

ProCare[®]

Medicare Supplement Insurance Policies

Help to reduce out-of-pocket costs that Medicare does not pay.

"We are insured, protected, and free to enjoy life."

UA United American
Insurance Company
Since 1947

United American's ProCare plans are a smart choice ...

Why Choose United American Insurance Company?

United American is a name trusted by doctors and hospitals nationwide. Medicare was signed into law in 1966, and that year United American Insurance Company developed its first Medicare Supplement program. UA has been providing Medicare Supplement insurance ever since, and we have developed an industry-wide reputation for quality Senior insurance products. Today, UA is one of the largest nationwide underwriters of individual insurance to supplement Medicare*, and we are proud of our legacy of quality products and superior service.

* NAIC Medicare Experience Report by Direct Premium Earned for Total Individual Policies, June 2015.

Freedom to Choose & Nationwide Acceptance

There is no designated physician list. There is no approval process to see a specialist. Our ProCare Medicare Supplement plans are recognized and accepted nationwide.

Strength of Tradition

A Medicare Supplement policy from United American is protection that can never be canceled (*unless there is a material misrepresentation*) as long as premiums are paid on time.

Assurance of Service

- Medicare Supplement coverage from United American features on-the-spot qualification in most cases.

- Claim checks are issued and processed on average within one week (*per 2014 Service Performance Record*), often arriving before Medicare's Explanation of Benefits.
- We're neighbors! We have an Agent in your local area.

Financial Strength ♦

- For more than 35 consecutive years, UA has earned the A+ (*Superior*) Financial Strength Rating from A.M. Best Company (*rating as of 6/15*).♦
- UA has been rated AA- (*Very Strong*) for Financial Strength by Standard & Poor's (*rating as of 10/15*).♦
- ♦ These ratings refer only to the financial strength of the company and are not a recommendation of the specific policy provisions, rates or practices of the insurance company.

United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Individual Medicare Supplement policy forms MSA10, MSB10, MSC10, MSD10, MSF10, MSHDF10, MSG10, MSK06, MSL06, and MSN10 are available from our Company where state approved. Some states require these plans be available to persons eligible for Medicare due to disability. This is a solicitation for insurance. You may be contacted by an Agent representing United American Insurance Company.

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P.O. Box 8080 McKinney, TX • 75070-8080
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Choosing a Medicare Supplement Plan

We offer Medicare Supplement policies for 10 of the 11 standardized plans A, B, C, D, F/HDF, G, K, L, and N (*plan availability may vary by state*). All Medicare Standardized plans include the following Basic Benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (*generally 20% of Medicare approved expenses*) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of the Part B coinsurance or copayment.
- **Blood:** First 3 pints of blood each year.
- **Hospice:** Part A coinsurance for eligible hospice/respite care expenses.

See outline of coverage for details and exceptions.

MEDICARE PLANS / BENEFITS	A	B	C	D	F [▼]	G	K [■]	L [■]	N [●]
Basic Benefits									
Hospitalization (Part A Coinsurance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Expenses (Part B Coinsurance)	100%	100%	100%	100%	100%	100%	50%	75%	Copay [●]
Blood	✓	✓	✓	✓	✓	✓	50%	75%	✓
Hospice	✓	✓	✓	✓	✓	✓	50%	75%	✓
Skilled Nursing Facility Coinsurance			✓	✓	✓	✓	50%	75%	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	✓
Part B Deductible			✓		✓				
Excess Doctor Charges					100%	100%			
Foreign Travel Emergency			✓	✓	✓	✓			✓
Out-of-Pocket Annual Limit[■]							\$4,960	\$2,480	

- ▼ Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar-year deductible. Benefits from high deductible Plan F begin after out-of-pocket expenses exceed the calendar-year deductible (**\$2,180 in 2016**). Out-of-pocket expenses for this deductible are expenses that are ordinarily paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the separate foreign travel emergency deductible.
- Plans K and L provide for different out-of-pocket cost-sharing (**50% for Plan K, 25% for Plan L**). Once you reach the annual limit (**\$4,960 for Plan K, \$2,480 for Plan L**), the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include the charges from your provider that exceed Medicare-approved amounts, called 'excess charges'. You will be responsible for paying excess charges. The out-of-pocket annual limit may increase each year for inflation.
- Plan N pays 100% of Medical Expenses (**Part B Coinsurance**) *except* for a copayment of up to **\$20** for an office visit and up to **\$50** for an emergency room visit. The emergency room copayment is waived if the insured is admitted to any hospital, and the emergency visit is covered as a Medicare Part A expense.

Some states require designated Medicare Supplement plans also be available to people under age 65 and eligible for Medicare due to disability (*different application forms may be required*). Policy benefits are identical for people over or under age 65.



30-Day review period

If after receiving your ProCare policy you want to cancel for any reason, simply return your policy and I.D. card to our Home Office within the 30-day period. Any premium, less any claims paid, is refunded.

Effective Date of Coverage

When the policy applied for has been issued.



Limitations and Exclusions

No benefits are payable for: any expense which you are not legally obligated to pay; or, any services that are not medically necessary as determined by Medicare, or are not furnished at the direction of, and under the supervision of, a physician; or any portion of any expense for which payment is made by Medicare; or custodial or intermediate level care, or rest cures; or, any type of expense not eligible for coverage under Medicare, except as provided under the Foreign Travel Emergency benefit.

Pre-existing Conditions

With the exception of open enrollment/guaranteed issue periods, loss due to injury or sickness for which medical advice or treatment was recommended or given by a physician within 6 months prior to policy effective date is not covered unless the loss is incurred more than 60 days after the effective date. Waiting period waived if replacing a Medicare Supplement policy.

I, _____
HAVE APPLIED FOR THE FOLLOWING POLICY BENEFITS:
 I understand this brochure only highlights the available policies/features and I should refer to my Outline of Coverage and the policy for specific benefit provisions and limitations.

APPLICANT NOTICE and CONDITIONAL RECEIPT

**I have purchased the following
 Medicare Supplement Plan:**

- | | | | | |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> F |
| <input type="checkbox"/> HDF | <input type="checkbox"/> G | <input type="checkbox"/> K | <input type="checkbox"/> L | <input type="checkbox"/> N |

My Medicare Supplement Plan is:

- Community Rated.**
 Premium is the same for all who buy the policy, regardless of age or health.

**ALL CHECKS MUST BE MADE PAYABLE TO UNITED AMERICAN:
 DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

Received of _____
Proposed Insured's Name

a bank draft authorization or check in the sum of \$ _____ for _____
 month(s) Medicare Supplement policy premium, other policy fees and
 noninsurance charges with application for Policy Form MSA10, MSB10, MSC10,
 MSD10, MSF10, MSHDF10, MSG10, MSK06, MSL06, or MSN10.

**If for any reason the policy is not issued, payment is to be refunded
 in full. Insurance is not effective until the policy applied for has been
 issued by the Home Office.**

_____ *Date* _____ *Agent's Signature*

Applicant Information:

Keep this document. It highlights the benefits of your policy. It is not a contract. Your actual policy provisions will govern your benefits.

Instructions to Agent:

Complete this section and leave with the applicant. Fill in the selected plan as chosen on the application in the spaces provided above and complete the conditional receipt.