

**NATIONAL HEALTH INSURANCE COMPANY**

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

**Benefit Chart of Medicare Supplement Plans sold on or after January 1, 2020**

**Outline of Medicare Supplement Plans A, C, D, F, High Deductible F, G, N**

This chart shows the benefit included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A♦	B	D♦	G♦*	K	L	M	N♦	C♦	F♦♦
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply***	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2023 <sup>2</sup>					\$6940**	\$3470**				

\*Plans F and G also have a high deductible option which require first paying a plan deductible of \$2700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

\*\*Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

\*\*\*Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

NATIONAL HEALTH INSURANCE COMPANY  
 Medicare Supplement Policy  
 2010 Standardized Plan A  
 Attained Age Premium Rates  
 Rates Effective Upon Approval

Attained Age	Female		Male	
	Preferred	Standard	Preferred	Standard
0-64	N/A	N/A	N/A	N/A
65	102.81	118.16	118.16	135.85
66	102.81	118.16	118.16	135.85
67	106.06	121.90	121.90	140.14
68	111.72	128.45	128.45	147.64
69	115.22	132.42	132.42	152.17
70	118.81	136.58	136.58	156.99
71	122.40	140.74	140.74	161.72
72	126.09	144.89	144.89	166.54
73	129.87	149.24	149.24	171.55
74	133.74	153.68	153.68	176.65
75	137.71	158.32	158.32	181.95
76	141.87	163.04	163.04	187.43
77	146.12	167.96	167.96	193.10
78	150.47	172.97	172.97	198.77
79	155.01	178.16	178.16	204.82
80	159.64	183.46	183.46	210.87
81	164.46	189.03	189.03	217.29
82	169.37	194.70	194.70	223.82
83	174.29	200.38	200.38	230.34
84	179.20	205.95	205.95	236.76
85	184.02	211.53	211.53	243.10
86	188.84	217.11	217.11	249.52
87	193.57	222.49	222.49	255.76
88	198.39	228.07	228.07	262.19
89	203.31	233.65	233.65	268.52
90	208.41	239.51	239.51	275.33
91	213.61	245.55	245.55	282.23
92	219.00	251.70	251.70	289.32
93	224.48	258.03	258.03	296.59
94	230.05	264.46	264.46	303.97
95	235.82	271.07	271.07	311.62
96	241.68	277.78	277.78	319.28
97	247.73	284.78	284.78	327.31
98	253.97	291.96	291.96	335.63
99+	260.30	299.24	299.24	343.95

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

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

See UW Guide for detailed instructions

**Rate Calculator**

**Monthly Rate**

A - Monthly Rate (use table above)

B - Area Factor (see area factors below)

C - Input Household Discount (1.0 if not applicable, 0.93 if discount applies)

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

1.350

F=A\*B\*C

**Quarterly, Semi-Annual, or Annual Rate**

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

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


H=F\*G

Household Discount: 7%

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

Area Factors:

New Jersey Zip Codes  
 All of State

Factor  
 1.350

NATIONAL HEALTH INSURANCE COMPANY  
 Medicare Supplement Policy  
 2010 Standardized Plan C  
 Attained Age Premium Rates  
 Rates Effective Upon Approval

Attained Age	Female		Male	
	Preferred	Standard	Preferred	Standard
0-64	142.59	163.87	163.87	188.38
65	142.59	163.87	163.87	188.38
66	142.59	163.87	163.87	188.38
67	147.09	169.04	169.04	194.33
68	154.82	177.98	177.98	204.53
69	159.54	183.36	183.36	210.77
70	164.55	189.13	189.13	217.48
71	169.47	194.80	194.80	223.91
72	174.57	200.66	200.66	230.62
73	179.87	206.71	206.71	237.62
74	185.16	212.85	212.85	244.70
75	190.74	219.18	219.18	251.98
76	196.50	225.90	225.90	259.64
77	202.36	232.61	232.61	267.39
78	208.41	239.60	239.60	275.42
79	214.65	246.69	246.69	283.55
80	221.07	254.16	254.16	292.15
81	227.79	261.81	261.81	300.94
82	234.59	269.66	269.66	309.92
83	241.49	277.60	277.60	319.09
84	248.20	285.35	285.35	327.97
85	254.91	293.10	293.10	336.86
86	261.62	300.75	300.75	345.65
87	268.14	308.22	308.22	354.34
88	274.95	315.97	315.97	363.23
89	281.75	323.81	323.81	372.30
90	288.84	331.94	331.94	381.56
91	296.03	340.26	340.26	391.11
92	303.49	348.86	348.86	400.94
93	311.05	357.46	357.46	410.86
94	318.81	366.44	366.44	421.17
95	326.74	375.52	375.52	431.56
96	334.87	384.87	384.87	442.34
97	343.19	394.51	394.51	453.40
98	351.70	404.34	404.34	464.74
99+	360.58	414.46	414.46	476.36

