



Allstate[®]
HEALTH SOLUTIONS

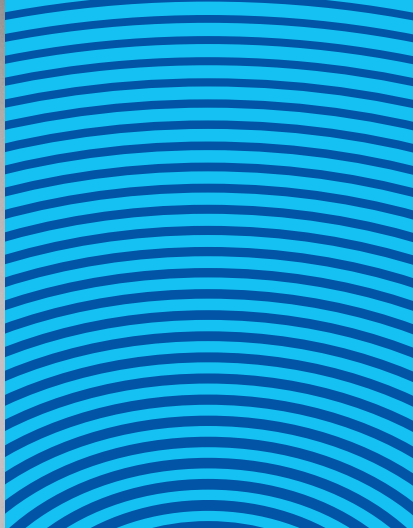
NEVADA

Medicare supplement insurance

A little extra protection
goes a long way.



[allstatehealth.com](https://www.allstatehealth.com)



better protection starts with the right plan

Medicare supplement insurance helps you manage your budget, and your health care expenses. With Allstate Health Solutions plans, you'll have protection against the out-of-pocket costs that Medicare Parts A and B might not cover. So unexpected medical care doesn't have to put a strain on your savings. And our plans include added perks and discounts that not only help improve your financial health, but also your overall health and wellness.

Customer care from people who care

- Live support is standing by when you need help with your plan or a claim.
- Our industry professionals offer personalized service and advice to give you the best possible experience.

Wellness perks

Active&Fit Direct™

Choose from 10,000+ fitness centers and 800+ on-demand workout videos to use at home or on the go. No long-term contracts and you can change fitness centers at any time.¹

¹ The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct is a trademark of ASH and used with permission herein. This is a discount program and is not insurance. The Active&Fit Direct program is separate from any Medicare supplement insurance plan benefits. Registration and membership pricing subject to change. Fees apply.

pick the right plan for you

| Provided service: | Medicare pays: | Medicare supplement insurance [†] pays: | | | |
|---|--|--|-----------------------------------|---------------------------------|---------------------------------|
| | | Plan A: | Plan F / High Deductible* Plan F: | Plan G: | Plan N: |
| Medicare Part A hospital coverage | | | | | |
| Medicare Part A deductible | With Medicare, you have a \$1,632 deductible that must be paid before Medicare pays benefits | Nothing | \$1,632 | \$1,632 | \$1,632 |
| First 60 days of hospital confinement¹ | 100% after deductible | Nothing | \$1,632 | \$1,632 | \$1,632 |
| Days 61-90 of hospital confinement¹ | All but \$408 a day | \$408 per day | \$408 per day | \$408 per day | \$408 per day |
| Days 91-150 of hospital confinement¹ <i>(One-time benefit)</i> | All but \$816 a day | \$816 per day | \$816 per day | \$816 per day | \$816 per day |
| Extended hospital coverage¹ <i>(Up to an additional 365 days in your lifetime)</i> | Nothing | 100% Medicare-eligible expenses | 100% Medicare-eligible expenses | 100% Medicare-eligible expenses | 100% Medicare-eligible expenses |
| Blood | All but first three pints | First three pints | First three pints | First three pints | First three pints |
| Hospice care² | | | | | |
| | All but limited coinsurance/copayments for outpatient drugs and inpatient respite care | Medicare coinsurance/copayment | Medicare coinsurance/copayment | Medicare coinsurance/copayment | Medicare coinsurance/copayment |
| Skilled nursing facility care² | | | | | |
| First 20 days | 100% of Medicare-approved amounts | Nothing | Nothing | Nothing | Nothing |
| Days 21-100 of admission | All but \$204 per day | Nothing | \$204 per day | \$204 per day | \$204 per day |

[†] These plans are available for those who were eligible for Medicare prior to 2020.

