

FLORIDA

ProCare[®] Medicare Supplement Insurance Policies

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

UA *united american insurance company*



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

Freedom to choose your own healthcare providers

There is neither a designated physician list nor an approval process to see a specialist.

Nationwide acceptance

ProCare Medicare Supplement plans from United American are recognized and accepted nationwide.

Your satisfaction is guaranteed

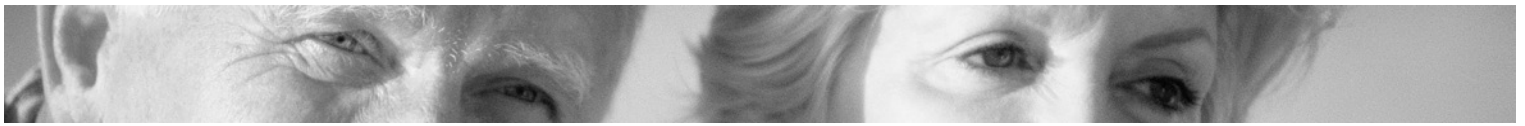
You have 30 days to review your plan. If after receiving your ProCare policy you want to cancel for any reason, simply return your policy and I.D. card to United American within the 30-day period. Any premium, less any claims paid, will be refunded.

United American Insurance Company is not connected with or endorsed by the U.S. Government or the Federal Medicare program. Policy Forms MSA06R, MSB06R, MSC06R, MSD06R, MSF06R, MSHDF06R & MSG06R. This is a solicitation for insurance. You may be contacted by an agent representing United American Insurance Company.

United American Insurance Company
P.O. Box 8080 • McKinney, Texas 75070
www.unitedamerican.com

F4931(09)R08

UAI0260 2010



United American: The Right Coverage, The Right Company

Do I need a Medicare Supplement?

Medicare is an essential part of every senior's health planning, but it was never intended to provide for all your healthcare expenses. Escalating health care costs continue to leave many expenses that Medicare does not cover. Unless you have supplemental insurance coverage, these expenses come out of your pocket.



Choosing a Medicare Supplement

Medicare Supplement insurance policy benefits are the same by law. Depending on the plan you select, coverages pay various Medicare deductibles, coinsurances and other medical expenses not covered by Medicare. However, insurers' rates and services vary, which makes it very important for seniors to shop carefully to get the best value for their dollars.

In Florida, United American offers seven of the fourteen standardized plans: A, B, C, D, F/HDF and G. A UA representative can help you choose which plan will best suit your needs for the long term.

Who's eligible for coverage?

If you are age 65 and older and enrolled in Medicare Parts A and B, you are eligible for Medicare Supplement coverage. You are also eligible if you are under age 65 and qualify for Medicare due to disability.

When to purchase

The best time to buy a Medicare Supplement policy is during your federally mandated open enrollment period. Insurers must enroll you in the plan of your choice in the first 6 months following enrollment in Part B at age 65 or older.

If you are 65 or older and still working, you may want to wait to enroll in Medicare Part B if you have health coverage through an employer or union based on your (or your spouse's) current or active employment.

What will I owe after Medicare pays?

After Medicare benefits have been paid, you will still be responsible for certain costs. These expenses are referred to as "out-of-pocket." Below is an outline of typical out-of-pocket expenses.

Medicare Part A Costs

After Medicare Pays Part A benefits, you will owe

- Medicare's Part A hospital deductible(s)
- Medicare's blood deductible
- Medicare's hospital co-insurance amounts (61st through 90th day & 60-day lifetime reserve)
- Skilled Nursing Facility Care (21st through 100th day)
- All hospital charges after Medicare benefits run out

Medicare Part B Costs

After Medicare Pays Part B benefits, you will owe

- Medicare's Part B deductible
- Medicare's blood deductible
- All Medicare co-insurance for medical and outpatient hospital expense

What does each Medicare Supplement plan pay?

Medicare Supplements are available in 12 standardized plans, referred to as Plans A-L. An important difference to note is Medicare Supplement Plans A-J offer different benefits than Plans K and L and cost more because they provide more benefits and have lower out-of-pocket costs. All 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 (20% of Medicare-approved expenses) or, in the case of hospital outpatient department services under a prospective payment system, applicable copayments.
- **Blood:** First three pints of blood each year.

The Medicare Supplement Plan Benefit chart on the next page shows the benefits included in each plan. Every Medicare Supplement company must make available Plan "A".

Use your answers from the *Health Care Services Worksheet* at the bottom right to determine which plan is right for you.

Medicare Supplement Plan Benefits

The Medicare Supplement Plans offered by United American are shaded in blue. Plan availability and benefits vary by state.