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**Rate Calculator**

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Area Factors:

New Jersey Zip Codes  
 All of State

Factor  
 1.350

NATIONAL HEALTH INSURANCE COMPANY  
 Medicare Supplement Policy  
 2010 Standardized Plan D  
 Attained Age Premium Rates  
 Rates Effective Upon Approval

Attained Age	Female		Male	
	Preferred	Standard	Preferred	Standard
0-64	106.76	122.74	122.74	141.06
65	106.76	122.74	122.74	141.06
66	106.76	122.74	122.74	141.06
67	110.13	126.62	126.62	145.52
68	115.97	133.27	133.27	153.21
69	119.56	137.43	137.43	157.94
70	123.16	141.59	141.59	162.76
71	126.84	145.84	145.84	167.67
72	130.62	150.19	150.19	172.68
73	134.59	154.72	154.72	177.88
74	138.66	159.36	159.36	183.08
75	142.72	164.08	164.08	188.66
76	147.07	169.09	169.09	194.42
77	151.51	174.19	174.19	200.19
78	156.05	179.30	179.30	206.14
79	160.68	184.69	184.69	212.28
80	165.50	190.26	190.26	218.62
81	170.51	196.03	196.03	225.23
82	175.61	201.79	201.79	232.04
83	180.62	207.65	207.65	238.66
84	185.73	213.51	213.51	245.37
85	190.74	219.18	219.18	251.98
86	195.74	224.95	224.95	258.50
87	200.56	230.62	230.62	265.03
88	205.57	236.29	236.29	271.74
89	210.77	242.25	242.25	278.45
90	216.07	248.30	248.30	285.35
91	221.36	254.44	254.44	292.43
92	226.93	260.87	260.87	299.90
93	232.61	267.39	267.39	307.37
94	238.37	274.00	274.00	314.93
95	244.33	280.81	280.81	322.77
96	250.47	287.90	287.90	330.81
97	256.71	295.08	295.08	339.22
98	263.13	302.45	302.45	347.73
99+	269.75	310.11	310.11	356.42

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1.350

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H=F\*G

Household Discount: 7%

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Area Factors:

New Jersey Zip Codes

All of State

Factor

1.350

NATIONAL HEALTH INSURANCE COMPANY  
 Medicare Supplement Policy  
 2010 Standardized Plan F  
 Attained Age Premium Rates  
 Rates Effective Upon Approval

Attained Age	Female		Male	
	Preferred	Standard	Preferred	Standard
0-64	N/A	N/A	N/A	N/A
65	128.08	147.22	147.22	169.25
66	128.08	147.22	147.22	169.25
67	132.12	151.87	151.87	174.59
68	139.10	159.88	159.88	183.77
69	143.38	164.78	164.78	189.39
70	147.84	169.95	169.95	195.36
71	152.30	175.03	175.03	201.16
72	156.84	180.30	180.30	207.22
73	161.57	185.73	185.73	213.47
74	166.39	191.26	191.26	219.89
75	171.38	196.97	196.97	226.39
76	176.55	202.94	202.94	233.26
77	181.81	209.01	209.01	240.22
78	187.25	215.25	215.25	247.44
79	192.87	221.67	221.67	254.75
80	198.66	228.36	228.36	262.51
81	204.64	235.22	235.22	270.35
82	210.79	242.27	242.27	278.47
83	216.94	249.40	249.40	286.67
84	223.01	256.35	256.35	294.70
85	229.07	263.31	263.31	302.63
86	235.04	270.18	270.18	310.57
87	240.93	276.95	276.95	318.33
88	246.99	283.91	283.91	326.35
89	253.14	290.95	290.95	334.46
90	259.48	298.26	298.26	342.85
91	265.98	305.75	305.75	351.41
92	272.67	313.42	313.42	360.23
93	279.45	321.18	321.18	369.15
94	286.40	329.20	329.20	378.42
95	293.54	337.41	337.41	387.79
96	300.85	345.79	345.79	397.42
97	308.34	354.44	354.44	407.40
98	316.01	363.27	363.27	417.57
99+	323.94	372.36	372.36	428.00

