



Allstate
HEALTH SOLUTIONS

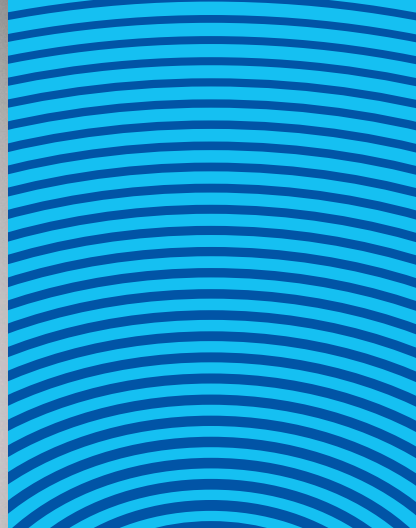
PENNSYLVANIA

Medicare Supplement insurance

A little extra protection
goes a long way.



Underwritten by American Heritage Life Insurance Company



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, underwritten by National Health Insurance Company, 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 B:	Plan F / High Deductible* Plan F:	Plan G:	Plan N:
Medicare Part A hospital coverage						
Medicare Part A deductible	With Medicare, you have a [\$1,676] deductible that must be paid before Medicare pays benefits	Nothing	[\$1,676]	[\$1,676]	[\$1,676]	[\$1,676]
First 60 days of hospital confinement ¹	[100%] after deductible	Nothing	[\$1,676]	[\$1,676]	[\$1,676]	[\$1,676]
Days 61-90 of hospital confinement ¹	All but [\$419] a day	[\$419] per day	[\$419] per day	[\$419] per day	[\$419] per day	[\$419] per day
Days 91-150 of hospital confinement ¹ <i>(One-time benefit)</i>	All but [\$838] a day	[\$838] per day	[\$838] per day	[\$838] per day	[\$838] per day	[\$838] per day
Extended hospital coverage ¹ <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	[100%] Medicare-eligible expenses
Blood	All but first three pints	First three pints	First three pints	First three pints	First three pints	First three pints
Hospice care ²						
	All but limited coinsurance/ copayments for outpatient drugs and inpatient respite care	Medicare coinsurance/ copayment	Medicare coinsurance/ copayment	Medicare coinsurance/ copayment	Medicare coinsurance/ copayment	Medicare coinsurance/ copayment
Skilled nursing facility care ²						
First 20 days	[100%] of Medicare-approved amounts	Nothing	Nothing	Nothing	Nothing	Nothing
Days 21-100 of admission	All but [\$209.50] per day	Nothing	Nothing	[\$209.50] per day	[\$209.50] per day	[\$209.50] per day

* 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 [\$2,870] calendar year deductible. Benefits from a high deductible Plan F will not begin until out-of-pocket expenses exceed [\$2,870]. 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.

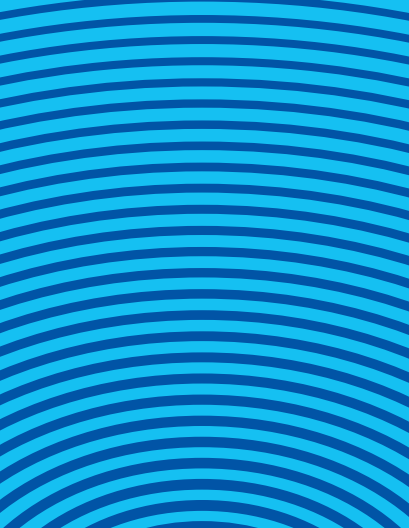


Provided service:	Medicare pays:	Medicare Supplement insurance pays:				
		Plan A:	Plan B:	Plan F / High Deductible* Plan F:	Plan G:	Plan N:
Medicare Part B outpatient medical coverage						
Medicare Part B deductible	With Medicare, you have a [\$257] deductible that must be paid before Medicare pays benefits	Nothing	Nothing	The [\$257] 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	[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	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 [\$257] 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	First three pints: [100%] Additional pints: [20%] coinsurance after deductible
Home health care ²						
Medically necessary skilled care services and medical supplies	Medicare pays [100%]	Nothing	Nothing	Nothing	Nothing	Nothing
Durable medical equipment	[80%] coinsurance after you pay [\$257] Part B deductible	[20%] coinsurance of Medicare approved charges after deductible	The [\$257] Part B deductible then [20%] coinsurance for Medicare approved charges	The [\$257] 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	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 [\$2,870] calendar year deductible. Benefits from a high deductible Plan F will not begin until out-of-pocket expenses exceed [\$2,870]. 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



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.

Note to applicants under age 65

In PA all Medicare supplement standardized plans are offered to qualified individuals under the age of 65.

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. American Heritage Life Insurance Company underwrites Medicare Supplement products in PA.

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: PA.

Policy Forms Series 38000, Series 38020.

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