

A GOLDEN 65 MESSAGE TO ALL FOLKS 65 AND OVER...



"Drugs and prescriptions are so expensive. I want a policy that helps pay these bills, even though I'm not hospitalized."



"My first heart attack took all my savings. I want major-expense benefits if I have another."

The real key to the peace of mind that all senior citizens deserve is ample accident and sickness protection. Now—for those of you who have no health insurance, or wish to add major-expense coverage to your basic plan—here is another chance to get exactly what you need.

Enrollment open from June 2 through June 27 ONLY!

GOLDEN 65 HOSPITAL/SURGICAL/MEDICAL INSURANCE

Anyone 65 or over can choose the benefits they need and join any or all 3 plans

1

If you want **BASIC HOSPITAL-SURGICAL** protection, this is the plan that starts paying from the moment expenses begin—and pays in addition to any other plan you may have

65 plus

**65 PLUS costs only
\$6.50 a month**

- Pays the actual cost of hospital room and board up to \$10.00 a day for as long as 31 days for each sickness or accident.
- Pays the actual cost of hospital extras up to \$100.00 maximum.
- Pays for surgery of every type in or out of the hospital on a schedule from \$5.00 to \$200.00. (Example: \$5.00 for removal of toenail; \$75.00 for broken thigh bone; \$200.00 for removal of prostate.)
- You are immediately protected on accidents which occur or sickness which originates after the issue date of your policy.
- You are also protected for conditions you had before your policy was issued, provided the hospital confinement begins—surgical operation is performed—after your policy has been in force for six months.

*Exclusions: see paragraph below.

***Exclusions for 65 PLUS; 10,000 RESERVE; 5,000 MEDICAL plans**

You are covered anywhere in the world against all kinds of injuries or illness except those caused by war or mental illness; or covered by Workmen's Compensation or Occupational Disease Law, except in West Virginia; losses for which benefits are payable under a federal or state welfare program or confinement in federal government hospitals, except in California and New Jersey; confinement in Veteran's Administration hospitals; confinement in local government mental or tuberculosis hospitals; and, in Louisiana, Texas and Tennessee, treatment or service for tuberculosis. *Note: in North Carolina only, policy must be in force six months before sickness benefits can begin.*

2

If you want **MAJOR-EXPENSE** protection, this is the plan that pays the really big bills—offers extended benefits all the way up to \$10,000 lifetime maximum

10,000 reserve

**10,000 RESERVE costs only
\$9.50 a month**

Each calendar year after your eligible expenses have reached \$500, the 10,000 RESERVE plan will pay 75% of all further eligible expenses, during the calendar year, up to \$10,000 lifetime maximum.

Pays 75% of these eligible expenses

- Up to \$25.00 eligible expense for room and board for each day of hospital confinement.
- Provides as eligible expense all necessary hospital expenses while hospital confined.
- Up to \$10.00 eligible expense a day for each day of Skilled Nursing Home confinement up to a maximum of \$1,000.00 eligible expense for each calendar year.
- Provides as eligible expense surgery of every type in or out of the hospital on a schedule from \$5.00 to \$300.00 (Example: \$5.00 for removal of a wart; \$100.00 for varicose veins; \$300.00 for removal of lung.)
- Up to \$4.00 eligible expense a day for one visit of a doctor for every day while confined in a hospital.
- Up to \$6.50 eligible expense a day for one home visit of a Visiting Nurse.
- You are immediately protected for any accident that occurs or sickness that commences after the effective date of your policy.
- You are also protected for conditions you had before your policy was issued, provided your hospital confinement begins after your policy has been in force at least six months.

*Exclusions: see paragraph at left.

3

If you want **OUT-OF-HOSPITAL** protection, this is the plan that pays prescription drug charges—doctors' office and house calls—rental of equipment—expenses as a hospital out-patient

5,000 medical

**5,000 MEDICAL costs only
\$5.00 a month**

Each calendar year after your eligible expenses for any out-of-hospital costs have reached \$100, the 5,000 MEDICAL plan will pay 75% of all further eligible expenses, during that calendar year, up to \$5,000 lifetime maximum.

Pays 75% of these eligible expenses

- Up to \$6.50 eligible expense a day for doctor house calls and \$5.00 a day for visits to doctor's office.
- Provides as eligible expense all hospital expenses for care received as an out-patient.
- Provides as eligible expense all prescription drugs.
- Provides as eligible expenses costs of blood and blood plasma, artificial limbs, rental of wheel chair, hospital bed or iron-lung, oxygen and rental equipment, initial cost of trusses and crutches.
- Provides as eligible expenses costs of diagnostic laboratory and X-ray procedures on a schedule. (Example: \$2.00 for routine urinalysis; \$8.00 for abdominal X-rays; \$12.00 for EKG; \$24.00 for upper G-I Tract.)
- You are immediately protected for any accident that occurs or sickness that commences after the effective date of your policy. Conditions for which you have previously been treated are covered after your policy has been in force six months.

*Exclusions: see paragraph at left.

A list of State Agents will be sent upon request