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New Jersey Zip Codes  
 All of State

Factor  
 1.350

NATIONAL HEALTH INSURANCE COMPANY  
 Medicare Supplement Policy  
 2010 Standardized Plan High F  
 Attained Age Premium Rates  
 Rates Effective Upon Approval

Attained Age	Female		Male	
	Preferred	Standard	Preferred	Standard
0-64	N/A	N/A	N/A	N/A
65	42.11	48.40	48.40	55.67
66	42.11	48.40	48.40	55.67
67	43.44	49.93	49.93	57.43
68	45.75	52.55	52.55	60.40
69	47.16	54.25	54.25	62.38
70	48.58	55.86	55.86	64.18
71	50.00	57.47	57.47	66.07
72	51.51	59.17	59.17	68.05
73	53.02	60.96	60.96	70.04
74	54.63	62.76	62.76	72.12
75	56.24	64.65	64.65	74.29
76	57.94	66.63	66.63	76.56
77	59.64	68.53	68.53	78.73
78	61.44	70.60	70.60	81.19
79	63.33	72.78	72.78	83.65
80	65.22	74.95	74.95	86.11
81	67.20	77.22	77.22	88.75
82	69.19	79.49	79.49	91.40
83	71.17	81.85	81.85	94.04
84	73.16	84.12	84.12	96.69
85	75.14	86.39	86.39	99.34
86	77.13	88.66	88.66	101.89
87	79.02	90.83	90.83	104.44
88	81.00	93.10	93.10	106.99
89	82.99	95.37	95.37	109.64
90	85.07	97.73	97.73	112.38
91	87.24	100.28	100.28	115.31
92	89.41	102.74	102.74	118.05
93	91.68	105.39	105.39	121.17
94	93.95	108.03	108.03	124.20
95	96.31	110.68	110.68	127.22
96	98.68	113.42	113.42	130.34
97	101.13	116.26	116.26	133.65
98	103.69	119.19	119.19	136.96
99+	106.24	122.12	122.12	140.36

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**Quarterly, Semi-Annual, or Annual Rate**

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

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


H=F\*G

Household Discount: 7%

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Area Factors:

New Jersey Zip Codes  
 All of State

Factor  
 1.350

NATIONAL HEALTH INSURANCE COMPANY  
 Medicare Supplement Policy  
 2010 Standardized Plan G  
 Attained Age Premium Rates  
 Rates Effective Upon Approval

Attained Age	Female		Male	
	Preferred	Standard	Preferred	Standard
0-64	N/A	N/A	N/A	N/A
65	107.30	123.37	123.37	141.78
66	107.30	123.37	123.37	141.78
67	110.69	127.27	127.27	146.26
68	116.54	133.93	133.93	153.97
69	120.13	138.09	138.09	158.69
70	123.82	142.34	142.34	163.61
71	127.50	146.60	146.60	168.52
72	131.28	150.94	150.94	173.53
73	135.25	155.48	155.48	178.73
74	139.32	160.11	160.11	184.02
75	143.48	164.93	164.93	189.60
76	147.82	169.94	169.94	195.37
77	152.27	175.05	175.05	201.23
78	156.80	180.24	180.24	207.18
79	161.53	185.63	185.63	213.32
80	166.35	191.21	191.21	219.75
81	171.36	196.97	196.97	226.37
82	176.46	202.83	202.83	233.17
83	181.57	208.69	208.69	239.88
84	186.67	214.55	214.55	246.59
85	191.68	220.32	220.32	253.21
86	196.69	226.08	226.08	259.83
87	201.60	231.76	231.76	266.35
88	206.61	237.52	237.52	273.06
89	211.81	243.48	243.48	279.86
90	217.11	249.52	249.52	286.76
91	222.49	255.76	255.76	293.95
92	228.07	262.19	262.19	301.41
93	233.74	268.71	268.71	308.88
94	239.60	275.42	275.42	316.54
95	245.55	282.23	282.23	324.38
96	251.70	289.32	289.32	332.51
97	258.03	296.59	296.59	340.92
98	264.46	303.97	303.97	349.43
99+	271.07	311.62	311.62	358.22