PLANS / BENEFITS	A	B	C	D	E	F [▼]	G	H	I	J [▼]
Part A - Basic Benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B - Basic Benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled Nursing Facility Coinsurance			✓	✓	✓	✓	✓	✓	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B Deductible			✓			✓				✓
Excess Doctor Charges						100%	80%		100%	100%
Foreign Travel Emergency			✓	✓	✓	✓	✓	✓	✓	✓
At-Home Recovery				✓			✓		✓	✓
Preventive Care (not covered by Medicare)					✓					✓

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. Premiums for people over age 65 vary by age and state of residence. Premiums for people under age 65 do not vary by age (there is one premium for all ages) but do vary by state of residence.

- ▼ Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed the calendar year deductible (\$2,000 in 2010). Out-of-pocket expenses for this deductible are expenses that would ordinarily be 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 in Plans F and J.

Health Care Services Worksheet

What did you spend last year on...

Do you need this benefit?

- 1. Skilled Nursing Facility Coinsurance?** Consider a plan with this benefit if you may have to go to a skilled nursing facility and stay there for more than 20 days.
Benefit pays up to \$137.50 per day for days 21-100 in a skilled nursing facility.

\$ _____ Y
- 2. Medicare Part A Hospital Deductible?** Consider a ProCare plan with this benefit if you may have to stay in the hospital multiple times.
Benefit pays \$1,100 for days 1-60 of a hospital stay.

\$ _____ Y
- 3. Medicare Part B Deductible?** If you have Medicare Part B, you must pay this deductible before Medicare starts to pay its share.
Benefit pays \$155 Medicare Part B deductible.

\$ _____ Y
- 4. Medicare Part B Excess Charges?** Consider a plan with this benefit if your doctor doesn't accept Medicare assignment, or if during a hospital stay you cannot choose your doctors.
Benefit pays the difference between your doctor's actual charge and Medicare's approved amount.

\$ _____ Y
- 5. A Foreign-Travel Emergency?** Consider a ProCare plan with this benefit if you travel outside the U.S. and may need emergency health care.
Benefit covers emergency health care you receive outside the U.S.

\$ _____ Y
- 6. At-home recovery?** A ProCare plan with this benefit covers additional care at home if you already receive Medicare-covered health services.
Benefit covers help at home such as bathing or dressing.

\$ _____ Y
- 7. Preventive Care?** This benefit may save you money if you received a variety of routine screenings and tests.
Benefit covers routine check-ups, serum cholesterol screening, and thyroid function tests.

\$ _____ Y

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.

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 may be longer for underage 65 disability. Waiting period waived, to the extent of prior creditable coverage, during open enrollment/guaranteed issue, or if replacing a Medicare Supplement policy or other similar creditable coverage.

APPLICANT NOTICE and CONDITIONAL RECEIPT

Instructions Complete this section and
to Agent: leave this brochure with the applicant.

I have purchased the following Medicare Supplement Plan:

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

My Medicare Supplement Plan is:

- Issue Age Rated.**
Premiums on policies with Issue Age Rates are based on age at time of issue.

CONGRATULATIONS ON YOUR GOOD JUDGEMENT!

MAKE CHECK PAYABLE TO
UNITED AMERICAN INSURANCE COMPANY,
not to an individual.

Received of _____

the sum of \$ _____

for _____ months Medicare Supplement policy premium with application for insurance. 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.

_____ Date

_____ Agent's Printed Name

_____ FL LIC Agent ID No.

_____ Agent's Signature



Why Choose United American for Your Medicare Supplement?

United American is a name trusted by doctors and hospitals nationwide. UA has been providing Medicare Supplement insurance since the Medicare program's inception, and we have developed an industry-wide reputation for quality senior insurance products.

United American means...

Stability of Experience

- Medicare was signed into law in 1966, and that same year UA developed its first Medicare Supplement program.

Strength of Tradition

- A UA Medicare Supplement is protection that can never be cancelled (unless there is a material misrepresentation) as long as premiums are paid on time.

Assurance of Service

- UA Medicare Supplement coverage features on-the-spot qualification in most cases.
- We're neighbors! UA is not an 800 number across the country; we have an Agent in your local area.

Confidence of Top Ratings

- UA has been rated A+ (Superior) for overall financial strength by A.M. Best insurance analysts for over 30 consecutive years (rating as of 06/09).❖
- UA has been rated AA- (Very Strong) for financial strength by Standard & Poor's (rating as of 12/08).❖

Freedom of Choice

- With UA, you are free to visit any doctor or hospital of your choice. You are not restricted by networks or referral systems.

❖ This rating refers only to the overall financial status of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company.