* Plan F also has a high deductible Plan F. The high deductible plan pays the same benefits as Plan F after the member has paid a \$2,800 calendar year deductible. Benefits from a high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,800. These expenses include Medicare deductibles for Part A and Part B. If you are eligible for Medicare on, or after, January 1, 2020, you are not eligible for Plan F or High Deductible Plan F.

¹ Does not include nursing home stays.

² Must meet Medicare requirements for admission.

Hospital means a Hospital that is approved or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals. Premium amounts may vary plan and benefit selection.

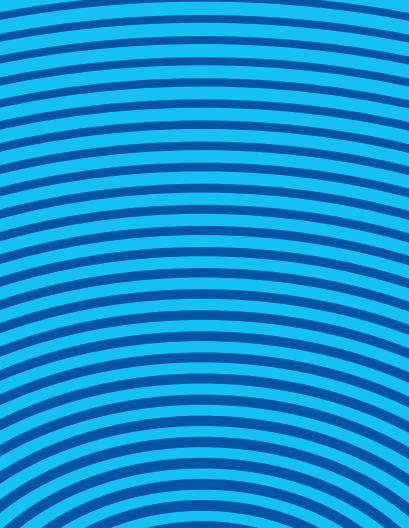


| Provided service: | Medicare pays: | Medicare supplement insurance pays: | | | |
|---|--|---|---|---|---|
| | | Plan A: | Plan F / High Deductible* Plan F: | Plan G: | Plan N: |
| Medicare Part B outpatient medical coverage | | | | | |
| Medicare Part B deductible | With Medicare, you have a \$240 deductible that must be paid before Medicare pays benefits | Nothing | The \$240 Medicare Part B deductible | Nothing | Nothing |
| Medicare Part B co-insurance | 80% of the approved charges after deductible | 20% of Medicare approved charges after deductible | 20% of Medicare approved charges | 20% of Medicare approved charges after deductible | Remaining balance after you pay \$20 copayment for office visits, \$50 copay for emergency room visit** |
| Excess charges <i>(Charges above Medicare approved charges)</i> | Nothing | Nothing | Plan pays 100% of charges not covered by Medicare | Plan pays 100% of charges not covered by Medicare | Nothing |
| Benefit for blood | First three pints: \$0 Additional pints: 80% coinsurance after you pay \$240 deductible | First three pints: 100% Additional pints: 20% coinsurance after deductible | First three pints: 100% Additional pints: 20% coinsurance after deductible | First three pints: 100% Additional pints: 20% coinsurance after deductible | First three pints: 100% Additional pints: 20% coinsurance after deductible |
| Home health care² | | | | | |
| Medically necessary skilled care services and medical supplies | Medicare pays 100% | Nothing | Nothing | Nothing | Nothing |
| Durable medical equipment | 80% coinsurance after you pay \$240 Part B deductible | 20% coinsurance of Medicare approved charges after deductible | The \$240 Part B deductible then 20% coinsurance for Medicare approved charges | 20% coinsurance of Medicare approved charges after deductible | 20% coinsurance of Medicare approved charges after deductible |
| Additional benefit | | | | | |
| Emergency care received outside the U.S. | Medicare pays nothing | Nothing | You pay first \$250 (per calendar year) then the plan pays 80% of remaining costs to Lifetime Max of \$50,000 | You pay first \$250 (per calendar year) then the plan pays 80% of remaining costs to Lifetime Max of \$50,000 | You pay first \$250 (per calendar year) then the plan pays 80% of remaining costs to Lifetime Max of \$50,000 |

* Plan F also has a high deductible Plan F. The high deductible plans pay the same benefits as Plan F after the member has paid a \$2,800 calendar year deductible. Benefits from a high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,800. These expenses include Medicare deductibles for Part A and Part B. If you are eligible for Medicare on, or after, January 1, 2020, you are not eligible for Plan F or High Deductible Plan F.

** Waived if admitted.

² Must meet Medicare requirements for admission.



all the benefits with none of the hassle



Flexibility

See any doctor or go to any hospital without network restrictions. There are also no referrals required for specialists.