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New Jersey Zip Codes  
 All of State

Factor  
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 2010 Standardized Plan N  
 Attained Age Premium Rates  
 Rates Effective Upon Approval

Attained Age	Female		Male	
	Preferred	Standard	Preferred	Standard
0-64	N/A	N/A	N/A	N/A
65	81.12	93.27	93.27	107.19
66	81.12	93.27	93.27	107.19
67	83.68	96.21	96.21	110.58
68	88.10	101.23	101.23	116.39
69	90.81	104.36	104.36	119.95
70	93.60	107.58	107.58	123.67
71	96.40	110.80	110.80	127.32
72	99.28	114.10	114.10	131.13
73	102.24	117.49	117.49	135.03
74	105.29	121.05	121.05	139.18
75	108.43	124.61	124.61	143.24
76	111.65	128.33	128.33	147.48
77	115.03	132.23	132.23	151.97
78	118.51	136.21	136.21	156.54
79	122.07	140.28	140.28	161.20
80	125.71	144.51	144.51	166.11
81	129.52	148.83	148.83	171.11
82	133.42	153.32	153.32	176.19
83	137.31	157.81	157.81	181.36
84	141.12	162.22	162.22	186.44
85	144.94	166.62	166.62	191.53
86	148.66	170.86	170.86	196.35
87	152.39	175.18	175.18	201.35
88	156.20	179.58	179.58	206.43
89	160.10	183.99	183.99	211.52
90	164.08	188.56	188.56	216.77
91	168.15	193.30	193.30	222.19
92	172.38	198.13	198.13	227.78
93	176.70	203.13	203.13	233.46
94	181.11	208.13	208.13	239.22
95	185.60	213.30	213.30	245.15
96	190.26	218.72	218.72	251.41
97	195.00	224.14	224.14	257.60
98	199.91	229.81	229.81	264.12
99+	204.91	235.49	235.49	270.64

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Area Factors:

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 All of State

Factor  
 1.350



## **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. Thereafter your premium will increase each year based on your age at that time. No rate adjustment may be made on an individual basis. Also, your renewal premiums may change on a renewal date following the Effective Date of any change in the deductible and/or coinsurance amounts which you are required to pay under Medicare. Any such premium change will be based on the actuarial computations that we then use to determine the renewal premium.

### **RENEWABILITY**

This policy is guaranteed renewable for life.

### **HOUSEHOLD PREMIUM DISCOUNT**

You are eligible for a Household Premium Discount if for the past year You have resided with at least one, but no more than three, other Medicare-eligible adults who own a Medicare supplement Policy from Us. If you live with another adult who is Your legal spouse, We will waive the one-year requirement. For the purpose of this discount, a civil union partner or domestic partner will be considered a legal spouse when such partnerships are valid and recognized in Your state of residence. We may request additional documentation to determine eligibility.

### **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

### **READ YOUR POLICY VERY CAREFULLY**

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

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to: PO Box 1070, Winston-Salem, NC 27102-1070. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued, and return all of your payments.

### **POLICY REPLACEMENT**

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

### **NOTICE**

This policy may not fully cover all of your medical costs. Neither National Health Insurance Company 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 "*Medicare & You*" 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.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN A**

**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 skill care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and Supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: ---While using 60 lifetime reserve days ---Once lifetime reserves days are used: ---Additional 365 days ---Beyond 365 days	All but \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$0 \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$1600 (Part A deductible) \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$200 a day \$0	\$0 \$0 \$0	\$0 Up to \$200 a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*Notice When your Medicare Part A hospital benefits are exhausted, the insurer stands 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." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN A**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

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

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

**PARTS A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment	100%	\$0	\$0
First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN C**

**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 skill care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and Supplies First 60 days  61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: ---While using 60 lifetime reserve days ---Once lifetime reserves days are used: ---Additional 365 days  ---Beyond 365 days	All but \$1600  All but \$400 a day  All but \$800 a day  \$0  \$0	\$1600 (Part A deductible) \$400 a day  \$800 a day  100% of Medicare eligible expenses \$0	\$0  \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*\*Notice When your Medicare Part A hospital benefits are exhausted, the insurer stands 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." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN C**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

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

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

**PARTS A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment	100%	\$0	\$0
First \$226 of Medicare Approved Amounts*	\$0	\$226 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN D**

