



## Outline Of Coverage

### **UCare Medicare Supplement \$20/\$50 Copay (Plan N)**

Rates effective 10/1/2020

UCare is required to disclose to you the following information. The Commissioner of Commerce of the state of Minnesota has established two categories of Medicare Supplement insurance and minimum standards for each, with the Extended Basic Medicare Supplement being the most comprehensive and the Basic Medicare Supplement being the least comprehensive.

## Premium information and renewability

UCare can only raise your premium if we raise the premium for all policies like yours in this state. Any rate increase for the state will be approved by the Minnesota Department of Commerce.

Notice: This disclosure is required by Minnesota law. This policy is expected to return on average 73.2% of your premium dollar for health care. The lowest percentage permitted by state law for this policy is 65%.

## Disclosures

Use this outline to compare benefits and premiums among policies.

## Read your policy very carefully

This is only an outline describing your policy's most important features. This policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company. Additionally, it does not give the details of Medicare coverage. Contact your local Social Security office or consult the Medicare handbook for more details.

## Right to return policy

If you find that you are not satisfied with your policy for any reason, you may return it to: UCare Customer Support P.O. Box 211522 Eagan, MN 55121. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments within ten days.

## Policy replacement

If you are replacing another health insurance policy or certificate, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

## Notice

This policy may not fully cover all of your medical costs. Neither UCare nor its agents nor its products are connected with the federal Medicare program or the United States government.

## Complete answers are very important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. **If you are eligible for guaranteed issue, (including the six-month open-enrollment window following your Part B effective date) you will not need to provide health history information.** Review the application carefully before you sign it and be certain that all information has been properly recorded.

## Renewability

This policy is guaranteed renewable for life, subject to timely payment of premium within the grace period. UCare shall neither cancel nor non-renew your policy for any reason other than nonpayment of premium or material misrepresentation. This policy cannot be canceled or non-renewed on the grounds of deterioration of health, or discriminate in the pricing of such coverage because of health status, claims experience, receipt of health care, medical condition, or age, or impose an exclusion of benefits based upon genetic information or a pre-existing condition.

## Exceptions, reductions, and limitations

**THESE POLICIES DO NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THIS POLICY DOES NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR POLICY CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR POLICY.**

## UCare Medicare Supplement Plan Options and Summary of Coverage

### Basic benefits included in Medicare Supplement policies

- Inpatient hospital care: covers the Medicare Part A coinsurance
- Blood: covers the first three pints of blood each year for Medicare Parts A and B
- Hospice: covers Medicare Part A coinsurance
- Home health care and medical supplies: covers Medicare Part A or B cost sharing

	Available to all applicants			Medicare first eligible before 2020 only
Benefits	UCare Medicare Supplement Basic	UCare Medicare Supplement Extended Basic without Part B Deductible coverage	UCare Medicare Supplement \$20/\$50 Copay (Plan N)	UCare Medicare Supplement Extended Basic with Part B Deductible coverage <sup>1</sup>
Medicare Part B coinsurance or copayment	✓	✓	Copays apply <sup>2</sup>	✓
Skilled nursing facility coinsurance	✓	✓	✓	✓
Medicare Part A deductible	Optional rider	✓	✓	✓
Medicare Part B deductible <sup>1</sup>	Optional rider <sup>1</sup>			✓
Medicare Part B excess charges	Optional rider	✓		✓
Foreign travel care	80% <sup>3</sup>	80%	80% <sup>3</sup>	80%
Preventive medical care (Non-Medicare covered)	Optional rider \$120 maximum	\$120 maximum		\$120 maximum
Immunizations not covered under Part D	✓	✓		✓
Routine screening procedures for cancer, including mammograms and pap smears	✓	✓	✓	✓

<sup>1</sup> This is not available for “newly eligible” applicants. “Newly eligible” is defined as turning 65 on or after January 1, 2020, or if you first become eligible for Medicare benefits due to age, disability, or ESRD on or after January 1, 2020.

<sup>2</sup> Plan pays 100% of Part B coinsurance, except up to \$20 copayment for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

<sup>3</sup> Benefits limited to charges incurred as a result of a medical emergency.

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### Monthly premiums

Plan	Non-Tobacco User	Tobacco User
UCare Medicare Supplement \$20/\$50 Copay (Plan N)	\$200	\$230

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### Medicare Part A – hospital services – per benefit period

\*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.

Services		Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies	First 60 days	All but \$1,408	\$1408 (Part A deductible)	\$0
	61 <sup>st</sup> to 90 <sup>th</sup> day	All but \$352 per day	\$352 a day	\$0
	91 <sup>st</sup> day and after while using 60 lifetime reserve days	All but \$704 per day	\$704 a day	\$0
	Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare eligible expenses <sup>1</sup>	\$0
	- Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled nursing facility care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	21 <sup>st</sup> to 100 <sup>th</sup> day	All but \$176 per day	Up to \$176 per day	\$0
	101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>	First 3 Pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited coinsurance or copayment for outpatient drugs and inpatient respite care	Medicare coinsurance/ copayment	\$0

<sup>1</sup> NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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### Medicare Part B – medical services – per calendar year

\*Once you have been billed \$198 of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

Services		Medicare Pays	Plan Pays	You Pay
<b>Medical expenses</b> Eligible expense for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$198 of Medicare-approved amounts*	\$0	\$0	\$198 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B excess charges</b> Above Medicare approved amounts		\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Next \$198 of Medicare-approved amounts*	\$0	\$0	\$198 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical laboratory services</b> Tests for diagnostic services		100%	\$0	\$0

### Medicare Parts A & B

Services		Medicare Pays	Plan Pays	You Pay
<b>Home health care services</b> (Medicare-approved services) - Medically necessary skilled services and medical supplies		100%	\$0	\$0
- Durable medical equipment	First \$198 of Medicare-approved amounts*	\$0	\$0	\$198 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0

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### Other benefits – not covered by Medicare

Services		Medicare Pays	Plan Pays	You Pay
<b>Preventive medical care benefit</b> Some annual physical and preventive tests and services administered or ordered by your physician when not covered by Medicare  - Routine annual medical exam, including diagnostic x-rays and laboratory services	First \$120 each calendar year	\$0	\$0	All costs
	Additional charges	\$0	\$0	All costs
- Immunizations not otherwise covered under Part D of the Medicare program		\$0	\$0	All costs
- Routine screening procedures for cancer, including mammograms and pap smears		\$0	100%	\$0
<b>Foreign travel emergency</b> The usual and customary charge for hospital and medical expenses and supplies incurred as a result of a medical emergency while travelling outside of the United States.		\$0	80% of covered charges	20%