No waiting

You're able to take advantage of your benefits as soon as your policy is in place — there's no waiting period.



No paperwork

All you have to do is present your ID card at the time of service, and the benefits are paid directly to the doctor or hospital.



Household discount

You're eligible for a 7% discount if one other adult in your home is 50-years old or older.¹

And if another person in your household applies for one of our supplemental plans, you save an additional 3%.



Renewability guaranteed

Your policy automatically renews as long as you pay your premium on time. Coverage increases as Medicare deductibles and coinsurance increases. Premiums may change to reflect these changes.



Satisfaction guaranteed

If you aren't completely satisfied with your plan, you can cancel it within 30 days, and we'll refund you premiums you've paid.

plan details and exclusions

Medicare supplement insurance

- Does not provide “stand-alone” coverage, requires enrollment in Medicare Part A and Part B.
- Does not provide prescription drug benefits.
- Does not provide benefits for vision, dental care, hearing aids, eyeglasses, and private duty nursing.
- Does not duplicate a benefit paid by Medicare.

Rate guarantee

Members get a 12-month rate guarantee for the first year. After the first year, your premium may increase each year, but we will never change premiums unless we do so for all policies like yours in your state on a class basis. We will notify you in advance of any change in premium as required by state law.

Terms and conditions

- A benefit period starts the day you go to a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing facility care for 60 consecutive days.
- Eligible expenses are costs that are deemed medically necessary by Medicare and covered expenses under your plan.
- Medicare-approved amount is the amount that a physician who accepts assignment can be paid, including what Medicare pays and any other deductibles, coinsurance, or copayments with your original Medicare plan.

Limitations and exclusions

- Expenses incurred while coverage is not in force except as provided as an extension of benefits.
- Hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while coverage is not in force.

- That portion of any expense incurred which is paid for by Medicare.
- Services for non-Medicare eligible expenses unless specifically covered under the policy, including, but not limited to, routine exams, take-home drugs and eye refractions.
- Services for which a charge is not normally made in the absence of insurance; or,
- Loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

With all plan selections, you have unlimited lifetime benefits and your coverage keeps up with the changing deductibles and coinsurance amounts whenever Medicare changes — it’s automatic. Your Outline of Coverage will describe each additional benefit in the plan you select.

Summary of benefits

This is a brief description of your coverage. Policies have exceptions and limitations that may limit coverage. For a complete description of benefits, exceptions and limitations, please read your Outline of Coverage and your policy. The premium rate may vary between plans. Coverage ceases upon termination of the policy.

¹ No more than three other adults in a household. Some states require the other adult to also have an active Allstate Health Solutions Medicare supplement policy (underwritten by National Health Insurance Company and American Heritage Life Insurance Company), or is applying for such policy to qualify for the household discount. Please ask your agent for details.



Allstate®

HEALTH SOLUTIONS

about

Allstate Health Solutions is a marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation and American Heritage Life Insurance Company. National Health Insurance Company underwrites Medicare supplement products in AK, AL, AR, AZ, CA, CO, DC, DE, IA, ID, IL, IN, KS, KY, LA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WI, WV, and WY. Products sold in IL, PA, SC, TX, AZ, and CO are underwritten by American Heritage Life Insurance Company.

The Allstate Corporation (NYSE: ALL) is one of the largest publicly held personal lines insurers in the United States. As part of the Allstate Corporation, Allstate Health Solutions is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation and American Heritage Life Insurance Company. These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia.



allstatehealth.com

Allstate Health Solutions

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This plan provides limited benefits. This is a limited policy designed to cover only those expenses which Medicare approves but does not cover. Neither Allstate nor its agents are connected with or endorsed by the United States government or the federal Medicare program.

This is a solicitation of insurance. An agent (or the Company) may contact you.

For use in: NV.

Policy Forms Series 38020.

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