**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 skill care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and Supplies First 60 days	All but \$1600	\$1600 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$400 a day	\$400 a day	\$0
91 <sup>st</sup> day and after: ---While using 60 lifetime reserve days ---Once lifetime reserves days are used: ---Additional 365 days	All but \$800 a day  \$0	\$800 a day  100% of Medicare eligible expenses	\$0  \$0***
---Beyond 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*\*Notice When your Medicare Part A hospital benefits are exhausted, the insurer stands 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." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN D**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general Nursing and miscellaneous services and Supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: ---While using 60 lifetime reserve days ---Once lifetime reserves days are used: ---Additional 365 days ---Beyond 365 days	All but \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$1600 (Part A deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*Notice When your Medicare Part A hospital benefits are exhausted, the insurer stands 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." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN D - continued**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

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

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

**PARTS A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$0 \$0
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**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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**NATIONAL HEALTH INSURANCE COMPANY**  
 PO Box 1070, Winston-Salem, NC 27102-1070  
**PLAN F OR HIGH DEDUCTIBLE PLAN F**  
**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 high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2700 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2700. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the Plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2700 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2700 DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general Nursing and miscellaneous services and Supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: ---While using 60 lifetime reserve days ---Once lifetime reserves days are used: ---Additional 365 days ---Beyond 365 days	All but \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$1600 (Part A deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*\* **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands 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". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN F OR HIGH DEDUCTIBLE PLAN F**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

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

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2700 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2700. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the Plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2700 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2700 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$226 (Part B deductible)  Generally 20%	#0  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$100	\$0
<b>BLOOD</b> First 3 pints Next \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$226 (Part B deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN F OR HIGH DEDUCTIBLE PLAN F (continued)**

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>AFTER YOU PAY \$2700 DEDUCTIBLE,** PLAN PAYS</b>	<b>IN ADDITION TO \$2700 DEDUCTIBLE,** YOU PAY</b>
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100%  \$0  80%	\$0  \$226 (Part B deductible)  20%	\$0  \$0  \$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0  \$0	\$0  80% to a lifetime maximum benefit of \$50,000	\$250  20% and amounts over the \$50,000 lifetime maximum
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**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN G**

**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 skill care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general Nursing and miscellaneous services and Supplies			
First 60 days	All but \$1600	\$1600 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$400 a day	\$400 a day	\$0
91 <sup>st</sup> day and after:			
---While using 60 lifetime reserve days	All but \$800 a day	\$800 a day	\$0
---Once lifetime reserves days are used:			
---Additional 365 days	\$0	100% of Medicare eligible expenses	\$0***
---Beyond 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$200 a day	Up to \$200 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*Notice When your Medicare Part A hospital benefits are exhausted, the insurer stands 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." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN G**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

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

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

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$226 of Medicare Approved Amounts*	100%	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$226 (Unless Part B deductible has been met) \$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN N**

**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 skill care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general Nursing and miscellaneous services and Supplies First 60 days	All but \$1600	\$1600 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$400 a day	\$400 a day	\$0
91 <sup>st</sup> day and after: ---While using 60 lifetime reserve days ---Once lifetime reserves days are used: ---Additional 365 days	All but \$800 a day  \$0	\$800 a day  100% of Medicare eligible expenses	\$0  \$0**
---Beyond 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*Notice When your Medicare Part A hospital benefits are exhausted, the insurer stands 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." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN N**

**MEDICARE (PART B) - HOSPITAL SERVICES - PER CALENDAR YEAR**

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b>, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,                      First \$226 of Medicare Approved Amounts*                       Remainder of Medicare Approved Amounts</p>	<p>\$0                       Generally 80%</p>	<p>\$0                       Balance, other than 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.</p>	<p>\$226 (Part B deductible)                       Up to \$20 per office and 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.</p>
<p><b>Part B Excess Charges</b> (Above Medicare Approved Amounts)</p>	<p>\$0</p>	<p>\$0</p>	<p>All costs</p>
<p><b>BLOOD</b>                      First 3 pints                      Next \$226 of Medicare Approved Amounts*                       Remainder of Medicare Approved Amounts</p>	<p>\$0                      \$0                       80%</p>	<p>All costs                      \$0                       20%</p>	<p>\$0                      \$226 (Part B deductible)                      \$0</p>
<p><b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b></p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

**NATIONAL HEALTH INSURANCE COMPANY**

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

**PLAN N** (continued)

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE</b>			
MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum