100% of the Medicare-approved amount for each service 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 per calendar year. Benefits under this provision are not payable for any portion of expense that is paid under any other part of your policy.

We will pay 80% of the Usual and Customary Charge You incur for the following articles and services that are prescribed by a Physician which are not paid by Medicare or under any other part of this policy.

When Your out-of-pocket expenses for these Additional Benefits equals \$1,000.00 in a calendar year, we will pay 100% of the covered expenses you incur under these Additional Benefits during the remainder of such calendar year.

- a) Hospital services.
- b) Professional services for the diagnosis or treatment of an injury or sickness, other than dental. Such services must be given by a Physician or be under a Physician's direction.
- c) Services of a nursing home for not more than 120 days each year if such services must qualify as reimbursable under Medicare.
- d) Services of a home health agency if such services must qualify as reimbursable under Medicare.
- e) Use of radium or other radioactive materials.
- f) Oxygen.
- g) Anesthetics.
- h) Non-Dental Prosthetic devices.
- i) Rental or purchase, as appropriate, of durable medical equipment other than eyeglasses and hearing aids.
- j) Diagnostic X-rays and lab tests.
- k) Oral surgery for: partially or completely unerupted impacted teeth; a tooth root without the extraction of the entire tooth; or the gums and tissues of the mouth when not performed in connection with the extraction or repair of teeth.
- l) Services of a physical therapist.
- m) Professional ambulance service to the nearest facility that is qualified to treat Your condition, or a reasonable mileage rate for transportation to a kidney dialysis treatment center for treatment.
- n) A second opinion from a Physician on all surgical procedures expected to cost at least \$500.00 which includes the Physician, laboratory and Hospital fees. The repetition of any diagnostic test is not included in that amount.
- o) Services of an occupational therapist. Benefits will be considered under this part of Your policy for charges incurred within or outside of the United States.

NATIONAL HEALTH INSURANCE COMPANY

Exceptions.

Benefits that are not payable under this Additional Benefits provision:

- b) cosmetic surgery, except for repair of an Injury or a birth defect, and including all stages of reconstruction of the breast, and reconstruction of the other breast to produce a symmetrical appearance, and prosthesis and physical complications at all state of mastectomy, including lymphedemas;
- c) care which is primarily for custodial or for domiciliary purposes which would not qualify as eligible services under Medicare;
- d) any charge for confinement in a private room to the extent it is in excess of the institution's charge for its most common semiprivate room, unless a private room is prescribed as medically necessary by a Physician;
- e) any charge for services or articles the provision of which is not within the scope of authorized practice of the institution or individual rendering the services or articles;

NATIONAL HEALTH INSURANCE COMPANY
 PO Box 1070, Winston-Salem, NC 27102-1070

**Outline of Medicare Supplement Coverage
 HIGH DEDUCTIBLE 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.

BASIC	EXTENDED BASIC	HIGH DEDUCTIBLE PLAN**	\$20 & \$50 COPAYMENT PLAN
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 2024 the deductible amount is \$2800. 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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,301.30
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,068.65
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,260.30
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,712.01
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,259.44
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,663.73
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,090.17
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$970.61
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,052.93
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,463.20
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,143.90
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,419.35
Extended Basic - Policy Form 38000 EB MN	
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

Area 1:	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

PO 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 treat the policy as if it had never been issued and return your payments within 10 days.

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

**HIGH DEDUCTIBLE 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.*

******** This plan covers 100% of eligible expenses after you pay an annual deductible of \$2800.

SERVICES	MEDICARE PAYS	HIGH DEDUCTIBLE PLAN PAYS	AFTER YOU PAY \$2800 Deductible
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies	All but \$1632	\$1632 (Part A deductible)	\$0
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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 \$204 a day \$0	\$0 \$0 All costs
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 Coinsurance for outpatient drugs and inpatient Respite Care	Medicare co-payment/Coinsurance	\$0

NATIONAL HEALTH INSURANCE COMPANY

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

*** Once you have been billed \$240 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.*

*** This plan covers 100% of eligible expenses after you pay an annual deductible of \$2800.*

SERVICES	MEDICARE PAYS	HIGH DEDUCTIBLE PLAN PAYS	AFTER YOU PAY \$2800 Deductible,
MEDICAL EXPENSES-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 \$240 of Medicare Approved Amounts**	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts**	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**. Once You have been billed \$240 of Medicare Approved amounts for covered services, Your Part B Deductible will have been met for the calendar year.*

*** Part B coinsurance (generally 20% of Medicare approved expenses), or in the case of hospital out-patient department services under a prospective payment system, applicable copayments*

NATIONAL HEALTH INSURANCE COMPANY

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

*** Once you have been billed \$240 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.*

**** This plan covers 100% of eligible expenses after you pay an annual deductible of \$2800.**

SERVICES	MEDICARE PAYS	HIGH DEDUCTIBLE PLAN PAYS	AFTER YOU PAY \$2800 Deductible,
HOME HEALTH CARE - MEDICARE APPROVED SERVICES			
-Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment			
First \$240 of Medicare Approved Amounts**	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
FOREIGN TRAVEL- NOT COVERED BY MEDICARE, Medically necessary emergency care services	\$0	100% of covered expenses	Expenses not paid by Medicare of the policy

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) 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
 PO Box 1070, Winston-Salem, NC 27102-1070
Outline of Medicare Supplement Coverage
\$20 & \$50 Co-Pay 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.

BASIC	EXTENDED BASIC	HIGH DEDUCTIBLE PLAN**	\$20 & \$50 COPAYMENT PLAN
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 2024 the deductible amount is \$2800. 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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,301.30
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,068.65
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,260.30
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,712.01
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,259.44
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,663.73
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,090.17
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$970.61
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,052.93
Extended Basic - Policy Form 38000 EB MN	
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

Basic - Policy Form 38000 MN	ANNUAL RATES
ALL AGES.....	\$2,463.20
Optional Riders	
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
High Deductible - 38000 HD MN	
ALL AGES.....	\$1,143.90
\$20 AND \$50 Copayment Plan - Policy Form 38000 N MN	
ALL AGES.....	\$2,419.35
Extended Basic - Policy Form 38000 EB MN	
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

Area 1:	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

PO 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

**Co-payment 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	COPAY PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies	All but \$1632	\$1632 (Part A deductible)	\$0
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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 \$204 a day \$0	\$0 \$0 All costs
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

NATIONAL HEALTH INSURANCE COMPANY

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

*** Once you have been billed \$240 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.*

SERVICES	MEDICARE PAYS	COPAY PLAN PAYS	YOU PAY
MEDICAL EXPENSES-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 \$240 of Medicare Approved Amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any Hospital and the emergency visit is covered as a Medicare Part A expense	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts**	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

NATIONAL HEALTH INSURANCE COMPANY

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

SERVICES	MEDICARE PAYS	COPAY PLAN PAYS	YOU PAY
HOME HEALTH CARE - MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$240 of Medicare Approved Amounts** Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B Deductible) \$0
FOREIGN TRAVEL- NOT COVERED BY MEDICARE, Medically necessary emergency care services	\$0	80% covered expenses	20% of covered expenses
PREVENTATIVE MEDICAL CARE BENEFIT- NOT COVERED BY MEDIARE 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	All costs

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. This benefit is limited to equipment and supplies not covered by Medicare Part D, whether or not You are enrolled in Medicare Part D. 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.



Allstate Health Solutions
ATTN: Privacy Office
1515 N. Rivercenter Dr., Ste 135
Milwaukee, WI 53212
allstatehealth.com

your right to know what we do with your information

It's your right to know how your medical information may be used or disclosed — and it's our responsibility to tell you. This document explains how information we gather is used.

Your rights

At any time, you can —

- get a copy of your health and claims records.
- correct your health and claims records.
- request confidential communication.
- ask us to limit the information we share.
- get a list of those with whom we've shared your information.
- get a copy of this privacy notice.
- choose someone to act for you.
- file a complaint if you believe your privacy rights have been violated.

See page 2 for more information on these rights and how to apply them.

You decide

You choose how we —

- answer coverage questions from your family and friends.
- provide disaster relief.
- market our services and sell your information.

See page 3 for more information on these choices and how to apply them.

Our responsibility

Your information may be used when we —

- help manage the health care treatment you receive.
- run our organization.
- pay for your health services.
- administer your health plan.
- help with public health and safety issues.
- do research.
- comply with the law.
- respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- address workers' compensation, law enforcement, and other government requests.
- respond to lawsuits and legal actions.

See pages 3 and 4 to read more about these uses and disclosures.

Your rights, in a little more detail.

Your health and claims records	<ul style="list-style-type: none">• Ask us how to get a copy of your health and claims records — or any other health information we have about you.• We will provide a copy, or a summary, of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Correct health and claims records	<ul style="list-style-type: none">• Ask us how to correct your health and claims records if you believe they are incorrect or incomplete.• We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• If you feel we have violated your rights, contact us using the information on page 1.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.• We will not retaliate against you for filing a complaint.

You choose what we share.

Let us know how we can share your information in these types of circumstances

- If something happens and your family, close friends or others involved in payment for your care need information to help you.
- Share information in a disaster relief situation.
- If you are not able to tell us your preference, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information unless you give us written permission

- For marketing purposes.
- Sell your information.

Typical reasons your information gets shared.

To help manage your health care and treatments

- We can use your health information and share it with professionals who are treating you.
- **Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- **Example:** We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- **Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none">• We can share health information about you for certain situations such as:<ul style="list-style-type: none">◦ Preventing disease.◦ Helping with product recalls.◦ Reporting adverse reactions to medications.◦ Reporting suspected abuse, neglect, or domestic violence.◦ Preventing or reducing a serious threat to anyone’s health or safety.
Do research	<ul style="list-style-type: none">• We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">◦ For workers’ compensation claims.◦ For law enforcement purposes or with a law enforcement official.◦ With health oversight agencies for activities authorized by law.◦ For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We can share health information about you to alert state or local authorities, if we believe someone is a victim of child abuse or neglect, or domestic violence.

If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official in order to provide you with medical services, protect you or others, or to ensure the safety of the correctional facility.

Most uses and disclosures of substance use treatment, behavioral health records, or psychotherapy notes require us to obtain an authorization. If your health information is requested for a use or disclosure that requires your approval or authorization, you will be told why your information is requested, who is asking for the information, and what information is requested. Any time you provide us with a written authorization, you may revoke it.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the Notice of Privacy Practices electronically.

You may review and print a copy of our most current Notice of Privacy Practices at our website, www.allstatehealth.com, or you may request a paper copy by calling our customer service department at (888) 781-0585.

**Other items we
are responsible for**

- We are required by law to maintain the privacy and security of your protected health information.
 - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - We must follow the duties and privacy practices described in this notice and give you a copy of it.
 - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
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For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you.

The Effective Date of this Notice of Privacy Practices is October 1, 2022.

This Notice of Privacy Practices applies to:

National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation.