



Medicare Medical Plan Options

Medical Plans Insured by the United American Insurance Company

HIGH PLAN

MID PLAN

LOW PLAN ⁽⁴⁾

Deductibles & Coinsurance / Copays

	You Pay †	You Pay †	You Pay †
Part A Deductible	\$0.00	\$0.00	\$2,180.00
Part B Deductible	Part B Deductible	Part B Deductible	
Part B Coinsurance Amount	20%	20%	20%
Annual Out of Pocket Maximum	\$1,000.00	\$1,500.00	\$2,180.00
Office Visit Copay (Part B) ⁽³⁾	\$20.00	\$30.00	N/A
Emergency Visit Copay (Part B) ⁽³⁾	\$100.00	\$100.00	N/A

Medicare (Part A) - Hospital Services - Per Benefit Period ⁽¹⁾

In general, Medicare Part A covers hospital care, skilled nursing care (even if received in a nursing home) and some health services.

	You Pay †	You Pay †	In addition to the \$2,180 Deductible You Pay †
First 60 days	\$0	\$0	\$0
61 st through 90 th day	\$0	\$0	\$0
91 st through 150 th day (Reserve days)	\$0	\$0	\$0
Additional 365 days	All costs	All costs	All costs

SKILLED NURSING FACILITY CARE⁽¹⁾

First 20 days	\$0	\$0	\$0
21 st through 100 th day	\$0	\$0	\$0
101 st day and after	All costs	All costs	All costs

BLOOD

First 3 pints	\$0	\$0	\$0
Additional amounts	\$0	\$0	\$0



Medicare Medical Plan Options

HIGH PLAN

MID PLAN

LOW PLAN ⁽⁴⁾

Medicare (Part B) - Medical Services - Per Calendar Year

In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits and medical supplies considered medically necessary to diagnose or treat a disease or condition.

	You Pay †	You Pay †	In addition to the \$2,180 Deductible You Pay †
Part B Deductible- Medicare-approved amounts ⁽²⁾	Part B Deductible	Part B Deductible	\$0
Next Medicare-approved amounts	20% up to \$1,000 ⁽³⁾	20% up to \$1,500 ⁽³⁾	20% up to \$2,180
Part B Excess Charges	\$0	\$0	\$0

BLOOD

First 3 pints	\$0	\$0	\$0
Part B Deductible- Medicare-approved amounts ⁽²⁾	Part B Deductible	Part B Deductible	\$0
Next Medicare-approved amounts	20% up to \$1,000 ⁽³⁾	20% up to \$1,500 ⁽³⁾	20% up to \$2,180

CLINICAL LABORATORY SERVICES

Blood tests for Diagnostic Services	\$0	\$0	\$0
-------------------------------------	-----	-----	-----

Medicare Parts A & B

	You Pay †	You Pay †	In addition to the \$2,180 Deductible You Pay †
--	-----------	-----------	---

HOME HEALTH CARE

Medically necessary skilled care services and medical supplies	\$0	\$0	\$0
--	-----	-----	-----

DURABLE MEDICAL SERVICES

First Medicare-approved amounts ⁽²⁾	Part B Deductible	Part B Deductible	\$0
Next Medicare-approved amounts	20% up to \$1,000 ⁽³⁾	20% up to \$1,500 ⁽³⁾	20% up to \$2,180



Medicare Medical Plan Options

	HIGH PLAN	MID PLAN	LOW PLAN ⁽⁴⁾
Preventative Services			
	You Pay ‡	You Pay ‡	In addition to the \$2,180 Deductible You Pay ‡
Annual Wellness Exam	\$0	\$0	\$0
Other Preventative Services (per Medicare schedule) including cardiovascular screenings, cancer screenings, flu shots, etc.	\$0	\$0	\$0
Other Services – Not Covered by Medicare			
Foreign Travel Emergency ⁽⁵⁾			
Foreign Emergency outside of USA	\$250 Deductible, then 20% up to \$50,000	\$250 Deductible, then 20% up to \$50,000	\$250 Deductible, then 20% up to \$50,000

‡ The plan options chart represents the amount you pay when the Plans and Medicare are integrated to provide your coverage.

⁽¹⁾ 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.

⁽²⁾ Once you have been billed the Medicare Deductible Amount of Medicare approved amounts for covered services, your Medicare Part B deductible will have been satisfied for the calendar year.

⁽³⁾ Part B Expenses may also include Office Visit Copays or Emergency Room Visit Copays if applicable. These copays do not apply to the deductible.

⁽⁴⁾ This high deductible plan pays the same benefits as a Plan F after one has paid a calendar-year \$2,180 deductible. Benefits from the high Deductible Plan F will not begin until out-of-pocket expenses are \$2,180. 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.

⁽⁵⁾ Foreign Travel coverage deductible is a separate deductible and does not apply to the Part A or B deductible amounts.

**The summary of benefits described herein is for illustrative purposes only.
In case of differences or errors, the Group Policy governs.**